Massachusetts Department of Correction

Correctional Recovery Academy (CRA) Historical Overview Brief

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Introduction:

Over the last decade, the Massachusetts Department of Correction (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 which utilizes a statistical method to measure risk.

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, pro-social networks/associations, education, and stable housing and home life (Andrews & Bonta, 2006).

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). 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.

CRA Historical Overview:

In 1993, MADOC demonstrated its commitment to providing state-of-the-art 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 improved the therapeutic community design of the CRA by combining elements of a therapeutic community's social learning approach with an advanced cognitive behavioral curriculum.

In 2014, the Department consolidated the CRA program to four facilities. The consolidation of the program to four facilities was a strategic decision to improve program fidelity and the overall performance of the program. Offering the program in four institutions allowed vendor Regional Managers and DOC Contract Administrators to provide more focused and frequent clinical supervision and oversight. Prior to the consolidation, the programs typically were limited to approximately 60 beds per facility making it difficult to integrate within the overall operation of the institution. By significantly increasing the size of the programs, facility administrations and staff became more invested in the program's success and took into consideration the impact of the program at all levels of decision making.

The program was also redesigned to include more individualized tracks of programming allowing for tailored treatment and goals. Curriculum specific for opioid dependent offenders was incorporated and tracks of treatment designed for the offenders' specific treatment needs were developed. For example, offenders with a high risk of violence and lower substance use needs follow a treatment track that focuses on violence reduction and criminal thinking, as well as substance abuse. Those non-violent offenders with higher substance abuse need scores follow an intensive substance abuse track.

Treatment planning reflects the individualized needs of each offender. The counselor for each offender makes treatment recommendations based on the specific assessment scores of the offenders. Recommendations for specific treatment groups are reflected in the treatment plan.

As described above the CRA has evolved over time. That evolution has been informed by the insights from the annual CRA recidivism report (Massachusetts Department of Correction (2017)) and other empirical research to more closely align the treatment model with evidence based practices. The annual CRA recidivism report is one example of the MADOC's data-driven approach to decision making.

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) are able to more effectively engage offenders in their treatment needs utilizing motivational interviewing and other tools learned at the Integrated Case Management (ICM) Training.
- An increased presence from Central Headquarters staff at CRA units continues to provide support and leverage additional commitment and institution-based resources.
- Substance abuse treatment staff receive three day curriculum training every three months.
- The program continues to be promoted, at all levels of the agency, to further embed it within the mission of each institution.

Improve Program Fidelity:

- Program Directors continue to participate 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. Meetings and subsequent training focused on the integration of clinical judgment in combination with existing treatment protocols, assessment data and progression through the program.
- An improved recruitment, retention, and training strategy for CRA staff led to a more competent and well-trained workforce, stronger clinical supervision and more experienced leadership.
- A staffing analysis was completed that led to the elimination of a senior administrative position which allowed for more competitive salaries for substance abuse counselors.
- Program audits are conducted annually and include qualitative reviews as well as environmental conditions.
- A more intensive substance abuse track was established within the program for offenders who scored highest in the substance abuse need scale within COMPAS and Texas Christian University (TCU) Drug Screen.

Increase the Number of Eligible Offenders Completing the CRA Program:

- The TCU Drug Screen V continues to be administered at the reception centers, MCI-Cedar Junction for males and MCI-Framingham for females. The TCU Drug Screen V is an updated version of the TCU Drug Screen II and is based on the most recent *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The TCU Drug Screen V screens for mild to severe substance use disorder and is particularly useful when determining placement and level of care in treatment. CPOs are reviewing each offender's history and profile, and utilizing motivational interviewing when they identify discrepancies. CPOs have expanded their role in the CRA program from making recommendations to participating in unit team meetings and encouraging offenders to stay engaged in programming.
- Program Engagement Strategy (PES) was expanded to more facilities which has shown a decrease in program refusals and an increase in completions.
- Collaboration between Classification and the Program Services Division continues to ensure offenders with a substance abuse need have an opportunity during their incarceration to participate in the CRA.
- An interdiction component was implemented at facilities with CRA for inmates who had a lapse while in community corrections.
- An Intensive Outpatient Program was implemented at MCI-Shirley minimum for offenders who complete the CRA who are assessed as having more substance abuse treatment needs.

- The continuum of substance abuse services was recently strengthened through the standardization of the graduate maintenance curriculum that enables offenders who complete the program to remain engaged in treatment throughout the remainder of their incarceration.
- Substance abuse services were expanded to Souza Baranowski Correctional Center, a maximum security facility, to include a maintenance program for offenders who may have been returned to higher security.
- Substance abuse services were also expanded to the Department's Disciplinary Unit at MCI-Cedar Junction.

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.
- MATRI was strengthened through a partnership with the Parole Board that enables medication assisted treatment to be offered as part of the parole process. Since September 2014, 155 offenders have received a pre-release injection and released to the community.
- MATRI was expanded to include offenders releasing from the maximum security prison.
- The continuum of post-release care was strengthened through collaboration with additional community based case management agencies.
- Spectrum was awarded a $1,150,178 Bureau of Justice Assistance grant and implemented the 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.

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