



Annual Report: October 2008 – September 2009

PROSTITUTE DIVERSION INITIATIVE



.....for the sake of one

Prepared by:

Martha Felini, PhD DC MPH
Amy Abraham, Research Asst
Gloria Mendoza, MD MPH
University of North Texas HSC
Department of Epidemiology

Sergeant Louis Felini, #5883
Dallas Police Department
Renee' Breazeale, LCDC
Homeward Bound, Inc.

TABLE OF CONTENTS

<i>Table of Contents</i>	<i>ii</i>
<i>List of Figures</i>	<i>iv</i>
<i>List of Tables</i>	<i>v</i>
<i>Abbreviations</i>	<i>vi</i>
Summary in Brief	1
Program Overview	4
Understanding the Problem	5
Prostitution in Dallas	5
Mission of the Prostitute Diversion Initiative	7
Operational Protocol	8
Function of Stations	10
Observations	12
Description of prostitutes contacted	12
Triage Assessment	13
Demographics	13
Physical health status	15
Mental health status	16
Substance abuse	17
Diagnostic axes assessment	18
Final Disposition	18
Cost of Doing Business	21
Observations of women using alternative means of entry	22
Efficiency Assessment	24
Two-Year Brief Summary	24

TABLE OF CONTENTS, cont.

References	28
Contact Information	28
Acknowledgements	29
Appendix	30
i. List of Participating Organizations	30
ii. Two Year Summary Table	35

LIST OF FIGURES

Figure 1: Timeline of PDI Activities, Oct 2008 – Sept 2009	2
Figure 2: Number of Prostitution Arrests in Dallas County by Year, 2006 - 2009	6
Figure 3: DPD Prostitution Arrests 2009 YTD	7
Figure 4: Conceptual Venn Diagram representing relationship between organizations and the PDI's immediate goals within the 'Big D' (Dallas)	7
Figure 5: Layout and flow of activity on-site PDI	10
Figure 6: PDI Participation Statistics: Number of Contacts by Month and Staging Location	12
Figure 7: PDI Crime Statistics: Proportion of Arrests by Classification	13
Figure 8: PDI Assessment Statistics: Number of STD specific infections	15
Figure 9: PDI Assessment Statistics: Distribution of self-reported mental health disorders	16
Figure 10: PDI Assessment Statistics: Self-reported types of drugs used by PDI participants	17
Figure 11: Final Disposition of PDI participants by Eligibility Status	19
Figure 12: Final Disposition of PDI participants by Month	19
Figure 13: Self-reported Types of Drugs and Alcohol by Women Using Alternative Entry	23
Figure 14: Proportion of Re-Arrests Among Women Using Alternative Entry, by treatment completion	23
Figure 15: PDI Evaluation: Average Time to Process Participants through PDI by Station	24
Figure 16: Total number of prostitutes contacted and eligible for treatment by year	25
Figure 17: Proportion of eligible contacts opting for treatment	25

LIST OF TABLES

Table 1: Other Related Prostitution Arrests within Dallas County by Year, 2006 – 2009	6
Table 2: PDI Assessment Statistics: Baseline Characteristics of PDI participants	14
Table 3: PDI Assessment Statistics: Number of days over past month ever using selected drugs among PDI participants reporting drug use	17
Table 4: PDI Assessment Statistics: Number of PDI participants with diagnosis by treatment status	17
Table 5: PDI Assessment Statistics: Length of stay in treatment by re-arrest in Dallas County	20
Table 6: PDI Crime Statistics: Days and Cost of Jail by Charge Classification	21
Table 7: Baseline Characteristics of Participants Using Alternative Entry	22
Table 8: Proportion Re-arrested in Dallas County by Final Disposition	25
Table 9: Number and Percent Difference of Offenses Reported to the Dallas Police Department in beats where truck stops located, 2007-2008 and 2008-2009	26

ABBREVIATIONS

DPD	Dallas Police Department
PDI	Prostitute Diversion Initiative
STD	Sexually Transmitted Diseases
DSM	Diagnostic and Statistical Manual of Mental Disorders
CVM	Community Voice Mail
MA	Misdemeanor A
MB	Misdemeanor B
MC	Misdemeanor C
SJF	State Jail Felony
CPS	Child Protective Services
HIV	Human Immunodeficiency Virus
ADHD	Attention-Deficit Hyperactivity Disorder

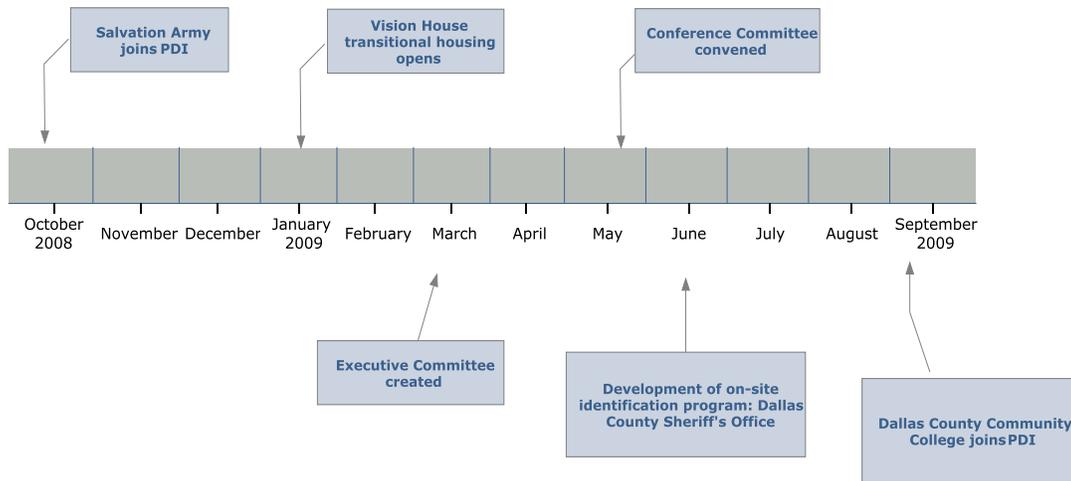
SUMMARY IN BRIEF

September 2009 marked the completion of the second year of the ongoing Dallas Police Department's Prostitute Diversion Initiative (PDI). Through the PDI, the Dallas Police Department (DPD) is taking a different approach to prostitution – approaching them as victims rather than criminals, and bringing resources and services from a large cross section of organizations into the streets where the prostitutes work. Last year, organizations participating in this endeavor included the DPD, Dallas County Sheriff's Office, Dallas County District Attorney's Office, City Attorney's Office, Courts, Dallas County Health and Human Services, Parkland Hospital, and over 45 social service and faith based organizations. The University of North Texas Health Science Center's Epidemiology Department continues to conduct program evaluation and leads the research endeavors to demonstrate the efficacy of this program. Over the past year, participation has grown to include the County Commissioner's Office, Dallas County Community College, Salvation Army, and the University of North Texas Health Science Center's Human Identification Center (See Appendix I for complete list of participating organizations).

There were notable events this second year that demonstrated the continued success and growth of the PDI. A formal executive board was developed and plans to develop the PDI/New Life as a non-profit organization are underway. The first International Prostitution Diversion Initiative Conference held in November 2009 at the Old Red Courthouse in Dallas, TX, brought in attendees from the US and CANADA. A website was created to promote collaborations and communication with other states interested in developing similar programs www.pdinewlife.org. A new identification program was developed by the Dallas Country Sheriff's Office that will be added to the on-site staging area at the beginning of the third year. This program will allow identification cards to be printed on-site to provide the participant access to services that would require identification. In addition, the PDI was recognized with the PRISM Award from the Mental Health America of Greater Dallas. In collaboration with the University of North Texas Health Science Center's Human Identification Center, the PDI High Risk Potential Victim's DNA Database was approved and is expected to be implemented within the third year of this initiative. Finally, a new indoor location at a fixed site was secured for future PDI initiatives in the event of inclement weather. The program's ongoing success has received the recognition from numerous media outlets and has the continued support from the Dallas City Council, and the Dallas County Commissioner's Office.

This report documents the data collected within the second year of the PDI. Cumulative data highlighting findings over the two years of the PDI operation will be presented in the appendix of this report. A total of 200 persons were contacted through the PDI from October 2008 through September 2009. The following observations and summary of findings excludes two persons contacted on-site: one juvenile female (younger than 17 years of age) who was diverted to the child exploitation unit and one pimp who was not considered a victim and was arrested. Thus, the data contained in this report refer only to the 198 *adult* prostitutes contacted through the PDI over the past year. Through the initiative one female was rescued as a victim of human trafficking. One participant who was a repeater to the PDI and chose not to enter treatment was killed at the truck stops where she prostituted, attempting to rob a truck driver.

FIGURE 1
Timeline of PDI Activities
October 2008 - September 2009



The knowledge gleaned from this evaluation is expected to inform law enforcement’s policy and procedures in formulating a best practices approach towards applying resources to prostitutes, pimps, and johns. In addition, findings will aid in informing PDI program objectives and priorities for the coming year.

Summary of Findings- October 2008 through September 2009

Demographics

- Ages of participants at contact ranged from 17-63 years old, with an average age of 37 years
- Eighty percent of participants were African American
- Majority contacted were females (99%)
- Nearly half had less than a high school education
- Fifty nine percent of those assessed have children

Mode of Entry to PDI

- One person voluntarily walked on-site for services and/or treatment
- Seventy one additional persons entered the New Life Program outside the night of the PDI

Physical Health Problems

- Of the 182 tested, over half of participants (56%) tested positive for a STD
- 20 new cases of syphilis and 2 new HIV cases were identified
- Twenty-one percent of participants reported high blood pressure of which 77% had been treated
- Other chronic conditions reported included asthma, sickle cell anemia, diabetes, seizures, congestive heart failure, cancer, and chronic back pain
- Unusual presentations encountered included blindness, deafness, and an intact tracheotomy tube

Mental Health Disorders

- Fifty four percent of participants self-reported having a mental health condition
- Of these, over half (60%) reported having more than one mental health condition
- On average, nearly three quarters of participants report receiving treatment for their mental health condition
- Nearly one third of participants reported major depression or bipolar disorder, respectively
- Sixteen percent of participants reported having schizophrenia
- Thirty seven participants have attempted suicide; 59% of whom received medical care
- Eighty five percent of participants were diagnosed on Axis I (DSM criteria)
- Nearly two thirds of participants received diagnoses on multiple axes (DSM criteria)

Substance Abuse

- Ninety seven percent of participants reported using drugs and alcohol
- Nearly half of self-reported drug users admitted to using more than one drug
- Seventy two percent stated they had tried to quit drugs and/or alcohol
- The majority stated they used treatment programs to try to quit

Outcomes

- Sixty one percent (n=121) of contacts wanted to go into treatment
- Eighty six of the 198 contacts (43%) were eligible for immediate diversion to treatment services
- Nearly half of those eligible opted to enter the PDI New Life treatment program
- Eighteen (33%) completed the initial phase of treatment, continue to use services, and have not subsequently re-offended in Dallas County
- 73% using alternative entry completed the initial treatment program, 77% not subsequently re-offending in Dallas County
- Twenty five participants were repeaters to the PDI in the second year
- A 38.7% decrease in crime in beats where the truckstops are located

*basic demographics were completed for all 198 adult prostitutes contacted. However, only 188 (94%) opted or were mentally able to complete triage assessment

PROGRAM OVERVIEW

The PROSTITUTE DIVERSION INITIATIVE (PDI) was developed by the Dallas Police Department in collaboration with multiple organizations to radically change the way Dallas would approach individuals engaged in prostitution. Instead of treating prostitutes as criminals, the DPD would approach them as victims, offering an opportunity for prostitutes to gain access to a comprehensive and multi-step in-patient and out-patient treatment program as an alternative to further victimization and continued involvement in the criminal justice system. Recognizing that violence and substance abuse outcomes characteristic of this vulnerable subgroup are points of common interest for the criminal justice system, social services, and public health, the PDI capitalizes on the participation of a broad range of organizations with multi-disciplinary expertise and key resources to understand the causes of high risk behaviors which will ultimately inform more effective ways to reduce associated crime. The overall goal is to provide those individuals engaged in prostitution, should they choose, a complete exit strategy from the sex trade industry. It is important to note that the PDI Program was not designed to end prostitution. It is designed to help those individual prostitutes, who choose to leave the sex trade industry.

Overall Results (Oct 2008 – Sept 2009)

Number adult prostitutes contacted	198
Number diverted to treatment	55
Number completing first phase of treatment program without subsequently re-offending in Dallas County	18

Though there are other initiatives across the United States that utilize a multi-disciplinary approach (e.g. Phoenix and Washington DC), the PDI is unique in that the DPD is the lead for the program which allows services access to the population itself before an arrest is ever made. Other diversion programs are conducted only after the offender is placed in jail, limiting the number of prostitutes who can access on-site resources, education, and physical and mental health services. The advantage of bringing resources directly into the population is the immediate evaluation of the individual and recommendation to the court for diversion. By diverting from the field, the offender avoids a trip to jail, which reinforces the mindset that they are being treated as victims. For the PDI to be realistically implemented in high crime areas, the DPD was essential in providing the safe environment for participation of key organizations.

Within the second year of operation, the PDI has contacted 198 adult prostitutes in Dallas and diverted 55 (28%) to treatment services appropriate for addressing alcohol and drug abuse, mental health disorders, and physical health care. In addition to dealing with addictions, treatment services incorporate within their programs the capacity to deal with the lifetime of trauma these women suffered that served as the impetus to their life of prostitution. Eighteen are currently on track toward permanently exiting prostitution.

UNDERSTANDING THE PROBLEM

The concept for the PDI was developed in early 2007, to address the ongoing problem of prostitution and related crimes at truck stops in the City of Dallas. For years, the DPD's approach to this problem has been aggressive enforcement by uniformed patrol officers, Deployment, Vice, and Narcotics. Unfortunately, these earlier efforts were only successful in moving the visible foot traffic from the streets into the big rigs. This unexpected result from conventional enforcement illustrates how prostitutes are able to quickly adapt to the environment and frustrate law enforcement. Through audio surveillance of the CB radio, detectives learned that truck drivers were picking up prostitutes and allowing them to conduct their criminal activity from the safety of the rig's sleeper berth. The truck drivers would provide counter-surveillance against uniform patrols, allowing the prostitutes to advertise commercial traffic (prostitution) and/or party favors (drugs) over the truck's CB radio. The truck drivers would then aid the prostitutes in moving from truck stop to truck stop, past security, without fear from law enforcement. Due to their prolonged contact with prostitutes, this activity caused a substantial increase in the number of offenses perpetrated on commercial truck drivers, including robbery and theft. The drug dealers, who are often former truck drivers, will also use the prostitutes as a conduit between themselves and the drivers. The transient nature of prostitutes and truck drivers, who are often complicit in the offenses they report, have been a constant drain on the police department's manpower and resources that are needed to address the problem.

Many, if not all, arrests resulted in only a temporary solution, due in part to the turnaround time of these types of offenses. Since prostitution is considered a minor offense, these offenders are one of the first to be released from overcrowded jails, essentially creating a revolving door to which prostitutes would return, upon release, to the only environment and option they believe they have for survival.

In developing the PDI, the DPD realized a philosophical change was necessary in the way their agency should address street prostitution. By approaching this subgroup as victims rather than criminals, numerous options and resources would become available. Previous research supports such a change in perspective. Potterat et al (2004) found that prostitutes have mortality rates that are over 200 times that of women of similar age and race. They are also 18 times more likely to be murdered than their counterparts. In other studies, nearly three-quarters of prostitutes met the criteria for posttraumatic stress disorder (Farley 1998, Roxburgh 2006) and 46% of prostitutes had attempted suicide (Parriott, 1994). Other cross-sectional studies have found a high prevalence of drug dependency, mental health, sexual/physical abuse, domestic violence, and continued victimization by customers, "johns", and promoters of prostitution (Jeal 2008, Jeal 2004, El-Bassel 2001, Raphael 2002).

PROSTITUTION IN DALLAS

The number of individuals engaged in the sex trade industry throughout the United States is unknown. Street prostitution alone in the City of Dallas results in several thousand arrests each year. Within Dallas County, a total of 2506 prostitution arrests were made (October 2008 –September 2009, see Figure 2). The majority of these arrests (n=2257, 90%) were made by the Dallas Police Department.

Over the past several years, the DPD has identified over 1400 individuals, both men and women, that are engaging in prostitution at four truck stops along the I-20 corridor. However, it is estimated that only 10 to 30 individuals are engaging in prostitution at the truck stops at any given time. It is believed that the 1400 individuals identified are indicative of the transient nature of this subpopulation, and that many move up and down the transportation corridors with the truck drivers.

FIGURE 2
Number of Prostitution Arrests in Dallas County by year, 2006-2009

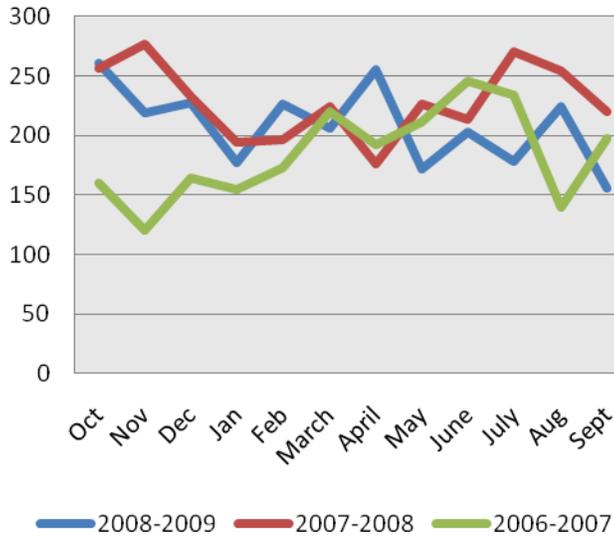
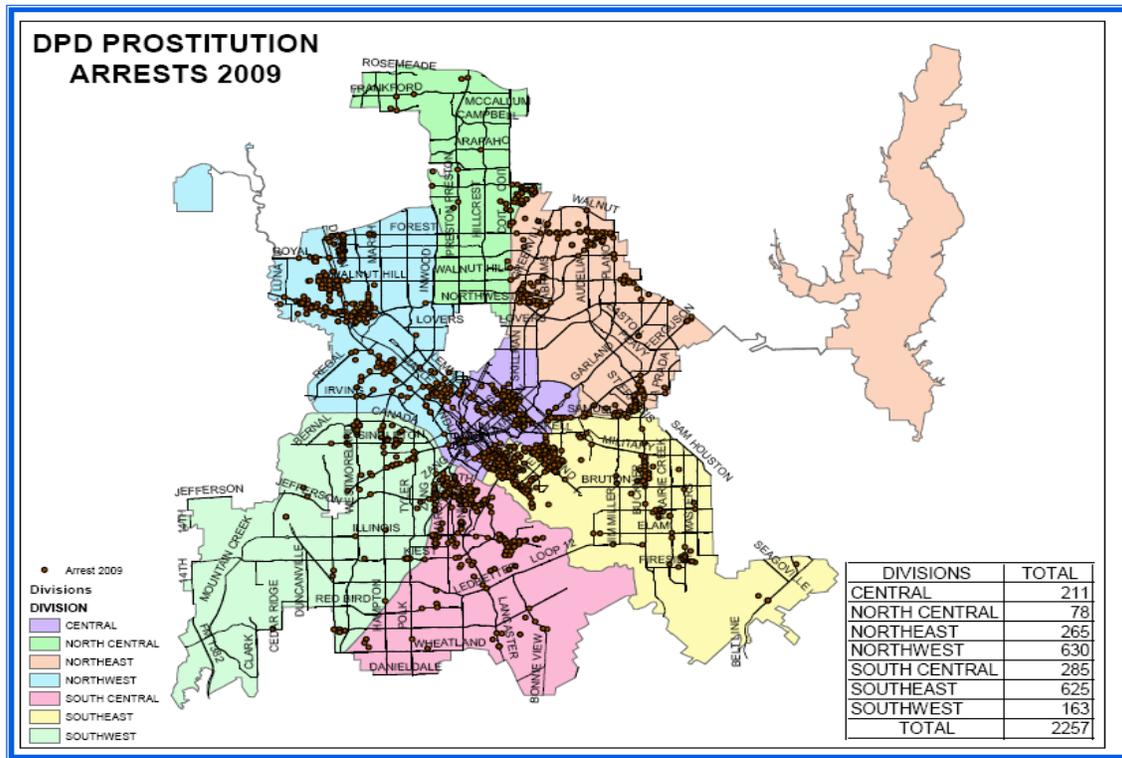


Table 1 describes the number of individuals (pimps) arrested for compelling and promoting prostitution, and the number of prostitution-related arrests (ie, warrants for prostitution, parole and probation violations, and bond forfeitures) within Dallas County. It is difficult to demonstrate the number of johns that have been arrested in Dallas County due to many of these cases being pled down to disorderly conduct violations.

TABLE 1: Other Related Prostitution Arrests within Dallas County by year, 2006-2009*		
<i>Pimps arrested</i>	2006-2007	71
	2007-2008	52
	2008-2009	61
<i>Related arrests</i>	2006-2007	455
	2007-2008	706
	2008-2009	812

Emphasis on the PDI as a city-wide effort was placed in the South East and South Central Divisions. The figure below represents all prostitution arrests made by DPD within the past year (see Figure 3).

FIGURE 3
Dallas Police Department Prostitution Arrests,
2009 YTD



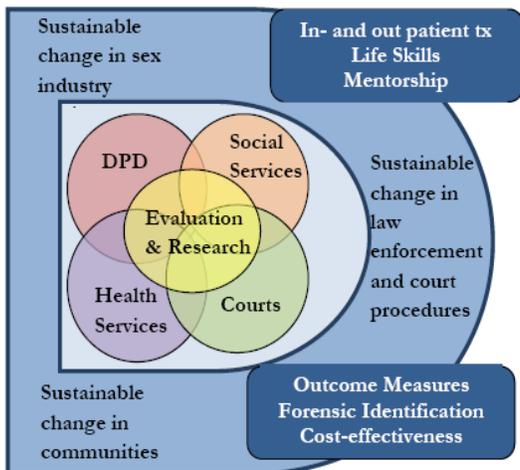
Prepared by South Central Crime Analysis

This data is to be used for graphical representation only

MISSION OF THE PDI

FIGURE 4

Conceptual Venn Diagram representing the relationship between organizations and the PDI's goals within the 'Big D' (Dallas)



The mission of the Prostitute Diversion Initiative is to identify individuals engaged in prostitution, and provide them an alternative to continued involvement in the criminal justice system and further victimization at the hands of promoters and customers of prostitution, through a comprehensive program that will enable a complete exit from a life in the sex trade industry.

The PDI Executive Board, which is made up of a broad cross-section of community members and leaders representing participating organizations, ensure compliance and ethical conduct of all PDI activities toward meeting this mission.

OPERATIONAL PROTOCOL

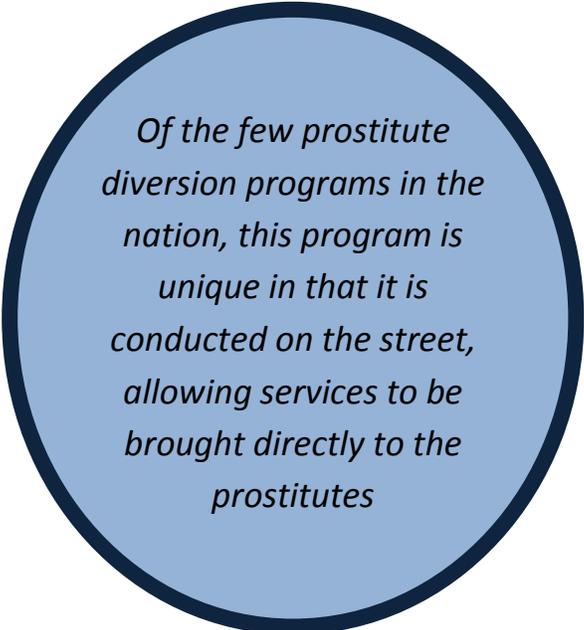
The Prostitute Diversion Initiative is a crime diversion program targeting adult prostitutes in Dallas, TX. On the first Wednesday of each month, the Dallas Police Department conducts an operation targeting prostitution in areas designated by the Vice Unit as hot spots for prostitution arrests. A staging area for the operation is established within the target area with medical personnel, social services, and courts convening on-site. While the PDI maintains its mobility to localize to different areas of Dallas the first Wednesday of every month, the PDI was able to secure a fixed site in this second year.

Entry onto the staging area is by arrest or by voluntary walk-on by prostitutes who wish to avail themselves of on-site acute care (see #1, Figure 5). However, this is a police operation and those individuals that walk onto the site will be searched, checked for outstanding warrants, and debriefed by the Vice Unit. All prostitutes on site are accompanied by a police officer and assigned an advocate (former prostitute) throughout the multi-step process. This protocol is for the safety of officers and service providers. Once the operation begins, the DPD initiates a two prong enforcement effort:

Prong 1: Uniformed patrol officers conduct a sweep for prostitutes engaging in minor violations such as manifesting for the purpose of prostitution or pedestrian in the roadway. The arrestee is then brought to the staging area for identification and access to services, including appearing before the court for the observed violation. Those arrested are immediately eligible for diversion based on the recommendation of social services. If the individual refuses the opportunity to enter into the program, they will either be transported to jail and charged with the observed offense or issued a citation and returned back to the point of contact. This approach is designed to protect the prostitute, who may fear retaliation by their pimp should they opt for treatment. Those transported to jail are given a second opportunity during pretrial release to enter into the program.

Prong 2: Vice undercover detectives conduct enforcement throughout the designated patrol division arresting individuals engaged in prostitution. These arrests result in charges of Misdemeanor B to State Jail Felony based on the number of convictions the individual has for prior prostitution cases. At this time, prostitutes arrested for these violations are not eligible for immediate diversion. The arrestees are brought to the staging area for identification, access to services, and are then transported to jail. When the offender is brought before the misdemeanor or felony court judge, they are given the opportunity at that time to enter into the program as a condition of pretrial release based on the recommendation of social services.

Once on-site, prostitutes are de-briefed by the vice unit (see #2, Figure 5). Police use this opportunity to gain real-time intelligence on all criminal activity in the area, including juvenile prostitution. At the same time, the prostitutes are educated on personal safety and advised on serial killers targeting their environment. For those individuals that choose to stay within prostitution, the goal is to develop informants that will contact the DPD when they observe suspicious individuals or activity at the truck stops.



Of the few prostitute diversion programs in the nation, this program is unique in that it is conducted on the street, allowing services to be brought directly to the prostitutes

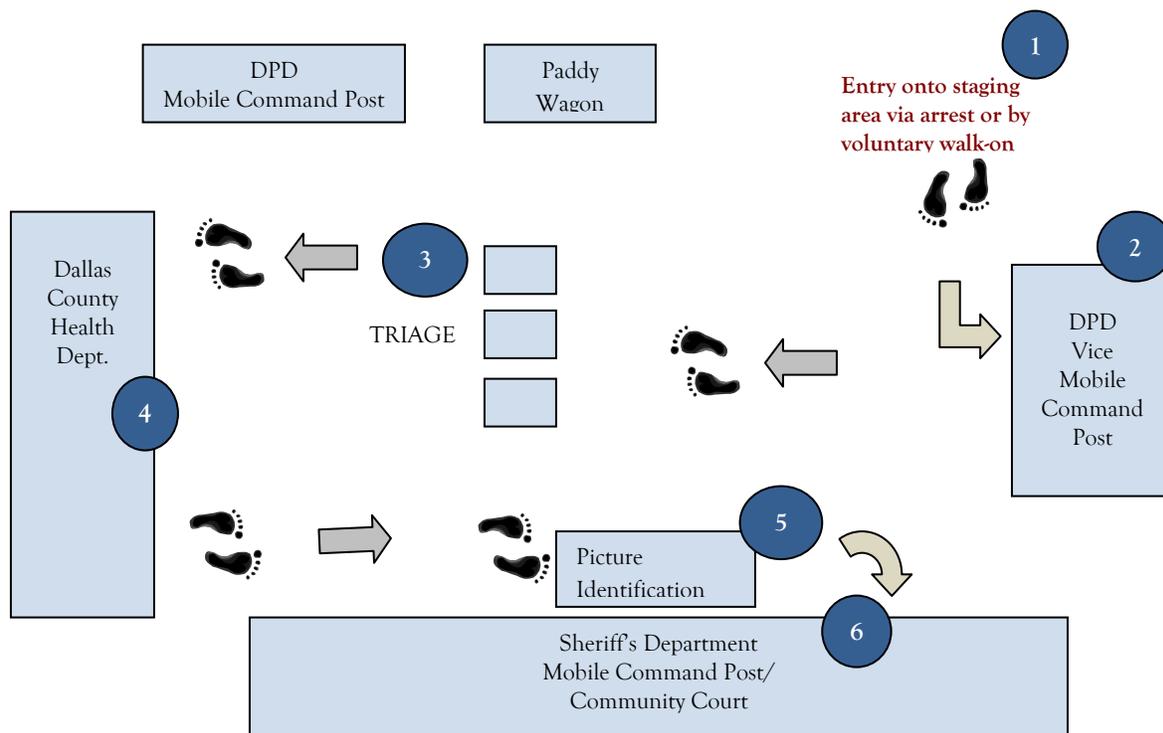
The participant moves onto triage (see #3, Figure 5) where a brief assessment is conducted to determine their most immediate treatment needs. Information regarding demographics, medical history, physical health status, mental health status, and drug use are collected by licensed social service workers and medical personnel. Diagnostic assessments are made on the basis of the American Psychological Association DSM criteria to determine recommendations for treatment as well as eligibility for publically funded mental health and substance abuse treatment. Briefly, diagnoses made on axis I pertain to mental health and substance abuse diagnoses, axis III pertains to physical health issues, and axis V pertains to global assessment of functioning.

Food and clothing are provided during the assessment process, as well as an advocate. Advocates are former prostitutes that assist the participant through the staging process. The staging area also has the capability of providing the participant with an identification card with their true name to help avail themselves of services that require identification. The Dallas County Health Department mobile unit is on-site for STD screening, treatment, and education (see #4, Figure 5). The final step is Community Court where the on-site judge utilizes misdemeanor C offenses as leverage to persuade prostitutes into accepting treatment in lieu of jail (see #6, Figure 5).

Prostitutes can enter the PDI outside the night of the initiative in either of the two following ways: 1) prostitutes arrested and sent to jail on the night of the initiative may be referred by the court the next or subsequent days to enter the New Life treatment program or 2) police officers may pick up a prostitute during the course of normal duties outside the night of the initiative and contact Homeward Bound or Nexus for inclusion into the New Life treatment program.

PDI New Life is the treatment and recovery phase for prostitutes accepting participation into the program. Those eligible for the program as determined by the court and social service recommendation and willing to go into treatment are placed into an intensive 45 day treatment program. The appropriateness of a substance abuse or mental health treatment program is determined by on-site assessment from licensed social workers and medical personnel who have experience working with this population. While in the program, those that would like are provided a community voicemail number which serves as a conduit for alerts from law enforcement, announcements for legitimate job opportunities, and a means to stay in contact with family and friends. Should the participant complete the 45 day treatment program or meet treatment goals set forth by service providers, she/he would be eligible for transitional housing in a healthy community, job training, outpatient mental health services, and mentorship to assist in recovery. Furthermore, the Dallas City Attorney's Office and Community Courts are prepared to forgive all outstanding city cases pending against the participant. If the participant leaves against medical advice and was participating as a condition of pretrial release, the participant's status would be revoked and a bench warrant would be issued for arrest.

FIGURE 5
Layout and flow of activity on-site PDI
Oct 2008 – Sept 2009

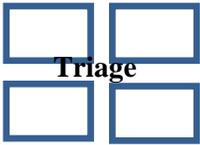


After analyzing results from the first year, operational protocols were revised to aid in increasing efficiency and accuracy on-site. For example, quality check points were added between supervisors of social services, courts, law enforcement, and data collection to aid in the on-site communication between key organizations.

FUNCTIONS OF STATIONS



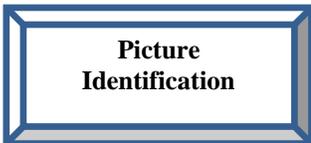
Dallas Police Department Vice Mobile Command Post. The primary goal is in obtaining real-time intelligence on prostitution and other criminal activity being committed in the area of the operation, including information on juvenile prostitution and human trafficking. The secondary goal is to develop contacts among those choosing to stay in prostitution as a means of gathering intelligence on an on-going basis.



Triage is where trained social service professionals and medical personnel provide initial screening and assessments to recommend the most appropriate treatment strategies. Advocates provide support and encouragement to participants. Food and clothing are provided to participants, if requested or needed.



Dallas County Health Department provides education and screenings for sexually transmitted diseases (STD's). Prophylactic medication for certain STD's is available for presumptive treatment.



Picture Identification Cards are made and provided to participants for the purpose of access services. The Dallas County Sheriff's Department provides this service on-site.



Community Court is staged within the Sheriff's Department Mobile Command Post. An on-site court judge utilizes Misdemeanor C offenses as leverage toward persuading prostitutes to accept treatment. This includes manifestation for prostitution and citations pending warrant status.

During the first year of the PDI, community voice mail (CVM) was an essential part of the field operation. Changes made in the second year allowed us to move CVM from the field operation and implement it further into the recovery process. CVM provided the ability for the Dallas County Health Department to provide prostitutes contacted on the night of the initiative their STD results and instructions for treatment. Advanced testing now allows the prostitute to know these results before leaving the staging area for treatment, jail, or home. It was also determined that many of the women receiving CVM on the night of the initiative were not utilizing the program that allows them to receive voicemails from family members and friends in addition to job notifications. However, CVM is still being offered to the women who have entered and remain in the treatment program as part of services.

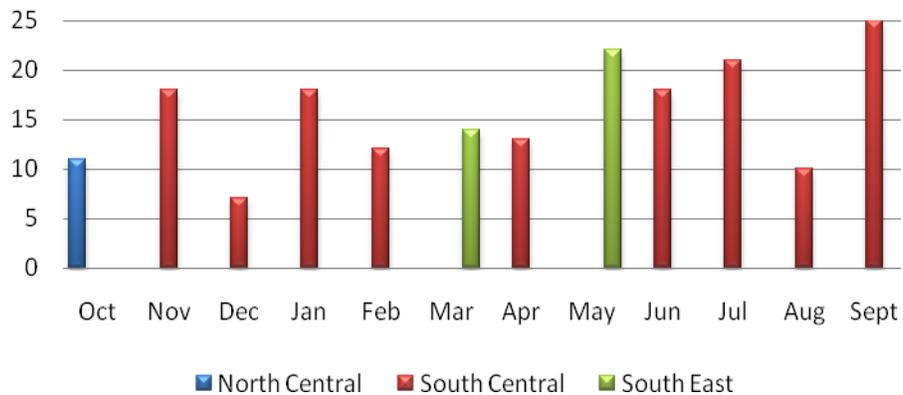
OBSERVATIONS

Data collection procedures were developed by key personnel of the participating agencies, which specified what data should be collected on site and by whom. Data regarding general interviewer impressions and qualitative statements by the participants are not included in this evaluation report. The following data reflect only those adult prostitutes contacted through the PDI on the first Wednesday night of each month (October 2008-September 2009). Unless otherwise indicated, most data presented are self-reported and thus subject to error. Caution is advised in interpreting triage assessment data as these were self-report responses from prostitutes that are typically under the influence of drugs and alcohol at the time of interview.

Enrollment

A total of 198 prostitutes were contacted at the monthly PDI initiatives in the second year (see Figure 6). Two of the prostitutes were male. One female was rescued as a victim of human trafficking. Twenty-five of the 198 returned to the PDI site on subsequent initiatives and are considered repeaters to the program.

FIGURE 6
PDI Participation Statistics:
Number of PDI Contacts by Month and Primary Staging
Location (n=198), Oct 2008 - Sept 2009



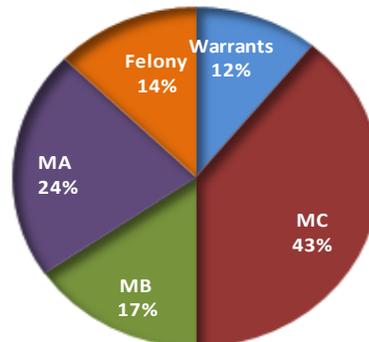
Mode of Entry

Only one voluntarily walked on to the site for services. The remaining contacts were arrests made by patrol (n=102) or vice (n=95).

Classification of Arrests

The charge classification varied among prostitutes and included misdemeanors C, B, A, and state jail felony (see Figure 7). Proportions were calculated using a denominator excluding the one person who voluntarily walked on-site, the victim of human trafficking, and one person who was not charged but transported immediately to acute mental health care. Persons committing misdemeanor C offenses were eligible for immediate diversion to treatment. Thirteen exceptions were made for those not eligible due to higher charge classifications. Rather, these thirteen persons were transferred immediately to emergent care due to the severity of their physical or mental health condition.

FIGURE 7
PDI Crime Statistics
Proportion of Arrest by Classification* (n=195),
Oct 2008 – Sept 2009



**data not mutually exclusive and thus will not sum to 100%*

TRIAGE ASSESSMENT

Demographics

Baseline characteristics of PDI participants are presented in Table 2. Self-reported age, gender, and race were collected from all PDI participants and quality checked with police records for accuracy. The average PDI client was black (80%), female (98%), and 37 years of age. There were equal proportions of persons reporting less than a high school education compared to higher than high school education. Fifty-nine percent of prostitutes contacted through the PDI were biological mothers, with the majority of children being minors (younger than 17 years of age). On average, family size consisted of three children (range: 1-5 children). Forty eight of the 111 biological mothers self-reported having three or more children. Among those women who report being biological mothers, 51% (N=57) self-reported a mental health condition and addiction to one or more drugs.

Though information was sparse due to the question not being prompted on-site, most women voluntarily indicated their children were being cared for by their father while they were on the streets. It should be noted that prostitutes often refer to their pimp or boyfriend as their baby's father. Other responses to who cares for the children in order of highest to lowest frequency include CPS or foster care, living with grandmother, living with friend, living with current husband, living with aunt, and living with adult children. Seven women indicated their children were living, but gave no indication as to who was caring for their children while they were on the street. Five reported not knowing the ages of their children nor where they were at. Two women declared having no children but supporting a parent with a disability.

TABLE 2
PDI Assessment Statistics:
Baseline Characteristics of PDI Participants (n=198),
Oct 2008 – Sept 2009

Demographics	Number (%)
Race	
Black	158 (80%)
White	30 (15%)
Hispanic/Latino	8 (4%)
Asian	1 (<1%)
American Indian	1 (<1%)
Age	
17-24	35 (18%)
25-34	41 (21%)
35-44	63 (32%)
45-54	49 (25%)
55-64	9 (5%)
Missing	1
Sex	
Female	196 (99%)
Male (transgender)	2 (1%)
Education*	
Less than high school	92 (49%)
High school/GED	67 (36%)
College or higher	24 (13%)
Unknown	5 (3%)
Children*	
Yes (any age)	111 (59%)
No	77 (41%)
Number of children by age*	
<1 yr old	6 (2%)
1-5	52 (20%)
6-10	38 (15%)
11-16	54 (21%)
≥17	92 (36%)
Unknown	16 (6%)

**among 188 PDI participants*

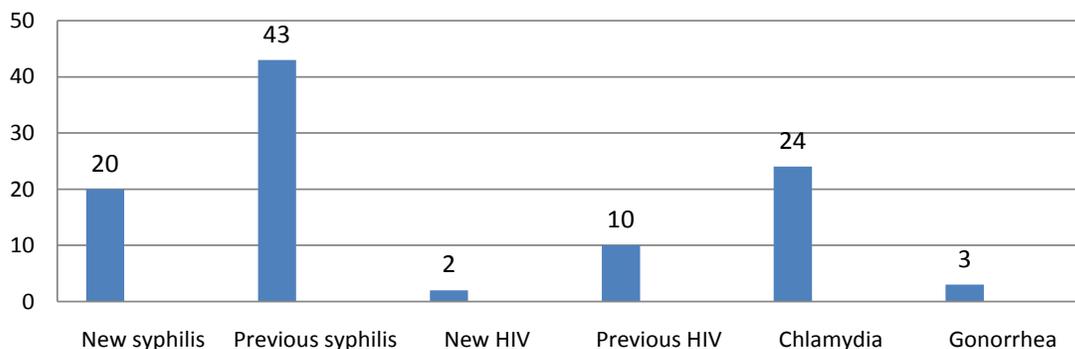
PDI participants self-reported a variety of ailments. Chronic conditions most commonly reported included high blood pressure (21%) and seizures (11%). Of the 39 who self-reported high blood pressure, fourteen required hospitalization at some time in their life for high blood pressure. Seventy seven percent (30 of the 39) have been or are currently being treated for it. Nineteen reported having diabetes and all but two have been or are currently being treated for diabetes. Eight of the nineteen had been hospitalized for diabetes. Nine cases of the twenty-one reported with seizures required hospitalization. Sixty seven percent have been or are currently being treated for seizures. Thirteen reported ever having cancer (cervical – 3; ovarian; uterine; bone; stomach - 2; brain; leukemia; pancreas; unknown type-2). All but one reported having received or were receiving treatment. Other conditions reported included circulatory (heart attack, congestive heart failure, stroke, sickle cell anemia), skeletal (fractured pelvis, ribs, arms, jaw), integumentary (chemical burns), musculoskeletal (chronic back pain, arthritis), respiratory (asthma), and urinary (kidney failure) systems. In addition, one person on site was deaf, one was blind, and one had a tracheotomy tube in place.

Infectious Disease

The majority of PDI participants were tested for sexually transmitted diseases syphilis, chlamydia, gonorrhea, and HIV. In total, 182 of 199 were tested; 102 STD cases were identified (cases not mutually exclusive as one person may have been identified with more than one STD). As STD result data was received only in aggregate to ensure privacy, we were unable to assess the number of participants with multiple STD's.

Twenty new cases of syphilis were detected and two new cases of HIV (see Figure 8). Nearly twenty percent of STDs identified occurred in persons 25 years old or younger. Ninety four percent (n=171) were presumptively treated.

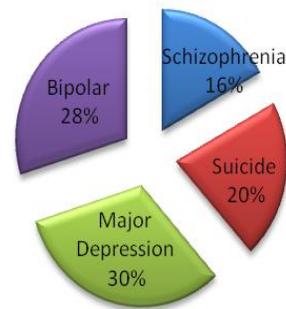
FIGURE 8
PDI Assessment Statistics:
Number of STD specific infections (n=102) among PDI participants,
Oct 2008 - Sept 2009



The relevance of these data is significant when considering the context that these women turn many tricks each night to support their drug habit and typically use no protection (eg. condoms), thus fueling the spread of infectious STDs.

More than half of participants (n=101) assessed reported ever having a mental health disorder. Sixty percent of those with a mental health disorder were likely to have more than one mental health disorder. Major mental health conditions reported by PDI participants included bipolar, schizophrenia, and major depression (Figure 9). Other mental health disorders reported include anxiety, hyperactivity, ADHD, and post traumatic stress disorder. Those attempting suicide were more likely to be hospitalized (59%) than for the other mental health conditions reported (39%).

FIGURE 9
PDI Assessment Statistics:
Distribution of self-reported mental health disorders
(n=188), Oct 2008 - Sept 2009



On average, nearly three quarter of those reporting mental illness indicated receiving treatment. It is unknown whether they are adhering to treatment regimens necessary to control their mental health disorder(s). Current psychosis status was assessed on site by asking a two part question ‘do you believe someone can control your mind by putting thoughts into their head?’ and ‘do you believe that other people know your thoughts and can read your mind?’ Twelve percent answered affirmative to the former, and ten percent to the latter.

Ninety-seven percent self-reported using drugs and alcohol. Approximately half of those using drugs (n=84 of 165) admitted to using more than one drug (range: 1-7). Drugs of choice included crack (84%), marijuana (54%), cocaine (22%), heroin (10%), methamphetamines/stimulants (10%), illegal prescription drugs (6%), and sedatives (6%). Sixty one percent use alcohol (see Figure 10).

Though there was no information on whether more than one type of drug was being simultaneously used, we do have data regarding number of days used in the past month that may suggest patterns of use (see table 3).

TABLE 3
PDI Assessment Statistics:
Number of days over past month ever using
selected drugs among drug users (n=188),
Oct 2008 – Sept 2009

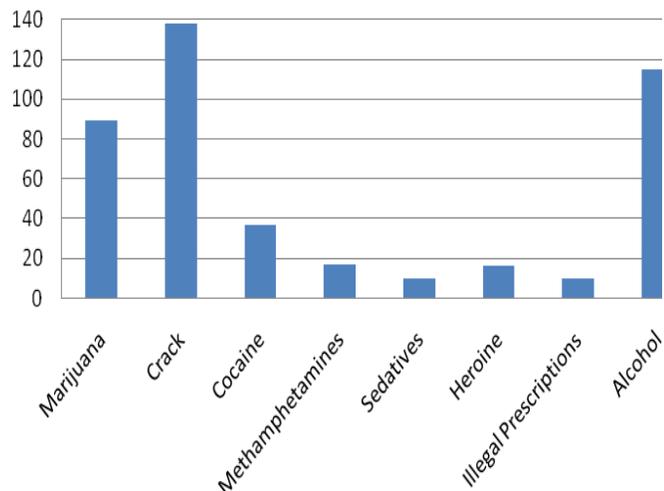
Drug type	Average days used over 30 days	Range (days)
Marijuana	18	1-30
	Median = 30	
Cocaine	14	1-30
	Median = 30	
Crack	21	1-30
	Median = 30	
Alcohol	15	1-30
	Median = 30	
Methamphetamines	6	1-20
	Median = 1	
Sedatives (n=2)	16	1-30
Heroin, Methadone, other opiates	16	1-30
Illegal prescription drugs (n=1)	4	1-17

*data is not mutually exclusive; averages are calculated among users of each respective drug

The data in Table 3 does not account for multiple uses during the day. For example, qualitative responses regarding number of days used over the past 30 days included ‘all day, every day’, and ‘every chance I get’. Caution should be used in the interpretation of data pertaining to number of days using drug of choice as a large proportion did not respond to this question and there is limited recall ability of respondents under the influence of drugs and alcohol.

Seventy-two percent of responders (n=135) stated they had attempted to quit using drugs, with more than half of them (59%) utilizing a treatment program in an effort to quit.

FIGURE 10
PDI Assessment Statistics:
Self-reported types of drugs used by PDI participants
(n=188), Oct 2008 - Sept 2009



Diagnostic assessments were made by licensed social workers and medical personnel on the basis of the American Psychological Association DSM criteria to inform recommendations to the court for the most appropriate treatment. Briefly, diagnoses made on axis I pertain to mental health and substance abuse diagnoses, axis III to physical health issues, and axis V to global assessment of functioning. Diagnoses can be made on multiple axes (n=119 of 188). The large majority of those diagnosed on multiple axes were not eligible for immediate diversion to treatment because of criminal charges pending against them. Though numbers are small, when comparing treatment choices among those eligible for treatment, those diagnosed with multiple axes were proportionally more likely to opt for treatment than those diagnosed on one axis (44% for 1 axis and 62% for 3 axes, see Table 4). It is of note that there were thirteen participants who were not eligible for immediate diversion, but for whom law enforcement set aside the charge due to severity of physical or mental health condition.

TABLE 4
PDI Assessment Statistics:
Number of PDI participants with diagnosis
by treatment status (n=188), Oct 2008 – Sept 2009

Proportion of PDI participants diagnosed by DSM Criteria ⁶			
Axis I		159 (85%)	
Axis III		78 (41%)	
Axis V		120 (64%)	

Number of PDI participants opting for treatment by levels of diagnostic axes (n=198)			
DSM Diagnosis	Number opting for treatment*	Number not opting for treatment*	Number not eligible for treatment
3 axes	16	10	39
2 axes	12	10	30
1 axis	12	15	27
None/missing	2	9	16
Total	42	44	112

⁶diagnoses not mutually exclusive;
 *of those eligible for treatment

It is important to note that assessments are done by licensed professionals. However, data should be interpreted cautiously as it is likely that the designation of axes may differ between assessors due to clinical experience, education, and place of training.

Sixty one percent of prostitutes contacted wanted to go into treatment. Less than half of those contacted were eligible for immediate diversion to treatment services (86 of 198, see Figure 11). The reason for less than half of contacted participants eligible for immediate diversion is primarily due to the severity of the arrest charge. Of those eligible, nearly half opted for treatment (49%). Thirteen persons had arrest charges that made them ineligible for immediate

diversion, but for which an exception was made to immediately divert them to treatment based on their diminished mental capacity or immediate medical need. Thus, a total of 55 went into treatment with most referred to Homeward Bound (48%, n=25), Nexus (42%, n=22), and Parkland Hospital (n=3). Other treatment organizations accepting participants into residential services (n=5) included Green Oaks, Family Place, and Mosaic. Ninety six participants ineligible for immediate diversion due to arrest classification were transported to jail after services were rendered by social service agencies and the health department on-site. A second opportunity for these participants to enter the program was provided by the Pride Court or Star Court as a condition of pretrial release. Seventy one percent (n=68 of 96) of those going to jail indicated on the night of the initiative that they wanted to go into the treatment program.

FIGURE 11
Final Disposition of PDI participants by Eligibility Status,
Oct 2008 – Sept 2009

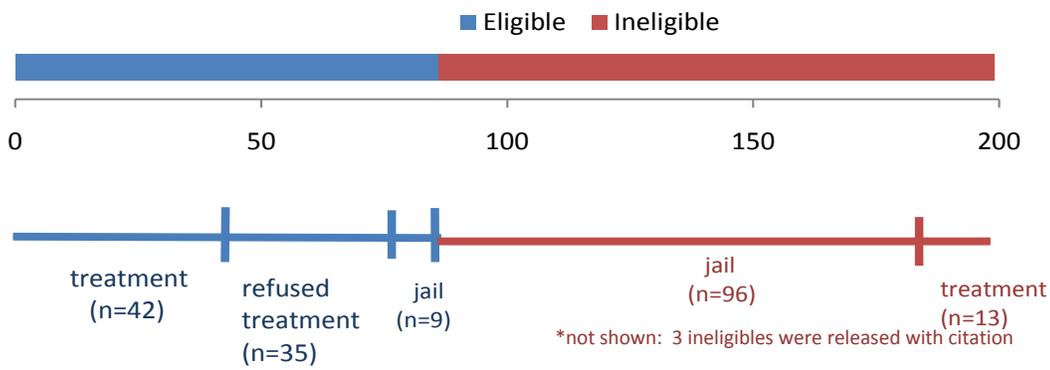
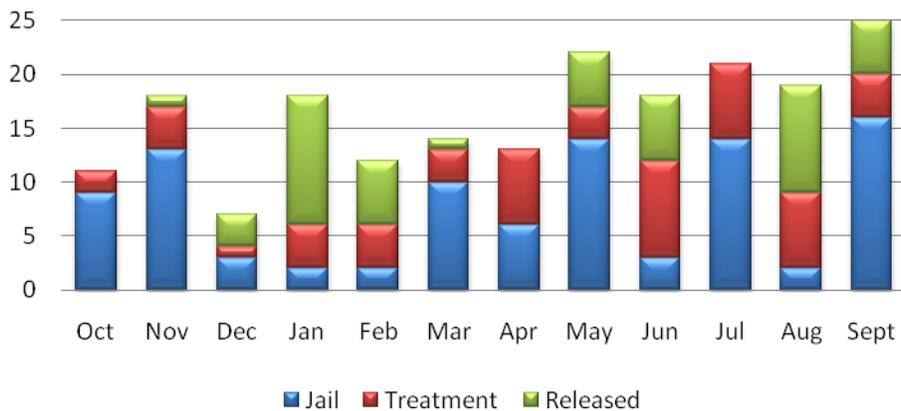


FIGURE 12:
Final Disposition of PDI Participants by Month (n=198),
Oct 2008 - Sept 2009



A total of 47 persons went into treatment at Homeward Bound or Nexus. The follow-up of four persons during treatment was missing, thus of the 43 remaining persons, 13 completed the initial treatment (30%). Of completers, 85% have not subsequently re-offended in Dallas County.

30% of women entering treatment on the night of the initiative completed initial treatment

85% of these have not re-offended in Dallas County

On average participants remained in treatment 18 days (range 0 – 91 days). The initial treatment program is 45 days. Though numbers are small, the data agree with previous findings from other studies that longer stays in treatment increases the likelihood of success (see Table 5).

TABLE 5
PDI Assessment Statistics
Length of Stay in Treatment by Re-arrest in Dallas County (n=47)
Oct 2008 – Sept 2009

Length of stay in treatment	Re-arrested in Dallas County	Not re-arrested in Dallas County
	N (% of total)	N
<1 week	6 (60%)	10
1 week-4 weeks	2 (11%)	16
>4 weeks	1 (11%)	8

*missing (n=6)

At the end of the second year, eighteen persons have completed the initial treatment program and have not subsequently re-offended in Dallas County.

Repeaters

Of interest was whether repeaters to the PDI were more likely to succeed compared to one time participants. Within the second year, 25 prostitutes were repeaters to the PDI. One participant who was a repeater to the PDI and chose not to enter treatment was killed at the truck stops where she prostituted, attempting to rob a truck driver.

The demographic of repeaters was similar in age, race, education, parity, drug use, and prevalence of chronic conditions to one-time participants, except that repeaters were more likely to have multiple mental health conditions and be diagnosed on more than one axes. The data also suggests that those with lower charge classifications (eg. MC) are more likely to return in subsequent initiatives. Thirteen opted for treatment upon return to the program. Nine of these (69% of 13) have not subsequently been re-arrested in Dallas County.

COST OF DOING BUSINESS

A total of 2888 days were spent in jail among those who were not eligible for immediate diversion. The Dallas Office of Budget and Evaluation determined that it costs the city \$56 for every day spent in jail per person. Thus, the total cost for jail keep is \$161,728; this does not include court costs which is approximately \$500 per person. The average number of days spent in jail varied by charge classification, as did the costs when applying a crude formula of \$500 in court costs and a \$56 per day cost for housing in jail per prostitute (see Table 6). In the State of Texas, an individual's 1st prostitution arrest is classified as a misdemeanor B, a minor offense. However, the classification charge for each subsequent prostitution conviction is enhanced (eg, 2nd arrest is classified as a misdemeanor A and 3 or more arrests and convictions are classified as state jail felony which could send the offender to state prison). The cumulative totals shown in the table below refer to the average total cost a single individual may cost the county throughout her or his prostitution career with many being arrested multiple times.

TABLE 6
PDI Crime Statistics
Days and Cost of Jail by Charge Classification (n=100)
Oct 2008 – Sept 2009

Estimates as of October, 2009		Costs Per Prostitute	
Jail			
Charge	Average days in Jail	Average cost per prostitute for jail*	Cumulative costs
MC (n=9)	6 days (Range 1-36)	\$836	
MB (n=31)	11 days (Range: 1-52)	\$1116	
MA (n=33)	16 days (Range: 1-68)	\$1396	\$2512
SJF (n=27)	68 days (Range: 2-225)	\$4308	\$6820

*average cost calculated using formula of \$500 court costs + \$56 per day in jail per prostitute

†missing (n=5)

These are simple costs and do not reflect additional indirect costs (eg. manpower). Indirect costs will be assessed in a future formal cost-benefit analysis.

OBSERVATIONS FROM ALTERNATIVE MEANS OF ENTRY

Over the past year, seventy-one prostitutes entered treatment outside the night of the PDI (see page 9 for description of eligibility and protocols for alternative entry). Only demographic data, substance abuse, and follow-up were collected for these women. Average age was 38 years (range: 20-61). Proportionally, baseline characteristics suggest that younger women are not volunteering to enter treatment (see Table 7) compared to those women entering on the night of the PDI (average age on night of PDI is 37 vs average age from alternative entry is 39). Most were poly-substance abusers (n=43) with the drug of choice being crack and alcohol (see Figure 13), similar to those entering the night of the initiative.

TABLE 7 Baseline Characteristics of Participants Using Alternative Entry (n=71), Oct 2008 – Sept 2009	
Demographics	Number (%)
<i>Race</i>	
Black	46 (65%)
White	19 (27%)
Hispanic/Latino	6 (8%)
<i>Age</i>	
17-24	6 (8%)
25-34	20 (28%)
35-44	25 (35%)
45-54	18 (25%)
55-64	2 (3%)
<i>Sex</i>	
Female	71 (100%)
Male (transgender)	0 (0%)

The finding that no male prostitutes were placed into a treatment program via this alternative means of entry may indicate a gender bias within the criminal justice system. However, the table may be more indicative of the lack of resources to deal with male victims. Many service agencies do not have facilities to house both men and women.

Nearly three quarters of participants entering outside the night of the initiative completed the initial treatment program. This success mirrors findings from the first year of the initiative (eg. 76%). Most prostitutes coming into the PDI New Life program outside the night of the initiative have either volunteered to enter the program to exit the life of prostitution or are ordered by the court to enter treatment as a condition of pre-trial release. These participants are typically more stable than those we see on the night of the initiative, explaining, in part, the higher success rate.

73% of women entering treatment through alternative mode of entry completed initial treatment

77% of these have not re-offended in Dallas County

FIGURE 13:
Self-reported Types of Drugs and Alcohol by Women Using Alternative Entry (n=71), 2008-2009

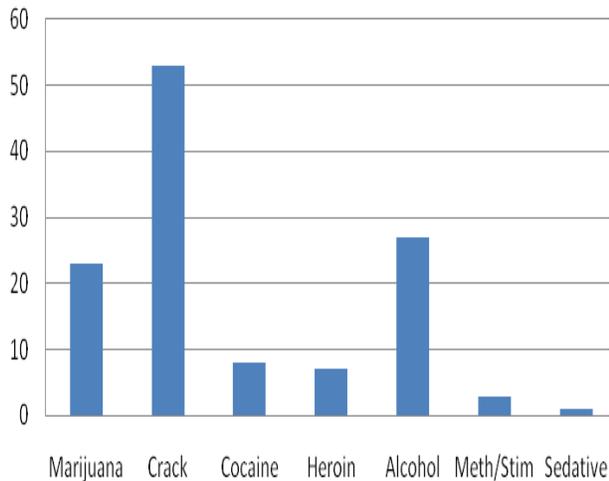
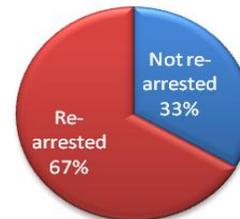
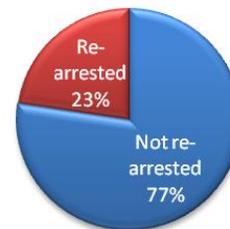


FIGURE 14:
Proportion of Re-Arrests in Dallas County among Women using Alternative Entry, by treatment completion (n=71), 2008 - 2009

Proportion of re-arrests not completing initial treatment (n=18)



Proportion of re-arrests completing initial treatment (n=53)

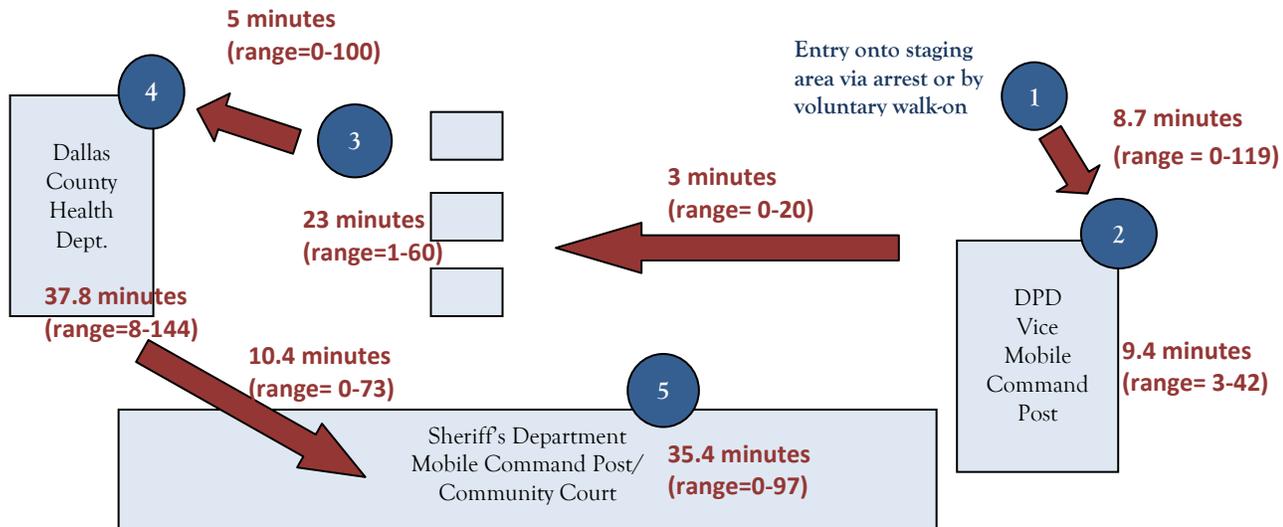


For those entering the initial phase of the PDI New Life treatment outside the night of the PDI, seventy three percent (n=52) completed the 45 day treatment program. In addition, there was a remarkable difference in subsequent re-arrests for those completing the initial, with proportions dropping from 67% to 23% (see Figure 14). While this disproportion may reflect treatment benefits, it may also be as a consequence of the limitation that we were only able to assess re-arrests in Dallas County. We expect the observed decrease in re-arrests among treatment completers may be overestimated and due to lack of opportunity while in treatment rather than a conscious choice to stay clean.

EFFICIENCY

The average time spent to process a PDI participant on-site was 116 minutes (range: 28-183 minutes).

FIGURE 15
PDI Evaluation:
Average Time to Process PDI Participants On-Site
by Station, Oct 2008 – Sept 2009



2 YEAR BRIEF SUMMARY

Throughout the past two years, the PDI program contacted and provided services to 371 sex workers. A summary table detailing the demographics, assessments, and final dispositions of sex workers encountered over the past two years is included in Appendix II. Briefly, forty eight percent (n=178) were eligible for treatment services and, of these, 106 (60%) went into treatment. Of the 92 participants referred to Homeward Bound or Nexus, 23 (25%) completed treatment. Fifteen of the 23 (65%) treatment completers remain abstinent and in supportive services with no subsequent re-arrests in Dallas County.

65% of those completing the initial treatment program remain abstinent and in supportive services with no subsequent re-arrests in Dallas County

FIGURE 16

Total number of prostitutes contacted and eligible for treatment by year (Oct 2007 - Sept 2009)

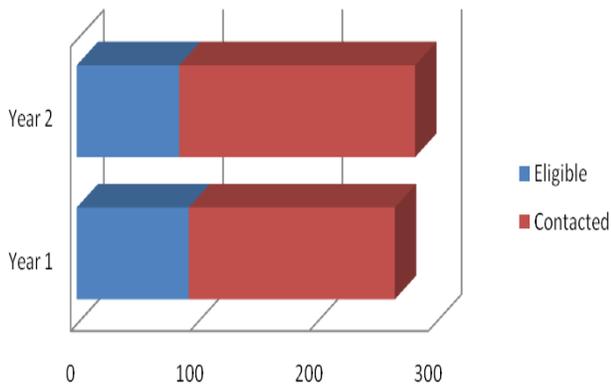
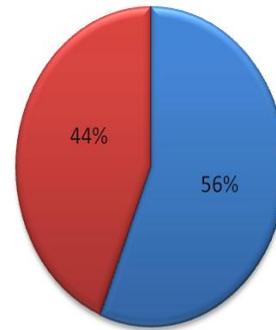


FIGURE 17

Proportion of eligible contacts opting for treatment, Oct 2007 - Sept 2009

■ Went to Treatment ■ Refused Treatment



The data is too preliminary to determine whether these successes are maintained through the long term. However, the proportion of subsequent re-offenses may be an indirect proxy. Participants opting for treatment appear to have the best chance of avoiding a continued life of criminal activity and subsequent re-arrests compared to those going to jail or being released with a citation (65% vs. 59% and 50%, respectively, see Table 8).

TABLE 8

Proportion Re-Arrested in Dallas County by Final Disposition, Oct 2007 – Sept 2009

Jail	N (%)	Treatment	N (%)	Released with Citation	N (%)
Re-arrested	69 (41%)	Re-arrested	32 (35%)	Re-arrested	28 (33%)
Not re-arrested	100 (59%)	Not re-arrested	59 (65%)	Not re-arrested	43 (50%)
Unknown	0	Unknown	0	Unknown	15 (17%)

Challenges to interpretation of data

We are cautious in the interpretation of these initial findings as the data represent only a convenience sample of prostitutes within specific areas of Dallas and therefore may not be representative of all individuals in the sex trade since we cannot quantify the total number in our base population of interest. Truck-stop prostitutes targeted in this program have historically been very difficult populations to access due to their frequent and unpredictable migration patterns. It is difficult, if not impossible, to garner a truly random sample in studies involving these populations. However, we believe these data will provide valuable information in understanding the lives of prostitutes and their most immediate needs.

The challenge for the PDI program has been measuring success. One of the major factors affecting the ability to measure success is tracking participants. The DPD only identifies those individuals who have re-offended and been placed in custody in Dallas County. Unfortunately, an individual could relapse and avoid arrest for a period of time, compounding

the problem. Although short term results are promising, it is unclear how robust the current PDI working definition of success will be in quantifying longer term results.

In an effort to determine if participants are able to sustain short-term successes, a more focused analysis will be conducted at the end of every other year to determine subsequent re-arrests in Dallas County. We anticipate continuing an interval type analysis through the duration of the project (eg. data from year 2 will be evaluated in the year 4 annual report) will avoid bias by allowing a full year after final disposition to determine recidivism or true success. Problems were identified in conducting year to year analysis on the recidivism of individuals entering the treatment program or entering jail. For example, one of the measures of success used in evaluating this program was defined as the incidence of re-arrests after treatment compared to jail. Re-arrests are identified for those occurring within the one year of the program. Thus, those that are contacted in the last month of the initiative year will not have the opportunity to demonstrate success, thus potentially overestimating the effect of the program.

The effectiveness of any law enforcement program is measured by its impact on crime. Past efforts to deal with crime and prostitution at Dallas truck stops through aggressive enforcement has already demonstrated the ‘revolving door’ effect of the criminal justice system. Prostitutes arrested in these areas were soon released to return back to the only environment they know how to survive in. Reoffending and going to jail have been business as usual for both law enforcement and prostitutes. Prior to 2007, the crime rate at the truck stops had remained relatively unchanged and accounted for a significant proportion of all crime in the division where the truck stops were located. Since the inception of the PDI in 2007, there has been a 38.7% decrease in the number of offenses at the Dallas truck stops (see Table 9). Due to the PDI being the only major change in the way the DPD approached crime in this area, the results demonstrate the impact of the PDI and lends credibility to the program.

TABLE 9:
Number and percent difference of offenses reported to the Dallas Police
Department in beats where truck stops located,
2007-2008 and 2008-2009

BEATS 755 & 756				
OCTOBER 1 - SEPTEMBER 30				
OFFENSE	08/09	07/08	NUM DIFF	PCT DIFF
AGGRAVATED ASSAULT	19	32	-13	-40.6%
BURGLARY-BUSINESS	13	21	-8	-38.1%
BURGLARY-RESIDENCE	39	60	-21	-35.0%
MURDER	0	1	-1	-100.0%
OTHER THEFT	60	89	-29	-32.6%
RAPE	3	2	1	50.0%
ROBBERY-BUSINESS	6	5	1	20.0%
ROBBERY-INDIVIDUAL	19	56	-37	-66.1%
THEFT-BMV	315	492	-177	-36.0%
THEFT-SHOPLIFT	25	27	-2	-7.4%
UUMV	39	93	-54	-58.1%
TOTAL	538	878	-340	-38.7%

Our evaluation continues to demonstrate that a safe and effective way to bring needed resources directly to the streets where vulnerable populations often experience barriers to care is by partnering health care and social services support with law enforcement agencies. Moreover, the PDI provides a means to identify health priorities so that interventions and research can be responsive to the needs of prostitutes and the communities surrounding these neighborhoods.

*Prostitution is what they do,
it is not who they are....*

*-Jammie Wolf
former prostitute and current advocate*

REFERENCES

- Alemi F, Taxman F, Baghi H, Vang J, Thanner M, Doyon V (2006) Costs and benefits of combining probation and substance abuse treatment. *J Ment Health Policy Econ* 9(2): 57-70.
- El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J (2001) Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse, and HIV risk. *AIDS Patient Care STDS* 15(1):41-51.
- Farley M, Barkan H (1998) Prostitution, violence, and posttraumatic stress disorder. *Women Health* 27(3): 37-49.
- Jeal N, Salisbury C, Turner K (2008) The multiplicity and interdependency of factors influencing the health of street-based sex workers: a qualitative study. *Sex Transm Infect* 84(5):381-5.
- Jeal N, Salisbury C. (2004) A health needs assessment of street-based prostitutes: cross-sectional survey. *J Public Health (Oxf)* 26(2):147-51.
- Parriott, Ruth. *Health Experiences of Twin Cities Women Used in Prostitution: Survey Findings and Recommendations*. Unpublished, May 1994. Available from Breaking Free, 1821 University Ave., Suite 312, South, St. Paul, Minnesota 55104; also available from the Coalition Against Trafficking in Women.
- Potterat JJ, Brewer DD, Muth SQ, Rothenberg RB, Woodhouse DE, Muth JB, Stites HK, Brody S (2004) Mortality in a long-term open cohort of prostitute women. *Am J Epidemiol* 159(8):778-85.
- Raphael J, Shapiro DL. *Sisters Speak Out: The Lives and Needs of Prostituted Women in Chicago*. Unpublished, August 2002. Available from Center for Impact Research <www.impactresearch.org>
- Roxburgh A, Degenhardt L, Copeland J (2006) Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry* 4:24-36.

CONTACT INFORMATION

For further information regarding the PDI, please contact

Dallas Police: Sergeant Louis Felini
Dallas Police Department
louis.felini@dpd.ci.dallas.tx.us

Social Services: Renee Breazeale
Homeward Bound
rbreazeale@homewardboundinc.org

For questions regarding the data presented in this document, please contact Dr. Martha Felini, mfelini@unthsc.edu

ACKNOWLEDGEMENTS

Special thanks to all organizations who tirelessly work and give of their time and hearts to helping this population. We would also like to thank the Dallas Sheriff's Office Reserve Unit and the Dallas Police Department's Reserve Unit who have volunteered their time to ensure the success of the PDI. Finally, our gratitude goes to The Meadow's Foundation for generously contributing to the support of Homeward Bound's treatment services.

This report was completed with the support of the University of North Texas Health Science Center, who has generously allowed our evaluation team to volunteer hours to this important endeavor. I would especially like to thank the PACE Office and the Center for Community Health at UNTHSC who have graciously logged in volunteer hours and gave of their expertise which assisted the PDI in important ways.

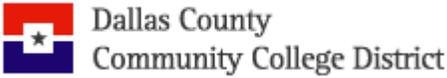
Conflict of Interest Statement: Dr. Martha Felini is the wife of Sgt. Louis Felini who developed and implemented the PDI program. There are no financial disclosures to declare.

Legal	
	<p>Dallas Police Department</p>
	<p>City of Dallas Attorney's Office City of Dallas Community Court</p>
	<p>Dallas County Divert Court and PRE-TRIAL Release</p>
	<p>Dallas County Sheriff's Department</p>
Medical	
	<p>Dallas County Health Department</p>
	<p>VA Medical Center</p>
	<p>Amelia Court Clinic UT Southwestern Medical School Residents North TX Society of Psychiatric Physicians/UTSW</p>

	<p>Parkland Hospital & COPC</p>
<p>Substance Abuse / Mental Health</p>	
	<p>Homeward Bound</p>
	<p>Nexus Recover Center</p>
	<p>ABC Behavioral Health</p>
	<p>Salvation Army</p>
	<p>LifeNet Behavioral Health</p>

	<p>Dallas Metrocare Services</p>
	<p>New Beginnings Center</p>
	<p>Project Matthew</p>
	<p>Brighter Tomorrows</p>
	<p>New Friends New Life</p>
<p>Center for Family Development GROWING. LEARNING. LIVING.</p> 	<p>Center for Family Development</p>
	<p>Timberlawn</p>
	<p>The Right Step</p>
	<p>Green Oaks</p>
	<p>Centro De Mi Salud</p>

Ancillary / Support Services / Faith-Based Support

	Consumer Advocate
	Attitudes and Attire
	Friendship West Baptist Church
	City of Dallas Crisis Team
	Duncanville Church of Christ
	Dallas County Community College District
	Value Options/NorthSTAR
	Transicare
	Mosaic Family Services
	Watermark Church
	Mental Health America

	<p>Resource Center of Dallas</p>
	<p>DSHS / STD & HIV</p>
	<p>Association of Persons Affected by Addictions</p>
	<p>Christian Women's Job Corp</p>
	<p>Greater Dallas Council of Alcohol and Drug Abuse</p>
	<p>My Second Chance</p>
	<p>Grace Opportunity Destiny, Inc</p>
	<p>Vision House</p>
	<p>University of North Texas Health Science Center's Human Identification Center</p>
<p>Evaluation and Research</p>	
	<p>University of North Texas Health Science Center – Department of Epidemiology</p>

REQUESTED VARIABLE	DATA
TOTAL	375
<i>Subsequent data refer to 371 adult prostitutes contacted (3 pimps and 1 juvenile not included)</i>	
AGE	Average: 36 (range = 17-63)
RACE	Black = 274 (74%) White = 81 (22%) Hispanic / Latino = 14 (4%) American Indian = 1 (<1%) Asian = 1 (<1%)
SEX	Female = 356 (96%) Male = 15 (4%)
REPEATERS TO PDI	Yes = 47
MODE OF ENTRY	Arrest = 344 (93%) Patrol = 178 Vice = 166 Walk on = 27 (7%) <i>Alternative entry (2nd year only – not inclusive of total 375) = 71</i>
ARREST CLASSIFICATION	MC = 131 MB = 63 MA = 62 SJ = 44 Misdemeanor and Felony Warrants = 24 No citations issued (earlier initiatives) = 48 <i>(not mutually exclusive)</i>
ELIGIBILITY FOR IMMEDIATE DIVERSION	Eligible for immediate diversion = 178 (48%)
FINAL DISPOSITION	Treatment = 106 (29%) Homeward Bound = 51 Nexus = 41 Others* = 14 Jail = 182 (49%) Declined Treatment / Citation = 82 (20%) Missing = 1 (<1%) <i>60% of those eligible for treatment, opted to enter treatment</i> <i>23 of the 92 (25%) at Homeward Bound or Nexus completed initial treatment program</i>
RE-ARRESTS	After contact, 60% (n=186) have not re-offended within Dallas County

VARIABLES	DATA
	2007-2009
	<i>Remaining data inclusive of adult prostitutes completing assessment (n=269)⁶</i>
OTHER DEMOGRAPHICS	<ul style="list-style-type: none"> o Parous (62%) o High school graduate or higher education (49%)
PHYSICAL HEALTH CONDITIONS SELF-REPORTED	<ul style="list-style-type: none"> o Asthma o High Blood Pressure o Seizures o Others: diabetes, cancer, anemia, lupus, arthritis, hypoglycemia, cirrhosis, COPD, fractures, and chemical burns <p>54% tested positive for STD 246 were presumptively treated</p>
MENTAL HEALTH CONDITIONS SELF-REPORTED	<p>54% self-reported having a mental condition Over half of these reported having more than one</p> <p>30% major depression 29% bipolar 19% suicide attempt 16% schizophrenia</p>
SUBSTANCE USE	97% self-report using abusing drugs or alcohol
SUCCESES	15 of the 23 (65%) treatment completers remain abstinent and in supportive services with no subsequent re-offenses in Dallas County