

**Utilization Of
Community Corrections Centers
Statistical Report, Fiscal Year 2019**



**The Commonwealth of Massachusetts
Trial Court
Office of Community Corrections**

January 2020

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EXECUTIVE SUMMARY

This report provides data on the utilization of Community Corrections Centers in Massachusetts:

- This report provides statistical data on the 18 Community Corrections Centers in operation during FY 2019;
- There were 1,686 total admissions. Among those admissions:
 - *Supervising agency:* 81% Probation, 15% Sheriff's Department, 4% Parole;
 - *Initial Type Of Supervision:* 67% Intermediate Sanction Level III, 7% Level IIIE, 4% Level IV, 8% Enhanced Supervision, 5% Drug Court, Pretrial Treatment 4%, Pretrial Services 3%, 1% Assessment Only, <1% Veterans Court, 1% did not report;
 - *Gender:* 72% Male, 28% Female, <1% other;
 - *Age:* 14% 18-24 years, 42% 25-34 years, 27% 35-44 years, 11% 45-54 years, 4% 55-64 years, <1% 65+ years, 2% not reported;
 - *Race:* 68% White, 12% Black/African American, 1% Asian, 15% Other, 4% Not Known/Not Reported;
 - *Ethnicity:* 72% Non Hispanic or Latino, 19% Hispanic or Latino, 9% Not Known/Not Reported;
- On average, 582 participants attended the Community Corrections Centers weekly state-wide;
 - Average program attendance rate across all centers was 80.1%;
 - Average weekly programming hours attended per participant across all centers was 3.8 hours;
 - Average weekly CBT hours attended per participant across all centers was 2.9 hours;
- There were 408 participants placed in part-time or full-time jobs;
- There were 130 participants awarded partial or full HiSET/GED;

- There were 41,294 specimens screened for illicit drugs and 15,286 Breath Alcohol Tests conducted;
 - Average drug screen/BAT compliance rate across all Centers was 80.1%;
- There were 4,278 referrals made for aftercare or assistance with case management on behalf of community corrections participants;
- There were 1,479 total discharges from community corrections;
 - Participants were discharged for the following reasons: 33% Noncompliance, 19% Successful Transition, 10% Probation/Parole Expired, 3% Inactive, 3% Transferred, 1% Pretrial Treatment, 1% Pretrial Services, <1% Deceased, 30% Other;
 - 67% were discharged without criminal justice intervention, while 33% were discharged with criminal justice intervention;
- There were 8,236 referrals to the Community Service Program. Among those referrals:
 - 98.3% were adults and 1.7% were juveniles;
 - 71.4% of the adult referrals were males and 28.6% were females;
 - 76.4% of the juvenile referrals were males and 23.6% were females;
 - Average community service attendance rate across all CCC was 70.9%;
- Community Corrections Centers provided a forum for 48,509 ancillary service contacts for those on probation and parole.
- There were 87 distinct programs offered at Community Corrections Centers. Among those programs:
 - 54% were clinical, 21% were educational, 10% were vocational, 9% were life skills, 6% were other;
 - 17% were highest rated, 29% were second-highest rated, 18% were either highest rated or second-highest rated, 4% had insufficient evidence, 31% were not rated, as aggregated by the Pew-McArthur Trusts-Results First Clearinghouse Database on the effectiveness of social-policy programs

INTRODUCTION

The Office of Community Corrections (OCC) supports safe communities by delivering community-based rehabilitative interventions such as Cognitive Behavioral Treatment (CBT), education, employment counseling, and community service opportunities through a network of Community Corrections Centers (CCC) and the Community Service Program (CSP). These interventions incorporate evidence-based practices that are designed to reduce recidivism while relying less on jail and prison. Clients access these services through several different pathways, including:

1. Intensive Supervision with Treatment
2. Pretrial Treatment
3. Pretrial Services
4. Standard Probation

1. Intensive Supervision with Treatment (IST)

Intensive Supervision with Treatment, combines services such as treatment, education, and employment counseling, with accountability measures such as drug and alcohol screening, community service, electronic monitoring, and day reporting. IST is designed for those who are at high-risk for recidivism and either have not been successful on traditional probation or parole, or are suitable for an alternative to incarceration. IST participants receive a comprehensive assessment to determine the needs they have that are most likely to contribute to future criminal conduct. CCC staff work with the client to develop a treatment plan to address those need areas. Once the client and staff have determined an appropriate treatment plan, the client reports to the CCC to attend classes such as cognitive behavioral therapy (CBT), HiSET/GED preparation, and employment retention. CCC staff meet weekly to review client progress and provide a formal review for the client and the court on a monthly basis. Clients who are assessed to be at the highest risk level typically need to complete more than 250 hours of CBT programming to be successful. Clients can work with staff to determine the pace at which they complete CBT hours. Those who attend the CCC more frequently can complete their hours in a shorter period of time. Clients who complete CBT hours, attend classes regularly, and demonstrate pro-social change through positive interaction, employment, or educational achievement can transition from weekly CCC attendance as part of IST to standard probation or parole supervision. IST can be imposed by the judge as an alternative to incarceration, by the parole board as a means of reentry, by a parole field supervisor as an alternative to detention, or by the DOC or HOC as a means of graduated release.

2. Pretrial Treatment

Many people who come before the court for criminal cases are in immediate need of treatment for drug or alcohol use, or are desperate for support with housing, employment, or educational needs. Pretrial Treatment allows a person to come to the CCC during the pretrial phase of their case to engage in the same Enhanced Community Supervision as someone who was sentenced to the CCC by the court. By engaging in a plan to address these issues early in the process, before the court has entered a final judgment, they are able to get back on track, shorten the time it takes to resolve their case, and hopefully get a more favorable outcome. With the defendant's consent the court can order the defendant to report to the CCC for Pretrial Treatment supervised by a probation officer as a category B condition of release under G.L. c. 276 §§ 57, 58, and 58A.

3. Pretrial Services

When a person makes their first appearance before the court on a criminal case, the court must decide if there are any measures necessary to ensure that the person returns to court for their next court date. If the court decides that the person needs some support to ensure that they will return to court it may order the person to report to the CCC for Pretrial Services supervised by a probation officer as a category B condition of release under G. L. c. 276 §§ 57, 58, or 58A. Pretrial Services allow a person to remain at home while their case is pending as long as they report to the CCC periodically and obey any other conditions of release placed on them by the court. When a person first comes to the CCC for Pretrial Services, they will meet with CCC staff to determine their reporting schedule, discuss any services they would like the CCC to help them with, and be advised of the next time they are due to report to court. A person ordered to participate in Pretrial Services is not obligated to participate in any services at the CCC. However, if they are interested in obtaining treatment for SUD, or help with education or employment, the CCC will help them obtain that service from a community-based provider and case manage it so that their participation can be reported to the court.

4. Standard Probation Supervision

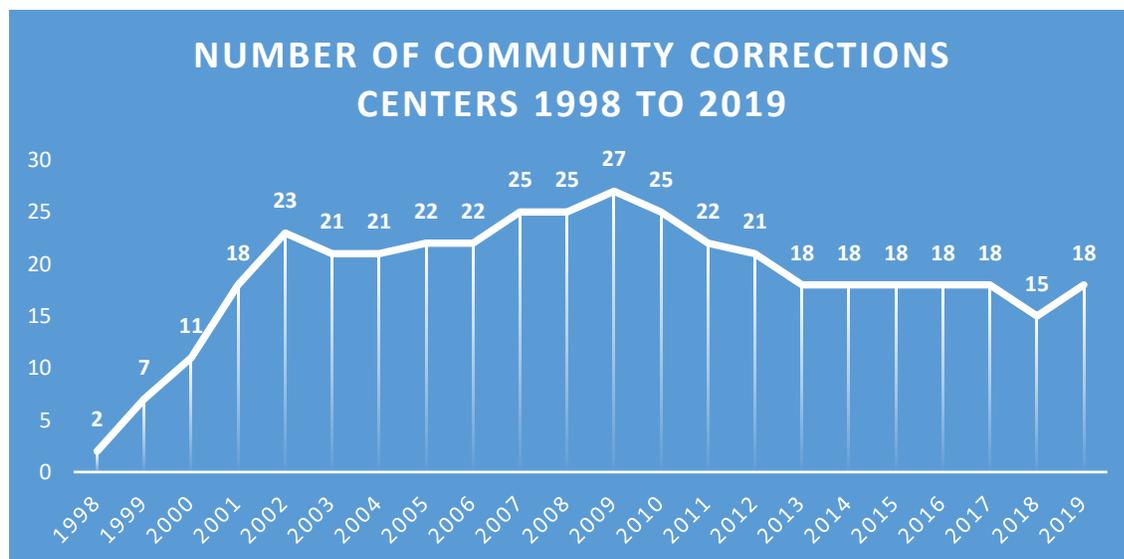
Many probation clients are subject to customized probation conditions designed to meet a particular need they have. For example, the court may order a person to "obtain employment" or "obtain a GED/HiSET". Beginning in FY2020, if that person has also been assessed by the probation department to be at moderate or high-risk for recidivism, their probation officer can refer them to the CCC to fulfill that probation condition. The CCC offers many different programs including:

- A. Cognitive-Behavioral Treatment to address decision making and substance use disorder such as Moral Reconciliation Therapy, Substance Abuse and Criminal Conduct, and Relapse Prevention Therapy;
- B. Education including Adult Basic Education, GED/HiSET preparation, Financial Literacy, Basic Computer and college preparation;
- C. Employment Support including ServSafe, Change Companies: Seeking Employment and Job Skills, NIC Job Club and job retention; and
- D. Community Service to address antisocial cognition, personality patterns, and/or lack of achievement in employment.

Since the inception of the OCC in 1996, there have been 27 Community Corrections Centers across the Commonwealth. As a result of an increased budget, 3 new CCCs opened in FY19. In August 2018, the Lowell CCC reopened, and utilization data from that center was first submitted week ending August, 18, 2018. In March 2019, the Woburn CCC opened, and utilization data from that center was first submitted week ending March 16, 2019. Finally, in June 2019, the Framingham CCC opened, and utilization data from that center was first submitted week ending June 29, 2019, the last week of FY19.

Figure 1 shows the number of Community Corrections Centers in operation at the end of each fiscal year. At the end of FY19, there were 18 Community Corrections Centers in operation. A list of the Community Corrections Centers and their opening dates can be found at the end of the report.

Figure 1: Number Of Community Corrections Centers, 1998-2019



METHOD

Study Sample. All Community Corrections Centers operating during FY 2019 were included in the sample. A list of the Community Corrections Centers included in this report and their dates of operation is located at the end of the report. In the tables, each of the Community Corrections Centers is referred to by the city or town in which it is located.

Study Period. The study period covers FY 2019, or July 1, 2018 through June 30, 2019.

Data Collection. For this report, data were collected via weekly utilization reports and community service log reports submitted by each Community Corrections Center and the Community Service Program to the OCC.

- 1. Weekly utilization reports** formed one basis of the data collection for this report. Several variables of data were collected. These included variables related to participant demographics, the status of participants within the center, and population flow through the center. The categories of data are as follows:

Admissions. The weekly utilization reports provided the number of new participants and included information regarding their age, gender, race, ethnicity, education level, job status, supervising agency, initial type of supervision, and initial risk/need assessment results.

Programming. The weekly utilization reports provided participant weekly programming hours and type.

HiSET/GED. The weekly utilization reports provided the number of participants that took the HiSET/GED examination, the number of participants that passed a portion of the examination, and the number of participants that passed the examination and received their HiSET/GED.

Job Placement. The weekly utilization reports provided the number of participants who were placed in part time and full time jobs.

Drug Testing. The weekly utilization reports provided the number of positive drug tests, positive drug tests with a current and valid prescription, negative drug tests, failures to produce a valid sample, no shows, and positive and negative Breath Alcohol Tests.

Aftercare Placements/Case Management Services. The weekly utilization reports provided the number of aftercare placements made and assistance with case management given to participants.

Discharges. Finally, the weekly utilization reports provided the number of participants who were discharged from the Community Corrections Centers and included information regarding their reason for discharge, discharge job status, and final risk/need assessment results.

- 2. Community Service Logs** provided the second source of data collection for this report and provided aggregate monthly information on the number of referrals to the program for each court site. Because community service is provided at court sites as well as Community Corrections Center sites, these logs were maintained on a county level rather than a Community Corrections Center level.

Data Analysis. The 52 weekly utilization reports for each Center along with the community service logs formed the basis of the analysis.

Data Quality. Weekly utilization reports were received from all of the Community Corrections Centers for the entire study period.

FINDINGS

TOTAL POPULATION

Figure 2 shows the average population in the Community Corrections Centers state wide for each reporting month in FY19. In July 2018, Community Corrections Centers reported an average low of 515 participants. In June 2019, Community Corrections Centers reported an average high of 674 participants. The statewide cumulative average attendance across all Centers for FY19 was 582 participants.

Figure 2: Average Population By Month

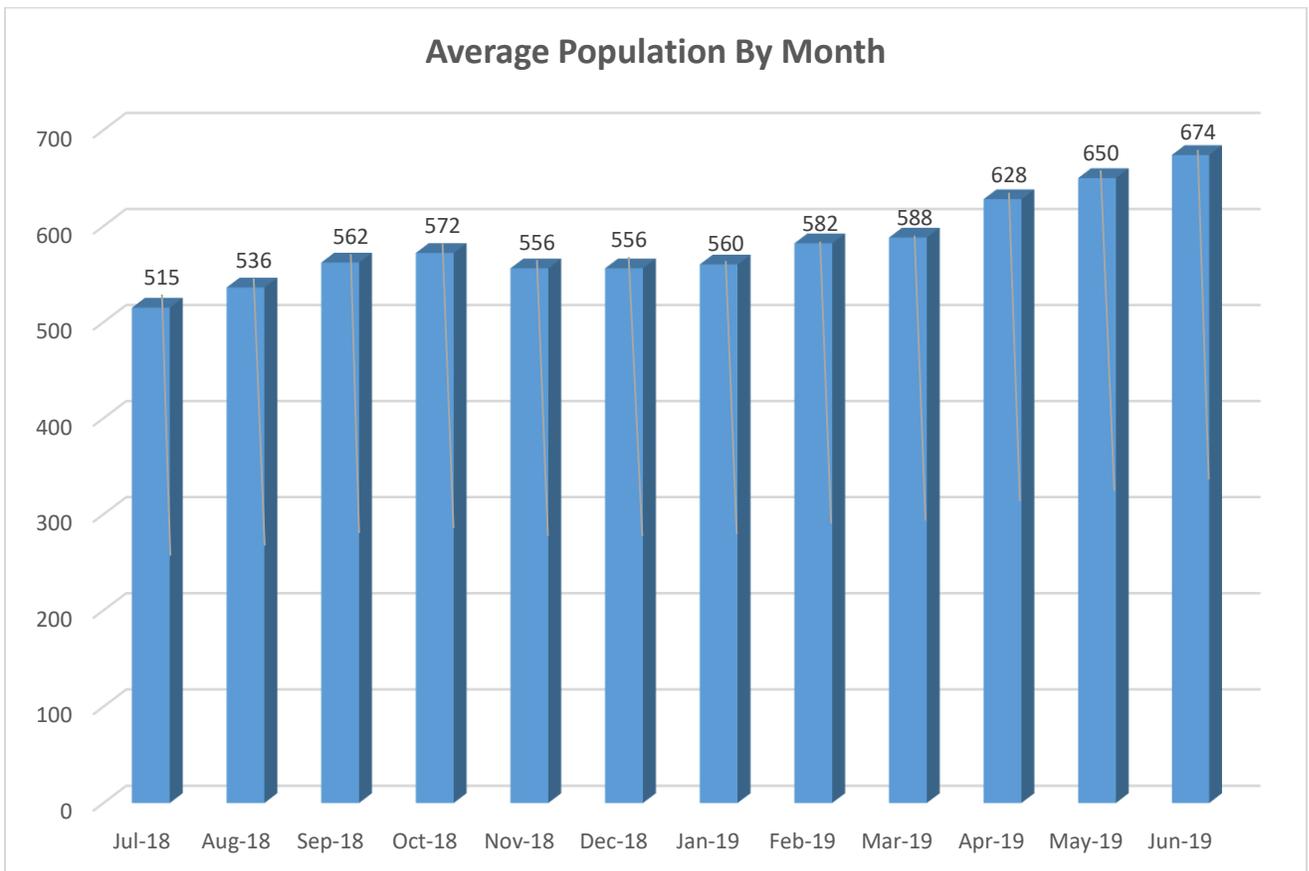


Figure 3 shows the average population in each of the Community Corrections Centers for FY19. The Community Corrections Centers ranged from an average of 1 participant at the Framingham CCC, which opened in June 2019, to an average of 62 participants at the Brockton CCC.

Figure 3: Average Population By Center

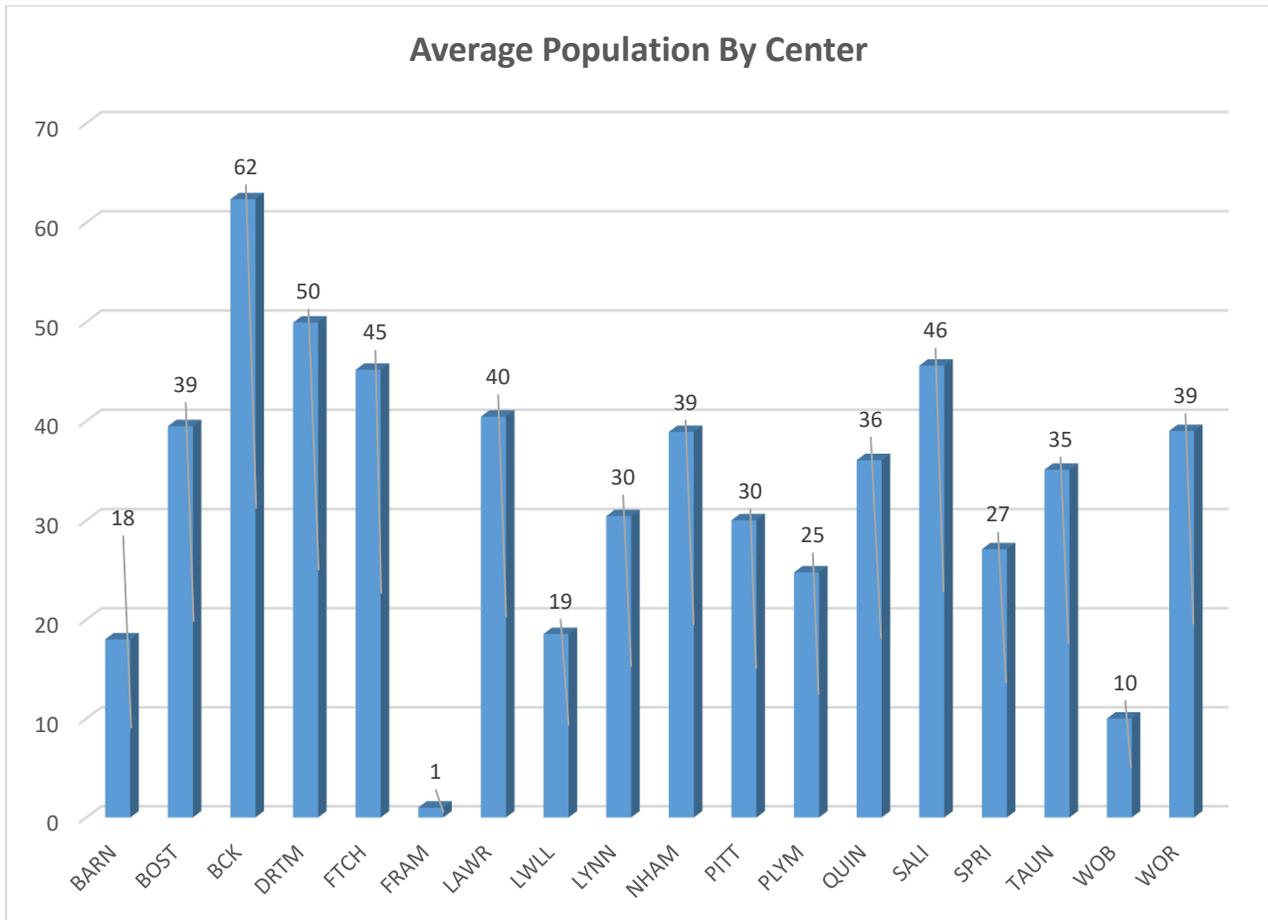
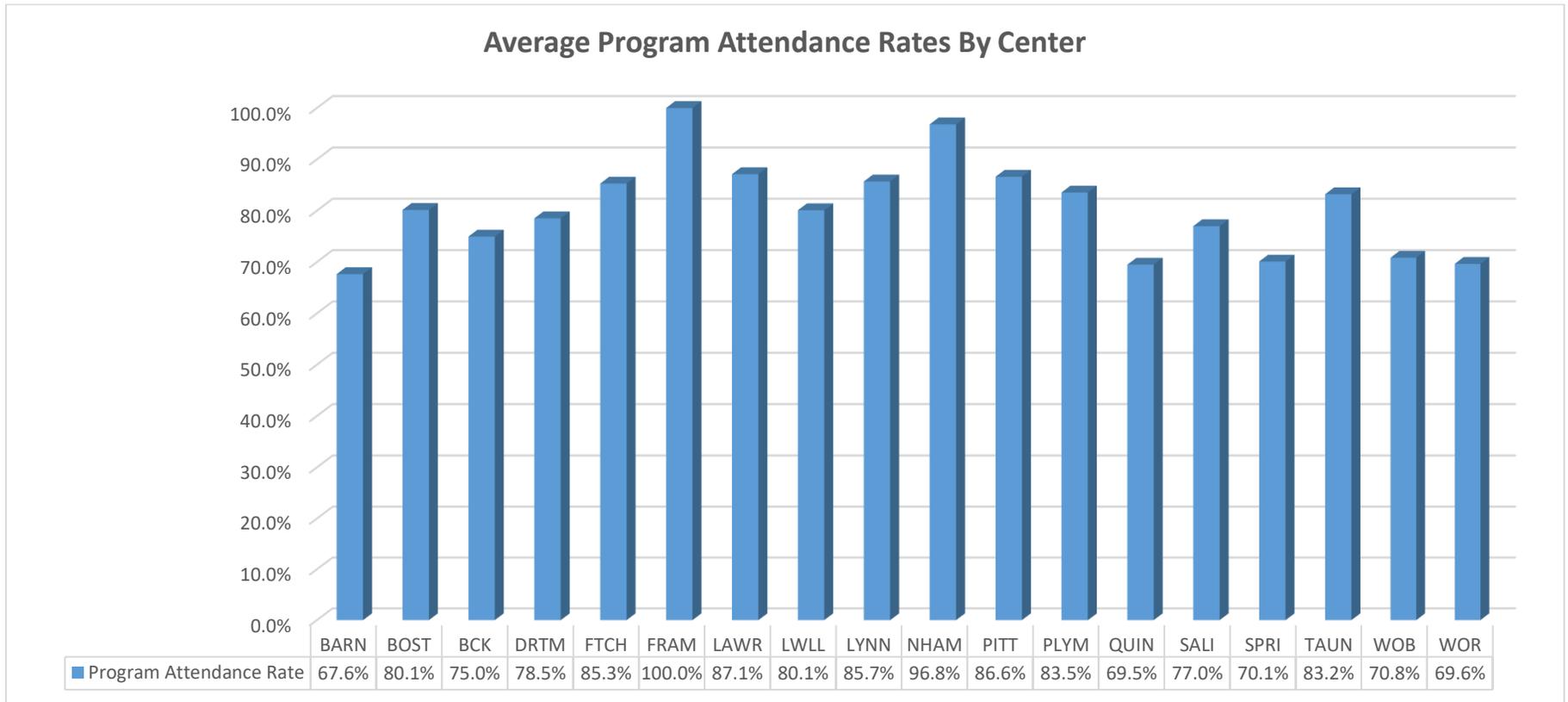


Figure 4 shows the average program attendance rate in each of the Community Corrections Centers for FY19. Program attendance rates were calculated by dividing the total number of group hours attended by the total number of group hours required. Program attendance rates ranged from 100.0% (Framingham CCC) to 67.6% (Barnstable CCC). The average overall program attendance rate across all Centers for FY19 was 80.1%.

Figure 4: Average Program Attendance Rates By Center



ADMISSIONS

Participants can be referred to the Community Corrections Centers at any point throughout the year. In FY19, participants were referred to Community Corrections Centers by the court (in the case of probation supervised participants), by the Parole Board, or by a sheriff's department. Admissions include all *new referrals* (the participant is new to the CCC or may have previously attended the CCC but was referred to the CCC on a different charge(s) and under different conditions of probation/parole), *pretrial treatment new referrals* (the participant has a pretrial treatment status), *pretrial services new referrals* (the participant has a pretrial services status) and *returning referrals* (the participant previously attended the CCC and is returning to the CCC on the same charge(s) and under the same conditions of probation/parole).

Figure 5 shows the number of admissions in each of the Community Corrections Centers for FY19. The Community Corrections Centers ranged from an average of 1 admission (Framingham CCC) to 178 admissions (Salisbury CCC). Total admissions across all centers in FY19 were 1,686.

Figure 5: Admissions By Center

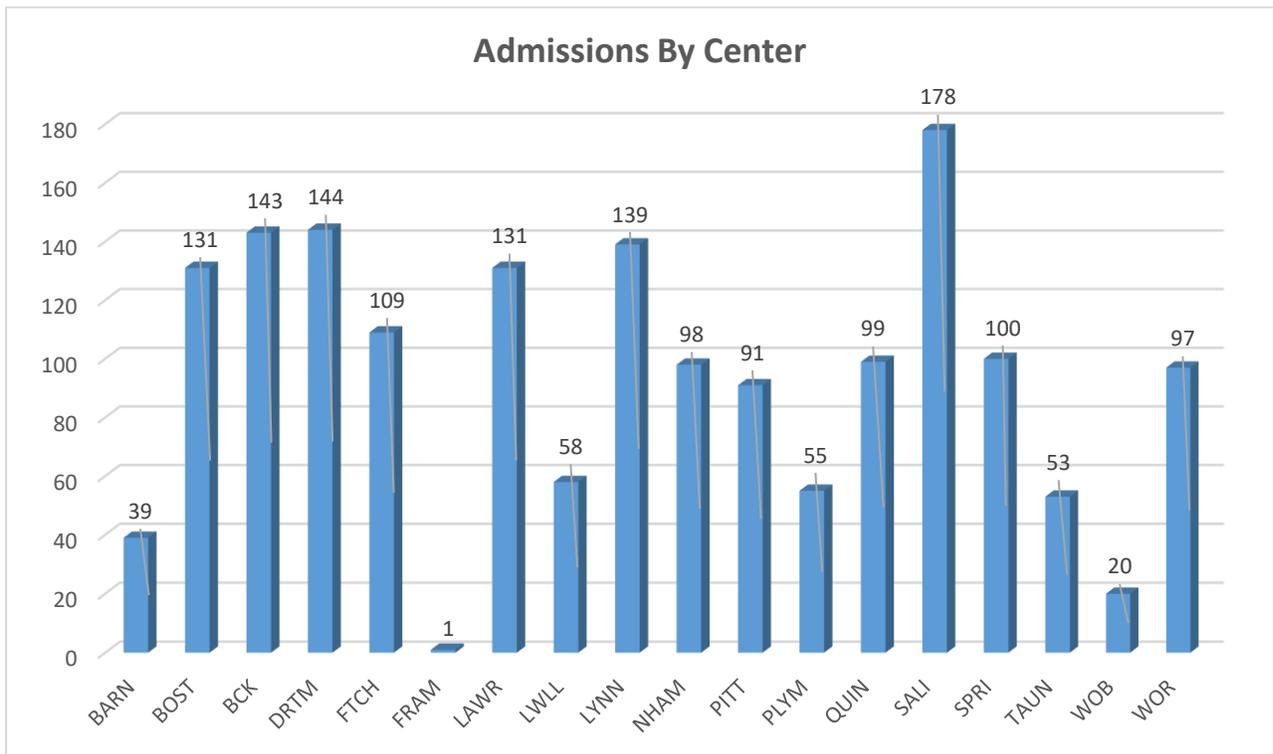


Figure 6 shows the distribution of admissions by type of admissions for each of the Community Corrections Centers in FY19. The Salisbury CCC had the most new referrals (171); the Worcester CCC had the most new referrals with a pretrial treatment status (21); the Brockton CCC had the most new referrals with a pretrial services status (22); the Lynn CCC had the most new referrals with a pretrial treatment status (21); the Brockton CCC had the most new referrals with a pretrial services status (22); the Lynn CCC had the most returning referrals (56).

Figure 6: Admissions By Type And Center

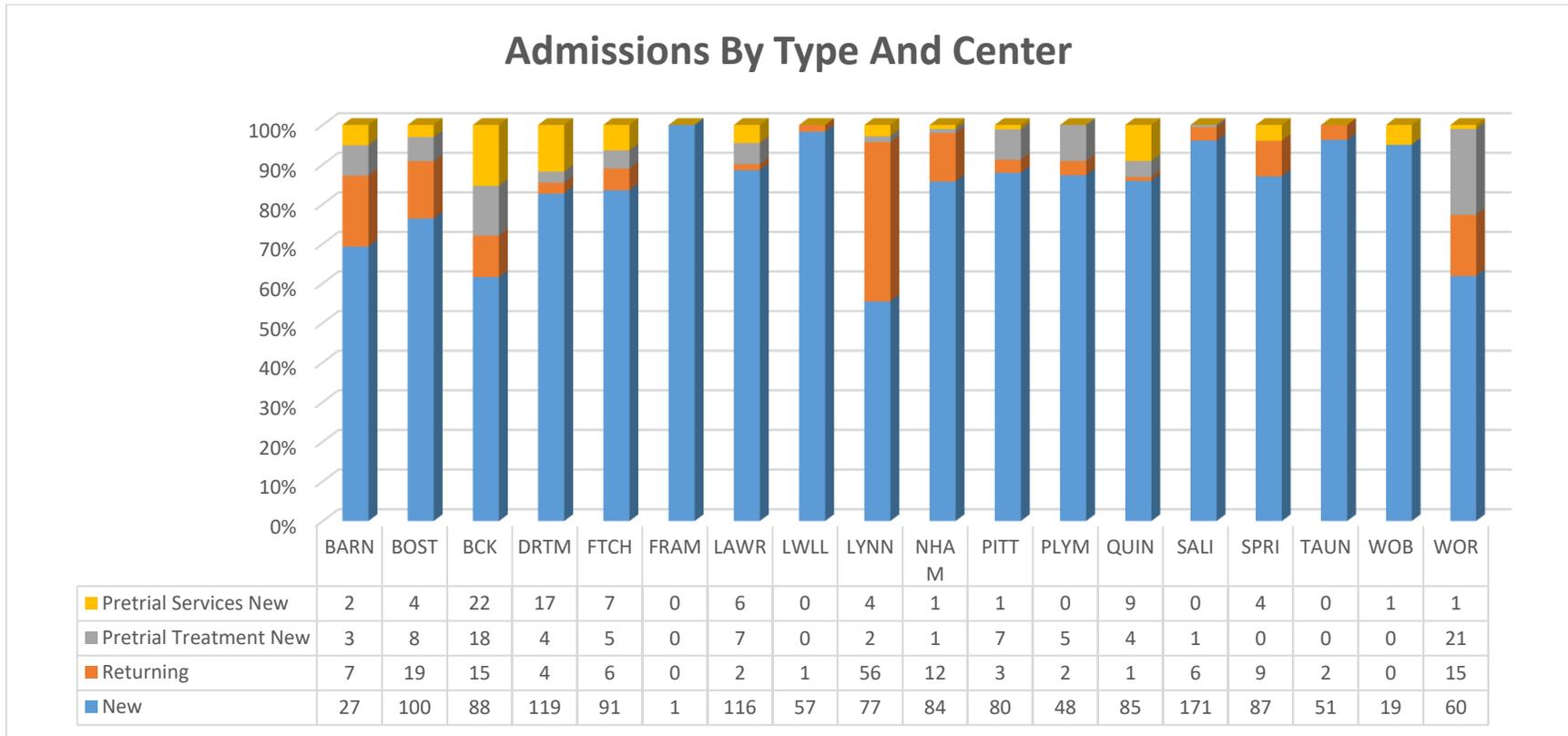


Figure 7 shows the supervising agency of participants admitted into Community Corrections Centers in FY19. Participants admitted into Community Corrections Centers were under the supervision of one of three different agencies: 81% were under the supervision of probation, 15% were under the supervision of a sheriff's department, and 4% were under the supervision of the Parole Board.

Figure 7: Admissions By Supervising Agency

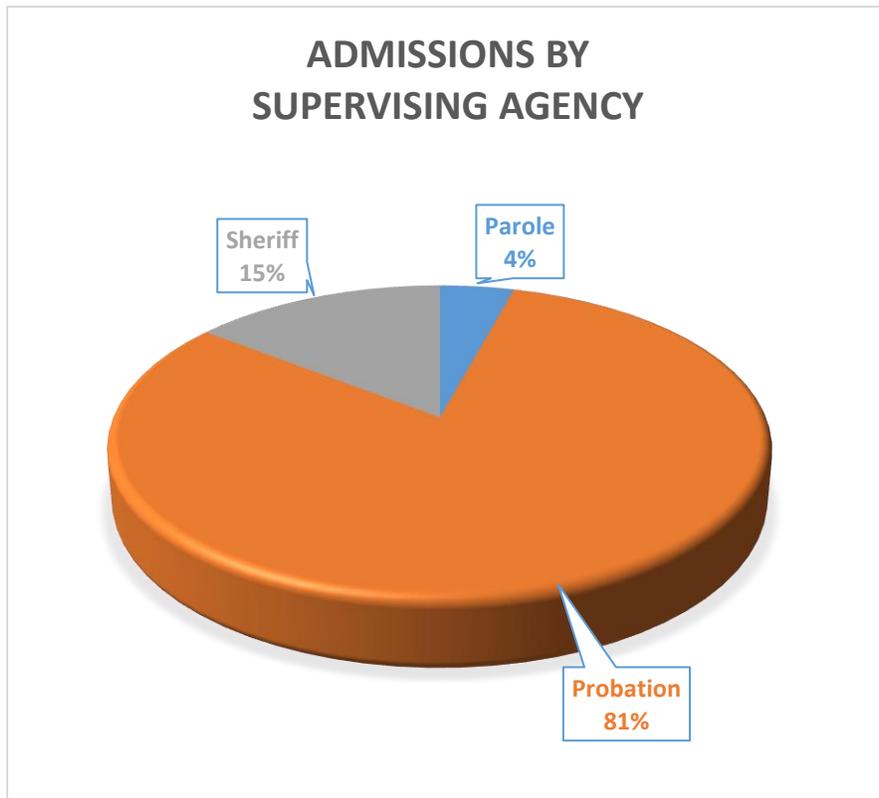


Figure 8 shows the distribution of admissions by supervising agency for each of the Community Corrections Centers in FY19. Among the Centers, the Dartmouth CCC had the largest number of admissions via probation (144), the Pittsfield CCC had the largest number of admissions via parole (18), and the Salisbury CCC had the largest number of admissions via a sheriff's department (110).

Figure 8: Admissions By Supervising Agency And Center

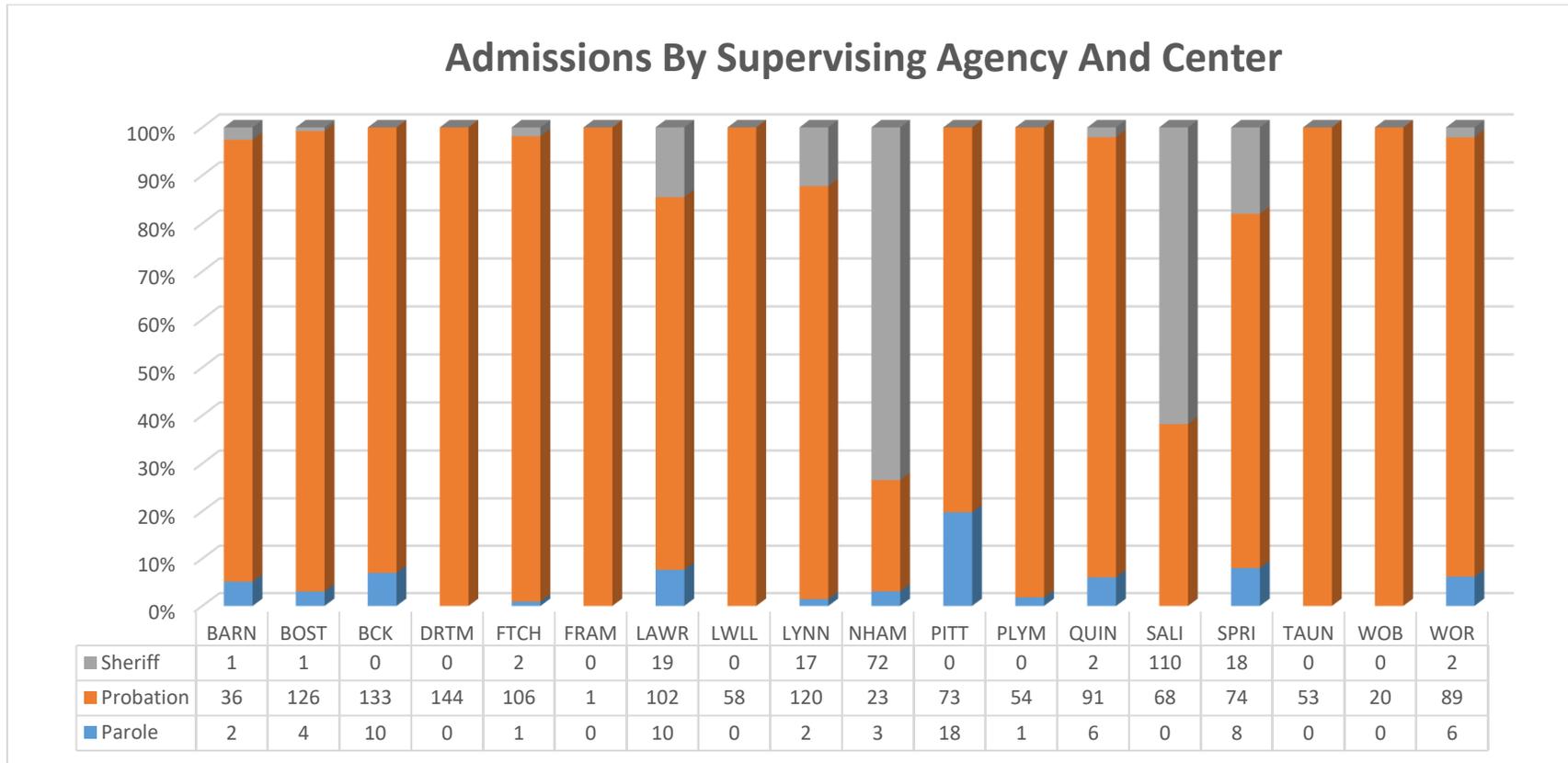


Figure 9 shows the initial type of supervision of participants admitted into Community Corrections Centers in FY19. A large majority (1,125) of admissions were supervised at Intermediate Sanction Level III. 130 were supervised as Enhanced Supervision, 114 Level IIIE, 90 Drug Court, 67 Level IV, 63 Pretrial Treatment, 55 Pretrial Services, 12 Assessment Only, and 2 Veterans Court. The initial type of supervision for 28 admissions was not reported.

Figure 9: Admissions By Initial Type Of Supervision

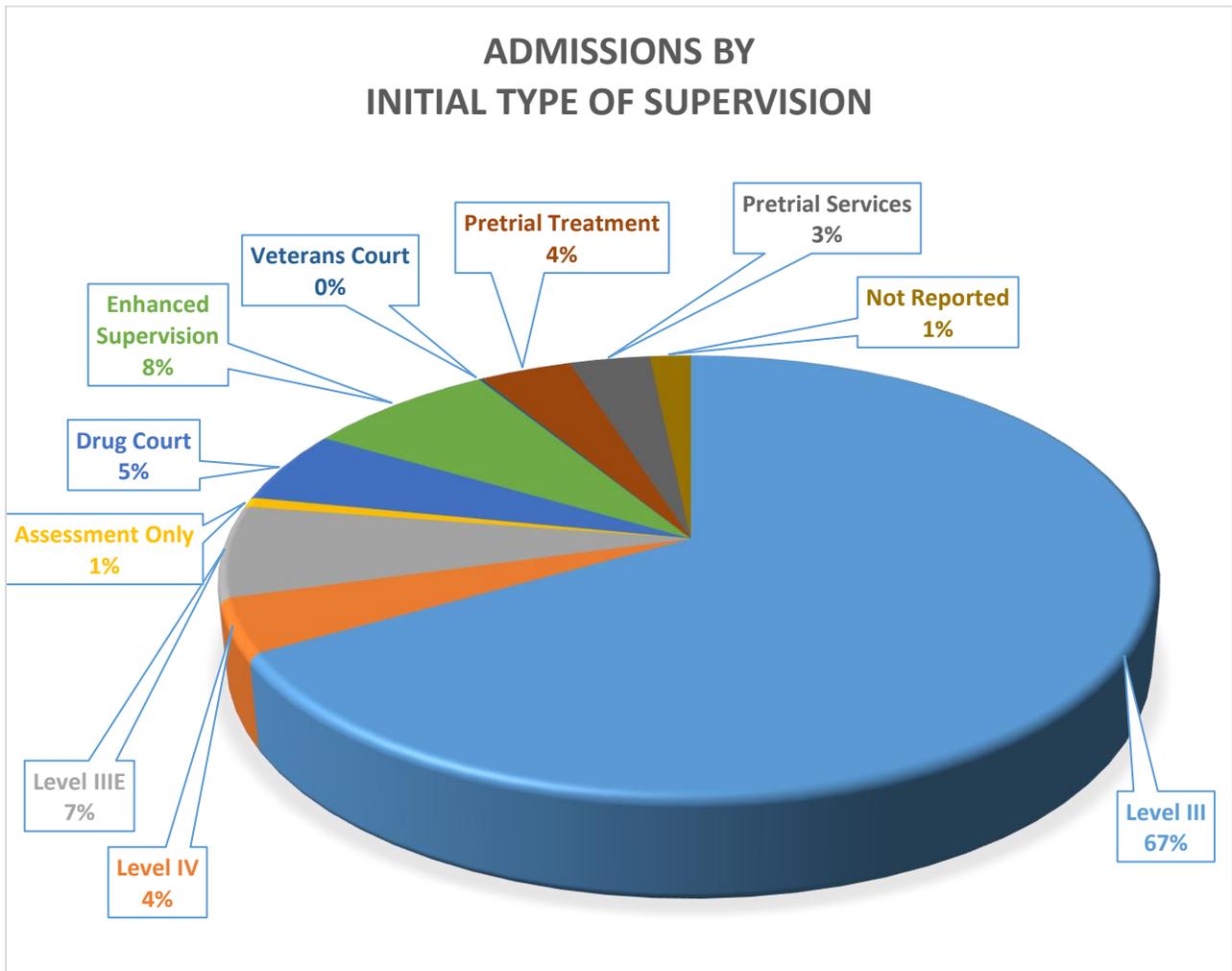


Figure 10 shows the distribution of admissions by initial type of supervision for each of the Community Corrections Centers in FY19.

Figure 10: Admissions By Initial Type Of Supervision And Center

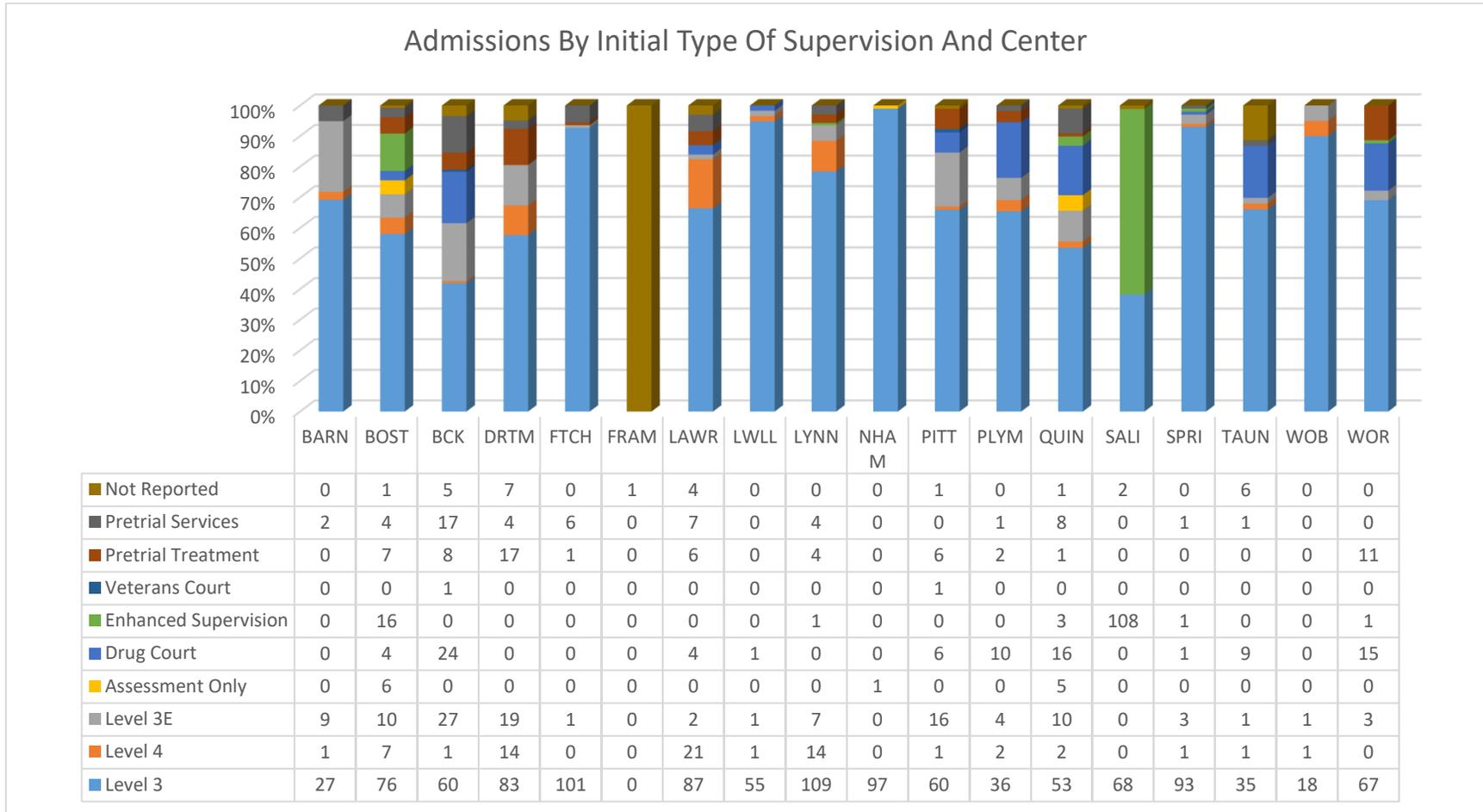


Figure 11 shows the court or agency that referred participants to each of the Community Corrections Centers.

Figure 11: Admissions By Referral Source And Center

Barnstable	
Essex Sheriff	1
Region 8 Parole (New Bedford)	2
Quincy District	2
Barnstable District	25
Falmouth District	2
Orleans District	4
Barnstable Superior	3
Boston	
Federal	26
Region 1 Parole (Quincy)	1
Suffolk Sheriff	1
Brockton District	2
Plymouth District	1
Quincy District	12
Middlesex Superior	10
Woburn District	5
Hingham District	3
Charlestown District	2
Central Municipal	14
Norfolk Superior	1
Dorchester Municipal	12
Lawrence District	1

Suffolk Superior	11
Roxbury Municipal	13
Plymouth Superior	1
South Boston Municipal	2
Region 2 Parole (Quincy)	3
Somerville District	1
West Roxbury Municipal	4
Chelsea District	2
Brighton Municipal	1
Dedham District	1
Cambridge District	1
Brockton	
Federal	7
Region 7 Parole (Brockton)	10
Brockton District	84
Plymouth District	3
Quincy District	6
Stoughton District	2
Hingham District	7
Attleboro District	2
Plymouth Superior	21
Dedham Superior	1
Dartmouth	

Federal	1
Brockton District	1
Fall River District	62
New Bedford District	67
Bristol Superior	7
Plymouth District	1
Taunton District	4
Wareham District	1
Fitchburg	
Region 4 parole (Worcester)	1
Worcester Sheriff	2
Brockton District	1
Gardner District	15
Fitchburg District	73
Clinton District	4
Leominster District	7
Ayer District	4
Worcester Superior	2
Framingham	
Salem District	1
Lawrence	
Essex Sheriff	19
Federal	1
Region 6 Parole (Lawrence)	10
Ipswich District	1
Fitchburg District	2
Newburyport District	2
Haverhill District	2

Ayer District	1
Salem District	1
Lawrence District	85
Essex Superior	6
Woburn District	1
Lowell	
Federal	1
Plymouth District	1
Quincy District	1
Middlesex Superior	1
Woburn District	3
Ayer District	5
Lowell District	38
Central Municipal	1
Lawrence District	6
Lowell Superior	1
Lynn	
Essex Sheriff	17
Federal	2
Region 6 Parole (Lawrence)	1
Quincy District	1
Lynn District	48
Woburn District	1
Hingham District	1
Lowell District	4
Peabody District	31
Salem District	17
Lawrence District	4

Salem Superior	5
Suffolk Superior	1
Malden District	2
Gloucester District	3
Region 6A Parole (Lynn)	1
Northampton	
Hampshire Sheriff	72
Region 5 Parole (Springfield)	3
Holyoke District	1
Northampton District	12
Greenfield District	3
Westfield District	1
Eastern Hampshire District	5
Hampshire Superior	1
Pittsfield	
Region 5 Parole (Springfield)	18
Holyoke District	1
Northern Berkshire District	13
Central Berkshire District	44
Berkshire Superior	10
Springfield District	1
Southern Berkshire District	4
Plymouth	
Region 7 Parole (Brockton)	1
Brockton District	2
Plymouth District	34
Wareham District	17
Hingham District	1

Quincy	
Norfolk Sheriff	2
Region 1 Parole (Quincy)	5
Region 7 Parole (Brockton)	1
Brockton District	1
Quincy District	62
Plymouth District	1
Hingham District	22
Central Municipal	1
Norfolk Superior	3
Dedham District	1
Salisbury	
Essex Sheriff	109
Ipswich District	1
Newburyport District	41
Haverhill District	15
Ayer District	1
Lawrence District	9
Woburn District	1
Roxbury Municipal	1
Springfield	
Federal	8
Hampden Sheriff	18
Region 5 Parole (Springfield)	8
Holyoke District	2
Northampton District	1
Hampden Superior	5
Springfield District	50

Westfield District	4
Chicopee District	4
Taunton	
Federal	1
Brockton District	2
Quincy District	1
Bristol Superior	1
Taunton District	44
Clinton District	1
Attleboro District	3
Woburn	
Middlesex Superior	6
Woburn District	14
Worcester	
Federal	1
Region 4 parole (Worcester)	6
Worcester Sheriff	2
Quincy District	1
Worcester District	48
Clinton District	17
Wareham District	1
Newburyport District	1
Worcester Superior	16
Webster District	2
East Brookfield District	1
Marlborough District	1

Figure 12 shows the age of participants admitted into Community Corrections Centers in FY19. There were 228 18-24 year olds, 716 25-34 year olds, 448 35-44 year olds, 194 45-54 year olds, 60 55-64 year olds, and 7 who were 65 or older. The age of 33 admissions were not reported.

Figure 12: Admissions By Age

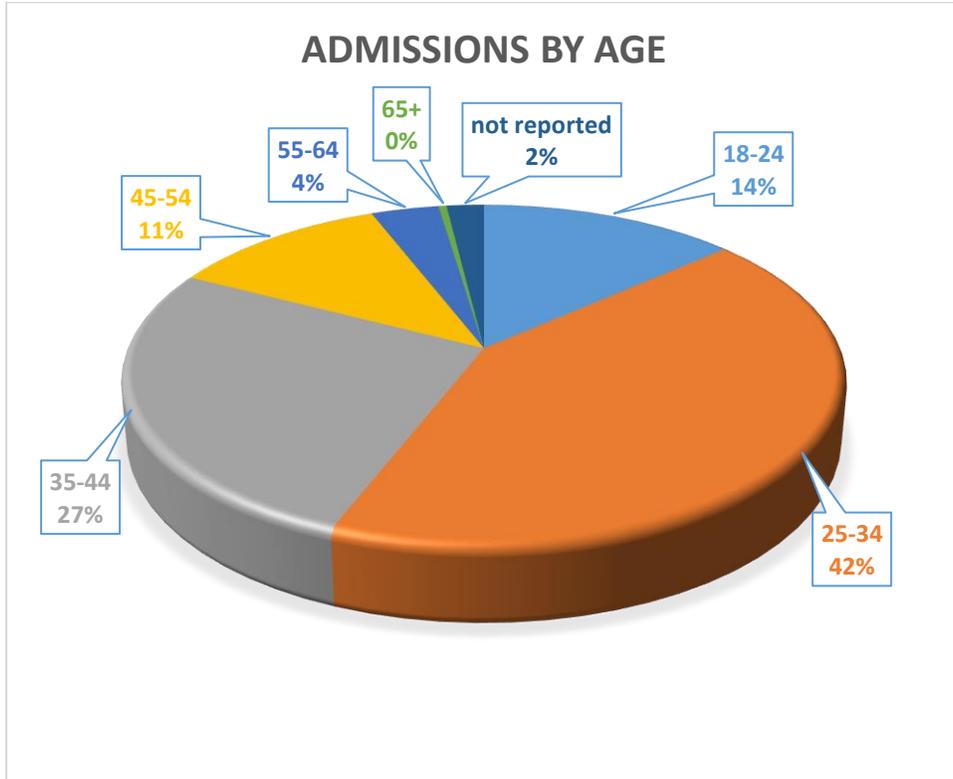


Figure 13 shows the distribution of admissions by age for each of the Community Corrections Centers in FY19.

Figure 13: Admissions By Age And Center

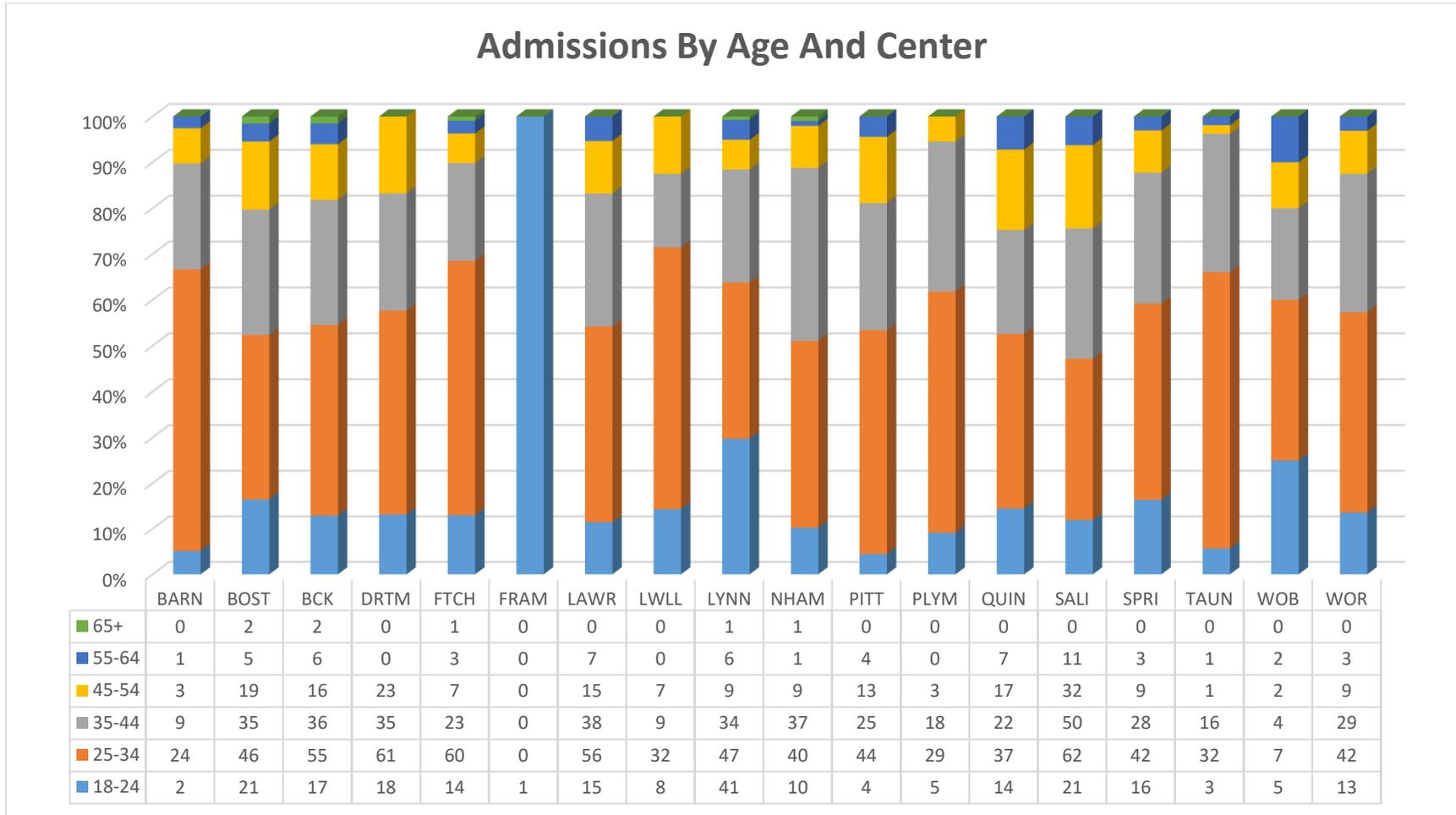


Figure 14 shows the gender of participants admitted into Community Corrections Centers in FY19. Based on self-reports, a large majority (1,204) of the admissions were male and 478 were female. 4 participants reported their gender as other.

Figure 14: Admissions By Gender

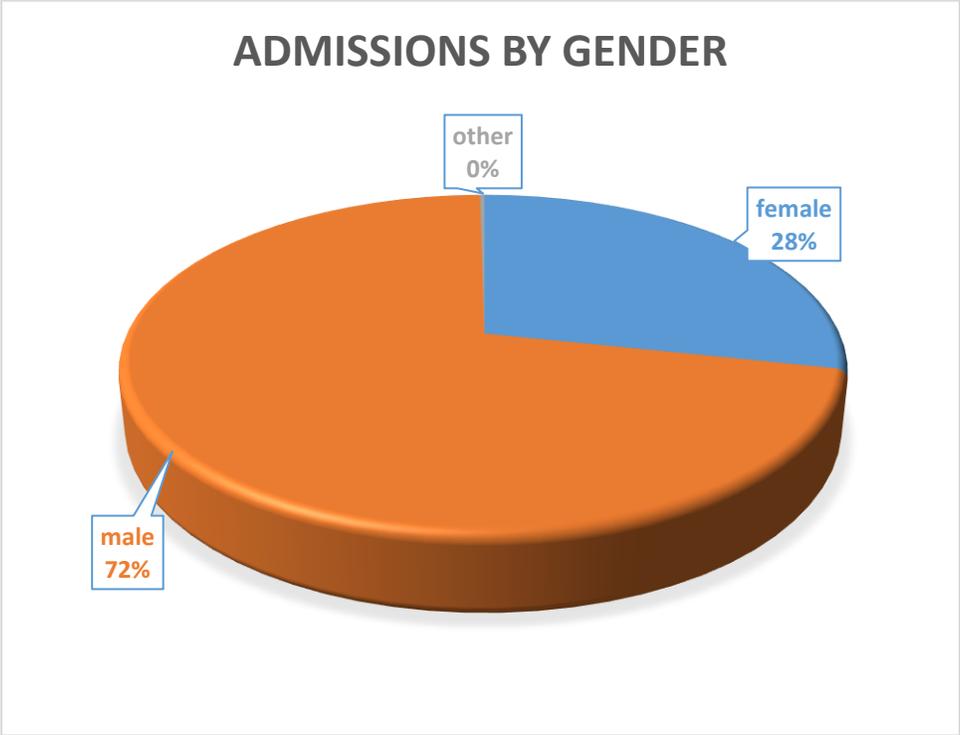


Figure 15 shows the distribution of admissions by gender for each of the Community Corrections Centers in FY19. Among the Centers, the Framingham CCC had the highest proportion of male admissions (100.0%) and the Salisbury CCC had the highest proportion of female admissions (72.5%).

Figure 15: Admissions By Gender And Center

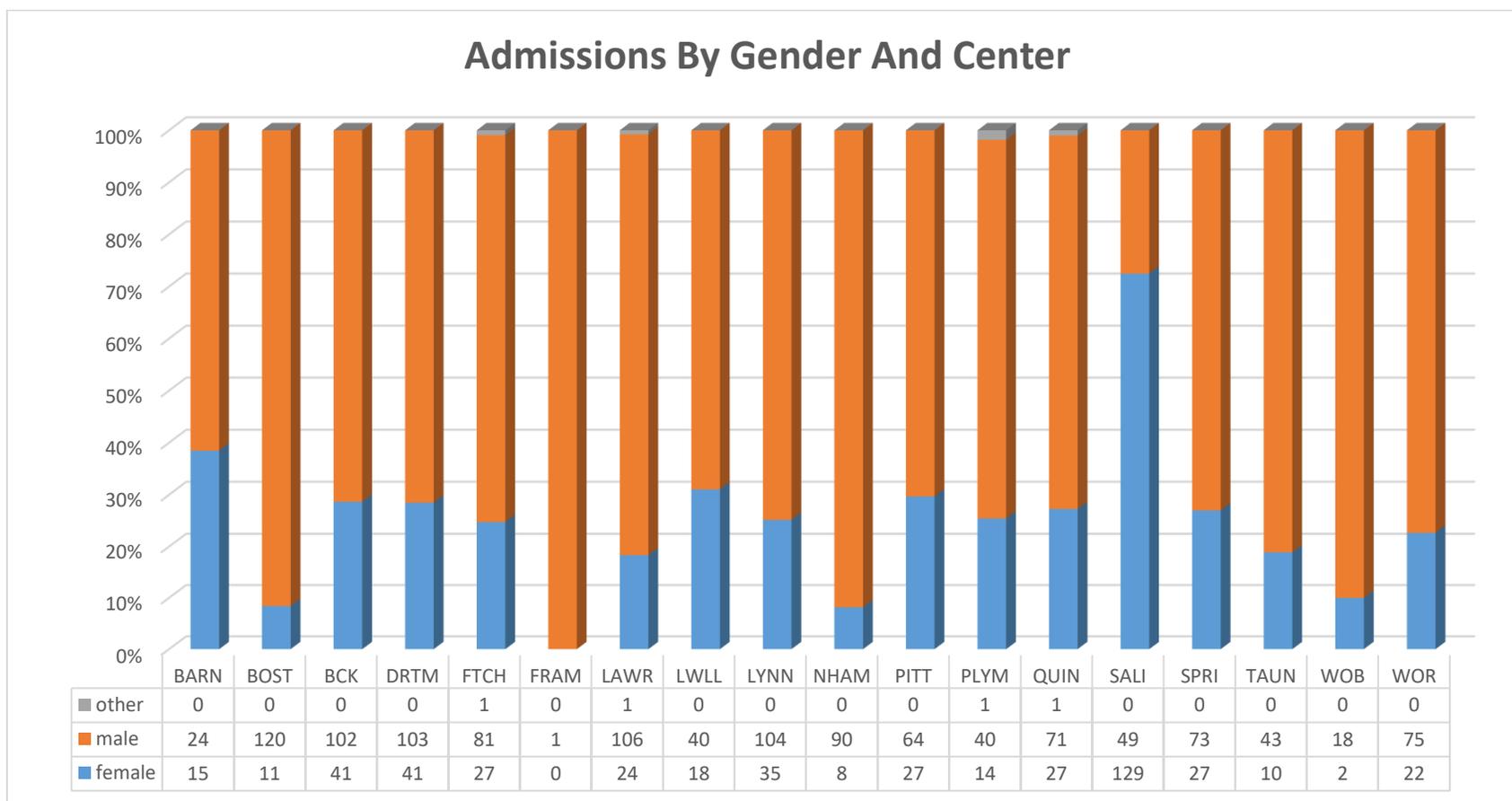


Figure 16 shows the race of participants admitted into Community Corrections Centers in FY19. Based on self-reports, 1,138 of admissions were White, 204 were Black/African American, 11 were Asian, 261 reported their race as Other, and 72 admissions reported their race as Not Known/Not Reported.

Figure 16: Admissions By Race

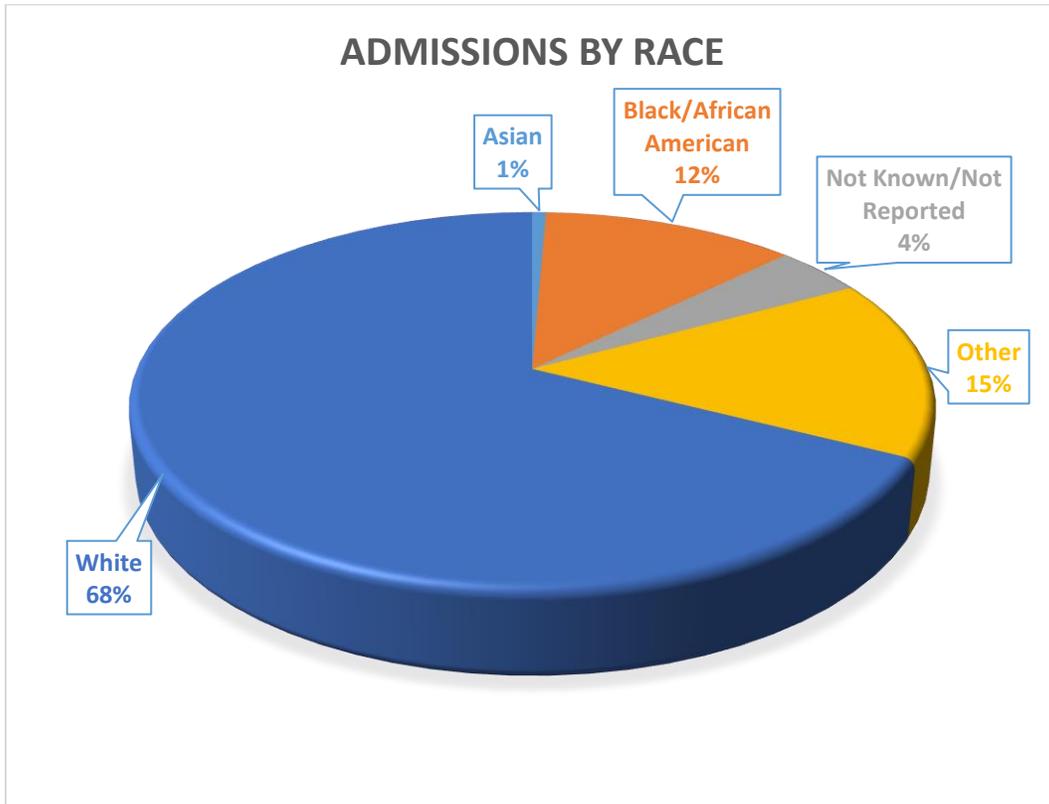


Figure 17 shows the distribution of admissions by race for each of the Community Corrections Centers in FY19.

Figure 17: Admissions By Race And Center

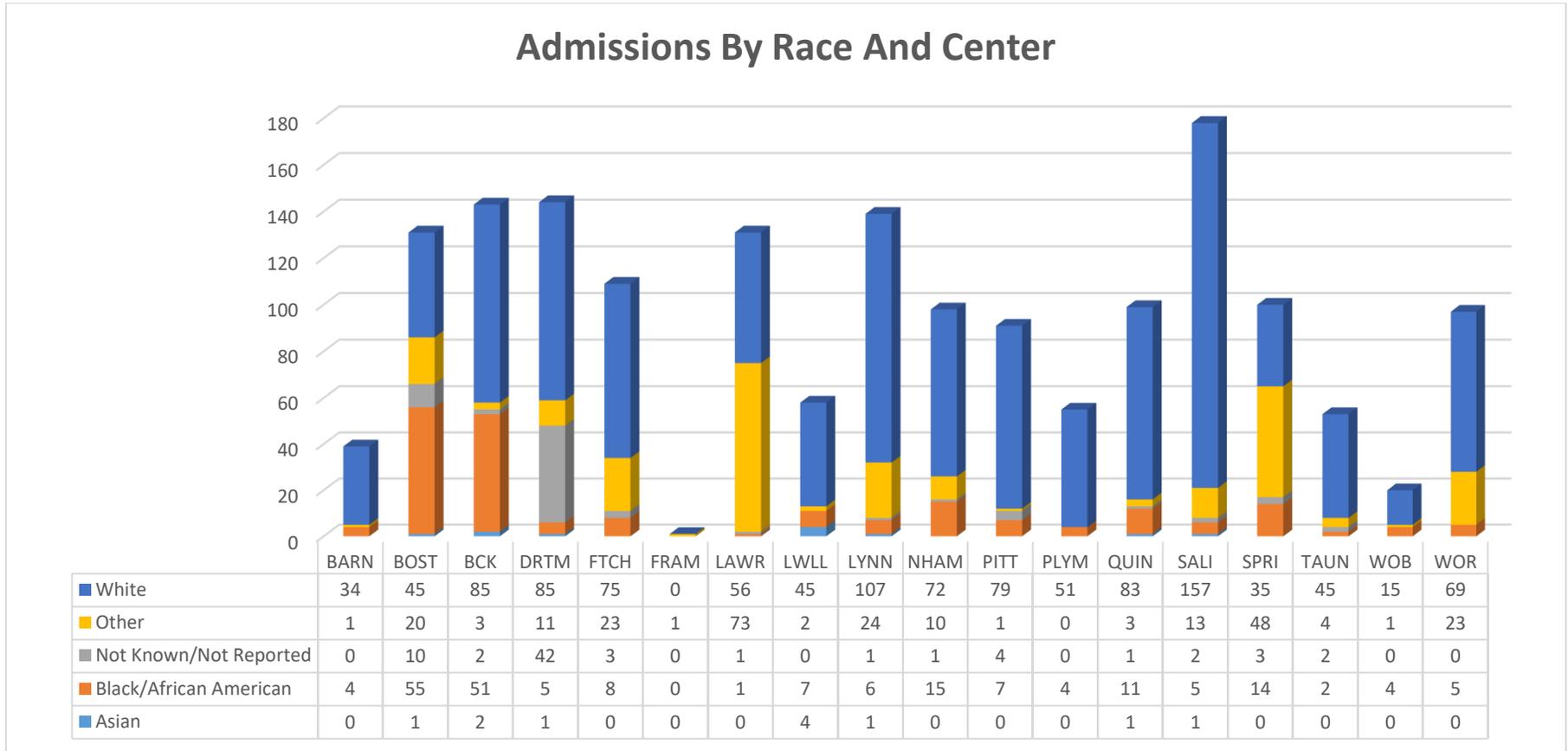


Figure 18 shows the ethnicity of participants admitted into Community Corrections Centers in FY19. Based on self-reports, 1,213 of admissions were Non-Hispanic or Latino, 316 were Hispanic or Latino, and 157 admissions reported their ethnicity as Not Known/Not Reported.

Figure 18: Admissions By Ethnicity

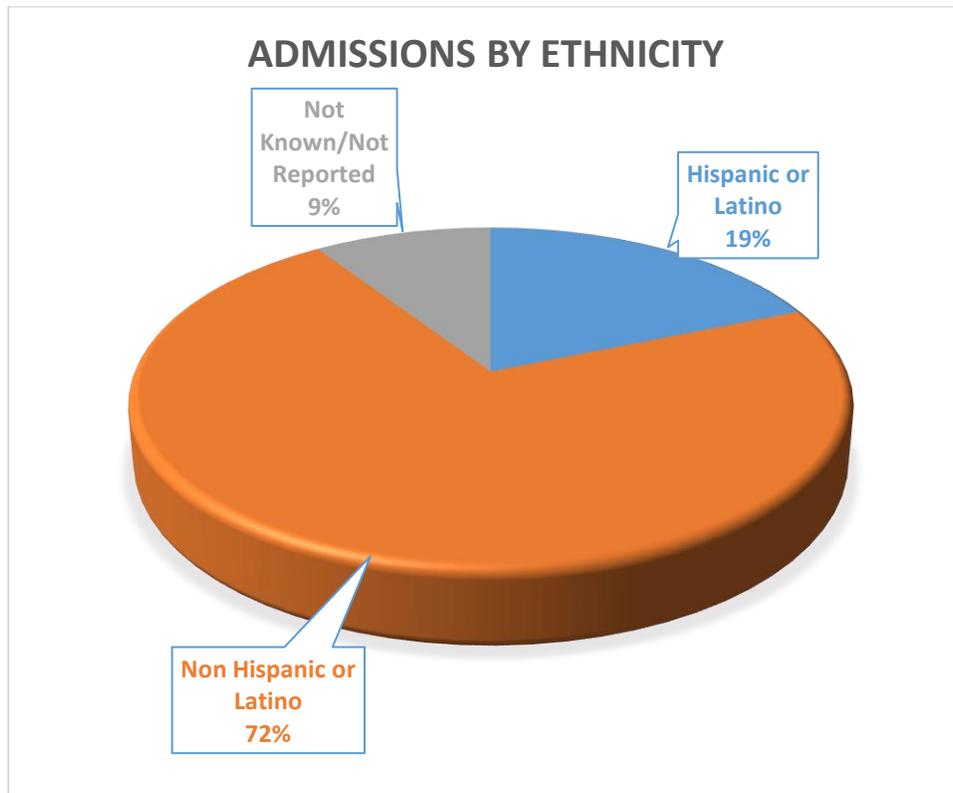
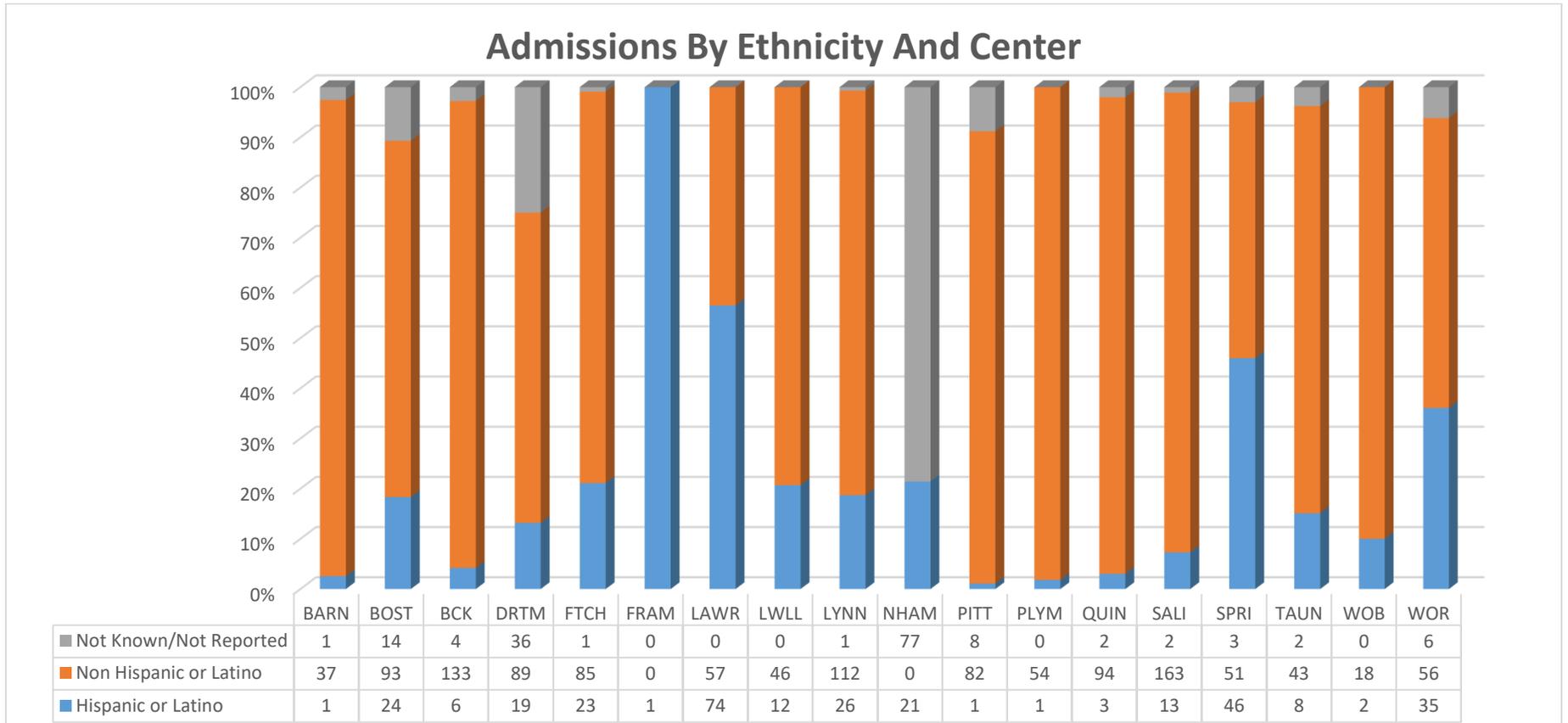


Figure 19 shows the distribution of admissions by ethnicity for each of the Community Corrections Centers in FY19. Among the Centers, the Framingham CCC had the highest proportion of Hispanic or Latino admissions (100.0%) and the Plymouth CCC has the highest proportion of Non-Hispanic or Latino admissions (98.2%).

Figure 19: Admissions By Ethnicity And Center



PROGRAMMING

The Community Corrections Centers provide programming to both males and females. All clinical programming is gender-specific. Among the programming provided at Community Corrections Centers is:

- Cognitive Behavioral Treatment (CBT) to address criminal thinking and substance use disorder (e.g., Moral Reconation Therapy, Relapse Prevention Therapy, Criminal Conduct & Substance Abuse Treatment)
- HiSET/GED/ABE/ESL or comparable educational supports
- Job and career support services
- Communicable disease prevention education
- Life skills training (e.g., finances/budget, cooking, yoga)
- Technology Education Services (e.g., CBT4CBT)
- Orientation curricula

Figure 20 shows the average number of programming hours attended per participant, per week at each of the Community Corrections Centers in FY19. Programming hours include: orientation groups, Cognitive Behavioral Treatment (CBT) groups, educational groups, vocational groups, technology education service hours and other groups (e.g., life skills, communicable disease prevention, yoga, cooking, guest speakers, etc.). Programming hours do not include community service hours. The overall average weekly programming hours attended per participant across all Centers for FY19 was 3.8 hours.

Figure 20: Average Weekly Programming Hours Per Participant By Center

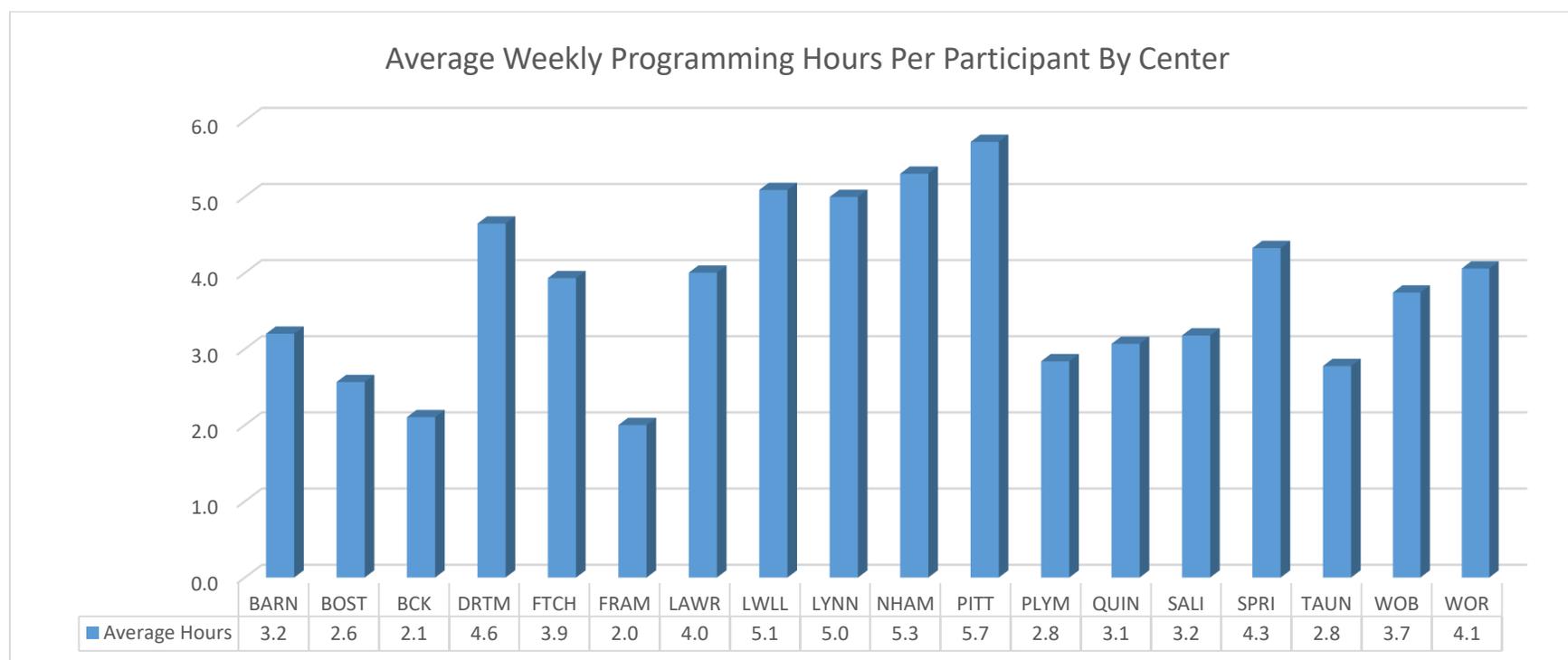
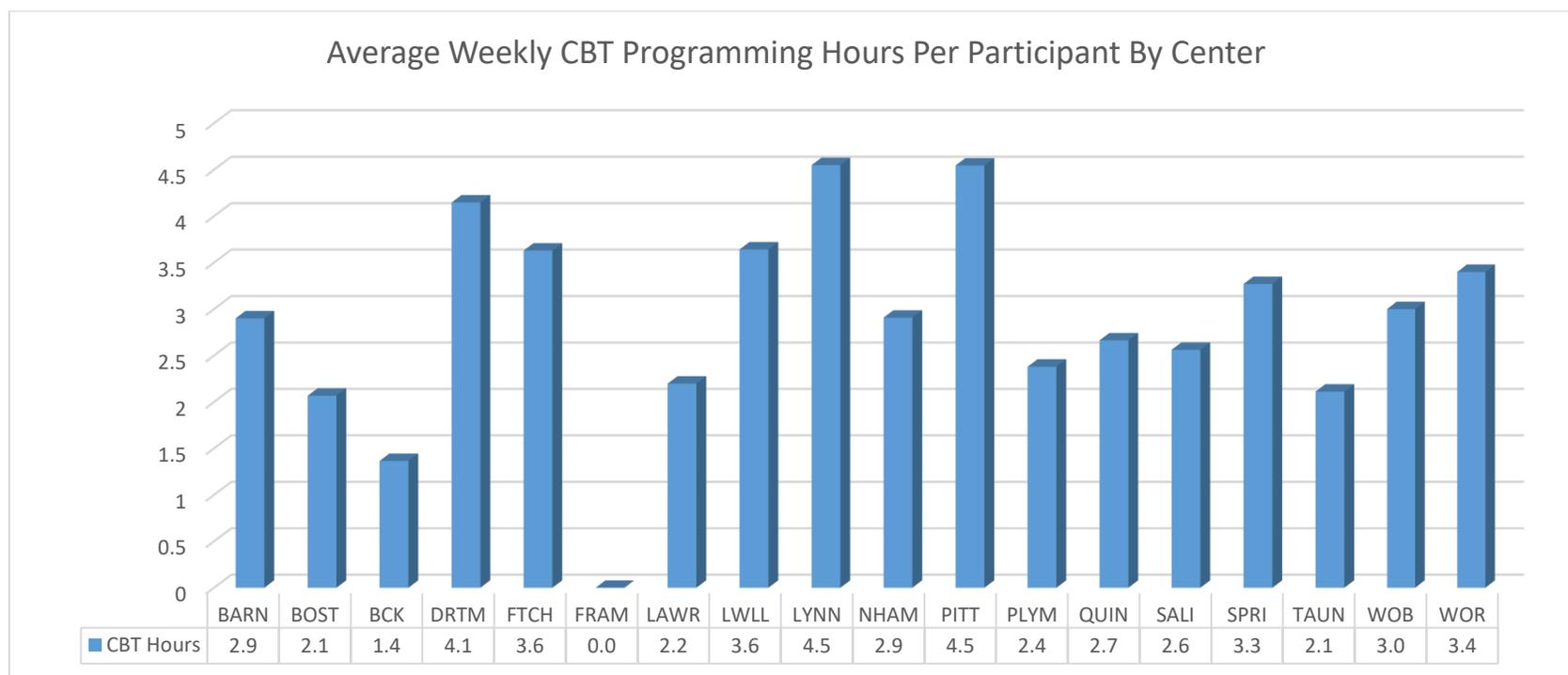


Figure 21 shows the average number of Cognitive Behavioral Treatment (CBT) hours attended per participant, per week at each of the Community Corrections Centers in FY19. On average, participants at the Lynn CCC and Pittsfield CCC attended the most CBT hours weekly (4.5 hours) amongst all of the Centers, while participants at the Framingham CCC attended the fewest CBT hours weekly (0.0 hours). The overall average number of weekly CBT hours attended per participant across all centers for FY19 was 2.9 hours.

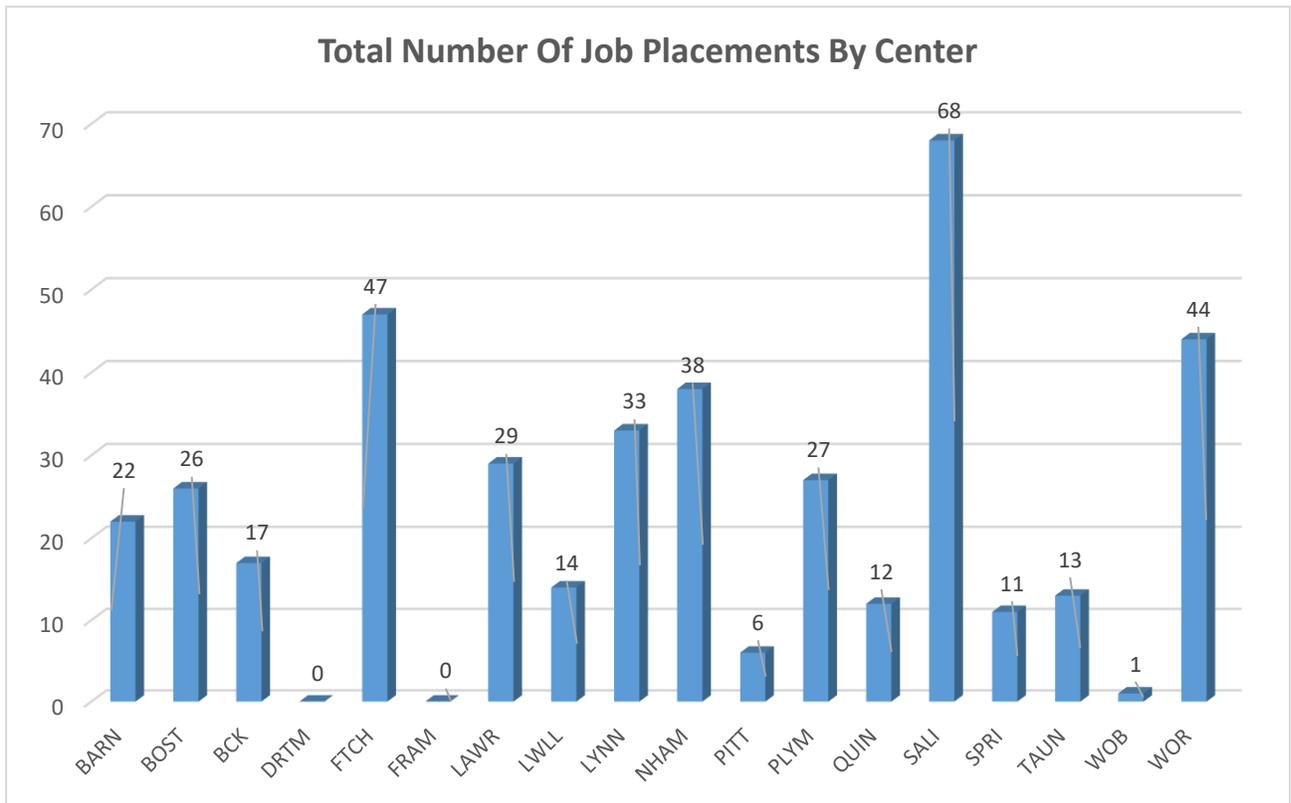
Figure 21: Average Weekly Cognitive Behavioral Treatment (CBT) Programming Hours Per Participant By Center



EMPLOYMENT

Job and career support services are among the service components of Community Corrections Centers. Figure 22 shows the number of participants that were placed in full or part time jobs by Job Developers at each of the Community Corrections Centers in FY19. Total job placements across all Centers in FY19 were 408.

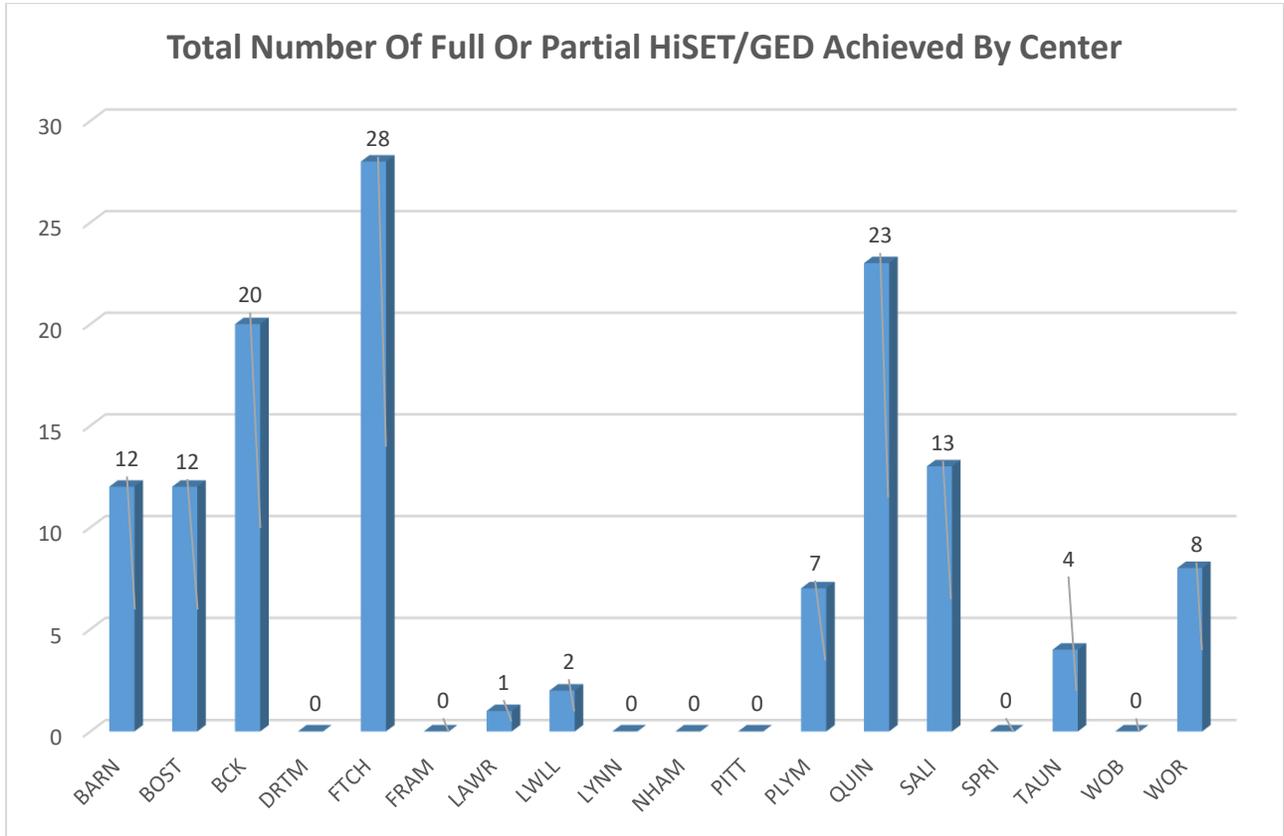
Figure 22: Total Number Of Job Placements By Center



EDUCATION

Education is among the service components of Community Corrections Centers. Figure 23 shows the number of participants that received a partial or full HiSET/GED at each of the Community Corrections Centers in FY19. Total HiSET/GED achieved across all Centers in FY19 were 130.

Figure 23: Total Number Of Full Or Partial HiSET/GED Achieved By Center

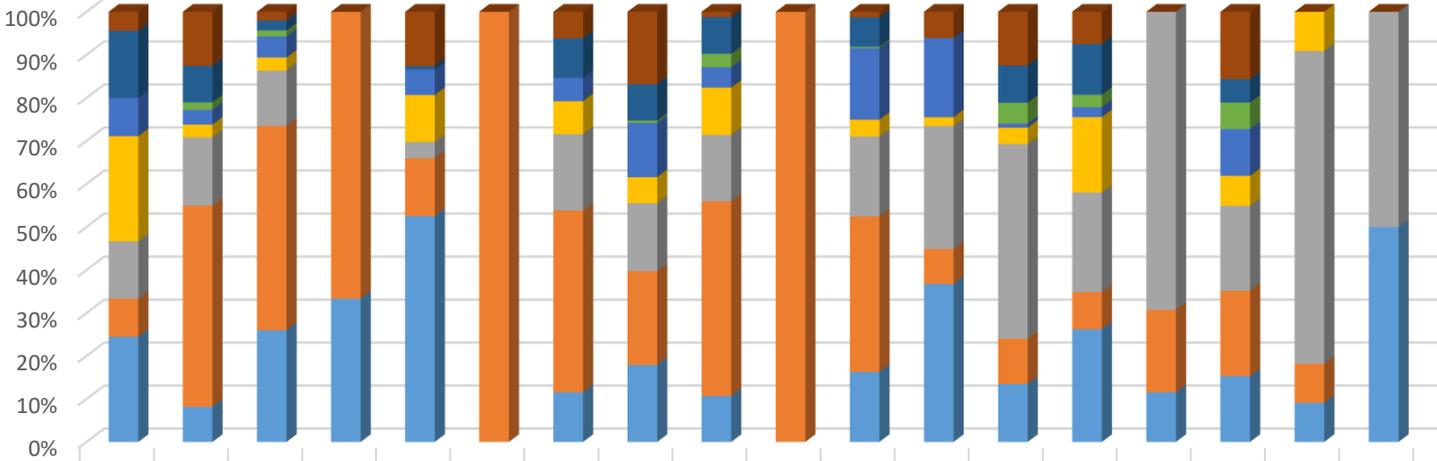


AFTERCARE/CASE MANAGEMENT

Aftercare placements and case management services are also provided at all Community Corrections Centers. Aftercare placements consist of referrals made to community based agencies in order to obtain the support services necessary to help participants maintain success after leaving the Community Corrections Centers. Case management services include assistance with participants' health and human service needs. Aftercare placements and case management services provided at Community Corrections Centers include, but are not limited to, assistance in the areas of: substance abuse treatment, mental health, medical, education, insurance, identification, and housing. Figure 24 shows the number and type of aftercare placements and case management services provided at each of the Community Corrections Centers. There were a total of 4,278 aftercare referrals made or assistance with case management services provided to community corrections participants across the state in FY19.

Figure 24: Aftercare/Case Management Referrals Made And Assistance Given By Center

Aftercare/Case Management Referrals Made And Assistance Given By Center



	BARN	BOST	BCK	DRTM	FTCH	FRAM	LAWR	LWLL	LYNN	NHAM	PITT	PLYM	QUIN	SALI	SPRI	TAUN	WOB	WOR
Education	2	85	17	0	30	0	8	64	4	0	4	3	13	39	0	81	0	0
Housing	7	57	20	0	2	0	12	32	27	0	21	0	9	61	0	28	0	0
Identification	0	12	12	0	0	0	0	2	10	0	1	0	5	15	0	32	0	0
Medical	4	23	42	0	14	0	7	48	15	0	51	9	1	12	0	56	0	0
Insurance	11	20	26	0	26	0	10	23	35	0	12	1	4	91	0	36	1	0
Mental Health	6	107	110	0	9	0	23	60	49	0	57	14	47	120	18	102	8	33
Other	4	316	407	2	32	1	55	83	144	32	111	4	11	45	5	103	1	0
Substance Abuse Treatment	11	55	223	1	125	0	15	68	34	0	50	18	14	136	3	79	1	33

DISCHARGES

Participants discharge from Community Corrections Centers for a number of different reasons, including: Successful Transition, Probation/Parole Expired, Transferred, Deceased, placed on Inactive Status, discharged with Pretrial Treatment Status, discharged with Pretrial Services Status, Noncompliance (e.g., warrant issued, probation/parole revoked, or incarcerated), and Other (e.g., removed by supervising agency, placed in a residential treatment program, or unable to continue due to medical/mental health issues).

Figure 25 shows the number of discharges from each of the Community Corrections Centers for FY19. The Community Corrections Centers ranged from an average of 0 discharges (Framingham CCC) to 181 discharges (Salisbury CCC). Total discharges across all centers in FY19 were 1,479.

Figure 25: Discharges By Center

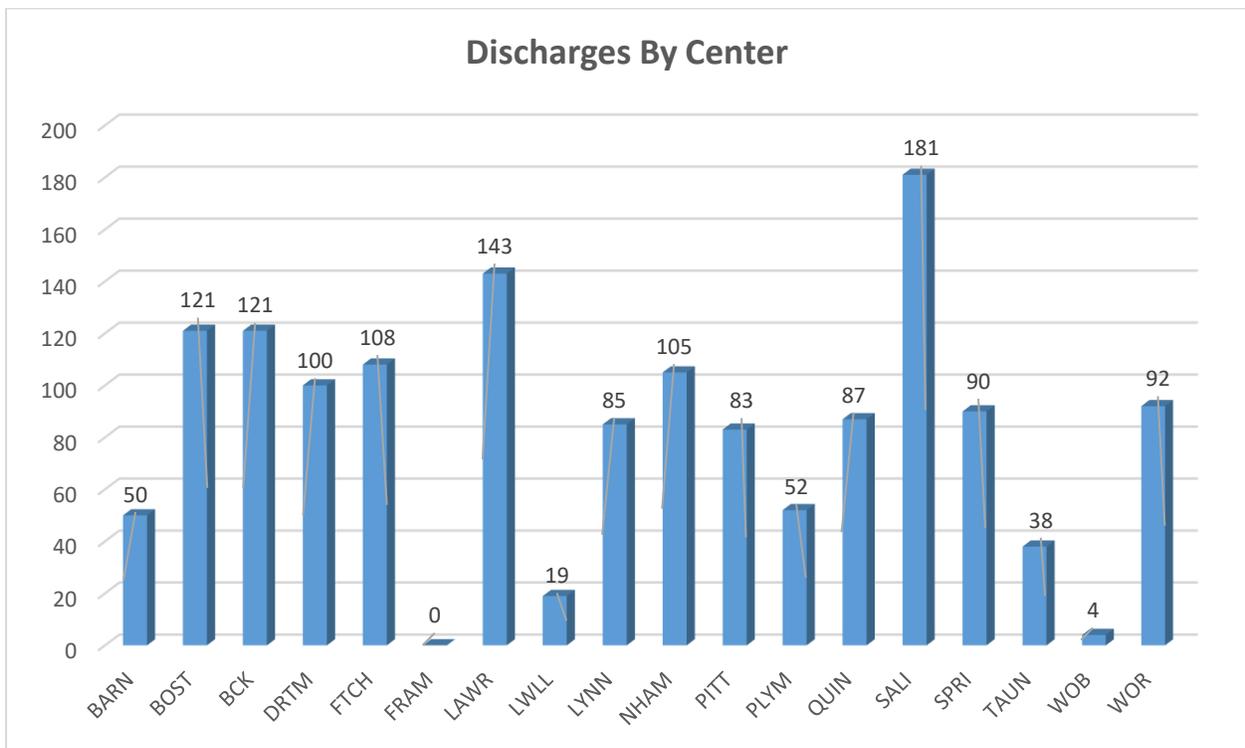


Figure 26 shows the reasons participants were discharged from the Community Corrections Centers in FY19. Amongst the Centers, 484 discharges were due to Noncompliance, 274 were the result of Successful Transition, in 151 participants' Probation/Parole Expired, 50 were Transferred to another CCC, 48 were placed on Inactive Status, 14 were discharged with Pretrial Treatment Status, 13 were discharged with Pretrial Services status, 7 were Deceased, and 438 were discharged for Other reasons (e.g., removed by supervising agency, placed in a residential treatment program, or unable to continue due to medical/mental health issues).

Figure 26: Reasons For Discharge

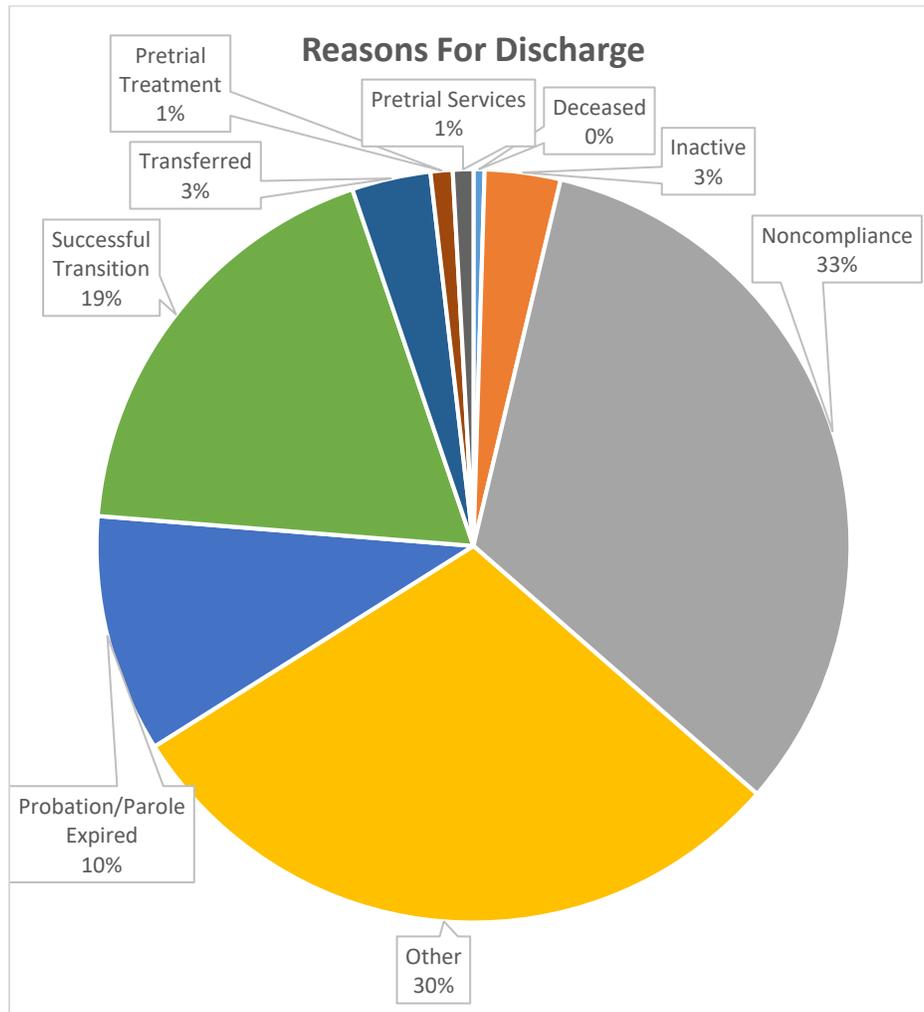
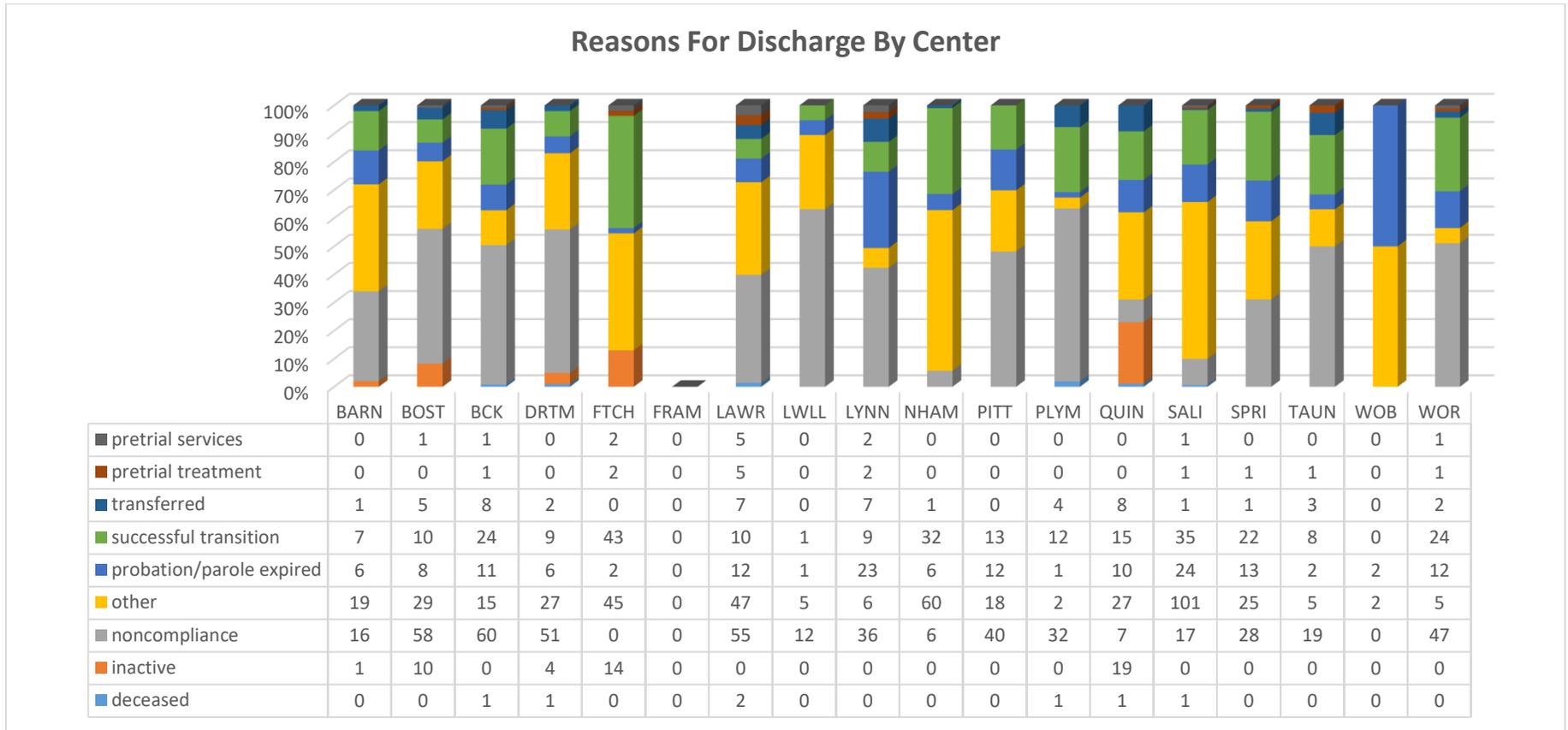


Figure 27 shows the distribution of reasons for discharge for each of the Community Corrections Centers in FY19.

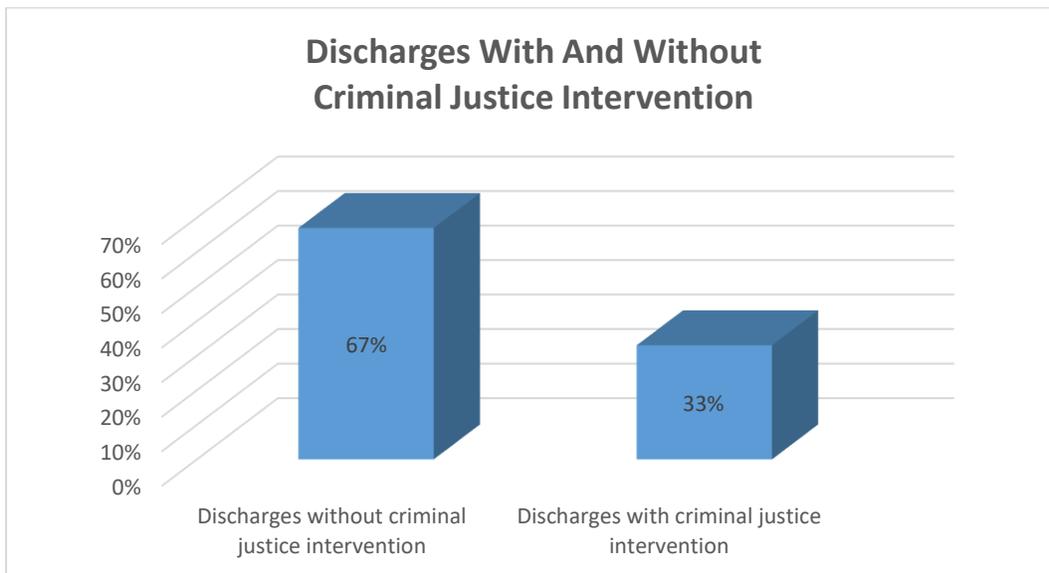
Figure 27: Reasons For Discharge By Center



Note: Reasons for discharge “Other” category includes removal by supervising agency, placement in residential treatment program and/or unable to continue due to medical/mental health issues.

A discharge can be with criminal justice intervention or without criminal justice intervention. A discharge without criminal justice intervention is not necessarily due to noncompliance. Such discharges include: Successful Transition, Probation/Parole Expired, Transferred, Deceased, placed on Inactive Status, discharged with Pretrial Treatment Status, discharged with Pretrial Services status, and Other (e.g., removed by supervising agency, placed in a residential treatment program, or unable to continue due to medical/mental health issues). Discharges with criminal justice intervention include Noncompliance (e.g., warrant issued, probation/parole revoked, incarceration). In FY19, 67% (995) were discharged from the Community Corrections Centers without criminal justice intervention while 33% (484) were discharged with criminal justice intervention.

Figure 28: Discharges With And Without Criminal Justice Intervention



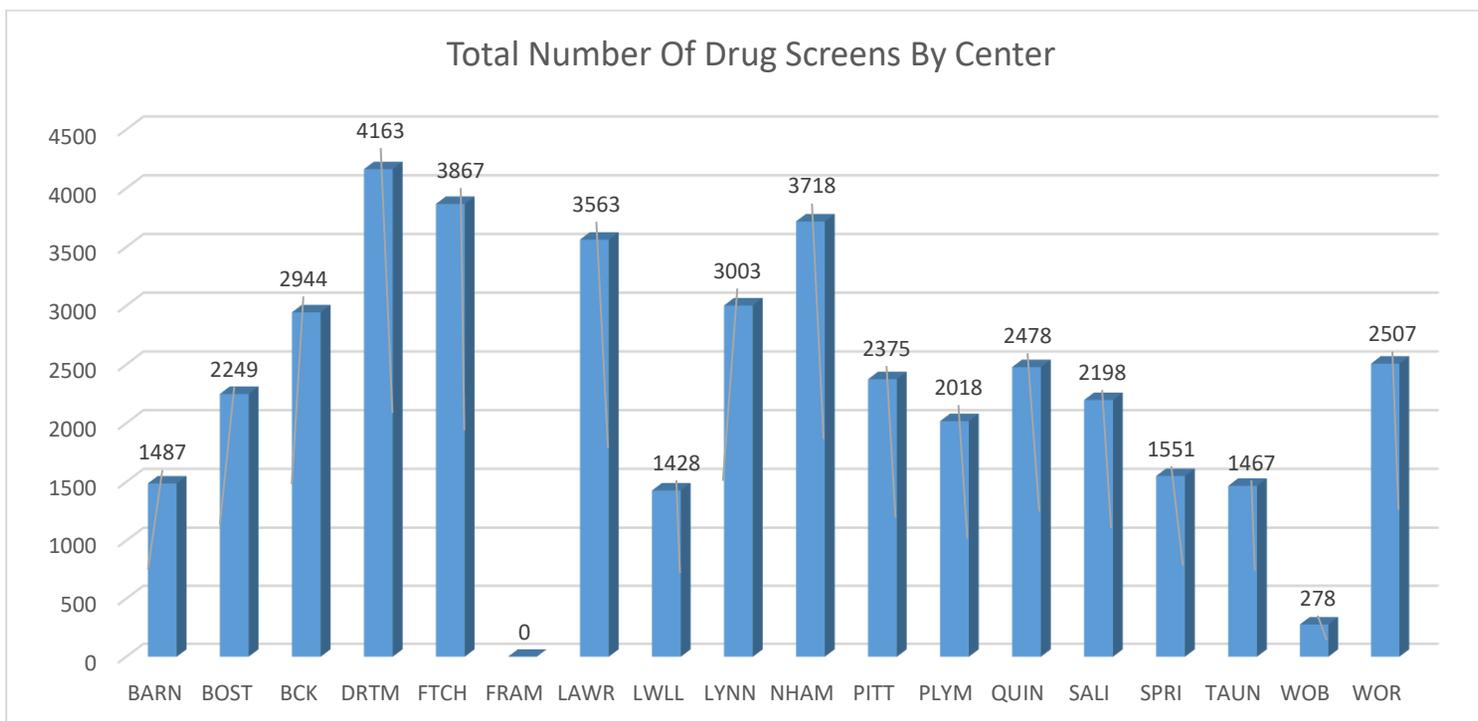
DRUG AND ALCOHOL SCREENING

Drug screening is among the most visible accountability measures administered by the Community Corrections Centers. Screening is conducted in accordance with the standards for drug screening set forth in the American Probation and Parole Association's *Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies*. Screening frequency is random. Participants call a Drug Screen Information phone number daily to determine if they are required to report to submit a urine sample for screening. Samples are screened for a wide variety of drugs of abuse ranging from amphetamine, benzodiazepine and buprenorphine to tramadol and zolpidem. The sample is initially screened via enzymatic immunoassay method. Samples that return positive results can be confirmed by an alternative testing method such as gas chromatography/mass spectrometry.

CCC screen for alcohol via urine or breath as well. Some sites rely on ETG screening or DRI Ethyl Alcohol Assay testing via urine to determine illicit use of alcohol. These sites use the breath alcohol test sparingly, perhaps only when an immediate determination is needed regarding a participant's present use of alcohol. Other sites rely more heavily on breath alcohol testing as the means of determining illicit alcohol use.

Figure 29 shows the total number of urine specimens screened for illicit drugs by each of the Community Corrections Centers in FY19. The Dartmouth CCC performed the greatest number of drug screens (4,163) while the Framingham CCC performed the fewest (0). Total number of drug screens performed across all Centers in FY19 was 41,294.

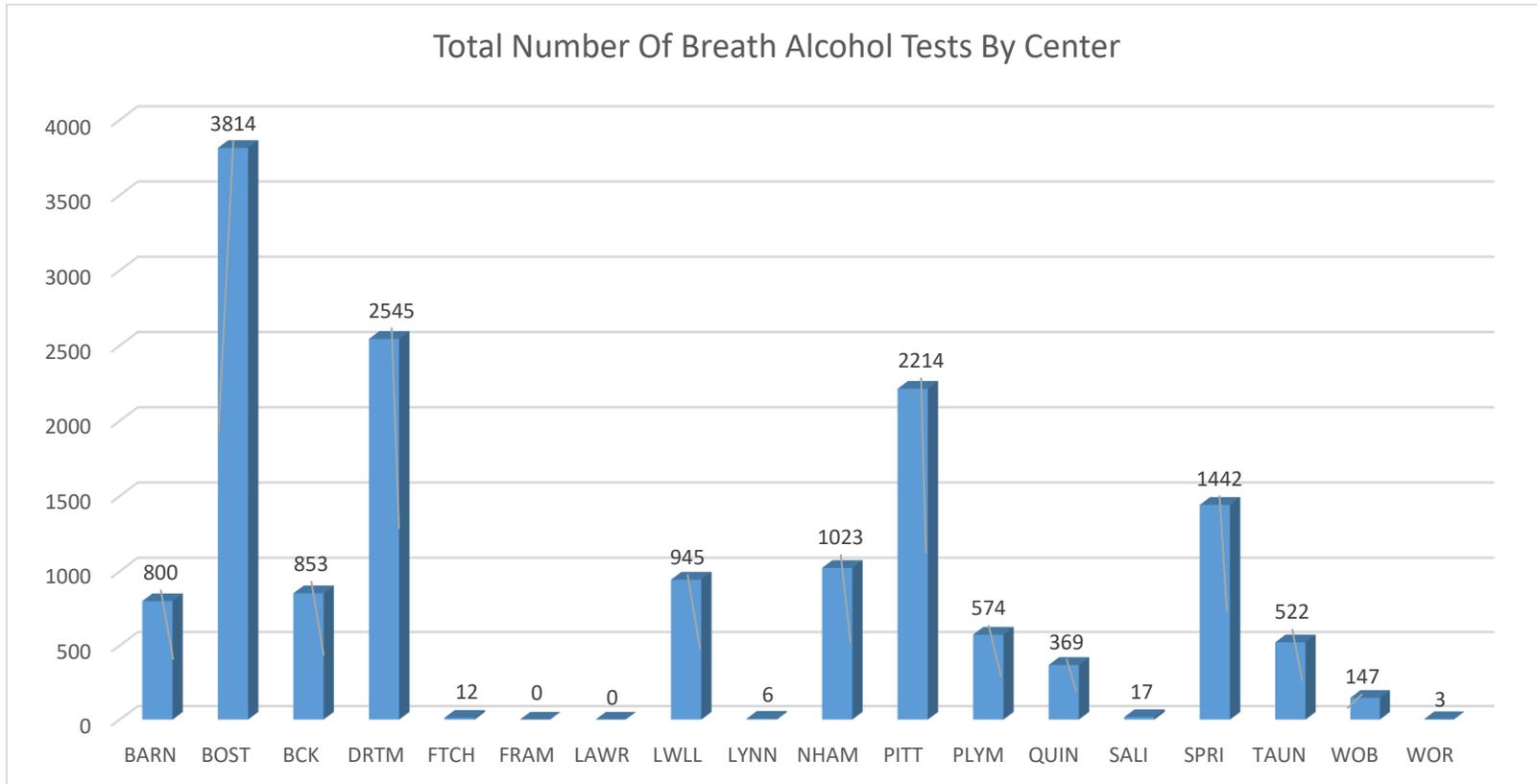
Figure 29: Total Number Of Drug Screens By Center



Note: Total number of drug screens includes positive drug screens, positive drug screens with a current and valid prescription, negative drug screens and screens on which participants failed to produce a valid sample (e.g., failure to produce a sample, rejected sample, diluted sample, invalid sample). It does not include no shows.

Figure 30 shows the total number of Breath Alcohol Tests (BAT) conducted by each of the Community Corrections Centers in FY19. The Boston CCC performed the greatest number of BAT (3,814) while the Lawrence CCC and Framingham CCC reported no BAT. Total number of BAT across all Centers in FY19 was 15,286.

Figure 30: Total Number Of Breath Alcohol Tests By Center



Note: Total number of Breath Alcohol Tests includes negative and positive Breath Alcohol Tests.

Figure 31 shows the distribution of drug screen results for each of the Community Corrections Centers in FY19.

Figure 31: Drug Screen Results By Center

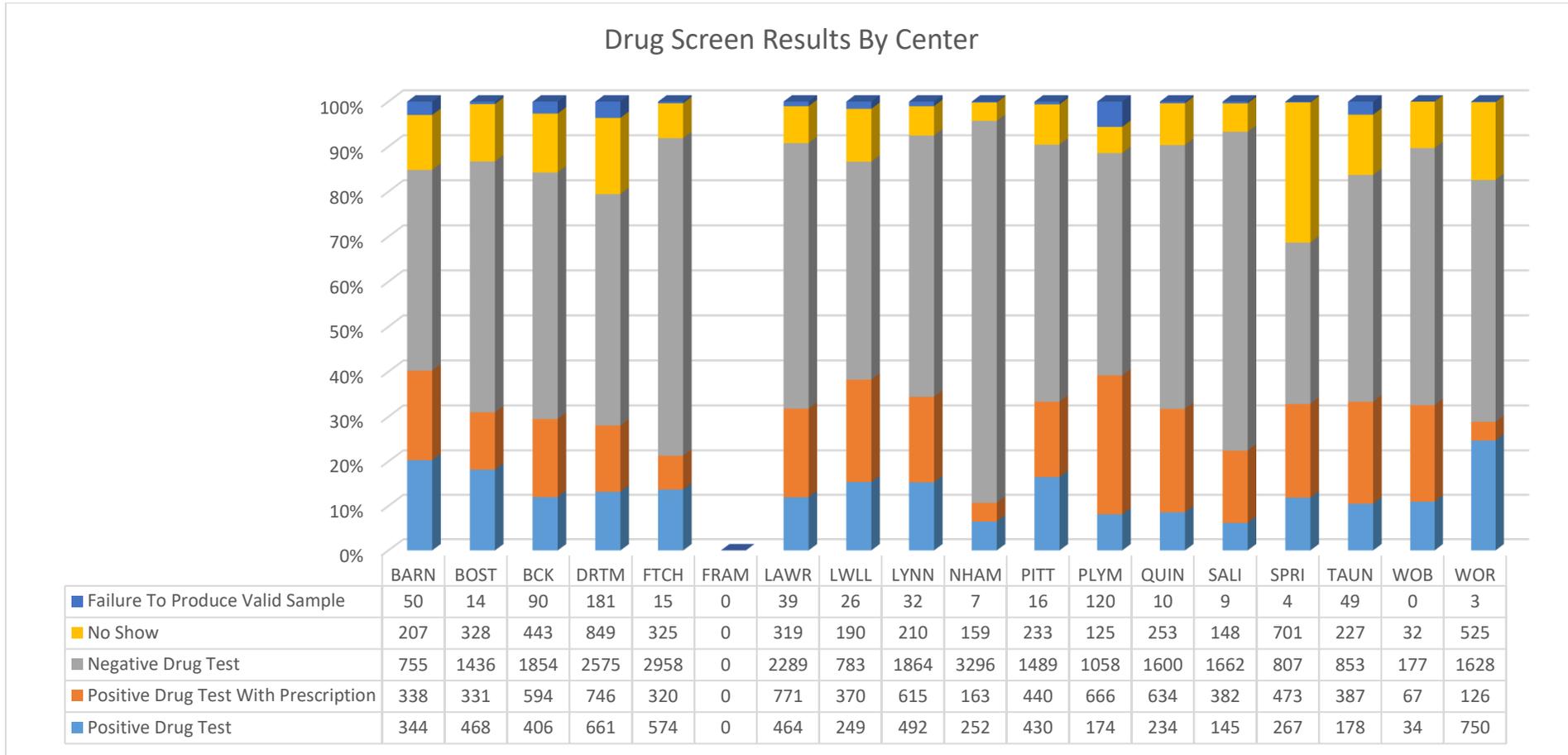


Figure 32 shows the distribution of Breath Alcohol Test results for each of the Community Corrections Centers in FY19.

Figure 32: Breath Alcohol Test Results By Center

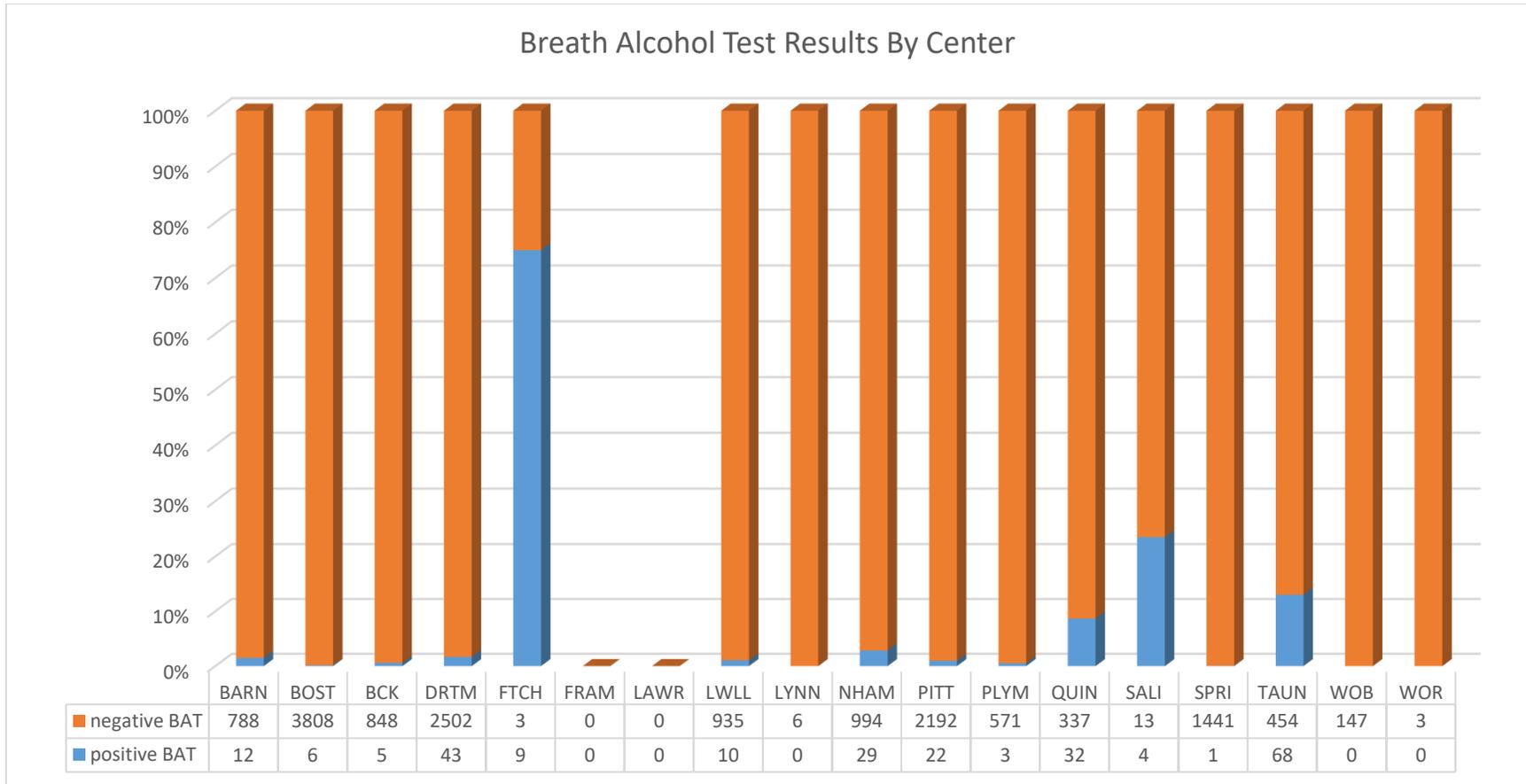
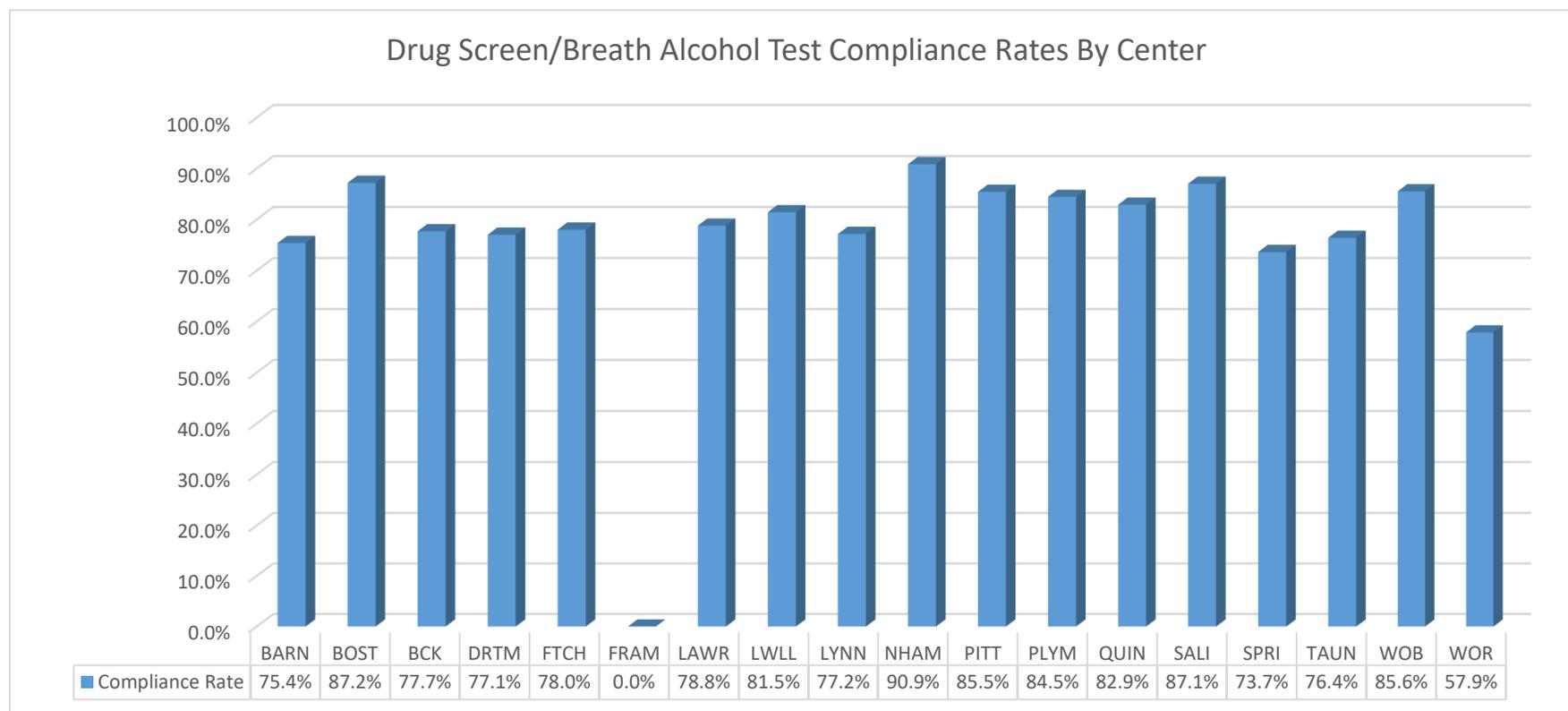


Figure 33 shows the drug screen/BAT compliance rates in each of the Community Corrections Centers for FY19. Drug screen/BAT compliance is defined as participants achieving a negative drug screen, a negative Breath Alcohol Test or a positive drug screen with a current and valid prescription. Drug screen/BAT compliance rates were calculated by dividing the total number of compliant drug screens/BAT by the total number of drug screens/BAT conducted. Drug screen/BAT compliance rates ranged from 90.9%(Northampton CCC) to 0.0% (Framingham CCC). The overall average drug screen/BAT compliance rate across all Centers for FY19 was 80.1%.

Figure 33: Drug Screen/Breath Alcohol Test Compliance Rates By Center



COMMUNITY SERVICE

The Community Service Program manages the implementation of community work service as an intermediate sanction for criminal justice agencies throughout the state. Offenders are referred to the Community Service Program as a condition of probation, parole, or pre-release and as a component of an intermediate sanction level at a Community Corrections Center. The Community Service Program specifically addresses the purposes of sentencing by: ensuring public safety by providing closely monitored community work service; promoting respect for the law and the community through community restitution; and, providing opportunities for work skills training.

In FY19, the Community Service Program continued its support and partnerships with state, municipal and non-profit agencies throughout the Commonwealth such as the Massachusetts Department of Transportation, Departments of Public Works, Parks and Recreations, Housing Authorities, State and Local Police and Fire Departments, School Departments and Chambers of Commerce. Our participants have supported food services for Our Neighbor's Table, Amesbury; My Brother's Table, Lynn; Open Pantry, Springfield; Grant AME Churches, Roxbury; Kingston Garden Club, Kingston; Salvation Army, statewide; Portuguese-American Association, Kingston; Rescuing Leftover Cuisine, Boston and the Greater Boston Food Bank/Food Bank of Western Massachusetts. Participants pick up, deliver, sort and serve food each week. Additionally, our Program has provided much time and support for animal shelters (Second Chance Animal Shelter, Amherst Survival Center, Baystate Equine Rescue) and Toys for Tots. The Community Service Program also began collaborating with Wreaths Across America last year wherein participants placed hundreds of wreaths on United States Veterans' graves statewide.

There were 8,236 total referrals to the Community Service Program in FY19. All participants at Community Corrections Centers were referred to community service. In addition, referrals were also made by the following court departments: Superior, District, Juvenile and Probate. Figure 34 shows the total number of adult and juvenile referrals for community service by county. Of the 8,236 total referrals in FY19, 8,096 (98.3%) were adults and 140 (1.7%) were juveniles.

Figure 34: Community Service Referrals By Age And County

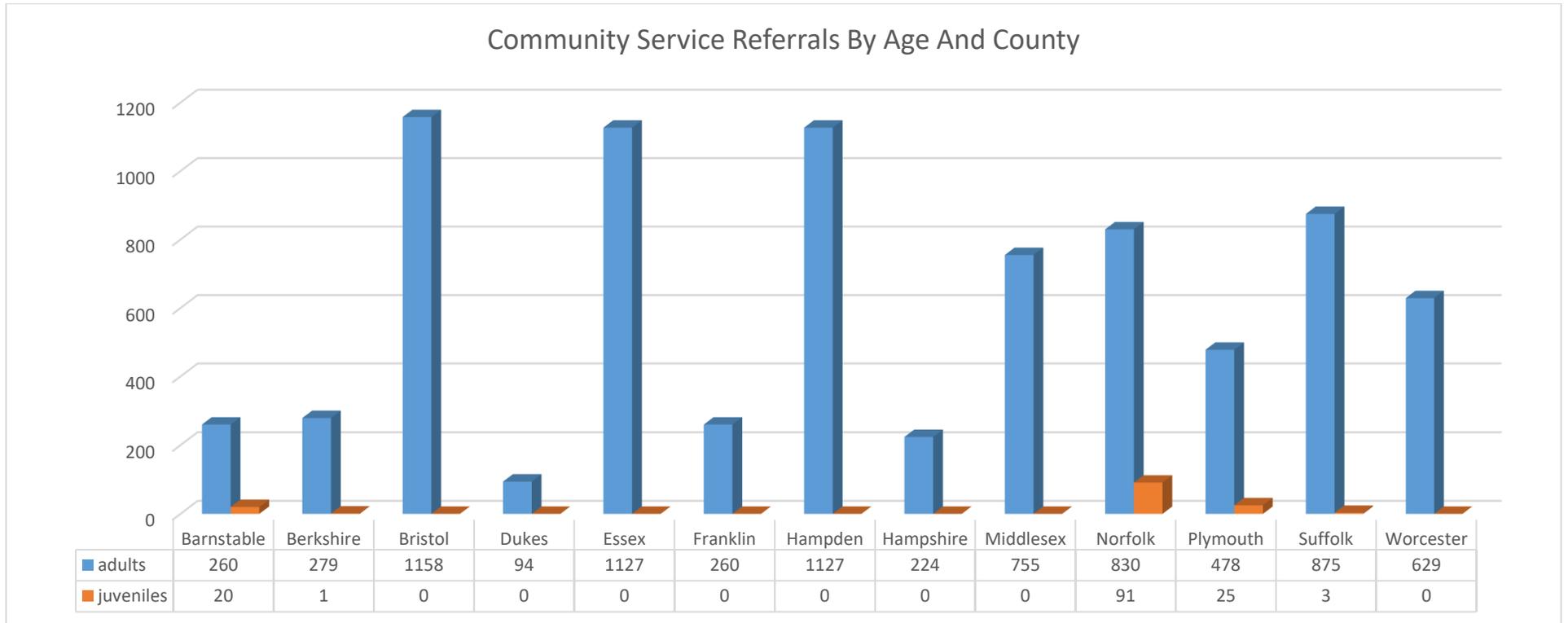


Figure 35 shows the total number of adult referrals for community service by county and gender. Of the 8,096 adult referrals in FY19, 5,780 (71.4%) were males and 2,316 (28.6%) were females.

Figure 35: Adult Community Service Referrals By County And Gender

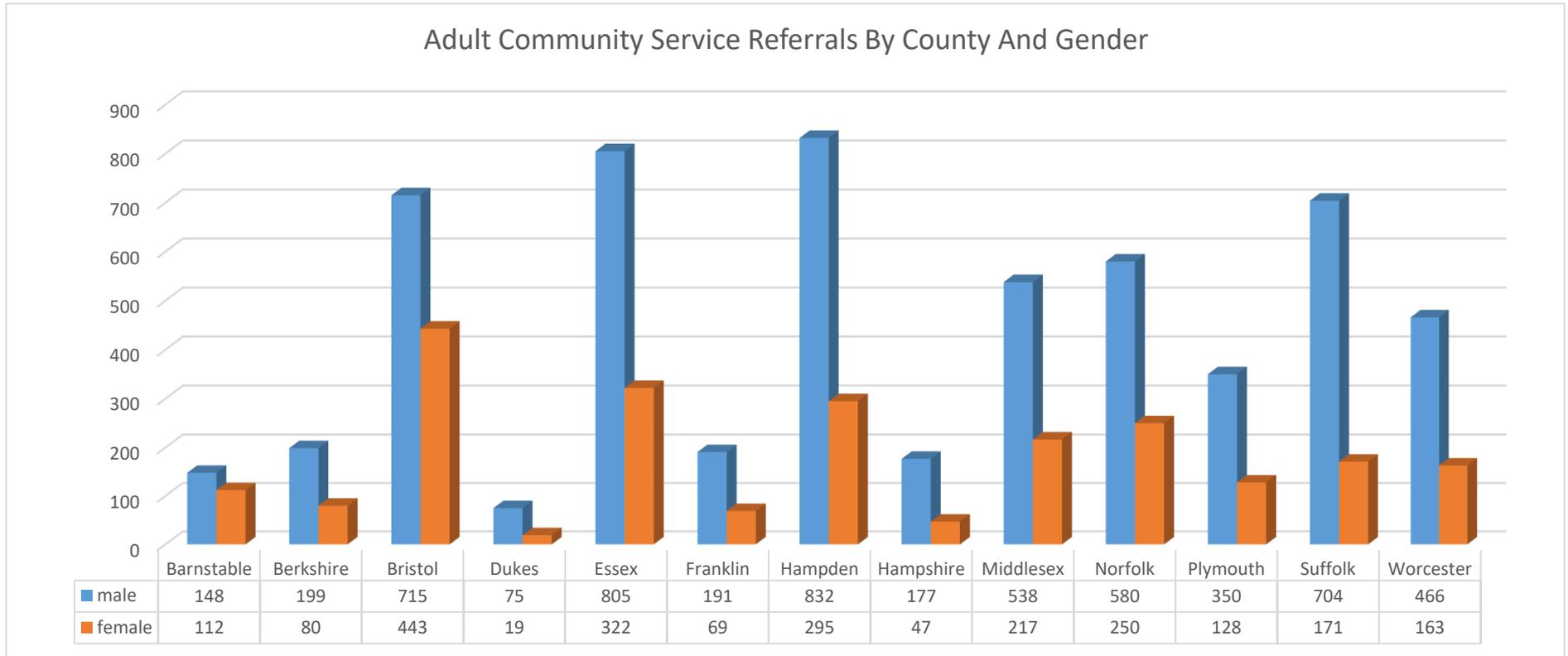


Figure 36 shows the total number of juvenile referrals for community service by county and gender. Of the 140 juvenile referrals in FY19, 107 (76.4%) were males and 33 (23.6%) were females.

Figure 36: Juvenile Community Service Referrals By County And Gender

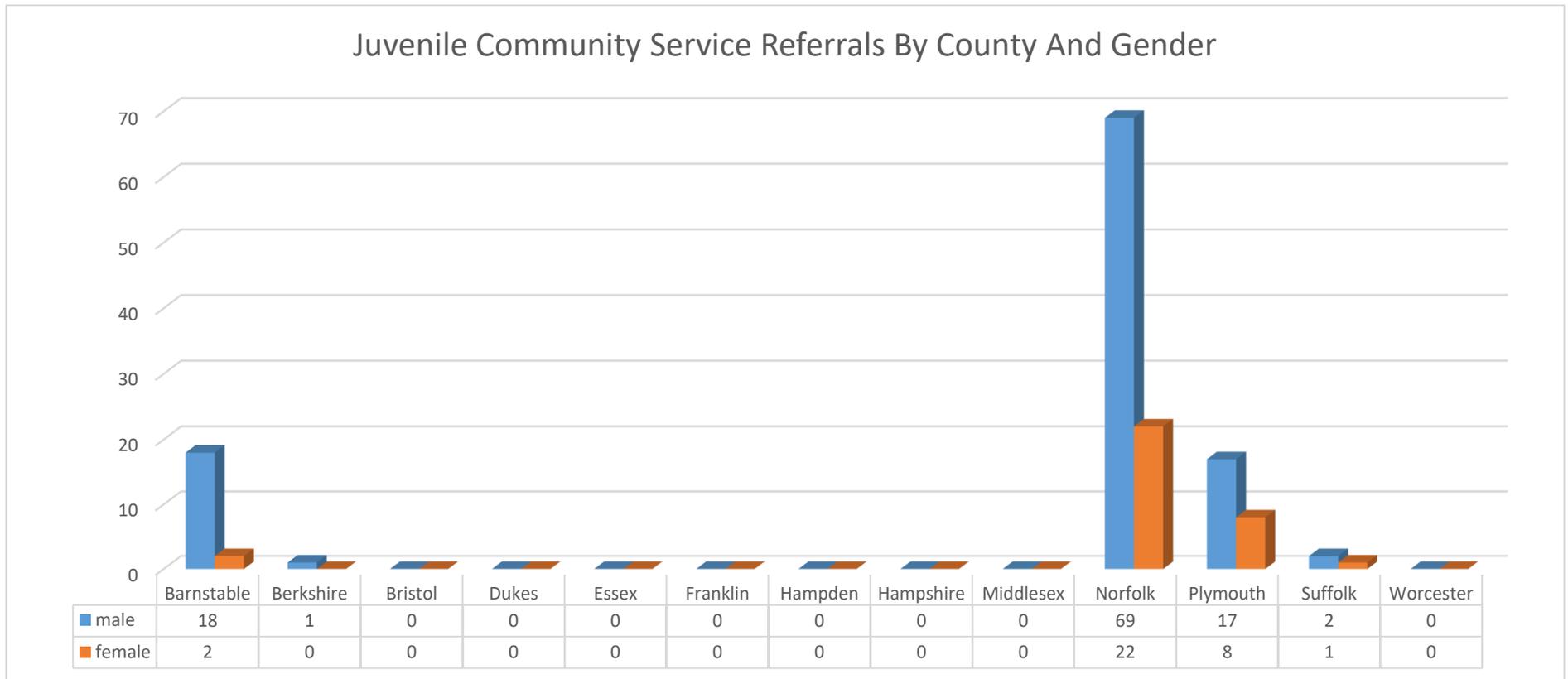
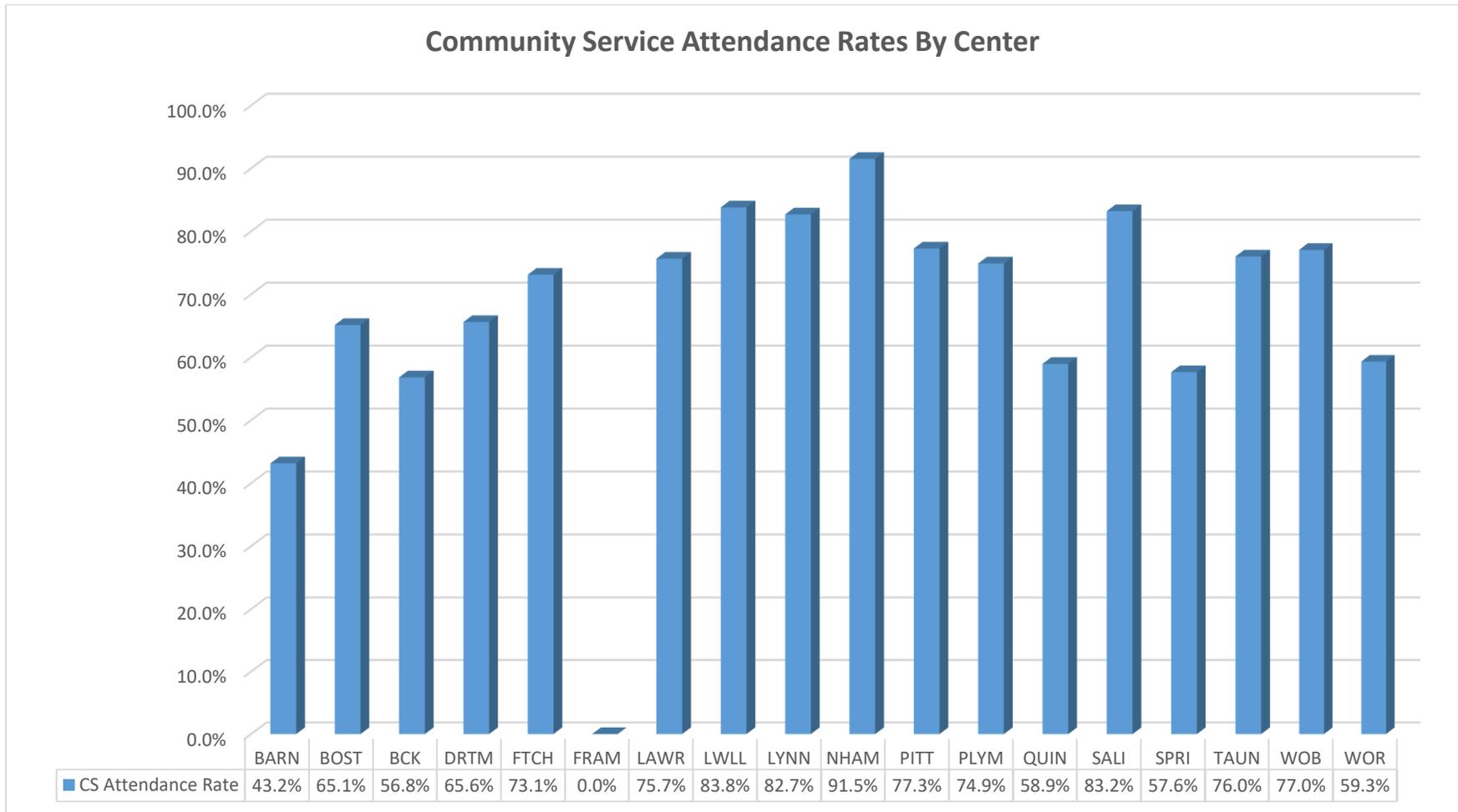


Figure 37 shows the average community service attendance rate in each of the Community Corrections Centers for FY19. Community service attendance rates were calculated by dividing the total number of community service hours attended by the total number of community service hours required. Community service attendance rates ranged from 91.5% (Northampton CCC) to 0.0% (Framingham CCC). The overall average community service attendance rate across all Centers for FY19 was 70.9%.

Figure 37: Community Service Attendance Rates By Center



ANCILLARY SUPPORT SERVICES

In FY19, the Community Corrections Centers provided services to and/or received visits from 48,509 probationers and parolees who were not currently CCC participants. These ancillary support services included, but were not limited to: drug and alcohol screening, DNA testing, group programming (e.g., Aftercare, Men's Awareness and Fatherhood groups), individual counseling, HiSET preparation/testing, employment training/placement, community agency referrals, and transportation services. Several Community Corrections Centers were also utilized as meeting sites for Probation, Parole, drug court staff, or other notable committees across the state. Figure 38 shows the number and type of ancillary support services provided to individuals who were not currently CCC participants in FY19.

Figure 38: Ancillary Support Services Provided To Non-CCC Individuals

Services Provided	# People Served/Visits Q1	# People Served/Visits Q2	# People Served/Visits Q3	# People Served/Visits Q4	Total # People Served/ Visits in FY19
DRUG TESTING					
Level 2 drug testing for probationers	10,258	11,672	9,286	8,205	39,421
Level 2 drug testing for parolees	38	50	37	52	177
Drug testing for former CCC participants after transition	0	346	365	276	987
Drug testing for Specialty Courts (Hingham/Brockton Drug Court, Holyoke Veterans Court)	4	0	27	32	63
Breathalyzer testing for Superior Court (Taunton)	0	12	0	0	12
DNA TESTING					
State police DNA testing	10	17	15	10	52
GROUP/PROGRAM					
Aftercare groups for probationers	20	14	14	17	65
Men's Awareness groups	111	115	152	197	575
IPAEP	524	516	480	536	2,056
Motherhood groups	0	0	6	6	12
Fatherhood groups	10	10	10	10	40
MRT groups	3	2	0	1	6
SHOC First Contact Program	62	44	53	40	199
MEETING SITE					
Probation Officers meetings with probationers	608	772	629	827	2,836
Parole Officers meetings with parolees	55	4	67	12	138
Drug Court clinical counselor office meetings	7	12	12	9	40
Chief's meeting (Northampton/Boston)	20	20	22	20	82
Re-Entry Committee meeting (Boston)	0	21	0	0	21
Behavioral Health Network individual Counseling for former CCC participants	0	0	0	0	0
BMC Regional Supervisor ACPO/CPO meeting (Boston)	0	0	15	10	25
SCRAM Unit meeting	0	0	0	0	0
Strategic Planning Committee meeting (Boston)	0	0	0	0	0
Justice Navigator's Meeting (Brockton)	50	0	0	6	56
Regional Supervisor and BMC Probation Officer meeting (Boston)	0	0	0	0	0
Field Service Meeting (Northampton)	0	0	0	26	26
HOPE/MOOR weekend site (Lynn)	0	0	0	15	15
Drug Court Meeting (Woburn)	0	0	0	10	10

OTHER					
GED for former client (Lynn)	0	0	0	2	2
HiSET preparation for former CCC participants	3	5	10	9	27
HiSET testing site for non-CCC clients (Worcester)	5	30	30	24	89
Employment training/placement for former CCC participants	4	0	2	2	8
Higher education information for former CCC participants	0	1	0	0	1
Referral services for former CCC participants	1	0	9	5	15
Transportation (to CCC/programs/court)	419	380	222	288	1,309
Pre-assessments for cases being considered for referral	18	13	13	14	58
Volunteer opportunity at the CCC for former CCC participants	0	0	0	0	0
Maintain drug testing color line (Taunton/Barnstable)	36	29	0	0	65
MRT Training Site (Lowell)	0	0	0	19	19
Community service for non CCC individuals	0	0	2	0	2
TOTAL PEOPLE SERVED/VISITS	12,266	14,085	11,478	10,680	48,509

PEW-MACARTHUR RESULTS FIRST INITIATIVE: PROGRAM INVENTORY REPORT

Introduction

This report summarizes the findings of an inventory of programs offered at 16 Community Corrections Centers across the Commonwealth in 2018 based on an approach supported by the Pew-MacArthur Results First Initiative. The Massachusetts Probation Service, Office of Community Corrections, is one of a growing number of organizations that are customizing this approach and using its results to inform policy and budget decisions.

The Results First Approach

The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states and localities to develop the tools policymakers need to identify and fund effective programs that yield high returns on investment. Using innovative and customizable methods, Results First partners learn to:

- Create an inventory of currently funded programs;
- Review which programs work;
- Conduct benefit-cost analysis to compare programs' likely to return on investment; and
- Use evidence to inform spending and policy decisions

Taken together, these efforts have helped leaders make more informed decisions, ensuring that resources are directed towards effective, cost-beneficial approaches.

This report presents the results of an analysis based on the first steps of the Results First approach: the creation of a comprehensive program inventory to understand what programs are being offered in a given agency or policy area – and then matching those programs to the literature to determine whether they are likely to be effective.

Methodology Phase 1: Gather Basic Program Information

Results First defines a program as “a systematic activity that engages participants in order to achieve a desired outcome.” For the purposes of our Program Inventory (PI), a program is defined as an intervention implemented to address criminal thinking, decrease substance use, enhance life skills, and/or achieve educational or vocational success and ultimately reduce recidivism.

Because it is important to invest in programs that have demonstrated effectiveness, meaning they do what they were designed to do, a comprehensive evaluation and understanding of our programs and services is necessary. The PI is intended to provide organizations with a snapshot of their currently funded programs and whether or not these programs are proven to work.

The first step toward developing a comprehensive PI was to gather basic program information from our centers. To this end, we identified and worked closely with representatives from each of our 16 centers across the Commonwealth. Center representatives provided us with information on each program offered at their centers, which included: program name, description, average duration, average frequency, delivery setting, target population, criminogenic need addressed, service provider, program facilitator, and program facilitator’s credentials. We then compiled this information to create a comprehensive list and description of all programs offered across the 16 CCC in 2018.

Methodology Phase 2: Matching Programs To The Evidence Base

The second step toward developing a comprehensive PI was to match our programs with the evidence base to determine whether or not they are effective. The Results First Clearinghouse Database is an online resource that brings together information on the effectiveness of programs from nine national clearinghouses. It applies color-coding to the clearinghouses’ distinct rating systems, enabling users to quickly see where each program falls on a spectrum from negative impact to positive impact. Programs with the highest rating were coded green, programs with the second-highest rating were coded yellow, programs for which there was no evidence of effects were coded gray, programs showing mixed effects were coded blue, programs demonstrating negative effects were coded red, and programs for which there was insufficient evidence to determine impact were coded black.

Figure 39: Results First Clearinghouse Database Rating Colors

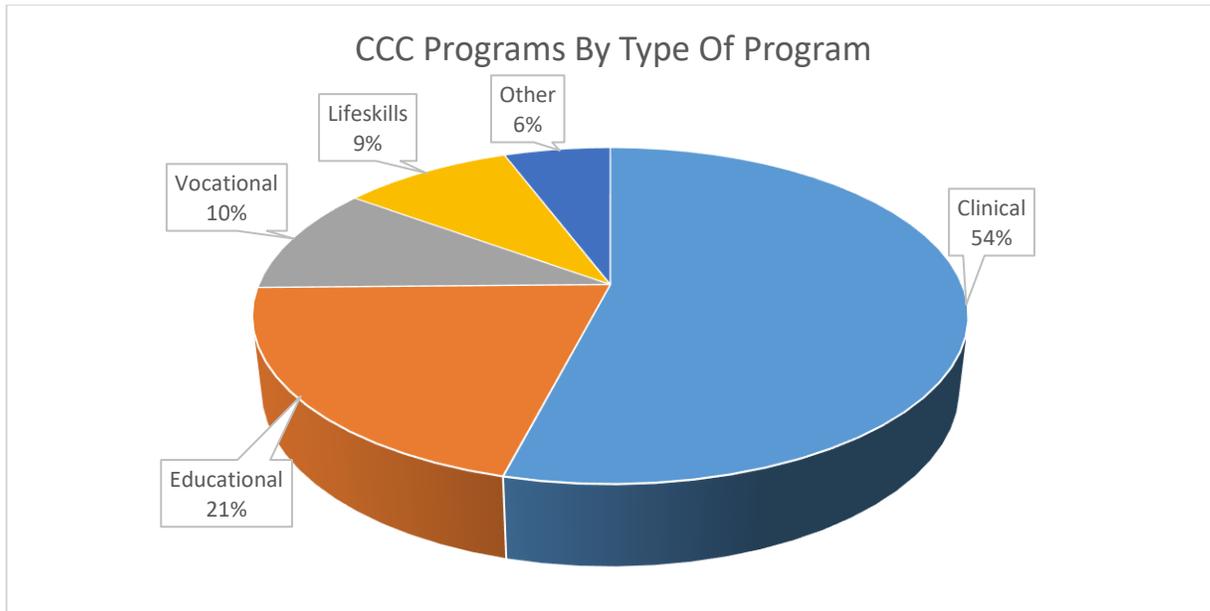
Rating Color	Rating Category	Broad Definition
	Highest rated	The program had a positive impact based on the most rigorous evidence.
	Second-highest rated	The program had a positive impact based on high-quality evidence.
	No effects	The program had no impact based on high-quality evidence. That is, there was no difference in outcomes between program participants and those in the comparison group.
	Mixed effects	The program had inconsistent impacts based on high-quality evidence. That is, study findings showed a mix of positive impact, no impact, and/or negative impact.
	Negative effects	The program had a negative impact based on high-quality evidence.
	Insufficient evidence	The program’s current research base does not have adequate methodological rigor to determine impact.

All of our PI program matches that were made using the Results First Clearinghouse Database utilized four evaluation databases: the CrimeSolutions.gov database, the What Works for Health database, the California Evidence-Based Clearinghouse For Child Welfare database, and the National Registry of Evidence-Based Programs and Practices.

Results

A total of 87 programs were offered across the 16 CCC in 2018. Of these, we categorized 47 as clinical, 18 as educational, 9 as vocational, 8 as life skills, and 5 as other.

Figure 40: CCC Programs By Type Of Program



Of the 87 programs offered across the 16 CCC in 2018, 69% (60) of the programs were matched to interventions that have been scientifically evaluated.

A total of 15 programs were highest rated (green), meaning those programs had a statistically significant positive impact. A total of 25 programs were second-highest rated (yellow), meaning those programs had a positive impact. A total of 4 programs were rated as having insufficient evidence (gray), meaning the program's current research base does not have adequate methodological rigor to determine impact.

In some cases, programs had multiple and dissimilar clearinghouse ratings. In such cases, we compared the detailed information from each clearinghouse's program page to determine the best match and then we used that rating. If we were unable to determine the best match, we reported both matches. As such, a total of 16 programs received both a green and yellow rating, that is, they received a green rating from the What Works For Health database and a yellow rating from the CrimeSolutions.gov database. In every case, these were Cognitive Behavioral Therapy programs.

We were unable to match all of our programs to the Clearinghouse Database. Programs that were not matched were categorized as "Not Rated" on the PI. A total of 27 programs were not rated at all. It is important to remember that CCC need a combination of different programs to address the

specific needs of all our clients, so it is important that we offer an optimal mix of highly rated evidence based programs as well as other programs to meet all of our clients' needs.

Figure 41: Effectiveness Ratings Of CCC Programs Combined

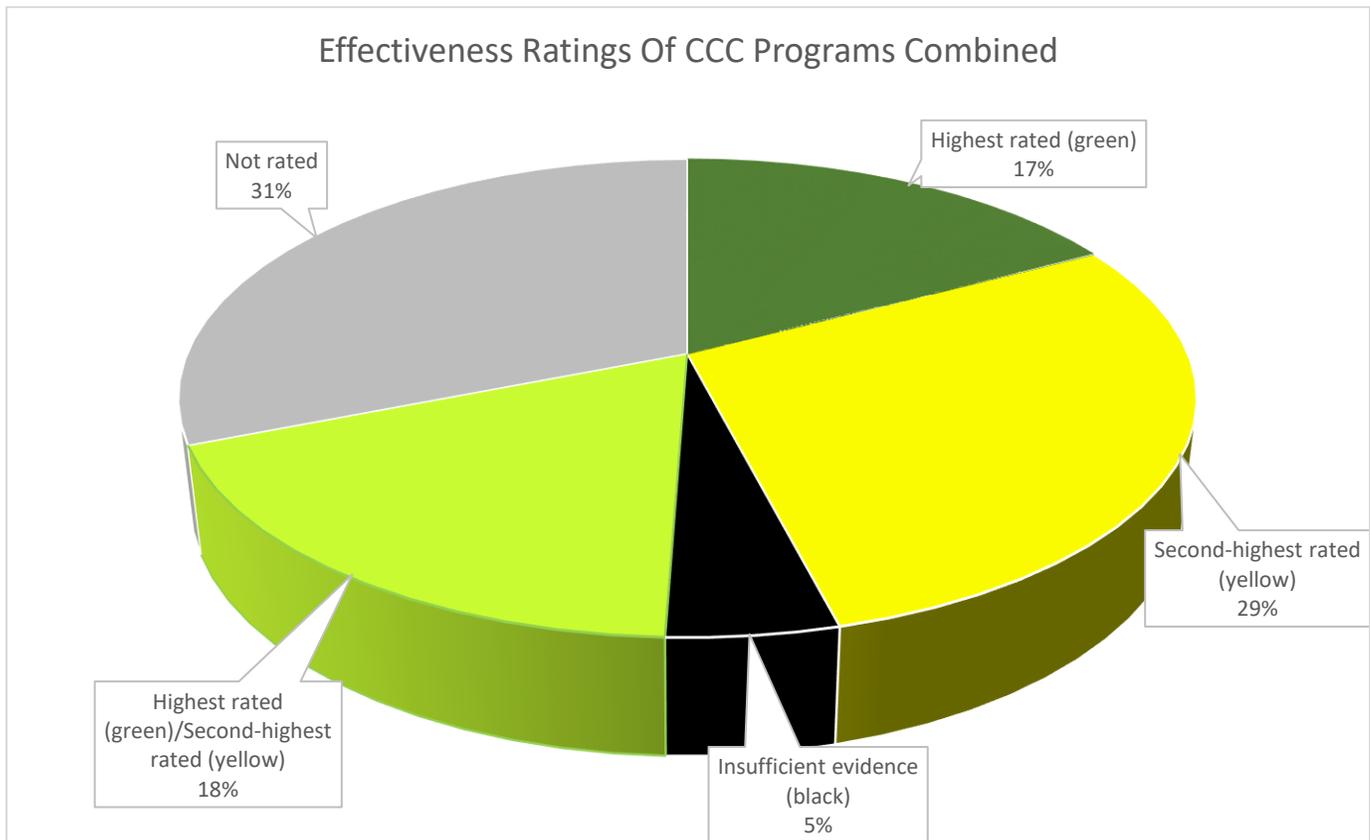


Figure 42: Effectiveness Ratings Of CCC Programs Individually

PROGRAM NAME	EFFECTIVENESS RATING	
Clinical		
A New Direction: A Cognitive Behavioral Treatment Curriculum, Hazelden	Highest	2nd Highest
Breaking The Cycle Nonresidential Drug Abuse Treatment, The Change Companies	Highest	2nd Highest
Changing Offender Behavior, The Change Companies	Highest	2nd Highest
Corrective Action Journal System, The Change Companies	Highest	2nd Highest
Courage To Change Interactive Journaling System, The Change Companies	2nd Highest	
Criminal Conduct And Substance Abuse Treatment, Wanberg & Milkman	Highest	2nd Highest
Getting It Right, The Change Companies	Highest	2nd Highest
Living In Balance, Hazelden	Highest	
Motivational, Educational & Experiential Journal System (MEE), The Change Companies	Highest	2nd Highest
Rational Emotive Behavior Therapy Learning Program	Highest	2nd Highest
Residential Drug Abuse Program, The Change Companies	Not Rated	
Texas Christian University Mapping Enhanced Counseling	2nd Highest	
Straight Ahead: Transition Skills For Recovery: A Cognitive Behavioral Treatment Curriculum, Texas Christian University	Highest	2nd Highest
Ideas For Better Communication: A Cognitive Behavioral Treatment Curriculum, Texas Christian University	Highest	2nd Highest
Time Out For Me: An Assertiveness & Sexuality Workshop For Men/Women, Texas Christian University	Not Rated	
Time Out For Men/Women: A Cognitive Behavioral Therapy Manual, Texas Christian University	Not Rated	
Treatment Readiness, Texas Christian University	Not Rated	
Better Communication, Texas Christian University	Not Rated	
Building Social Networks, Texas Christian University	Not Rated	
The Complete Relapse Prevention Skills Program, Hazelden	Highest	2nd Highest
Anger Management, Self Control Workbook, SAMHSA	Not Rated	
Anger Management For Substance Abuse And Mental Health Clients, SAMSHA	Not Rated	
Anger Management: A Cognitive Behavioral Therapy Manual: Recognizing Substance Abuse And Mental Health Clients, SAMHSA	2nd Highest	
Anger Strategies, Practical Tools For Professionals Treating Anger, Mac Publishing	Not Rated	
Anger, Power, Violence & Drugs: Breaking The Connection	Not Rated	
Becoming Whole: Learning New Roles, Making New Choices	Not Rated	
Growing Up Male: Identifying Violence In My Life	Not Rated	
The Impact Of Crime On Victims Interactive Journaling, The Change Companies	2nd Highest	
Traumatic Stress & Resilience, The Change Companies	Highest	2nd Highest
Moral Reconciliation Therapy	2nd Highest	
TruThought: Charting A New Course	Highest	2nd Highest
Opioid Overdose Prevention Toolkit: Safety Advice For Patients And Family Members, SAMHSA	Not Rated	
CBT4CBT	Highest	
Merging 2 Worlds, Re-entry Curriculum	2nd Highest	
Relapse Prevention Therapy	Highest	
Commitment To Change	Highest	2nd Highest
Family And Other Relationships, The Change Companies	Not Rated	
Stop The Chaos, Allan Tighe	Not Rated	
The Matrix Model, Relapse Prevention, Hazelden	2nd Highest	

Responsible Decisions Impaired Driving Program, The Change Companies	Highest	2nd Highest
SAFE, Stopping Abuse For Everyone, The Change Companies	Not Rated	
Seeking Safety: A Treatment Manual For PTSD And Substance Abuse, Lisa Najavits	Highest	
101 Trauma Informed Interventions, PESI Publishing And Media	Not Rated	
The Communication Skills Workbook, Whole Person Associates	Not Rated	
Healthy Relationships: An Evidence Based Curriculum, Safe Dates, Utah Educators	Not Rated	
Helping Men Recover: A Man's Workbook	Insufficient Evidence	
Helping Woman Recover: A Woman's Journal, Covington	Highest	
Educational		
College Prep: Math For The Accuplacer	2nd Highest	
Educational Orientation: Building Basic Skills In Social Studies	2nd Highest	
Education: Get Real: Financial Literacy, The Money Trail, Gloria Henderson	2nd Highest	
English As A Second Language/Adult Basic Education 2: Building Basic Skills In Social Studies, Reading, Science And Mathematics	2nd Highest	
ESOL: USA Learns https://www.usalearns.org/learn-english-online	2nd Highest	
Fast Track HiSET: The Official Guide To The HiSet Exam, McGraw Hill Education	2nd Highest	
GED Connections: Complete GED Prep, Kentucky Education Television (KET)	2nd Highest	
GED: Complete GED Prep, Steck-Vaughn	2nd Highest	
Adult Basic Education, Building Basic Skills In Social Studies, Reading, Science And Mathematics, Contemporary Publishing Company	2nd Highest	
Adult Basic Education: Pre-GED Complete Prep, Steck-Vaughn	2nd Highest	
HiSet Prep: Fast Track HiSET: The Official Guide To The HiSet Exam, McGraw Hill Education	2nd Highest	
HiSet Flashcard Study System	2nd Highest	
HiSet Secrets: Study Guide	2nd Highest	
GED Complete Test Preparation	2nd Highest	
Aztec Learning Software, Next Gen https://nextgen.aztecsoftware.com	2nd Highest	
Houghton Mifflin Harcourt, HiSet Practice Test	2nd Highest	
Pre-GED, Kentucky Education Television (KET)	2nd Highest	
Men's Work Educational Series, Paul Kivel-Hazelden	Not Rated	
Vocational		
Green Ways: A Jobs For The Future Initiative (part of pre-apprenticeship multi craft core curriculum of the building and construction trades department AFL-CIO)	Highest	
Job Club: National Institute Of Corrections Curriculum	Highest	
Job Development: The Ex-Offender's Job Hunting Guide	Highest	
Transition And Offender Workforce Development Division, National Institute Of Corrections	Highest	
Seeking Employment, The Change Companies	Highest	
Serve Safe: Serve Safe Food Handling Guide	Highest	
Skills For Work And Life	Highest	
Job Skills, The Change Companies	Highest	
Basic Computer Training	Highest	
Life Skills		
Life Skills Series, The Change Companies	Highest	2nd Highest
The Practical Life Skills Workbook, The Whole Person Associates	Not Rated	
Living As If, Your Road, Your Life, Dr. William R. Miller	Not Rated	
Taking Charge Of Your Finance, The Change Companies	Insufficient Evidence	
Financial Literacy, The Foolproof Foundation	Insufficient Evidence	
Life Skills: Cooking & Nutrition	Not Rated	

Life Skills Management Volume 3, Wellness Reproductions	Not Rated
CalWORKs Program Administration: Life Skills Support Groups	Not Rated
Other	
Contingency Management	Highest
A Woman's Way Through The Twelve Steps Workbook	Insufficient Evidence
Alcoholics Anonymous	2nd Highest
Yoga	Not Rated
Community Service	Not Rated

Program fidelity – how well programs are implemented – is critical to achieving the predicted outcomes. Even if a program is highly rated, if that program is not being implemented according to the research design, the clients may not be receiving the benefits the research suggests.

As part of the Bureau of Justice Assistance Drug Court Enhancement Grant that was awarded to the Trial Court in 2016, UMass Medical School engaged in an effort to assess CCC program fidelity. Researchers at UMass conducted fidelity monitoring at the Brockton, Quincy, and Taunton CCC to ensure that drug court participants are getting high quality, evidence-based interventions. Researchers found that: CCC staff have been trained and understand the core evidence based practice principles of Risk, Need, and Responsivity; the CCC are executing the Risk/Need assessment with fidelity to its design and with high levels of interrater reliability; cognitive behavioral therapy curricula are being delivered with fidelity to the design and consistent with accepted principles for evidence based practices; and participants are being matched with interventions designed to address the needs indicated by the assessment at a rate of 90%. It is the hope of the OCC to make the assessment and evaluation of CCC program fidelity an ongoing effort.

These results are promising and suggest that, at a minimum, the cognitive behavioral therapy curricula are being delivered with fidelity; that is, they are being implemented according to the research design so CCC clients are receiving the benefits the research suggests.

Figure 43: Community Corrections Centers Included In Report

City And Center Type	Short Form Name	County And Community Corrections Center	Date Of Opening
Barnstable CCC	BARN	Barnstable Community Corrections Center	September 1998
Boston CCC	BOST	Suffolk Community Corrections Center	December 1998
Brockton CCC	BCK	Plymouth Community Corrections Center	June 2006
Dartmouth CCC	DRTM	Bristol Community Corrections Center	August 2008
Fitchburg CCC	FTCH	Worcester Community Corrections Center	June 1998
Framingham CCC	FRAM	Middlesex Community Corrections Center	June 2019
Lawrence CCC	LAWR	Essex Community Corrections Center	March 1999
Lowell CCC	LWLL	Middlesex Community Corrections Center	August 2018
Lynn CCC	LYNN	Essex Community Corrections Center	March 2001
Northampton CCC	NHAM	Hampshire Community Corrections Center	January 1999
Pittsfield CCC	PITT	Berkshire Community Corrections Center	November 2000
Plymouth CCC	PLYM	Plymouth Resource Center	April 2007
Quincy CCC	QUIN	Norfolk Community Corrections Center	April 1999
Salisbury CCC	SALI	Essex Community Corrections Center	March 2005
Springfield CCC	SPRI	Hampden Community Corrections Center	June 1998
Taunton CCC	TAUN	Bristol Community Corrections Center	April 2000
Woburn CCC	WOB	Middlesex Community Corrections Center	March 2019
Worcester CCC	WOR	Worcester Community Corrections Center	September 2001