

Research Report February 2016



**Massachusetts Department of
Correction One-Year Recidivism Study:
A Descriptive Analysis of the Calendar
Year 2013 Male Releases to the Street
and Correctional Recovery Academy
Completion**

February 2016



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Definition of Terms

Board of Probation: The court activity record information (CARI) file provides criminal history information starting with each arraignment. The Massachusetts Board of Probation (BOP) maintains the CARI file on the Massachusetts Criminal Justice Information System (CJIS).

COMPAS: Correctional Offender Management Profiling for Alternative Sanctions is an automated Risk Need assessment tool utilized to inform the development of an offender's personalized program plan. COMPAS has been normed and validated to the Massachusetts Department of Correction population.

Correctional Recovery Academy: An intensive, six month, skill-based residential substance abuse treatment program.

Governing Offense: The offense associated with the longest maximum discharge date when there are multiple offenses per inmate.

Length of Incarceration: For the purposes of this report, length of incarceration is the time an inmate serves in the jurisdiction of the Massachusetts Department of Correction, calculated by finding the difference between their release and most recent admission.

Non-violent Offense: Any offense that falls under the categories of property, drug, or "other."

Program Fidelity: Fidelity is the extent to which delivery of an intervention adheres to the protocol or program model originally developed. Fidelity measurement has increasing significance for evaluation, treatment effectiveness research, and service administration.

Race/Ethnicity: The race categories are self-reported. This includes African American/Black, Caucasian, Asian, Hawaiian-Pacific Islander and American Indian/Alaskan Native. Offenders who report a Hispanic ethnicity are reported as Hispanic in this race category.

Recidivist: For the purposes of this report a recidivist is defined as any offender in the study cohort who, within one year of his release to the street, is arraigned for an offense that ultimately results in a conviction. For this purpose, "conviction" is defined as any outcome involving a new criminal sentence, probation, suspended sentence, fine, guilty finding, or continued without a finding (CWO). Though there was a one-year timeframe for recidivism, additional follow-up time is necessary when collecting reconviction data to allow for arraignments to reach a final resolution. For example, if an offender was released on January 1, 2013, was arraigned for a new offense on March 1, 2013 and was convicted and sentenced for that offense after a trial taking place in February of 2014, he would be treated as having recidivated within the one-year period.

Recidivism Rate: The recidivism rate is calculated by dividing the number of offenders reconvicted within one year of release by the number of offenders in the release cohort.

Recidivism Risk Score: On intake to the prison system each inmate is given assessments to establish his/her Intake/Criminal History/Risk Scale Set. Components of the scale set are the General and Violent Recidivism Risk Scores which may be used to predict recidivism risk. The risk scores are based on a COMPAS Core scale which is a standard decile scale with 1 corresponding to the lowest risk of recidivism and 10 corresponding to the highest risk. The amount of programming required for a given inmate is established by further simplifying this scale to Low, Moderate, and High recidivism risk inmates. Offenders scoring a moderate to high risk to recidivate in either the general or the violent recidivism scale are administered a Needs Assessment and the offender referred for programming. The offender's most recent risk assessment data was used prior to his/her release to the street. Due to the implementation of the COMPAS Assessment, offenders who were incarcerated at the time of the roll-out were administered a Standing Risk Assessment as a proxy to the Initial Risk or Core Risk Assessment. Those assessment scales are used interchangeably in the analysis.

Security Level: The security level designation of the facility the offender was released from. For facilities with multi level designations, the security level of the housing unit the offender was released from within the facility was used.

Substance Abuse Scale: The COMPAS offender substance abuse scale is categorized ranging from 1 to 10 based on decile cut points and then categorized into low (1-2), moderate (3-4) and high (5-10) based on 20/20/60 cut points determined by a substance abuse norm group.

Violent Offense: Any offense that falls under crimes against the person or a sex offense category.

Executive Summary

Research has shown drug treatment for drug-involved offenders is effective in lowering the rates of recidivism (Chandler, Fletcher, & Volkow, 2009; Mackenzie, 2006; Sherman, Farrington, Welsh, & Mackenzie, 2002). The focus of this study was to identify and describe differences in the recidivism rates¹ of offenders who completed the Massachusetts Department of Correction (MADOC) Correctional Recovery Academy (CRA) program to determine if expected decreases in recidivism could be noted for this population. CRA is an intensive six month skill-based residential substance abuse treatment program. There are a total of 518 residential treatment beds located across five separate MADOC institutions. CRA targets substance abuse, anger management, criminal thinking, and relapse prevention utilizing a therapeutic community social learning approach with an advanced cognitive behavioral curriculum that promotes positive social learning.

Key Findings

- Of the 1,100 offenders included in the CRA recidivism study, the overall one-year recidivism rate was 19.8%.
- Offenders who completed the CRA program prior to their release to the street had a one-year (conviction) recidivism rate of 14.1%, while the non-completer/non-participant recidivism rate was 23.5%. This resulted in a percent difference of 50%² between the two rates.

Introduction

How recidivism is conceptualized and how an inmate population is targeted can drastically influence a reported recidivism rate. Common definitions for recidivism include: the recommitting of a crime; the reconviction of a crime; or the reincarceration to jail or prison after release to street following an incarceration.

The follow-up period for relapse into the specified behavior depends on the study and how recidivism is being defined. For example, using a one-year follow-up of reincarceration, the recidivism rate for offenders released to the street from a Massachusetts Department of Correction (MADOC) facility during 2011 was 19%, compared to a three-year reincarceration rate of 35% (Massachusetts Department of Correction, August 2015).

Typically, recidivism studies follow released offenders for three years following their release from prison or placement on probation. Offenders are returned to prison for one of two reasons: for committing a new crime that results in a new conviction, or for a technical violation of supervision, such as not reporting to their parole or probation officer, or failing a drug test (Pew Center of the States, 2011, pg. 7). In some cases, parole and probation revocations resulting in reincarceration are triggered by new arrests that do not result in a new conviction, but which are supported by probable cause.

For the purposes of this report, recidivism was defined as a reconviction occurring within one year from the date of an inmate's release to the street. Conviction types include a criminal sentence to a Massachusetts state or county facility, probation term, suspended sentence, split sentence, fine, guilty finding, or continuance without a finding (CWOFF). The initial arraignment date associated with the new conviction is used to determine the date of reconviction.

A primary objective of MADOC is to rehabilitate offenders and prepare them for successful reentry into society. Offenders are assessed and those identified as being the highest risk offenders are enrolled in programs designed to target their specific criminogenic need areas with the goal of deterring future

¹ The recidivism rate is calculated by dividing the number of offenders reconvicted by the number of offenders in the release cohort.

² The percent difference between the two recidivism rates was calculated to determine the difference between the rate for completers and non-completers/non-participants. To determine the percent difference, the difference between the two numbers was divided by the average of the two numbers and multiplied by 100.

criminality. To measure success offender recidivism rates are used to determine an offender's ability to abstain from criminal behavior after release from prison.

When an offender transitions from prison to the community he often faces obstacles known to be associated with: higher rates of criminality; substance abuse (Travis & Visher, 2006); unstable living arrangements or homelessness (Grunwald, Lockwood, Harris, & Mennis, 2010; Halsey, 2007); releasing to neighborhoods where known associates have delinquent attitudes or behaviors (Megens & Weerman 2011); or returning to an area of low economic opportunities (Weiman, 2007). Mental health issues are also a concern as correctional facilities across the country are managing a growing number of offenders with mental health disorders. On January 1, 2015, 28% of males and 59% of females in MADOC custody had an open mental health case, and 21% of males and 46% of females were prescribed psychotropic medication (Massachusetts Department of Correction, 2015^a).

Over the last decade, MADOC has placed greater emphasis on program services as a tool for reducing recidivism and enhancing public safety. Utilizing the best available research, we seek to address the root causes of criminal behavior through highly focused programming while measuring each offender's individual progress using evidence-based actuarial risk/needs assessments.

The cornerstone of our program services is the Risk-Need-Responsivity (RNR) framework. The RNR is predicated on three core principles:

- **The Risk Principle** asserts that criminal behavior can be reliably predicted. Intensity of services should match the offender's risk level and treatment should focus on the higher risk offenders;
- **The Need Principle** highlights the importance of addressing criminogenic needs in the design and delivery of treatment; and,
- **The Responsivity Principle** focuses on matching an offender's personality and learning style with appropriate program settings and approaches (Andrews & Dowden, 2005; Andrews & Dowden, 2006; Andrews, Zinger, Hoge, Bonta, Gendreau & Cullen, 1990).

This framework focuses correctional treatment on addressing *criminogenic needs*: factors that impact criminal behavior that can be altered over time with appropriate treatment. While offenders have many needs deserving of treatment, we know from extensive research in the field that not all of these needs can be changed. For example, an offender may have a lengthy criminal record from crimes committed while under the influence of illicit drugs. We focus on addressing criminal thinking and substance abuse as they can be changed with appropriately targeted services. Disregarding offenders' major needs has been proven through extensive research to actually increase their chances of recidivating (Andrews and Bonta, 2006). Other criminogenic needs include: employment and pro-social networks/associations, education, and stable housing and home life (Andrews & Bonta, 2006).

Substance Abuse Treatment Programming

According to a 2003 report by the National Center on Addiction and Substance Abuse at Columbia University, 80 percent of all offenders in the U.S. criminal justice system report having substance abuse problems. Reports funded by the National Institute of Justice and the National Institute on Drug Abuse found that substance abusing inmates who completed treatment were less likely to relapse to drug use and less likely to be rearrested after release (Harrison & Martin, 2003; National Institute on Drug Abuse, 2009). Congress established the Residential Substance Abuse Treatment (RSAT) program in 1994 to help state correctional systems implement comprehensive approaches to substance abuse treatment that included residential treatment, life skills development, vocational training, relapse prevention, and aftercare services. RSAT programs help addicted offenders return to society substance-free and equipped with the skills to obtain employment and be productive members of their communities (Gonzales, Henke & Herraiz, 2005; Schmidt, 2001) This, in turn, nets huge savings in societal costs (National Institute on Drug Abuse, 2009).

The RNR model has been extolled as a best practice model for corrections (Taxman, 2006) and was shown to effectively reduce recidivism by as much as 35 percent (Bonta & Andrews, 2007). The RNR model influenced the development of offender risk/needs assessment instruments to accurately measure changes in offenders' risk to recidivate (Arnold, 2007; Motiuk, Bonta & Andrews, 1990; Raynor, 2007; Raynor, Kynch, Roberts & Merrington, 2000). Through evidence-based risk/needs assessments, the MADOC can calculate the effectiveness of its programs on a regular basis and implement responsive quality improvements. By providing program services rooted in the RNR model, MADOC promotes offenders' successful reintegration into the community and significantly reduces the impact of recidivism on public safety.

In 1993, MADOC demonstrated its commitment to providing state-of-the-art, evidence-based treatment for offenders by opening six residential substance abuse treatment programs (Correctional Recovery Academy) using a modified therapeutic community model. This model was based on the work and research of De Leon and Ziegenfuss (1986), Yablonsky (1986), and other prominent researchers in the industry. A modified therapeutic community provides a safe, structured environment for social learning while clinically treating addictions and other contributing factors for criminal behavior.

As substance abuse research evolved, MADOC has kept pace by enhancing the CRA with the latest evidence-based curricula in the areas of Criminal Thinking and Violence Reduction in 1996. These curricula were developed by Armstrong Associates and were adopted nationally by the Canadian prison system and many departments of correction in the United States.

In 2003, MADOC enhanced the CRA by expanding to eight facilities, replacing selected curricula, and introducing new topics based on research by the Harvard School of Public Health, the National Institute on Drug Addiction, The Texas Christian University, and notable researchers such as Thomas D'Zurilla and Marvin Goldfried. In 2009, MADOC further enhanced the CRA by providing improved treatment matching with the implementation of the COMPAS assessment tool. The Department also enhanced the therapeutic community design of the CRA by combining elements of a therapeutic community's social learning approach with an advanced cognitive behavioral curriculum.

It is important to note that the focus of this analysis is a group of offenders whom may have participated in a version of the CRA Program which was much different than the program in place today. As described above the CRA has evolved over time. That evolution has been informed by the insights from this report and other empirical research to more closely align the treatment model with evidence based practices. This report is one example of the MADOC's data-driven approach to decision making.

Methodology

The goal of these analyses is to explore MADOC recidivism rates with reference to the CRA and its associated qualification assessments: substance abuse risk, general risk, and violent risk.

Each inmate given a general or a violent recidivism risk score is placed in a category score ranging from 1 (lowest risk) to 10 (highest risk). Dependent on this 10-point scale, each offender is then placed into one of three recidivism risk categories, Low (score 1-4), Moderate (score 5-7), and High (score 8-10). Offenders considered ideal for referral to the Correctional Recovery Program are those who score moderate to high risk using the COMPAS general risk and violent risk scores who also score moderate to high in the substance abuse scale in the COMPAS needs assessment³. This offender substance abuse scale is categorized ranging from 1 to 10 and then categorized into low (1-2), moderate (3-4) and high (5-10). The one-year recidivism rates for male inmates identified as candidates for referral to the CRA

³ Of the 1,707 moderate to high risk offenders, 38 were not administered a COMPAS Needs Assessment. For those 38 offenders, the Substance Abuse Scale Set in the offender Risk Assessment was used to determine a substance abuse score.

program released during 2013 were analyzed and compared to describe differences in CRA program completers and non-completers/non-participants⁴.

Cohort selection included male offenders released during 2013, appropriate for recommendation for the CRA program by scoring as moderate to high on the substance abuse scale of the COMPAS needs assessment. The focus was limited to male releases as availability of risk score data for the 2013 releases was limited for the female population. Overall, there were 2,207 offender releases to the street during 2013 identified to have completed an Intake or Standing Population Risk Assessment. Of these, 1,707 were identified as moderate to high risk. Of the 1,707 moderate/high risk offenders, 1,304 (76%) were identified as scoring moderate to high in the Substance Abuse Scale, of which, 1,100 were male offenders identified for the final study cohort.

The CRA program participation data was merged into the cohort data file of calendar year 2013 releases to the street. This CRA data was gathered from the MADOC's Inmate Management System (IMS) and represented offenders who completed CRA. The CRA data was sorted to identify offenders in the study cohort who completed the CRA program as indicated by a termination reason of 'Completed Successfully' for identified CRA program types and flagged with their most recent completion date. Offenders who had participated in the CRA and earned comparable good time to complete the program were also included in the CRA completion group. The Recidivism rates for program completers and non-completers/non-participants were used in the analysis of the CRA program.

For this report, the follow-up timeframe for a recidivist was based on the initial arraignment date for the new charge that resulted in a new conviction. Though there was a one-year timeframe for recidivism, additional follow-up time is necessary when collecting reconviction data to allow for arraignments to reach a final resolution.

Cohort Overview

The final cohort consisted of 1,100 criminally sentenced male offenders who were released to the street during 2013. The following overview reflects those 1,100 released offenders.

- Of the study cohort, 63% were under parole or probation supervision upon release, nominally lower than the overall male population for that period of 65%.
- The racial composition of the CRA release cohort was 47% White, 27% Hispanic, 26% Black, and one percent "Other"⁵ races.
- The majority of the CRA cohort (52%) was serving a non-violent⁶ governing offense.
- The cohort consisted of 50% medium security inmates at release, 19% in minimum security, 17% in pre-release, and 14% maximum.
- The mean age at release for both CRA completers and non-completers/non-participants within the cohort was 36 years.
- The median length of incarceration⁷ for the CRA cohort was 3.2 years. CRA completers had a longer median time served, 3.5 years, compared to CRA non-completers/non-participants, 3 years.

⁴ Please note that inmate participation in the CRA program is voluntary, which can lead to data bias and impact generalizing the findings from this study.

⁵ Other includes those with a self-reported race of Asian, Native-American, and Other.

⁶ The non-violent offense category includes drug, property, and 'other' offenses, while the violent offense category includes person and sex offenses. Note that, for these purposes, offenses involving illegal possession of firearms, arson, and burglary are defined as "non-violent", even when there are violent overtones to these crimes.

Results

The recidivism findings for the 1,100 offenders in the CRA study cohort revealed an overall recidivism rate of 19.8%. A comparison of CRA program participants who successfully completed the program compared to CRA non-completers/non-participants saw associated one-year recidivism rates of 14.1% and 23.5% respectively. This is a nine-percentage point difference, which equated to a difference of 50% in the recidivism rate for CRA completers compared to non-completers/non-participants⁸.

These findings are consistent with prior research indicating a reduction in recidivism rates with the use of effective evidence based programming (Sherman et al, 2002). Additionally, recent work by the MADOC with the Pew-MacArthur Results First Initiative estimated that modified therapeutic drug community treatments, such as CRA, have an expected recidivism reduction of 13.9% (Executive Office of Public Safety and Security, 2014).

One Year Reconviction Recidivism Rates by CRA Completion

CRA Outcome	N Released	N Rec	Rec Rate
Completers	433	61	14.1%
Non-Completers/Non-Participants	667	157	23.5%
Total Releases	1,100	218	19.8%

Release supervision (defined as parole, probation, or both parole and probation) can have a significant effect on whether an offender recidivates or not. Overall, offenders released without supervision had a higher reconviction recidivism rate (25.2%) than offenders with supervision (16.7%). It is important to note that offenders under supervision of any sort may violate their conditions and be reincarcerated without being convicted of a new crime.

Offenders released with supervision who completed the CRA program, had a recidivism rate of 11.9%. Offenders who completed the CRA and were released to the street without supervision had a recidivism rate of 18.6%, while offenders released without supervision whom did not complete the CRA program had a rate of 28.7%

One Year Reconviction Recidivism Rates by CRA Completion and Supervision Upon Release

Supervision Upon Release	CRA Non-Completers/ Non-Participants			CRA Completers			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
No Supervision Upon Release	265	76	28.7%	140	26	18.6%	405	102	25.2%
Supervision Upon Release	402	81	20.1%	293	35	11.9%	695	116	16.7%
Total	667	157	23.5%	433	61	14.1%	1,100	218	19.8%

⁷ Length of incarceration is the time an inmate serves in the jurisdiction of the MADOC, calculated by finding the difference between his release and most recent admission.

⁸ To obtain the percent difference, the difference between the two percentages are divided by the average of the two percentages.

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A variable which correlates with an inmate's probability of recidivating is his security level at release. Offenders released from a minimum or pre-release facility had lower recidivism rates (11.4%) than offenders released from maximum or medium security (24.5%).

Offenders released from maximum or medium security who completed the CRA program had a recidivism rate of 16.1%, compared to a rate of 28.9% for CRA non-completers/non-participants released from the same security levels. No real difference in recidivism rates were seen for releases from a minimum/pre-release facility regardless of program completion.

One Year Reconviction Recidivism Rates by CRA Completion Status and Security Level of Releasing Facility

Security Level	CRA Non-Completers/ Non-Participants			CRA Completers			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Maximum/Medium Security	464	134	28.9%	242	39	16.1%	706	173	24.5%
Minimum/ Pre-Release Security	203	23	11.3%	191	22	11.5%	394	45	11.4%
Total	667	157	23.5%	433	61	14.1%	1,100	218	19.8%

Recidivism rates by offense category are examined below, and comparisons made between offenders serving a violent governing offense (defined as offenses against a person or sex offenses) versus a non-violent offense (property, drug, or other). Overall, the recidivism rate for non-violent offenders (17.8%) was lower than for those with a violent governing offense (22.0%). Amongst violent governing offenders, 14.5% of CRA completers had a reconviction within one year of release compared to 26.0% of non-completers/non-participants. For non-violent offenders the CRA completers had a one-year reconviction recidivism rate of 13.8% while non-completers/non-participants had a recidivism rate of 20.9%.

One Year Reconviction Recidivism Rates by CRA Completion and Violent/Non-Violent Governing Offense

Offense	CRA Non-Completers/ Non-Participants			CRA Completers			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Non-Violent	321	67	20.9%	247	34	13.8%	568	101	17.8%
Violent	346	90	26.0%	186	27	14.5%	532	117	22.0%
Total	667	157	23.5%	433	61	14.1%	1,100	218	19.8%

The table on the following page shows a more detailed comparison of rates for completers versus non-completers/non-participants based on specific offense types. Interestingly, the recidivism rate is considerably lower for CRA completers for all offense types except for those with a governing property offense. In contrast, property offenders who completed the CRA program actually had a higher recidivism rate than those who did not complete or did not participate in the program at all. It is important to note that while everyone in the cohort scored moderate or high risk for substance abuse, the majority of those with a governing property offense (59%) scored either a 9 or 10, which represent the highest scores for substance abuse need.

One Year Reconviction Recidivism Rates by CRA Completion Status and Offense Type

Offense Type	CRA Non-Completers/ Non-Participants			CRA Completers			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Person	318	81	25.5%	170	24	14.1%	488	105	21.5%
Drug	150	26	17.3%	135	11	8.1%	285	37	13.0%
Property	95	24	25.3%	54	15	27.8%	149	39	26.2%
Other Crimes	76	17	22.4%	58	8	13.8%	134	25	18.7%
Sex	28	9	n.a. ⁹	16	3	n.a.	44	12	27.3%
Total	667	157	23.5%	433	61	14.1%	1,100	218	19.8%

The offender's race/ethnicity was another variable examined, comparing those who completed CRA versus those who either did not complete or did not participate at all. As shown in the table below, those with a self-reported race of African American/Black had the highest overall recidivism rate at 26.2%. Caucasian and Hispanic offenders have a nearly identical recidivism rate, 17.7% and 17.0% respectively. When comparing CRA completers to non-completers/non-participants, those who completed CRA had a lower recidivism rate in all of the racial groups shown. African American/Black offenders also saw the largest percent change in recidivism between CRA completers and non-completers/non-participants of all the race ethnic groups, with CRA completers recidivating at 18.6% compared to 32.3% for non-completers/non-participants.

One Year Reconviction Recidivism Rates by CRA Completion Status and Race/Ethnicity

Race	CRA Non-Completers/Non-Participants			CRA Completers			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
African American/Black	158	51	32.3%	124	23	18.6%	282	74	26.2%
Caucasian	333	70	21.0%	180	21	11.7%	513	91	17.7%
Hispanic	169	34	20.1%	125	16	12.8%	294	50	17.0%
Other ¹⁰	7	2	n.a. ¹¹	4	1	n.a.	11	3	n.a.
Total	667	157	23.5%	433	61	14.1%	1,100	218	19.8%

The final variable examined is the offender's age at release as shown on the following page. The recidivism rate for those 24 years old and under at the time of their release who completed CRA was 16.3% versus 32.4% for non-completers/non-participants. This is a 16.1 percentage point difference, which equated to a difference of 66% in the recidivism rate for CRA completers compared to non-completers/non-participants¹². Those who were 25 years old and older at the time of their release who completed the CRA also had a lower recidivism rate versus those who had not, 13.8% and 22.5% respectively.

⁹ For releases where the numeric value is under 30, the recidivism rate was not reported.

¹⁰ For the purpose of this report, 'Other' includes those with a self-reported race of Asian, American Indian/Alaskan Native and Other.

¹¹ For releases where the numeric value was under 30, the recidivism rate was not reported.

¹² To obtain the percent difference, the difference between the two percentages are divided by the average of the two percentages.

One Year Reconviction Recidivism Rates by CRA Completion and Age at Release

Age at Release	CRA Non-Completers/ Non-Participants			CRA Completers			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
18-24	71	23	32.4%	49	8	16.3%	120	31	25.8%
25 and Over	596	134	22.5%	384	53	13.8%	980	187	19.1%
Total	667	157	23.5%	433	61	14.1%	1,100	218	19.8%

State of the Program

The MADOC is committed to improving outcomes associated with the implementation of evidence-based programs with current focus placed in four specific strategies: further engage and train staff, improve program fidelity, increase program participation for appropriate offenders, and promote the continuum of care into the community.

Further Engage and Train Staff:

- Correctional Program Officers (CPOs) continued to attend Integrated Case Management (ICM) Training. ICM provided CPOs with techniques and tools to motivate and engage offenders to be active participants in their own recovery and reentry.
- Implemented training and team-building activities to clearly define roles and expectations which led to more integrated interdisciplinary teams working toward the singular goal of improving the overall quality of the program.
- Deputies and Captains asserted themselves as champions of the program leading to stronger support from assigned Correctional Officers who reported increased job satisfaction.
- Staff engagement promoted a shift in culture that embedded the program within the mission of each institution.
- An increased presence from Central Headquarters staff at CRA units provided support and leveraged additional commitment and institution-based resources.

Improve Program Fidelity:

- The audit process was expanded to include qualitative and environmental conditions as it relates to strength of community, instruction and the effective execution of program protocols.
- Program Directors were included in the monthly Continuous Quality Improvement Meeting to enhance communication, proactively resolve potential problem areas and identify and develop strategies to improve the overall quality of the program.
- A comprehensive review of the program manual and inmate handbook was completed resulting in significant revisions that provided clearer direction and expectations for program participants.
- An improved recruitment, retention, and training strategy for CRA staff led to a more competent and well-trained workforce, stronger clinical supervisors and more experienced leadership.

Increase the Number of Eligible Offenders Completing the CRA Program:

- The Texas Christian University Drug Screen II was implemented at MCI-Framingham and MCI-Cedar Junction to more fully identify inmates at admission with a substance abuse need.
- Program Engagement Strategy (PES) was implemented to introduce a balance approach of incentives and consequences for program participation.
- CRA treatment beds were expanded at MCI-Shirley minimum.
- CRA was expanded to a specialized facility designated to serve inmates with mental illness, ensuring program access to this specialized population.
- Tracking of program participation was improved through enhanced data collection and analysis of the case plan within the Inmate Management System.
- The development of a quarterly Gap Analysis Report promoted data-driven decision-making at the institutional, division and executive level of the agency.

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- A Performance Based Plan has been published that includes interdivisional/institutional activities geared towards reducing the gap of offenders with a substance abuse need who release without completing CRA.
- Collaboration between Classification and Program Services Division was strengthened to ensure offenders with a substance abuse need had an opportunity during their incarceration to participate in the CRA.
- A grant was submitted to expand program capacity and provide an interdiction component for inmates who had a lapse while in community corrections.

Promote Continuum of Care (Post-Release):

- Medication Assisted Treatment Reentry Initiative (MATRI) provides pre-release treatment and post-release referral for opioid and/or alcohol addicted offenders. MATRI also provides released offenders with access to supportive case management through Recovery Support Navigators for up to one year post-release.
- Graduate Maintenance programming was expanded to increase time in treatment from completion of the CRA until release from DOC custody.
- Partnerships with Houses of Correction were expanded to step-down offenders within the geographic area of their release.
- The continuum of post-release care was strengthened through collaboration with additional community based case management agencies.
- Spectrum was awarded a \$1M grant over three years to develop a statewide reentry mentoring project providing one-to-one peer support to high risk individuals who complete substance abuse treatment while incarcerated to help them lead drug-free, crime-free lives.
- A grant has been submitted to expand time in treatment by the establishment of additional graduate support beds.

Conclusion

Research in corrections has shown resources are best targeted at those inmates assessed to score moderate to high on validated risk and needs assessments. This report reflects the results of analyses based on inmates assessed with a moderate to high substance abuse need area and their recidivism rates in relation to completion of the Correctional Recovery Academy (CRA) Program. Included among the findings are recidivism rates and CRA participation with focus placed on a number of demographic, sentencing, release, and reentry variables. Overall, this study revealed a lower recidivism rate for CRA completers compared to non-completers/non-participants who were identified as having the same substance abuse intervention needs. The results are promising and consistent with the findings of meta-analyses of similar evidence-based programming. This report represents the analysis of the CRA based on the availability of data at that time. As data collection and analysis processes continue to improve, more comprehensive research will be undertaken to further evaluate the benefits and potential shortcomings of the CRA program.

This study detailed the important role of the Risk-Need-Responsivity model and the continuum of treatment from prison to the community in recidivism reduction. The Department's assessment of inmates' risks and needs process utilizes a reliable and validated instrument that identifies the highest risk offenders and their corresponding criminogenic need areas. The automated case management process integrates the risk/needs assessment results leading to the development of a personalized program plan for each offender. Integrated Case Management Training has provided staff with the skills to more fully engage offenders through the use of motivational interviewing leading to increased program participation. The program has been strengthened through enhanced protocols and expansion of graduate support and maintenance programming that allow offenders to stay engaged in treatment throughout their incarceration. Partnerships with community-based providers and the use of recovery support navigators has bridged the gap to successfully transition offenders from prison to the community.

The Massachusetts Department of Correction continues to work diligently to develop a reentry continuum that incorporates evidence-based practices and partnerships with internal and external stakeholders. The findings of this study reflect the promising impact such programs can have on reducing recidivism. Completion of the CRA program correlates highly with recidivism reduction, particularly in comparison to non-participants or non-completers assessed with the same level of need. The Department remains committed to our mission of public safety and reducing recidivism by further strengthening our reentry continuum through innovation, creativity, and the dedication of a well-trained and empowered workforce.

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