



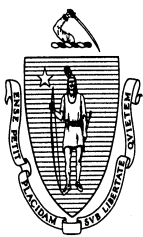
**Massachusetts Department of Correction
One Year Recidivism Study: A Descriptive
Analysis of the January – July 2011 Releases
and Correctional Recovery Academy
Participation**



MA Department of Correction
Strategic Planning & Research

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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).

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

Correctional Academy Participant: An offender who completed the program or participated in the program for three consecutive months.

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, time served is calculated using the offender's incarceration and release dates. For inmates who were serving a state prison sentence, jail credits are included in the calculation.

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

Parole Violation: An act or failure to act by a parolee that does not conform to the conditions of parole related to having been arrested for a new offense.

Recidivist: For the purposes of this report a recidivist is defined as any offender in the study cohort that is reconvicted within a year of their release to the street from a Massachusetts Department of Correction facility to include a new criminal sentence, probation, suspended sentence, fine, guilty finding, or continued without a finding (CWOFF). The follow-up period is based on the initial arraignment date for the charge resulting in a new conviction.

Recidivism Rate: The recidivism rate is calculated by dividing the number of offenders re-convicted 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 their 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 their 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.

Reentry Workshop: The 10-day Reentry and Employment Readiness Workshop meets for 2.5 hours per day and is offered to inmates who are within one year of their earliest possible release date. During the Reentry and Employment Readiness Workshop, reentry planners facilitate curriculum designed to assist inmates in the development of the necessary skills that are needed for successful transition back into the community.

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 (Mackenzie, 2006; Sherman, et al, 2002, in MADOC 2009). The focus of this study is to identify and describe differences in the recidivism rates¹ of offenders who participated in the Massachusetts Department of Correction Correctional Recovery (CRA) program to determine if expected decreases in recidivism can be noted for this population. CRA is an intensive six month skill-based residential substance abuse treatment program. There are a total of 596 residential treatment beds located across eight separate MADOC institutions. The CRA targets substance abuse, anger management, criminal thinking and relapse prevention. The program utilizes a therapeutic community social learning approach with an advanced cognitive behavioral curriculum that promotes positive social learning.

ANALYSIS

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) based on decile cut-points determined by a norm group. 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). To identify offenders' ideal for referral to the Correctional Recovery Program, moderate to high risk offenders were identified using the COMPAS general and violent risk scores who had also scored moderate to high in the substance abuse scale in the COMPAS needs assessment². The offender substance abuse scale is categorized ranging from 1 to 10 based on decile cut points. Substance Abuse scores are further categorized into low (1-2), moderate (3-4) and high (5–10) based on 20/20/60 cut points determined by a norm group. The one-year recidivism rates for inmates identified as candidates for referral to the CRA program released during the first seven months of 2011 are analyzed and compared to describe differences in CRA program completers and non-completers/non-participants.

Between January 1, 2011 and July 31, 2011, 887 criminally sentenced male offenders were released to the street from the Massachusetts Department of Correction (MADOC). The cohort used in this analysis consists of the 790 male criminally sentenced offenders released to the street¹ from the MADOC during the 7 month period having a calculated and computed general or violent recidivism risk score. From those 790 male offenders, 406 were identified for the CRA study cohort.

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

² Of the 632 moderate to high risk offenders, 129 were not administered a COMPAS Needs Assessment. For those 129 offenders, the Substance Abuse Scale Set in the offender Risk Assessment was used to determine a substance abuse score.

The recidivism findings for the 406 offender CRA study cohort revealed a lower recidivism rate for CRA program participants who successfully completed the program compared to non-participants or offenders who did not successfully complete the program, 13% and 19% respectively. This six percentage point difference results in a 30.3% percent lower recidivism rate for CRA participants compared to non-participants³. Though our sample was relatively small (n = 406) and lacked random assignment or an experimental design, this finding is consistent with prior research that indicates a 10% - 20% expected reduction in recidivism rates with the use of effective evidence based programming (Sherman, et al, 2002, in MADOC, 2009).

Key findings

- Of the 406 offenders included in the CRA recidivism study, the overall recidivism rate was 16.7%.
- Offenders who participated in the CRA program prior to their release to the street had a one-year (conviction) recidivism rate of 13.1%, while the non-participant recidivism rate was 18.8%.
- On average, offenders who did not recidivate had more money in their bank account prior to release and served a slightly longer sentence than recidivists.

Introduction

Recidivism rates are often used to measure the rate at which offenders are re-committing crime, are reconvicted of a crime, or are re-incarcerated in jail or prison after they are released 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.

According to the study by Pew Center on the States, recidivism is the act of reengaging in criminal offending despite having been punished. 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, 2011, pg. 7).

How recidivism is conceptualized and how the population is targeted can drastically influence a reported recidivism rate. Using a one-year follow-up of *re-incarceration*, the recidivism rate for offenders released to the street from a Massachusetts Department of Correction (MADOC) facility during 2005 was 24%, compared to a three-year *reincarceration* rate of 44% (Massachusetts Department of Correction, August 2011).

A primary objective of the MADOC is to rehabilitate offenders and prepare them for successful re-entry 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 criminality. To measure

³ To obtain the percent difference, the difference between the two percentages are divided by the average of the two percentages.

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 they often face obstacles known to be associated with higher rates of criminality, substance abuse (Travis & Visser, 2006), unstable living arrangement or homelessness (Halsey 2007; Grunwald et al, 2010), releasing to neighborhoods where known associates have delinquent attitudes or behaviors (Megens and Weerman 2011;), or returning to area of low economic opportunities (Weiman 2007). Mental health issues are also a growing concern as correctional facilities across the country are managing a growing number of offenders with mental health disorders. On January 1, 2011 the MADOC had 22% of males and 63% of females with an open mental health case with 17% of males and 56% of females on psychotropic medication (Massachusetts Department of Correction, 2012).

Over the last decade, the MADOC has placed greater emphasis on program services as a tool for reducing recidivism and enhancing public safety. Utilizing the best available research, we are able 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, and 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 offenders' 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, Zinger, Hoge, Bonta, Gendreau & Cullen, 1990; Andrews and Dowden, 2005; Andrews and Dowden, 2006).

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 and Bonta, 2006).

Substance Abuse

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 and Martin, 2003; NIDA, 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 include residential treatment, life skills development, vocational training, relapse prevention, and aftercare services. RSAT programs help addicted offenders return to society substance free, armed with skills to obtain employment and be productive members of their communities (Schmidt, 2001; Gonzales, Henke & Herraiz, 2005) This, in turn, nets huge savings in societal costs (NIDA, 2009).

The RNR model has been extolled as a best practice model for corrections (Taxman, 2006) and has been shown to effectively reduce recidivism by as much as 35 percent (Bonta and Andrews, 2007). The RNR model has 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, we now calculate the effectiveness of our programs on a regular basis and implement responsive quality improvements. By providing program services rooted in the RNR model, the MADOC promotes offenders' successful reintegration into the community and significantly reduces the impact of recidivism on public safety.

Substance Abuse Treatment Programming

In 1993, the 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 is based on the work and research of De Leon and Ziegenfuss (1986), Yablonsky (1986), and other premier 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 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 the Armstrong Associates and were adopted nationally by the Canadian prison system and many departments of correction in the United States.

The MADOC continued to stay current with recent evidence-based practices in substance abuse treatment with enhancements to the CRA by expanding to eight facilities in 2003, 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 the 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.

Methodology

The goal of these analyses is to explore MADOC recidivism rates in reference to the CRA and its associated qualification assessments: substance abuse risk, general risk, and violent risk. The data and its analyses are purely descriptive in nature due to a small cohort size and relatively small difference in expected differences (5-10%) making definite statistical significance difficult to achieve. However, due to the marginal significance of the data and the utilization of only seven months (Jan-July) of 2011 releases, future analyses will offer a more extensive data set and should be capable of more definitive results.

Cohort selection was focused to identify moderate to high risk male offenders released January through July 2011 appropriate for recommendation for the CRA program by scoring moderate to high in the substance abuse scale of the COMPAS needs assessment. The focus was limited to male releases as availability of risk score data for the 2011 releases was limited for the female population. There were 790 male offender releases to the street from that period 2011 identified to have completed a calculated Intake or Standing Population Risk Assessment. Of these, 632 were identified as moderate to high risk based on associated 40/30/30 (Low/Moderate/High risk) cut points who would meet the criteria to be administered the COMPAS Needs Assessment. Of the 632⁴ mod/high risk offenders, 406 (64%) were identified as scoring moderate to high in the Substance Abuse Scale in the Needs Assessment based on 20/20/60 (Low/Moderate/High) cut points and identified for the study cohort.

The CRA program participation data was merged into the cohort data file of January through July 2011 releases to the street. CRA data was gathered from the MADOC Inmate Management System (IMS) and represents offenders completing CRA using the CRA program codes and termination types identified by reentry staff. 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 flag their most recent completion date. Recidivism rates for program completers and non-completers/non participants are being used in the descriptive analysis of the CRA program.

⁴ Of the 632 mod/high risk offenders, 129 were not administered a COMPAS Needs Assessment. For those 129 offenders, the substance abuse scale score from the Risk Assessment was used.

For the purposes of this report recidivism is when a reconviction occurs 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 a continuance without a finding (CWO). The follow-up timeframe for a new conviction is based on the initial arraignment date for the new charge that resulted in a new conviction. Though there is a one-year timeframe for recidivism an actual period of 15 months post-release was used to allow for all arraignments to reach a decision.

Offender Overview

During the first seven months of 2011, 406 criminally sentenced offenders who were released to the street were included in the CRA study cohort. The following overview reflects those 406 released offenders.

- Of the 790 releases with risk assessment completed in COMPAS, 632 (80%) scored a moderate or high general or violent risk to recidivate. Of these 632, those that scored moderate or high for substance abuse were selected, leaving the cohort total of 406.
- Of the study cohort, 56.2% were under parole or probation supervision upon release, slightly higher than the overall male population for that period of 53.8%.
- Racially the release cohort consisted of 45.1% White, 31.0% Hispanic, 22.9% Black, and less than one percent Native American or Other.
- The majority of the cohort (53.2%) was serving a non-violent⁵ governing offense.
- The cohort consisted of 52.0% medium security inmates, 17.7% pre-release, 16.7% minimum, and 13.5% maximum.
- The Re-entry Workshop was completed by 75.6% of the cohort prior to their release.
- The median age at release for both CRA completers and non-completers within the cohort was 36 years.
- The median time served⁶ for the cohort is 3.06 years. CRA completers had a longer median time served, 3.33 years, compared to non-CRA completers, 2.98 years.

⁵ The Non-Violent offense category includes drug, property, and 'other' offenses, while the Violent offense category includes person and sex offenses.

⁶ Time Served is the time an inmate serves in state custody, calculated by finding the difference between any release and admission dates then adding to that any jail credits.

Recidivism Statistics

One Year Recidivism Rate by CRA Completion Status

CRA Completion	N Released	N Rec	Rec Rate
Not Completed	261	49	18.8%
Completed	145	19	13.1%
Total	406	68	16.7%

Analysis on the 406 offenders included in the study cohort revealed a 16.7% overall recidivism rate. The recidivism rate for CRA completers (13.1%) was lower than the overall rate (16.7%) and the rate for non-completers (18.8%).

Recidivism Rates of CRA Completion and Supervision in the Community Status

	CRA Non-Completion			CRA Completion			Total		
Supervision Upon Release	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
No Supervision Upon Release	114	23	20.2%	64	7	10.9%	178	30	16.9%
Supervision Upon Release	147	26	17.7%	81	12	14.8%	228	38	16.7%
Total Releases	261	49	18.8%	145	19	13.1%	406	68	16.7%

Offenders paroled to the street or released with a probation term to serve are supervised in the community for a period of time after their release.

Offenders who completed the CRA and were released to the street without supervision had a recidivism rate of 10.9%, while offenders released without supervision whom did not complete the CRA program had a rate of 20.2%

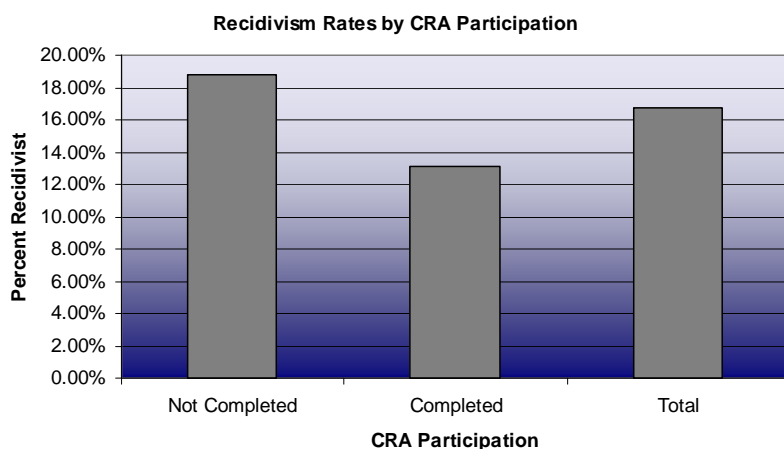
Overall, offenders released with supervision had a recidivism rate similar to those with no supervision, 16.9% and 16.7%, respectively.

Recidivism Rate by CRA Completion Status and Security Level of Releasing Facility

	Non-Completion			CRA Completion			Total		
Security Level	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Maximum/Medium Security	170	39	22.9%	96	13	13.5%	266	52	19.5%
Minimum/ Pre-release Security	91	10	11.0%	49	6	12.2%	140	16	11.4%
Total	261	49	18.8%	145	19	13.1%	406	68	16.7%

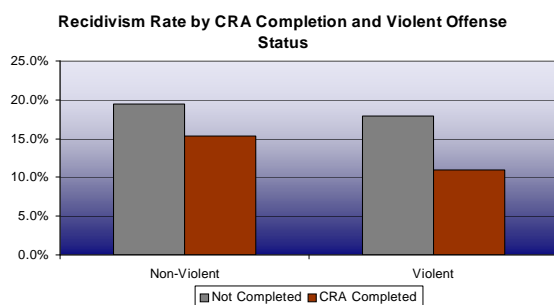
A marked difference is revealed when examining recidivism rates of CRA completion and security level.

- Offenders released from maximum or medium security and who completed the CRA program had a recidivism rate of 13.5% compared to non-completers with a rate of 22.9%. Overall the recidivism rate for releases from higher security for the cohort was 19.5%.
- One interesting finding was the lower recidivism rate for non-completers released from a minimum or pre-release security facility than for CRA completers. Though this difference was negligible it is noteworthy.



Recidivism Rates of CRA Completion and Violent Offense Category Statuses

	Non-Completion			CRA Completion			Total		
	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Violent Offense									
Non Violent	144	28	19.4%	72	11	15.3%	216	39	18.1%
Violent	117	21	17.9%	73	8	11.0%	190	29	15.3%
Total	261	49	18.8%	145	19	13.1%	406	68	16.7%



Both violent and non-violent offense categories show a difference in recidivism rate corresponding to completion of a CRA program, a difference of 6.9% for violent governing offenses and a difference of 4.1% for non-violent. Overall, those completing CRA have a lower recidivism rate than those who do not.

Recidivism Rates by CRA and Re-entry Workshop Completion Statuses

	CRA Non-Completion			CRA Completion			Total		
Re-entry Workshop	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Did Not Complete	77	14	18.2%	22	2	9.1%	99	16	16.2%
Completed	184	35	19.0%	123	17	13.8%	307	52	16.9%
Total	261	49	18.8%	145	19	13.1%	406	68	16.7%

The recidivism rates for CRA participants remained consistent regardless of Re-entry Workshop completion (16.7%).

Recidivism Rates by CRA Completion and Release Housing

	CRA Non-Completion			CRA Completion			Total		
Housing Type	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Transitional Housing ⁷	84	13	15.5%	52	5	9.6%	136	18	13.2%
Permanent Housing	173	36	20.8%	90	14	15.6%	263	50	19.0%
Total ⁸	257	49	19.1%	142	19	13.4%	399	68	17.0%

When examining recidivism rates by housing type upon release, offenders who were released to permanent housing had a higher recidivism rate, 19.0%, than offenders released to transitional housing, 13.2%.

⁷ Includes both Temporary and Transitional housing upon release.

⁸ Seven inmates did not have any release housing information.

Conclusion

This study is a descriptive look at offenders assessed with a moderate to high substance abuse need area and recidivism rates for that population based on participation in the Correctional Recovery Academy (CRA) Program. The study highlights some interesting findings regarding recidivism rates and CRA participation with focus placed on a number of demographic, sentence, release, and reentry variables. This is observational and does not represent an experimental design; however, it does set criteria for the study population and references prior research to allow inferences regarding the study population. The findings of this study revealed a lower recidivism rate for CRA completers compared to non-completers who were identified as having the same substance abuse intervention needs. The results are promising and consistent with prior research expecting reductions in recidivism with the use of evidence based programming; yet it is not able to report this as causal evidence for the reduction of recidivism rates. As data becomes more readily available, additional research should be undertaken to further evaluate the benefits of the CRA program.

In response to the findings from this study and other research associated with evidence based practices the Department has initiated a series of next steps intended to more effectively target limited resources and more effectively respond to the factors believed to impact recidivism rates.

Program fidelity or integrity is a critical factor in determining program effectiveness and is defined as how well an intervention is implemented in comparison with the original program design. Several major studies have found a strong relationship between program integrity and recidivism. Recruitment and retention of CRA staff has been a historical barrier to achieving better program fidelity. To address this limitation, the current recruitment strategy incorporates an enhanced supervision matrix, strategic approach to training with an emphasis on skill and team building, and establishment of a career path for advancement. This strategy is intended to strengthen program fidelity by recruiting and retaining more qualified staff with the skill set and experience necessary to more closely facilitate the program as designed. The recruitment and retention of more qualified staff will also result in more experienced program supervisors better equipped to support staff through ongoing training and structured supervision that fosters continued growth and a motivated workforce with a sense of purpose that they are making a difference.

The Graduate Maintenance and Aftercare components of the CRA were discontinued in July 2009 due to budget shortfalls severing the continuum of care. In order to maintain the treatment effect a CRA peer mentoring graduate component is being piloted at MCI Shirley medium at no additional costs. The peer mentoring graduate component enables CRA graduates to serve as contributing members of the therapeutic community while benefitting from the treatment effect by staying engaged in programming. Peer mentors model pro-social attitudes, beliefs, and behaviors that strengthen the integrity of the therapeutic community fostering a culture that promotes and reinforces positive change.

Evidence based practices demonstrate that aftercare services and linkages to the community are cornerstones of programs designed to reduce recidivism. Our expanded partnership with Hampden County employs this principle by stepping down offenders to reestablish and strengthen linkages to resources in the community where they will be living upon release. The Department is currently exploring partnerships with additional counties to expand this initiative.

This study details the important role of the RNR model in recidivism reduction. The recently implemented automated case management process directly links an offender's risk/need assessment results to the development of a personalized program plan. This process has provided staff with the tools necessary to more fully integrate case management as the primary mechanism for program referral and enrollment. This process ensures that offenders are being referred to programs consistent with their criminogenic need areas, fully introducing case management as an integral component of our reentry continuum. The Department recently introduced an Integrated Case Management (ICM) training program designed to provide the foundational skills to be an effective case manager. The ICM program provides Correctional Program Officers (CPOs) with techniques and tools to motivate and engage offenders to be active participants in their own recovery and reentry to our communities. We look forward to reviewing and analyzing the impact that the automated case plan and strengthened case management process may have on recidivism reduction.

The Massachusetts Department of Correction has worked diligently to develop a reentry continuum that incorporates evidence based practices and partnerships with internal and external stakeholders. The findings of this study reflect promising support for the impact such programs have on reducing recidivism. By ensuring fidelity when implementing evidence-based programming and building on our ability to evaluate the success of our reentry initiatives we gain insight and the ability to bolster such programs as the Correctional Recovery Academy with the singular goal of public safety and reducing recidivism.

Bibliography

- Andrews, D.A., & Bonta, J. (2006). *The psychology of Criminal Conduct* (4th ed.). Newark, NJ: LexisNexis.
- Andrews, D.A., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta analytic review of program integrity. *Legal and Criminological Psychology*, 10, 173-187.
- Andrews, D.A., & Dowden, C., (2006). Risk principle in case classification in correctional treatment: A meta analytic investigation. *International Journal of Offender Therapy and Comparative Criminology*, 50, 88-100.
- Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does Correctional treatment work? A psychologically informed meta analysis. *Criminology*, 28, 369-404.
- Arnold, T. (2007). *Dynamic changes in the Level of Service Inventory-Revised (LSI-R) and the effects on prediction accuracy*. Accessed November 15, 2011: [http://www.correctionsresearch.com/Files/Dynamic_Changes_in_Level_of_Service_Inventory-Revised_\(LSI-R\)_Scores_and_the_Effects_on_Prediction_Accuracy.pdf](http://www.correctionsresearch.com/Files/Dynamic_Changes_in_Level_of_Service_Inventory-Revised_(LSI-R)_Scores_and_the_Effects_on_Prediction_Accuracy.pdf)
- Bonta, J. and Andrews, D. (2007). *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada, June. Available at: http://www.publicsafety.gc.ca/res/cor/rep/risk_need_200706-eng.aspx.
- DeLeon, G. and Ziegenfuss, T., eds. (1986). *Therapeutic Communities for Addictions: Readings in Theory, Research and Practice*. Springfield, IL: Thomas.
- Gonzales, A., Henke, T., and Herraiz, D. (2005). Residential Program Bureau of Substance Abuse Treatment for State Prisoners (RSAT). Bureau of Justice Assistance NCJ 206269 Accessed November 15, 2011: <https://www.ncjrs.gov/pdffiles1/bja/206269.pdf>.
- Grunwald, H., Lockwood, B., Harris, P., Mennis, J. (2010). *Influence of Neighborhood Context, Individual History and Parenting Behavior on Recidivism Among Juvenile Offenders*. *Journal of Youth and Adolescence*, 39:9, pp. 1067.
- Halsey, M. (2007). *Assembling Recidivism: The Promise and Contingencies of Post-Release Life*. *Journal of Criminal Law & Criminology*, 97-4, pg. 1209.
- Harrison, L. and Martin, S. (2003). *Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned*, NCJ 195738. Washington, DC: U.S. Department of Justice, National Institute of Justice.

- Mackenzie, D. L. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. Cambridge University Press, NY, NY.
- Massachusetts Department of Correction (2012). *Prison Population Trends*, 2011. Available at <http://www.mass.gov/eopss/law-enforce-and-cj/prisons/rsch-data/prison-population-trends.html>.
- Massachusetts Department of Correction (2012). *Prison Population Trends*, 2011. Available at <http://www.mass.gov/eopss/law-enforce-and-cj/prisons/rsch-data/prison-population-trends.html>.
- Massachusetts Department of Correction (2009). *Recidivism of 2002 Released Department of Correction Inmates*. Available at <http://www.mass.gov/eopss/docs/doc/research-reports/recidivism/rec2002.pdf>
- Megens, K., and Weerman, F. (2011). *The Social Transmission of Delinquency: Effects of Peers Attitudes and Behavior Revisited*. Sage Publications.
- National Institute on Drug Abuse. (2009) *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 09-4180. Accessed November 15, 2011: <http://www.nida.nih.gov/PDF/PODAT/PODAT.pdf>.
- Pew Center of the States (2011). *State of Recidivism: The Revolving Door of America's Prisons*. Washington, DC: The Pew Charitable Trusts.
- Raynor, P. (2007) *Risk and need assessment in British probation: The contribution of the LSI-R*. *Psychology, Crime, and Law*, 13, 125-138.
- Raynor, P., Kynch, J., Roberts, C., & Merrington, S. (2000). *Risk and need assessment in probation services: an evaluation*. Home Office Research Study No. 211. London, England: Home Office. *Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. (2005). Council of State Governments. Reentry Policy Council. New York: Council of State Governments.
- Schmidt, G. (2001). *Drug Treatment in the Criminal Justice System*. NCJ 181857. Rockville, MD: Office of National Drug Control Policy, Drug Policy Clearinghouse.
- Taxman, F. (2006). *Assessment with a Flair: Offender Accountability in Supervision Plans*. *Federal Probation*, 70(2), 2-7.
- Travis, J., & Visser, C. (2005). *Prisoner Reentry and Crime in America*. Cambridge University Press, New York.
- Weiman, D.F. (2007). *Barriers to Prisoners' Reentry into the Labor Market and the Social Costs of Recidivism*. *Social Research*, 74, pg. 575.

Yablonsky, L. (1989). *The Therapeutic Community: A Successful Approach for Treating Substance Abusers*. New York: Gardner Press.