

Community Corrections Centers, Parolees, and Recidivism: An Investigation into the Characteristics of Effective Reentry Programs in Pennsylvania

EXECUTIVE SUMMARY

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November 2009

This project was supported by Grant Number 2004/2005-DS/JG-19/06-16505 awarded by the Pennsylvania Commission on Crime and Delinquency to the Center for Criminal Justice Research, University of Cincinnati. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position, policy, or views of the Pennsylvania Commission on Crime and Delinquency

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While there were multiple goals to this study, the primary objective was to identify which community correction centers were successful in reducing recidivism for the State of Pennsylvania and to identify which individual and program level characteristics, if any, were significantly more likely to produce reductions in recidivism. This was a quasi-experiment that compared offenders that entered as well as successfully completed the halfway house programs with offenders that never received any treatment programming from these facilities. There were a total of 54 site visits made by research staff from the University of Cincinnati. The total offender sample size was comprised of 7,846 offenders that were matched on (1) sex, (2) race, (3) Level of Service Inventory-Revised (LSI-R) risk level, (4) sex offender status and (5) committing county. Individual level data were collected from the programs as well as electronically provided from the Pennsylvania Department of Corrections (PADOC). Program level data were collected by the research team, and all participating programs were scored and rated on program content and capacity based on the Evidence Based Correctional Program Checklist (CPC). Statistical analyses included bivariate correlations, t-tests, multivariate logistic regression and the calculation of probabilities to examine the treatment effects for the total sample as well as between the successful completion treatment and comparison groups. These probabilities were also conducted for the significant predictors of the four dichotomous outcome measures. A brief summary of the results from the bivariate and multivariate analyses as well as the CPC ratings follows.

Results from the crosstabulations, t-tests, and bivariate correlations indicated that the comparison group consistently had significantly lower rates of recidivism for all five outcome measures: (1) any technical violation, (2) any arrest, (3) any re-incarceration, (4) number of arrests and (5) any recidivism. These findings were also disaggregated by risk level based on the LSI-R and similar results were demonstrated suggesting that for the low, medium and high risk levels, the comparison group had lower recidivism rates for each of the dichotomous outcome measures.

Multivariate level analyses which examined the total sample as well as the successful completers and their matched comparison cases controlled for (1) sex, (2) race, (3) age, (4) time in the institution, (5) total LSI-R score, (6) facility type and (5) group status. These findings and corresponding probabilities further suggest that being a member of the treatment group, whether defined by just participation in or successful completion of these programs was significantly associated with each of the four dichotomous outcome measures. With the exception of time in the institution and

occasionally race, each of these control variables was found to be a significant predictor of failure. Specifically, being a young, non-white male with a high total LSI-R score was significantly predictive of recidivism.

Community contract facilities (CCF) did appear to be offering more treatment groups for offenders than the community correction centers (CCC) operated by the PADO. However, when comparing these two facility types in the multivariate logistic regression models, the CCC programs had significantly lower recidivism rates than the CCF programs. With few exceptions, when examining these findings by risk level, the probability of recidivism was significantly higher for the treatment group than the comparison group. Notably, this finding remained despite comparing the successful completers from the treatment group to their matched counterparts, as well as for the analyses that examined the total sample. Corresponding probabilities which were calculated from the logistic regression models were compared to examine the mean difference in failure rates between the treatment and comparison groups. Mean differences between the treatment and comparison groups were often found to depict a significant difference in the average failure rates, including by risk level. Further, the rate of recidivism was generally higher for the treatment group. The two exceptions to this focus on the few occasions where the mean difference was not *significantly* different, which was noted when examining “any arrests” and the occasional finding that revealed a slightly higher rate of arrests for the comparison group, neither of which were significant.

As mentioned, each program site visited was scored on the CPC for both program content and capacity. Of the 54 programs, 93% were rated as needs improvement or ineffective. When comparing the groups by facility type, CCF and CCC programs, the overall average percentage was classified for both facility types as being ineffective. Low ratings in the areas of program content and capacity reflect these overall low ratings for the programs. Specifically, programs scored low in the content areas related to offender assessment and treatment characteristics and for quality assurance in the program capacity area. Very few programs used any form of actuarial risk assessment despite the PADO assessing inmates with the LSI-R. During each of the site visits, offender file reviews were conducted and very few LSI-R scores were observed in the files. Upon receipt of the electronic individual level database from the PADO it was confirmed that all programs were mixing risk levels. Given that the CCC programs were more likely to direct offenders to external treatment providers as well as encourage offenders to be employed, there was less time where the mixed risk groups were exposed to each other. Many of the CCF sites operated treatment programs within the facility. As such, the exposure to a mixed risk group was increased which potentially could be tied to these findings.

Limitations for this study included small sample sizes when disaggregating by program, use of a quasi-experimental design rather than a randomized experiment, issues related to generalizability as some programs closed or chose not to participate during the site visit process, and the potential for methodological issues that could not be controlled for in the analyses. However, even with these limitations, it is quite relevant to consider that the findings were fairly consistent regardless of the level of analysis.

Recommendations to the PADOc and the programs include the following: (1) the development of an organized strategy for distributing the LSI-R scores along with the domains and risk levels to the CCC and CCF programs, (2) an agreement to the creation of a systematic method to collaborate with the programs to share assessment information, treatment progress, treatment content and aftercare information between the PADOc facilities, parole officers as well the program directors and staff, (3) training for all of the appropriate PADOc and program staff on the risk principle, the impact of mixing risk levels, core correctional practices, and the principles of effective intervention, (4) the development of a structured plan for addressing the CPC deficiencies for each program especially quality assurance and (5) scheduling follow-up CPC evaluations for all programs to compare changes in the program content and capacity sections as well as overall.