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

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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.

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 two years 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 (CWOF). 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 two years 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.

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.

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; MADOC, 2009). The focus of this study was to identify and describe differences in the recidivism rates[1] of offenders who participated in 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 503 residential treatment beds located across six separate MADOC institutions. The 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 406 offenders included in the CRA recidivism study, the overall two year recidivism rate was 38.9%.
- Offenders who completed the CRA program prior to their release to the street had a two-year (conviction) recidivism rate of 33.1%, while the non-completer recidivism rate was 42.1%.
- 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

How recidivism is conceptualized and how an inmate population is targeted can drastically influence a reported recidivism rate. Common definitions for recidivism include: the re-committing of a crime; the reconviction of a crime; or the re-incarceration 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 2008 was 22%, compared to a three-year *reincarceration* rate of 39% (Massachusetts Department of Correction, May 2013).

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).

For the purposes of this report recidivism was defined as a reconviction occurring within two years 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 (CWOF).

A primary objective of 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 success offender recidivism rates are used to determine an offender's ability to abstain from criminal behavior after release from prison.

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

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 & Visher, 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 concern as correctional facilities across the country are managing a growing number of offenders with mental health disorders. On January 1, 2011 MADOC had 22% of males and 63% of females with an open mental health case and 17% of males and 56% of females on psychotropic medication (Massachusetts Department of Correction, 2012).

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 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 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 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 included residential treatment, life skills development, vocational training, relapse prevention, and aftercare services. RSAT programs help addicted offenders return to society substance free and 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 was shown to effectively reduce recidivism by as much as 35 percent (Bonta and 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, we now calculate the effectiveness of MADOC 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 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 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 the Armstrong Associates and were adopted nationally by the Canadian prison system and many departments of correction in the United States.

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 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 was 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 were purely descriptive in nature due to a small cohort size and relatively small effect size 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 should offer a more robust data set and thus be capable of more definitive results.

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 an established, evidence-based 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). 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 assessment[2]. This 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. The two-year recidivism rates for inmates identified as candidates for referral to the CRA program released during the first seven months of 2011 were analyzed and compared to describe differences in CRA program completers and non-completers/non-participants.

[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.

Cohort selection included 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. Overall, there were 790 male offender releases to the street from that period 2011 identified to have a 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. Of these 632[3] 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 final study cohort.

The CRA program participation data was merged into the cohort data file of January through July 2011 releases to the street. This CRA data was gathered from MADOC Inmate Management System (IMS) and represented offenders whom 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. Recidivism rates for program completers and non-completers/non-participants were used in the descriptive 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 two-year timeframe for recidivism, additional follow-up time is necessary when collecting reconviction data to allow for arraignments to reach a final decision.

Cohort Overview

The final cohort consisted of 406 criminally sentenced offenders who were released to the street during the first seven months of 2011. The following overview reflects those 406 released offenders.

- Of the study cohort, 56.2% were under parole or probation supervision upon release, nominally 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 races.
- The majority of the cohort (53.2%) was serving a non-violent[4] governing offense.
- The cohort consisted of 52.0% medium security inmates, 17.7% pre-release, 16.7% minimum, and 13.5% maximum.
- The median age at release for both CRA completers and non-completers within the cohort was 36 years.
- The median time served[5] for the cohort was 3.06 years. CRA completers had a longer median time served, 3.33 years, compared to non-CRA completers, 2.98 years.

Results

[3] 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.
[4] The Non-Violent offense category includes drug, property, and 'other' offenses, while the Violent offense category includes person and sex offenses.
[5] 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.

The recidivism findings for the 406 offenders in the CRA study cohort revealed a lower recidivism rate for CRA program participants who successfully completed the program compared to CRA non-completers/non-participants with associated two-year recidivism rates of 33.1% and 42.1% respectively. This 9 percentage point difference equated to a 24% percent lower recidivism rate for CRA participants compared to non-participants/completers[6]. It should be noted that these findings were similar to prior research that indicated a 10-20% expected reduction in recidivism rates with the use of effective evidence based programming (Sherman, et al, 2002, in MADOC, 2009).

Two Year Reconviction Recidivism Rate by CRA Completion Status

CRA Completion	N Released	N Rec	Rec Rate
Not Completed	261	110	42.1%
Completed	145	48	33.1%
Total	406	158	38.9%

Analysis on the 406 offenders included in the study cohort revealed a 38.9% overall recidivism rate. The recidivism rate for CRA completers (33.1%) was lower than the overall rate (38.9%) and the rate for non-completers (42.1%).

Two Year Reconviction Recidivism Rates of CRA Completion and Supervision Upon Release

	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	52	45.6%	64	27	42.2%	178	79	44.4%
Supervision Upon Release	147	58	39.5%	81	21	25.9%	228	79	34.6%
Total Releases	261	110	42.1%	145	48	33.1%	406	158	38.9%

Offenders released with supervision, defined as parole, probation, or both parole and probation, who completed the CRA program, had a recidivism rate of 25.9%. Offenders who completed the CRA and were released to the street without supervision had a recidivism rate of 42.2%, while offenders released without supervision whom did not complete the CRA program had a rate of 45.6%

Overall, offenders released without supervision had a higher reconviction recidivism rate than offenders with supervision, 44.4% and 34.6%, respectively. 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; these offenders were not included in the analysis.

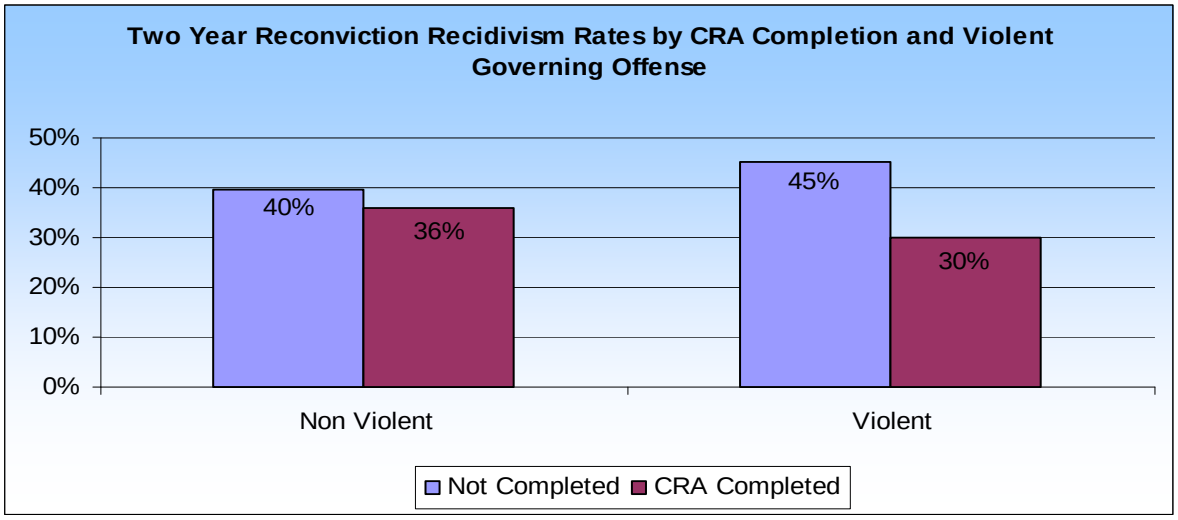
[6] To obtain the percent difference, the difference between the two percentages are divided by the average of the two percentages.

Two Year Reconviction 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	82	48.2%	96	36	37.5%	266	118	44.4%
Minimum/ Pre-release Security	91	28	30.8%	49	12	24.5%	140	40	28.6%
Total	261	110	42.1%	145	48	33.1%	406	158	38.9%

Offenders released from maximum or medium security and who completed the CRA program had a recidivism rate of 37.5% compared to similar security-level non-completers with a rate of 48.2%. Overall the recidivism rate for releases from higher security for the cohort was 44.4%.

Offenders released from a minimum or pre-release facility had lower recidivism rates than offenders released from maximum or medium security. Offenders who completed the CRA program and were released from a minimum/pre-release facility had a recidivism rate of 24.5%.



Two Year Reconviction Recidivism Rates of CRA Completion and Violent Governing Offense

	Non-Completion			CRA Completion			Total		
Violent Offense	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate	N Released	N Rec	Rec Rate
Non Violent	144	57	39.6%	72	26	36.1%	216	83	38.4%
Violent	117	53	45.3%	73	22	30.1%	190	75	39.5%
Total	261	110	42.1%	145	48	33.1%	406	158	38.9%

Both violent and non-violent offense categories saw a difference in recidivism rates corresponding to completion of a CRA program. There was a difference amongst violent governing offenders 15.2% between CRA completers and non-completers and a difference of 3.5% among non-violent offenders. This finding may signify that the CRA program is more effective for violent offenders than non-violent.

Two Year Reconviction 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	29	34.5%	52	17	32.7%	136	46	33.8%
Permanent Housing	173	80	46.2%	90	30	33.3%	263	110	41.8%
Total[8]	257	109	42.4%	142	47	33.1%	399	156	39.1%

From the cohort of 406 offenders, 399 reported a housing type prior to their release. When examining recidivism rates by housing type upon release, offenders who were released to permanent housing had a higher recidivism rate, 41.8%, than offenders released to transitional housing, 33.8%; this difference was reflected more heavily amongst non-CRA completers than those who did finish their CRA programming.

Conclusion

This study took a descriptive look at offenders assessed with a moderate to high substance abuse need area and the associated recidivism rates for that population based on participation in the Correctional Recovery Academy (CRA) Program. The study highlighted some interesting findings regarding recidivism rates and CRA participation with focus placed on a number of demographic, sentencing, release, and reentry variables. While preliminary, this study helped set criteria for the study population and included related academic studies to bolster the findings.

This study detailed 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 helps ensure that offenders are being referred to programs consistent with their criminogenic need areas by 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.

Overall, 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 were promising and consistent with prior research expecting reductions in recidivism with the use of evidence based programming. One limit of this study was the inability to find causal evidence for the reduction of recidivism rates due to the lack of experiment design. 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, MADOC has initiated a series of steps intended to more efficiently target limited resources and respond more effectively to factors reported 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

[7] Includes both Temporary and Transitional housing upon release.
[8] Seven inmates did not have any release housing information.

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. This strategy has resulted in the solidification of the Program Director position through the recruitment of strong competent leaders who appear committed to the program over the long term. Program Directors have ascended into the hierarchy of both the facility and department's leadership teams by regularly attending Superintendent meetings and department meetings enabling them to be part of the decision making process. This shift significantly enhanced the visibility of this position and perceived importance within the institutions. The position of clinical director was also established with a focus on recruiting professionals with strong clinical skills to help shape the counselors of the program. A TC tech position was created to focus on many of the administrative duties such as intakes, assessments and monitoring of structure boards to enable the counselors to spend more time on case management and facilitation duties.

Multi-disciplinary integrated training was provided to security staff and providers. The focus of the training was to establish stronger and more cohesive interdisciplinary teams who clearly understood each other's roles and the tools available to them to improve the overall quality of the program. Another key goal of the training was to ensure the facility's administration took ownership of the program so that it would be perceived as critical to the overall mission of the institution. Each three day training concluded with the development of a comprehensive strategic plan that addressed the perceived barriers that were identified over the course of the training. The strategic plan became the concrete and dynamic road map to be used by each administration's senior leadership team to build on the momentum created by the training, ensuring continuous quality improvement and problem solving. One of the collateral benefits was the utilization of existing technology to enhance communication across all disciplines and shifts. A discussion board was created for each institution to share information regarding the program. Another collateral benefit was the establishment of the care coordination committee meetings. The meetings include the various service providers and treatment directors and are intended to enhance communication, reduce redundancies and improve the overall quality of the case management process.

As a result of the Chapter 192 of the Acts of 2012, a panel review was created for all inmates enrolled in the CRA. The law permitted the possibility of 10 additional days earned good time for participation in long term programs/activities of at least 6 months duration. The law included language limiting eligibility for the 10 day earned good time reduced sentence to those who "have satisfied both the requirements of the program or activity and demonstrated competency in the material as determined by the commissioner". Each potential graduate must demonstrate competency by successfully completing the panel review. This process was later fine tuned to incorporate motivational interviewing as a focal point of the panel review process for the residential substance abuse treatment program. This process has enabled participants to more clearly articulate their strengths and competencies they have acquired throughout the program.

The contract that the Department has with Spectrum Health Systems for DOC wide programming (i.e. Correctional Recovery Academy, etc.) has entered into the last contract year and will terminate on June 30, 2014. There are no remaining options to renew, and these services will have to be re-bid. During the procurement process a Request for Response was created which included evaluation criteria which heavily weighted program fidelity.

The Graduate Maintenance and Aftercare components of the CRA were discontinued in July 2009 due to budget shortfalls severing the continuum of care. The Department again utilized existing resources to implement the CRA peer mentoring graduate component (Graduate Support Program) at MCI-Shirley. The program was introduced at MCI-Norfolk and MCI-Concord and participants have been identified to participate with an anticipated implementation of early 2014. The Graduate Support Program enables CRA graduates to serve as contributing members of the therapeutic community while benefiting 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.

The Department also recently implemented a Program Engagement Strategy which is being piloted at MCI-Norfolk. This strategy will ensure that our limited resources are being utilized most effectively to target those offenders at highest risk to recidivate by making sure that the right inmate is getting the right programming at the right time. This strategy introduces a balanced approach of incentives and consequences, with the intention to increase program participation, while decreasing terminations and refusals.

The Department has established Memorandums of Understanding with community based organizations such as Span, Inc. and the Worcester Initiative to Support Reentry. The Department is also exploring the option of Medicated Assisted Treatment services for graduates of the CRA program. Medication-Assisted Treatment (MAT) is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan with an ultimate goal of patient recovery with full social function. In the US, MAT has been demonstrated to be effective in the treatment of alcohol dependence with FDA approved drugs such as disulfiram, naltrexone and acamprosate; and opioid dependence with methadone, naltrexone and buprenorphine.

Evidence based practices demonstrate that aftercare services and linkages to the community are cornerstones of programs designed to reduce recidivism. An expanding 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. MADOC has established, and is exploring further, partnerships with additional counties to expand this initiative.

The Massachusetts Department of Correction continues to work diligently to perfect 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. By ensuring fidelity when implementing evidence-based programming and building on the ability to evaluate the success of reentry initiatives MADOC shows the insight and the ability to bolster programs such as the Correctional Recovery Academy with the singular goal of public safety and reducing recidivism.

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