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## Federal Reentry Court Programs: A Summary of Recent Evaluations

*Stephen E. Vance*

*Criminal Law Policy Staff*

*Office of Probation and Pretrial Services*

*Administrative Office of the U.S. Courts*

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**IN RECENT YEARS**, there has been growing interest on the part of federal judges, probation officers, and others in establishing reentry court programs to manage the reintegration of offenders from prison to the community. These programs generally incorporate features of drug courts that have been shown to reduce recidivism in state and local jurisdictions. They employ the authority of the court to impose graduated sanctions and positive reinforcements in a team approach typically involving a judge, probation officer, assistant U.S. attorney, assistant federal defender, and contract services provider.

Because the reentry court movement at both the state and federal level is still in its infancy, there is little empirical research on whether these programs effectively reduce recidivism. This paper summarizes several studies of federal reentry court programs. It first describes the history of drug courts and reentry courts in the states. It then provides a brief overview of existing federal reentry court programs and summarizes recent evaluations in three federal districts: Oregon, Massachusetts, and the Western District of Michigan. Finally, it discusses the studies' findings, limitations, and implications.

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### Background of State Drug Court and Reentry Court Programs

Drug courts, which have become widespread in the states since their introduction more than two decades ago, are specialized courts designed to handle cases involving nonviolent, substance-abusing offenders through a comprehensive program of supervision, drug testing, treatment services, and immediate sanctions and incentives. They transform the adversarial role of the court into a non-adversarial forum for problem-solving collaboration among the judiciary,

prosecution, defense bar, probation, law enforcement, and treatment services agencies (Drug Court Professionals, 1997; Department of Justice, 2006). Depending on the structure of the drug court, successful completion may be accompanied by dropping the charges (pre-plea/diversionary court) or expunging the offense from the record (post-plea court). The available research suggests that state drug courts have succeeded in reducing recidivism and that more study is needed to identify what aspects make them effective (Aos, Miller, and Drake, 2006; Latimer, Morton-Bourgon and Chretien, 2006; Wilson, Mitchell and MacKenzie, 2006; Lowenkamp, Holsinger and Latessa, 2005).

The principles and processes of drug courts have been adopted by "problem-solving courts" to address other forms of chronic behavior by defendants.<sup>1</sup> Examples of problem-solving courts include mental health courts, domestic violence courts, homeless courts, teen courts, tobacco courts, DUI courts, and family courts (Becker and Corrigan, 2002). Because these types of courts are so new, there is little research available on their effectiveness (MacKenzie 2006: 224). An increasingly common type of problem-solving court is the reentry court, which was first proposed as a method to manage post-prison reintegration in the states in 1999 by then-director of the National Institute of Justice Jeremy Travis. That year, Travis and then-Attorney General Janet Reno, who championed the country's first drug court in 1987 as a prosecutor in Dade County, Florida, announced federal support for state and local jurisdictions interested in establishing pilot reentry courts (Travis, 2005: vii). As Attorney General Reno explained, reentry courts apply drug court principles to the back end of the criminal justice system:

[The reentry court] would oversee an offender's return to the community after release from prison or jail. The court will use its authority for positive reinforcement as drug courts do...This reentry court is modeled on the same theory of a carrot and stick approach [as drug courts] in using the strength of the court and the wisdom of the court to really push the issue...The reentry court would promote positive behavior by the returning offender. It would marshal resources to support the offender's successful reintegration into society. The court would also use its powers of punishment, using the graduated range of swift, predictable sanctions, to make sure that the individual stays on the right track. Judges working closely with others would approach or could approach a plan for reintegrating the offender into the community. The court would then monitor and enforce the plan. The partners of court would include institutional and community correctional officers, law enforcement, local businesses, family, clergy, support services, victim advocates and neighborhood organizations (See Attorney General Janet Reno, Remarks at John Jay College of Criminal Justice on the Reentry Court Initiative (Feb. 10, 2000), available at <http://www.usdoj.gov/archive/ag/speeches/2000/doc2.htm>).

In 2000, the Department of Justice's Office of Justice Programs (OJP) launched the Reentry Court Initiative (RCI).<sup>2</sup> Drawing on the drug court model, the goal of the RCI was to "establish a seamless system of offender accountability and support services throughout the reentry process" (Lindquist, et al., 2004). The RCI solicitation identified six core elements of reentry courts—assessment and planning; active oversight; management of support services; accountability to community; graduated and parsimonious sanctions; and rewards for success. The OJP selected and provided technical support to nine states to implement pilot reentry courts. A process evaluation of the RCI concluded that, despite extensive variability across the nine sites, several lessons were learned. One of the most important conclusions was that it is essential to agree on the target population because, unlike drug courts (which involve focused treatment for offenders who share a common treatment need), "reentry courts that target the general population of returning offenders have to meet a diverse set of needs extending far beyond substance abuse treatment" (Lindquist, et al., 2004). The evaluation concluded that further research is needed on the implementation, costs, and benefits of state reentry courts and other alternatives:

Given that many of the [reentry court] programs are operating on a very small scale, it is particularly important to document the relative costs and benefits of programs that serve a small number of participants. Additional research on the formation and functioning of alternative models (including several non-court-based programs) and practices that are most effective with different types of

offenders, would also be of importance. Given that reentry courts are a promising, yet fledgling approach to managing the complex problem of prisoner reentry, documenting all types of models used in establishing programs is an important contribution to the field, one that will serve policymakers, practitioners, and researchers alike (Lindquist, et al., 2004).

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## **Reentry Court Programs in the Federal System**

A number of districts within the federal court system have established reentry court programs over the past six years. Such programs allow the court to impose graduated sanctions and positive reinforcements in a team setting that typically involves a judge, probation officer, assistant United States attorney, assistant federal defender, and contract services provider. Within this general model, there is considerable variation. For example, some programs include only offenders with substance abuse issues. Some courts accept only volunteers, whereas others mandate participation by all offenders whom the officer and judge believe need intensive supervision. Some focus on offenders with a high probability of recidivism, as measured by the Risk Prediction Index score. Some involve informal monthly meetings with a judge, whereas others include formal status hearings in a courtroom (For an overview of the different types of federal reentry court programs, see Meierhoefer, 2011, in this issue). As with state reentry courts, there is limited research on whether these programs effectively reduce recidivism. The following sections summarize evaluations for reentry court programs in the District of Oregon, the District of Massachusetts, and the Western District of Michigan.

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## **District of Oregon Reentry Court**

### *Program Description*

In 2005, the District of Oregon established one of the country's first federal reentry court programs. The program is described and evaluated in a report titled *The District of Oregon Reentry Court: Evaluation, Policy Recommendations, and Replication Strategies* (Close, Aubin, and Alltucker, 2008). The study was written by researchers from the University of Oregon College of Education and from the court. As Close and his colleagues explain, the reentry court was created to address a public safety and health crisis caused by unprecedented levels of methamphetamine use. Oregon social services agencies were treating more individuals for methamphetamine abuse per capita than any other state, and the District of Oregon's revocation rate rose above the national average.

In response, the District of Oregon "initiated an aggressive campaign of research and study to address the challenges of drug abuse among the offenders under its supervision." An Offender Treatment Committee<sup>3</sup> was formed to "gather information about best practices to address the crisis in drug abuse among the offenders in supervision." In addition, the committee "sought information on innovative treatment programming and the procurement of increased funding for a range of treatment efforts." Finally, it "sought to foster meaningful partnerships with a range of treatment agencies, the Federal Bureau of Prisons, and state and county social service agencies."

The reentry court program was designed based on six foundational principles:

1. Transitional planning;
2. Multidisciplinary training in evidence-based practices for the reentry court judge;
3. The use of an integrated case management and law enforcement perspective for the reentry court probation officer;
4. The research-informed use of monitoring, sanctions, and rewards;
5. The research-informed use of a continuum of services designed to enhance accountability and reduce barriers to reentry; and

6. The establishment of quality data collection and evaluation systems to measure the effectiveness of the reentry court program at the individual and community levels.

The reentry court team comprises a federal district judge, a probation officer, an assistant U.S. attorney, an assistant federal public defender, a drug and alcohol treatment professional, and a community services coordinator.<sup>4</sup> It operates in a non-adversarial manner, encouraging, challenging, or sanctioning the participant in ways that depart from their conventional roles. The program includes court-mandated monitoring and community supervision, coupled with "individualized and effective long-term treatment and independent living supports coordinated by the probation officer." This alternative to traditional release and supervision "provides the reentry court participant with the specialized expertise of the courts and treatment services designed to encourage personal satisfaction and successful reintegration."

Participants voluntarily enter the reentry court after waiving certain due process rights. The program requires participants to enter into, and abide by, the terms of a contract. The participant acknowledges a willingness to comply with the terms of the individualized reentry plan and submit to periodic, random urinalysis and other monitoring. Sanctions are immediate and proportional to the offense and are designed to teach accountability and encourage progress in the participant's reentry plan. This procedure departs significantly from a traditional violation hearing. Where the participant's offenses fall short of the severity required to terminate him or her from the reentry court, the sanctioning process "encourages the participant to reflect on his or her mistake and correct it, without irreversibly interrupting progress toward the eventual goal of reentry success." If a participant's offense warrants termination from the reentry court, he or she is transferred to conventional violation proceedings, where the sanctions may be more serious.

The reentry court team reviews each participant's progress on a monthly basis under the direction of the judge and the leadership of the probation officer. Before monthly hearings, the probation officer prepares a detailed report on each participant, which updates the reentry court team on the individual's progress in substance abuse treatment, mental health therapy and counseling services, vocational training and job placement assistance, housing assistance, education and training, and family counseling. Monthly hearings focus on "identifying the participant's needs and engaging the participant in problem-solving activities designed to meet those needs while preserving public safety and accountability." The needs assessment process is continuous and constantly changes over the course of a participant's involvement in the program.

The reentry court hearing is an interactive set of discussions, often led by the judge, probation officer, and participants. Typically, each participant undertakes a self-assessment after hearing the probation officer's report, and the team engages the participant in problem-solving strategies that target individual barriers to reentry and strategies for long-term success. Graduates of the program also participate in reentry court hearings, encouraging participants and assisting in the development of useful approaches to sobriety and desistance. The "cooperative nature of the reentry court approach provides an opportunity for the participant to change behaviors that led to his or her incarceration and to chart a new life that is clean, sober, and fully integrated into the life of the community." Participants successfully complete the program upon achieving 12 continuous months of sobriety, as evidenced by random urinalysis testing. Graduates are honored with a ceremony involving participants, other graduates, and supportive family and friends, and are eligible for a one-year reduction in the term of supervision.

#### *Evaluation Overview*

The District of Oregon Reentry Court "initiated a comprehensive evaluation of its program and services during the early planning phase of program development activities" to provide "both quantitative and qualitative information [on its effectiveness] from two perspectives: the participant's success in the community and the protection of public safety in the community" (Close, Aubin, and Alltucker, 2008). A total of 114 people were included in the study. There were 28 people in a "Comparison Group" (comprising individuals under traditional supervision outside the reentry court context), 25 people in the "Current Reentry Court Participants Group," 31 people in the "Reentry Court Graduates Group," and 30 people in the "Reentry Court Terminators Group."

Probation officers from Portland and Eugene selected the comparison group participants and

identified the current, graduated, and terminated reentry court participants. Data were collected on eight different domains of information contained in the court files: demographics, sentencing, supervision, family, education, presentence information, criminal convictions, and chronological list (reentry court activities). Differences between the comparison, current reentry court participants, reentry court graduates, and reentry court terminators were calculated on four outcome variables: (1) total sanctions; (2) number of urinalyses; (3) number of positive urinalyses; and (4) the total number of support services used. Main effects were examined using one-way ANOVA, and post hoc analyses were performed with a Tukey test. The study calculated differences in employment status between the comparison group, current reentry court participants, reentry court graduates, and reentry court terminators using chi-square analyses. According to the study, "[s]ignificant differences were found among the Comparison, Current Reentry Court Participants, Reentry Court Graduates and Reentry Court Terminators on three outcome variables: total sanctions, number of urinalyses, and the number of support services used." Specifically, the comparison group had the lowest average of total sanctions (.25) compared with the other groups. Current reentry court participants experienced an average of .92 sanctions, gradulators had 1.6 sanctions, and terminators had the highest number of sanctions.

There were also statistically significant differences found among groups on the total number of urinalyses performed. The comparison group had the fewest number of urinalyses, with an average of 6.9. Current reentry court participants had an average of 21.7 urinalyses. The graduated group had the highest number of urinalyses with 22.1, and the terminators had an average of 18.6 urinalyses. The groups differed on the number of support services utilized as well. The comparison group participated in support services at the lowest level, compared with the other three groups. Participants in the comparison group used an average of 1.1 services, compared with 2.0 for the current reentry court group, 2.0 for the graduate group, and 1.9 for the terminated group. Groups did not significantly differ in the average number of positive urinalyses. According to the study, significant differences in employment status (yes/no) were found. For example, people in the comparison group, the current reentry court participants, and the gradulators were more likely to be employed compared to the terminators.

The study concluded that "it appears that the comparison group outperformed the treatment groups on multiple, important dimensions. For example, the comparison group underwent less monitoring and supervision and had fewer drug and mental health services and yet had more employment and fewer sanctions." The study authors warned that the study "has several limitations that restrict interpretation and generalizability of findings" relating to the initial design of the project, the simplicity of the outcome measures utilized in the evaluation, the relatively small size of the sample, the limited duration of program efforts, the characteristics and demographics of the sample population, the constant changes in treatment procedures, the limitations in the availability of community services, and the constant improvement of skill of the professionals implementing the reentry court program. The authors also noted:

We do not know whether the result of the evaluation is due to sampling error or some other flaw in the selection and measurement of this group...we know very little about individuals who are under conventional (non-reentry court) supervision...The fact that they had less contact with the court, the judge and probation officers, had less scrutiny of their actions, and less opportunity to be accountable points out the flaws in the initial design of the study. These individuals are not being monitored as frequently or as intensively as the treatment group participants. This lack of information about the comparison group is contrasted with the detailed and immediate information available regarding the reentry court participants.

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## **The District of Massachusetts Court Assisted Recovery Effort**

### *Program Description*

In May of 2006, the District of Massachusetts established the Court Assisted Recovery Effort (C.A.R.E.). The program is described and evaluated in a report titled *Evaluation of the Court Assisted Recovery Effort (C.A.R.E.) Program – United States District Court for the District of Massachusetts* (Farrell and Wunderlich, 2009). The study was written by researchers from the

Northeastern University School of Criminology and Criminal Justice. As the study explains, state courts throughout Massachusetts have increasingly utilized drug courts as a means to combat the Commonwealth's growing drug abuse problems. Cocaine and heroin are two of the primary drugs of abuse in Massachusetts, and opiate-related deaths are on the rise. Facing a "growing population of drug-involved offenders, the District of Massachusetts began looking for new and innovative mechanisms to address the challenges of supervising addicted offenders."

According to Farrell and Wunderlich (2009), the C.A.R.E. program "uses a modified drug court program to provide enhanced supervision of offenders while addressing the problems that accompany addiction." Offenders who have a significant drug abuse history and are serving terms of supervised release or probation voluntarily enroll in the program, subject to the approval of the court with input from the C.A.R.E. team. The principal goal of C.A.R.E. is to "transform offenders into sober, employed and law-abiding citizens." The program involves "closer supervision of an offender and higher expectations than regular supervision, but it also offers an offender greater assistance, opportunity and reward." Each participant is "challenged to accept responsibility for the impact of his or her addiction on others, and is provided the tools necessary to achieve and maintain sobriety."

The program lasts at least 52 weeks, consisting of three 12-week phases and one 16-week phase. The four phases are "Early Recovery," "Understanding and Taking Responsibility," "Healthy Decision Making," and "Relapse Prevention Planning." Offender supervision is most intensive in the first phase, requiring participants to attend weekly court sessions and to appear in the probation office three times per week for meetings and drug tests. During this phase, participants are also expected to attend substance abuse and mental health treatment as deemed necessary and begin a life skills, employment, or education program. The second phase requires weekly meetings with the probation office and biweekly court appearances. Participants continue a life skills, employment, or education program and participate in substance abuse and/or mental health treatment.

The third phase of the program requires biweekly court attendance and meetings with the probation office and less frequent attendance at substance abuse and/or mental health treatment. By the end of this phase, participants are expected to have secured employment. The fourth and final phase requires participants to appear in court and at the probation office once per month. Participants are required to maintain employment, attend treatment when necessary, and complete an approved, written relapse prevention plan prior to graduation. Throughout the course of the program, the probation officer's contact with the offenders is not limited to office visits. The type and level of contacts vary based on the needs and risk level of individual offenders.

Progression from one phase to another allows for more lenient supervision, but it is a "privilege that must be earned." Participants are required to adhere to the terms of the program and the terms of supervision, or face a sanction and be deprived of credit for a particular week or weeks. Examples of sanctions include writing assignments, a day or night in custody, loss of credit for the week, and community service. Participants can also receive rewards weekly through acknowledgment of a successful week in open court and through certificates for completion of each phase.

The court and the probation office encourage each participant weekly to work on treatment issues and other goals. During the court session, each participant comes forward to engage in discussion with the judge about his or her progress or troubles. If there are any program or supervision violations, the judge imposes the sanction to be completed by the next court session, and the participant does not earn a good week. A "good week" means that the participant attended all required meetings with probation and all treatment sessions, submitted to all scheduled drug tests (and tested negative), and complied with all other conditions of supervision. Participants must earn 12 good weeks and complete a writing assignment in order to progress through each of the first three phases. They must then earn 16 good weeks during the last phase and complete a relapse prevention plan in order to graduate the program. For more severe program violations, the offender may be terminated from the program or demoted to an earlier stage of the program. Allegations of new criminal conduct are brought to the district judge and are not addressed in the C.A.R.E. program. Upon successful completion of the program, participants may receive up to a one-year reduction in the term of their supervised release.

Participants volunteer for the program and are then screened and accepted by the probation office. They generally score in the severe range on the Risk Prediction Index (RPI)<sup>5</sup> and Texas Christian University (TCU) Drug Screen.<sup>6</sup> Additionally, C.A.R.E. participants are required to demonstrate a serious history of substance abuse, typically do not have mental health issues as their primary diagnosis, and cannot be not registered as a sex offender. Individuals are admitted to C.A.R.E. on a rolling basis. The court (a magistrate judge), the probation office, the United States attorney's office, the federal defender's office, and outside treatment contractors all participate in the program in a joint effort to help each offender accomplish his or her goals.

Before each weekly court session, the magistrate judge meets with this team to review the status of each participant in the program and to discuss any changes in treatment, compliance problems, or suggested sanctions. The representatives from each office "work together to provide encouragement when participants are excelling, and to respond effectively when participants are in non-compliance by providing immediate intervention and promptly addressing the issues." The active involvement of each team member is "essential to not only the success of the program, but also to the success of each individual participant." Program participants are also expected to "provide support to their peers in the program and receive the benefits of an extended network of group accountability and encouragement."

### *Evaluation Overview*

Northeastern University's Department of Criminology and Criminal Justice conducted an evaluation of C.A.R.E. (Farrell and Wunderlich, 2009). The study examined whether participants in the C.A.R.E. program were more successful than a comparison group of offenders who receive traditional supervision across three main measures: (1) their ability to remain sober, (2) their being employed, and (3) their being law abiding. The study utilized data collected through U.S. Probation resources about C.A.R.E. participants and comparison group progress across a number of outcome measures collected at intervals of three, six, and twelve months between May 2006 and May 2009.

C.A.R.E. participants were not randomly assigned to the program but volunteered. Therefore, efforts were made to help ensure the equivalence of the treatment and comparison groups. To select comparison group members, in May 2006 the probation office compiled a list of eligible federal offenders in Massachusetts based on their RPI and TCU scores and drug abuse history. Offenders selected for assignment into the comparison group could not have serious mental health problems and could not be registered as sex offenders. A list of eligible participants who were not actively participating in C.A.R.E. was compiled and the comparison group was randomly selected from this list. This process was replicated in 2007 and 2008. Offenders who were part of the participant or comparison groups in the previous years were excluded from the subsequent comparison group sampling processes.

As to the data collection methods, at months three, six, and twelve of an offender's participation in the program, the probation office collected data on the status and progress of both C.A.R.E. and comparison group members concerning new charges, revocations, compliance issues, employment status, number of positive and negative urine analysis tests, current drug and alcohol usage, mental health issues, family and residential status, and services or treatment received. The study's author also obtained Criminal Offender Record Information (CORI) from the probation office for each individual in the treatment and comparison population. The CORI records were utilized to determine if a participant had received any new charges through June of 2009. This information was used to calculate the number and type of new charges for each participant. Information from presentence investigation reports was also obtained to provide more detail about the prior criminal history, marital status, number of dependents, education and prior employment, and family circumstances of study participants.

In total, 46 offenders participated in C.A.R.E. between May 2006 and May 2009. Sixty-eight comparison group members were selected for inclusion in the study during this period. Descriptive statistical analyses of the two samples "confirmed the similarities between the treatment and comparison groups across characteristics of interest to the research." Chi-Square tests and t-tests were used to compare the demographic and offense history characteristics of C.A.R.E. and comparison group participants. The study found "only a few statistically significant differences between the demographic and offense history characteristics of treatment

and comparison group members." There were proportionately more black participants in the treatment group (32.6 percent) than in the comparison group (19.1 percent), though the difference was only marginally significant ( $p=.008$ ). There were proportionately more Hispanic members of the comparison group (25.6 percent) compared to the treatment group (8.7 percent). While the treatment and control groups were similar in the average age of onset for drug use, 15.2 percent of treatment group participants began using drugs before the age of 12 compared to only 4.3 percent of comparison group participants. The risk assessment scores, TCU scores, and previous criminal histories were similar for treatment and comparison group members. RPI scores were nearly identical for the two groups (5.9 for CARE and 5.8 for the comparison group). On average, TCU scores were slightly higher for the CARE participants (7.4) than for the comparison group members (6.5). Treatment group members also had more juvenile and adult convictions than did comparison group members. Overall, the study "found similar patterns in the demographic characteristics and offense histories of treatment and comparison group members in specific cohort years as [it] found overall."

Turning to the outcome analysis, the study found that C.A.R.E. group participants were "more likely to meet the standards necessary to graduate (12 months of consecutive no new charges, employed, and no positive drug tests) than the comparison group." Approximately 46 percent of the C.A.R.E. group members met the standards for graduation, compared to only 31 percent of the comparison group members. Because the study used a .10 level of statistical significance, it included the following caveat: "While studies measuring differences between groups traditionally use .05 or .01 thresholds for significance, the small sample sizes allow some latitude to examine differences between groups that fall below the .10 level. While the differences are likely not due to chance alone, they are also not overwhelmingly strong."

The researchers also conducted multivariate analyses (logistic regression) on whether program participation increases the likelihood of a successful graduation outcome (12 consecutive months of no new charges, employed, and no positive drug tests), controlling for cohort year and risk prediction scores. They concluded that participation in C.A.R.E. "is significantly associated with successful outcomes." When controlling only for the year of participation, participants in C.A.R.E. were statistically significantly more likely to have successful outcomes than comparison group members ( $p=.02$ ), and the odds of success for C.A.R.E. participants were 2.6 times greater than for comparison group members. When the researchers also controlled for offender characteristics in the regression model, they found that the odds of success for C.A.R.E. participants decreased slightly (from 2.60 to 2.28), but none of the personal characteristics of offenders significantly predicted successful graduation. The authors warned, however, that the regression models should be interpreted cautiously due to the small number of cases.

When the authors separately examined each component of successful graduation (no new charges, employed, and no positive drug tests) they found more similarities than differences between C.A.R.E. and comparison group members. For instance, 6.8 percent of the C.A.R.E. group had a new charge, while 10.8 percent of the comparison group had a new charge. With regard to employment, 43.2 percent of the C.A.R.E. group was employed, while 47.1 percent of the comparison group was employed. As to positive drug tests, 51.1 percent of the C.A.R.E. group had a positive drug test, while 40.3 percent of the comparison group tested positive. The authors stressed that "[it] is important to note that [this data] includes new charges, employment and positive drug tests over the full 24-month period of data collection," and "[i]n some cases, C.A.R.E. and comparison group members had a failure on one of the measures in the first year but were able to complete a second year of supervision successfully."

Because C.A.R.E. participants had the opportunity to continue in the program and repeat program phases if they encountered early setbacks, the researchers developed a second outcome measure that examines any negative outcomes in the last 12 months of data collection for each group. They found that C.A.R.E. participants were "significantly more likely to be employed than comparison group members [were] in the final 12 months of data collection. The difference between groups in receiving new charges or having positive drug tests [was] non-significant in the final 12 months of data collection."

While C.A.R.E. participants were more likely to have positive urine analysis results than comparison group members in both the overall and last 12 months measures (though the differences were not statistically significant), the researchers stressed that the groups were not

equivalent in terms of the risks for failure. The participants underwent far more frequent drug screening (tested 35 times on average) than comparison group members (tested 9 times on average). To account for the different risks for failure, the study authors computed the average proportion of positive urine analysis tests to total tests and found that participants were less likely than the comparison group to test positive in proportion to the total number of tests given.

In their concluding section, the researchers state that C.A.R.E. participants "have greater likelihood of overall success—measured here as law abiding, employed, and sober—than participants in a comparison group who received only normal supervision." They noted, however, that participants faced "struggles throughout the study period." For instance, some cohorts of C.A.R.E. participants were more likely than the comparison group to have positive drug tests. The authors attribute this to the fact that participants, on average, underwent nearly four times as many drug tests. Despite these challenges, C.A.R.E. participants were more likely to have the full combination of positive outcomes, which is a "sign that participation in C.A.R.E. assists offenders holistically."

The authors also discussed two "important limitations." First, the number of participants in the treatment and control groups was small. As a result, the study findings are "not particularly strong," and "a few cases in one direction or another might change outcomes of our analysis, for example rendering a statistically significant result to be non-significant." Second, while the analyses indicated that participants were "at least marginally more successful at avoiding new charges, securing employment and remaining drug-free than a comparable group of offenders under traditional supervision, we do not know why." The researchers suggest a number of potential explanations for these findings, guided by theory and prior research. For instance, the blending of "a public health and criminal justice approach may improve both treatment and accountability." It is also possible that participation in C.A.R.E. fosters "social support networks that aid offenders as they transition through supervision." Finally, the "judicial oversight and encouragement of C.A.R.E. may also more effectively keep program participants in treatment than regular supervision because of its early intervention model." The study concluded: "Further understanding why C.A.R.E. participants are successful, and identifying areas where they struggle will ultimately help court officials improve and expand the program to better address the needs of addicted offenders."

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## **Western District of Michigan**

### *Program Description*

In 2005, the Western District of Michigan established the Accelerated Community Entry Program (ACE). The program is described and evaluated in a report titled *An Evaluation of the Accelerated Community Entry Court Program* (Lowenkamp and Bechtel, 2010). The study was written by researchers from the Administrative Office of the U.S. Courts and the University of Cincinnati's Center for Criminal Justice Research. The program was initially established in Benton Harbor but has since expanded to two additional sites in Kalamazoo and Grand Rapids. It targets high-risk offenders following release from prison and uses a multi-disciplinary approach to address the needs of the participants (Evers and Martin, 2007).

The collaborative partners include the district court, the probation office, the U.S. attorney's office, the federal defender's office, the Federal Bureau of Prisons, local community service providers, and the participants' prosocial support system (family, friends, significant others, employers, and clergy). The ACE program model "calls for the use of evidence-based practices," including the use of assessment practices, to identify and target high-risk offenders and their specific criminogenic needs, addressing the offender's motivation for behavioral change, providing prosocial models and supports to encourage law-abiding behaviors, monthly court supervised status hearings, participation in Moral Reconnection Therapy (MRT), and the use of rewards and sanctions as appropriate (Evers and Martin, 2007).

Federal probation officers identify program candidates based on their Risk Prediction Index score. Offenders eligible for participation must score between 6 and 9 on the RPI.<sup>7</sup> Potential participants must also complete a contract that identifies the conditions of supervision, the system for rewards and sanctions, and the criteria for successful completion of the program.

Participants are not unsuccessfully terminated from the ACE program. Should revocation occur on supervision, the individual starts over in the program after incarceration. Offenders who choose not to participate are required to seek judicial approval to be removed from the program.

A standard requirement of ACE is attendance at the monthly court status hearings, where the ACE team members describe the offender's progress. A report summarizing the offender's monthly progress, goals for the following month, and rewards or sanctions received is completed at the end of each status hearing. Violations of supervision are addressed either at the time of the ACE court hearing or before the hearing, depending on the severity of the violation. Successful discharge from the program occurs when the participant accrues 12 months of rewards. Along with receiving a certificate of completion, the graduation process involves placing the offender on traditional supervision status for an additional 12 months. Following this time period, the officer can request early termination of supervision for good behavior.

### *Evaluation Overview*

Researchers from the Administrative Office of the U.S. Courts and the University of Cincinnati's Center for Criminal Justice Research conducted an evaluation of the ACE program (Lowenkamp and Bechtel, 2010). The purpose was to "provide some initial outcome results" related to the program participants. The sample size for the preliminary analysis consisted of 36 ACE participants. While there had been 77 participants at the time of the evaluation, many of them were removed from the analysis because they started the program too late for a full follow-up period. (A more comprehensive evaluation will be completed in the future as more offenders complete the program and more time has passed to allow an analysis of an appropriately long follow-up period.) Data for the sample were pulled from the Probation and Pretrial Services Automated Case Tracking System (PACTS). The primary variables included general demographics (sex, race, ethnicity, and age), RPI total score and risk category, motivation, supervising officer, supervision location, participation in Moral Reconciliation Therapy, and re-arrest.<sup>8</sup> The follow-up time period for re-arrest was 12 months. The re-arrest measure was defined as (1) re-arrest for a new crime and/or technical violation and (2) re-arrest for a new crime.

For the study samples, the researchers used a comparison group of 121 offenders that did not participate in the ACE reentry court program. Each of the offenders in the comparison group was supervised by one of the same four probation officers that were responsible for supervising ACE participants. Several characteristics of the treatment group were used to select the comparison group. Three of these variables were constants: being male, non-Hispanic, and not a sex offender. The fourth variable, race, was defined as being either Black or White. Of greater importance, the researchers also conducted a matched sample analysis (36 ACE participants and 36 comparison group members), where offenders were matched, not only on demographic factors, but also on risk (using the RPI), motivation, and supervising officer.<sup>9</sup>

Statistical analyses were in three phases: (1) matched samples; (2) unmatched samples; and (3) treatment group only. The analysis of the matched samples (N=72) was limited to the calculation of frequencies to describe the sample, t-tests, and chi-square tests to examine the differences between the treatment and comparison groups and bivariate analysis to examine the outcome measure, re-arrest.<sup>10</sup> For the unmatched sample (N=157), the statistical analysis was similar to the matched sample, with the addition of a multivariate logistic regression model controlling for motivation, risk, age, and group membership. Predicted probabilities were also calculated from the multivariate model. Finally, an additional bivariate analysis conducted on treatment group members only examined participation in Moral Reconciliation Therapy (MRT) and re-arrest.

For the matched sample analyses, descriptive statistics revealed no statistically significant differences between the ACE and non-ACE participants. The researchers conducted a bivariate analysis examining the differences between the treatment and comparison groups with regard to re-arrest (new crime and technical violation) at 12 months. Nearly 40 percent of the treatment group (ACE participants) was re-arrested at the 12-month follow-up period in comparison to 58 percent of the matched cases that did not participate in the ACE program. Chi-square analysis revealed that the difference between the groups with regard to re-arrest was statistically significant ( $p=.099$ ). The study also included a bivariate analysis comparing new crime re-arrest

between group membership. One quarter of the treatment group was re-arrested for a new crime compared to one half of the non-ACE participants, a finding that was also statistically significant ( $p=.028$ ).

Turning to the unmatched sample analysis of the larger comparison sample ( $N=121$ ), descriptive statistics revealed that there were statistically significant differences between the unmatched samples for age, race, and risk level.<sup>11</sup> As with the matched sample analysis, a bivariate analysis was performed comparing the 12-month re-arrest rates for the unmatched sample. The percentage of comparison group members that were re-arrested at the 12-month follow-up period was 49 percent and the re-arrest rate (including technical violations) for the treatment group was 39 percent, though chi-square test results indicated that the difference was not statistically significant. Similarly, when using arrest for new criminal arrests only (arrests for technical violations excluded), the differences were not statistically significant.

The unmatched sample analysis also included a multivariate logistic regression model predicting re-arrest (including technical violations) while controlling for age, motivation, RPI moderate- and high-risk categories, and group membership. Based on these results, members of the comparison group were significantly more likely to be re-arrested at the 12-month follow-up period. Motivation was found to be a significant predictor of re-arrest, with unmotivated offenders being significantly more likely to experience re-arrest. Collectively, the RPI categories were found to be a significant predictor of re-arrest (although the individual risk categories were not), with increases from one risk category to the next representing an increase in the likelihood that an offender will be re-arrested. An offender's age was also shown to be significantly related to re-arrest, with younger offenders significantly more likely to be re-arrested. The multivariate model predicting arrests for criminal behavior only (excluding technical violations) indicated that treatment group and age were the only statistically significant predictors, with the effect of treatment (ACE participation) being the same magnitude as in the multivariate model predicting re-arrest (including technical violations).<sup>12</sup>

The final analysis focused on ACE participants only. It compared the 12-month re-arrest rates of ACE participants that participated in Moral Reconnection Therapy (MRT) and those that did not participate. The results of this bivariate analysis suggested that 50 percent of the MRT participants were rearrested, compared to a 21 percent re-arrest rate for the group that did not participate in MRT. Chi-square analysis findings indicated that the difference between participants and non-participants for 12-month re-arrest rates was statistically significant. However, the study noted that this finding should be interpreted cautiously due to the small sample size.

The concluding section of the study highlighted several key findings. First, the participants of the ACE program "appeared to have lower recidivism rates as measured by re-arrest in a 12 month follow-up period than the offenders that did not participate in ACE." The study stated that, "[w]hile encouraging, these findings are considered preliminary due to the small sample size and one year follow-up period." Second, motivation toward supervision "repeatedly was demonstrated as a significant variable with regard to lower recidivism rates" in "both the matched and unmatched sample analysis." This finding "provides additional support to the research on motivation and the importance of assessing for motivation and providing pre-treatment for offenders who are identified as not motivated for participation in programming."

Third, risk, as measured by the Risk Prediction Index, was shown to be a "significant predictor of re-arrest indicating that the higher risk offenders were more likely to recidivate." Given that the RPI categories were a significant predictor for re-arrest and in light of prior research demonstrating that "the mixing of risk levels has been shown to increase the recidivism rates for the lower risk offenders," the study recommended "continued efforts to avoid mixing risk levels." Fourth, youthful offenders were more likely to experience re-arrest. Finally, participation in MRT yielded higher re-arrest rates for ACE offenders than for those that did not participate in MRT.<sup>13</sup>

Finally, the researchers discussed several of the preliminary study's limitations. For instance, the sample sizes were "rather small and this serves as a limitation for the statistical analysis as well as the reliability and generalizability of the results." Therefore, "caution should be observed regarding the reliability of significant findings and the ability to generalize these findings to

other offending populations." In addition, only males and non-Hispanics were included in this analysis, thereby limiting the generalizability to females and Hispanic offenders. Finally, multivariate models controlling for motivation, age, risk, and group membership could only be conducted on the unmatched sample due to not having a large enough matched sample.

The authors of this preliminary study listed several recommendations for the next evaluation, which is expected to be completed in the future when additional data are available. These recommendations included:

1. Continuing data collection to increase the sample size and representativeness;
2. Conducting additional process and outcome analyses to examine what characteristics of ACE participants are statistically associated with successful completion of the program as well as reductions in recidivism when compared to a matched group that did not participate in ACE;
3. Examining the impact of ACE on re-arrest by risk level based on the RPI;
4. Considering a plan to examine the effectiveness of MRT in reducing recidivism, which may include a study examining programming characteristics, such as capacity and content, and might also examine MRT by individual vendors to see if there are different effects by providers, suggesting issues related to program fidelity;
5. Identifying other recidivism measures to examine for the ACE population, which may include return to prison on a new conviction;
6. Extending the follow-up period for measuring recidivism, since treatment effects generally diminish over time, and exploring options for behavioral maintenance (e.g., relapse prevention plans) once offenders have left the ACE program and supervision; and
7. Identifying whether each ACE program site is operating with fidelity to the program design.

## **Summary and Conclusion**

A number of districts within the federal court system have established reentry court programs over the past six years. These programs allow the court to impose graduated sanctions and positive reinforcements in a non-adversarial team setting. Because reentry court programs are so new in both the state and federal systems, there is little empirical research on whether they successfully reduce recidivism. This paper has summarized studies evaluating three of the earliest federal reentry court programs.

In 2005, the District of Oregon established a reentry court program to address unprecedented levels of methamphetamine use and a high supervision revocation rate. The program was evaluated by researchers from the University of Oregon College of Education and from the court (Close, Aubin, and Alltucker, 2008). A total of 114 people were included in the study. The authors concluded that "it appears that the comparison group outperformed the treatment groups on multiple, important dimensions. For example, the comparison group underwent less monitoring and supervision and had fewer drug and mental health services and yet had more employment and fewer sanctions." The authors warned that the study has several limitations that restrict interpretation and generalizability of findings, such as the small sample size and initial design of the project.

In 2006, the District of Massachusetts created the Court Assisted Recovery Effort (C.A.R.E.) to address a growing population of drug-involved offenders. The program was evaluated by researchers from the Northeastern University School of Criminology and Criminal Justice (Farrell and Wunderlich, 2009). The study examined whether participants in the C.A.R.E. program were more successful than a comparison group of offenders who receive traditional supervision. The study included 46 offenders who participated in C.A.R.E. and 68 offenders in the comparison group. The authors concluded that C.A.R.E. participants "have greater likelihood of overall success—measured here as law abiding, employed and sober—than participants in a comparison group who received only normal supervision." The authors also discussed important limitations, including the small number of participants in the treatment and control groups. As a result, the study findings were "not particularly strong," and "a few cases in one direction or

another might change outcomes of [the] analysis, for example rendering a statistically significant result to be non-significant."

In 2005, the Western District of Michigan established the Accelerated Community Entry Program (ACE). Researchers from the Administrative Office of the U.S. Courts and the University of Cincinnati's Center for Criminal Justice Research conducted an evaluation of the ACE program to provide some preliminary outcome results (Lowenkamp and Bechtel, 2010). The sample size for the preliminary analysis consisted of 36 ACE participants. The comparison group consisted of 121 offenders (for the unmatched sample analysis) and 36 offenders (for the matched sample analysis). One major finding of the study was that the participants of the ACE program appeared to have lower recidivism rates, as measured by re-arrest in a 12-month follow-up period, than the offenders not participating in ACE. The authors also found that motivation toward supervision was repeatedly demonstrated as a significant variable for lower recidivism rates. Finally, risk, as measured by the Risk Prediction Index, was shown as a significant predictor of re-arrest, with higher-risk offenders being more likely to recidivate. The researchers stressed several study limitations, such as the sample size, which limits the statistical analysis, reliability, and generalizability of the results.

The studies of federal reentry court programs discussed above provide mixed results on whether the programs effectively reduce recidivism. The evaluators of the District of Oregon Reentry Court found that the comparison group outperformed the treatment group on multiple important dimensions. However, as the study notes, this conclusion should be interpreted with caution due to factors such as the small sample size and the initial project design. The studies of the District of Massachusetts' C.A.R.E. program and the Western District of Michigan's ACE program found that the reentry court program participants were more likely to have positive outcomes, though the authors also stressed that these findings should be interpreted cautiously due to such limitations as the small sample size.

As discussed above, when Lindquist and her colleagues (2004) were commissioned by the National Institute of Justice to conduct a process evaluation of the Reentry Court Initiative of the Office of Justice Programs, they stressed that, given the small number of participants in state reentry court programs and the fact that these programs were so new, it is important to document the relative costs and benefits of both the court-based and non-court-based programs for managing the complex problem of prisoner reentry. This recommendation should apply to the federal criminal justice system as well.

In the future, studies should continue to examine whether reentry court programs and other non-court-based practices effectively reduce recidivism. It is particularly important that future research use larger sample sizes to improve the validity and reliability of the findings. Whether evaluating a reentry court program or any other type of intervention, researchers might also consider examining the effect on recidivism based on offender risk level. A large body of research has shown that criminal justice interventions are more effective on higher-risk offenders and may even increase recidivism for some lower-risk offenders (Andrews et al., 1990; Andrews and Dowden, 1999; Dowden and Andrews, 1999a, 1999b; Lipsey and Wilson, 1998; Lowenkamp and Latessa, 2005). Indeed, the two federal reentry court programs where the evaluations found promising results (C.A.R.E. and ACE) targeted higher-risk offenders. Studies with larger sample sizes and longer follow-up periods of reentry court and other correctional programs should provide more scientifically sound results to assist in future policy decisions.

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## Federal Reentry Court Programs: A Summary of Recent Evaluations

1. These courts have also been referred to as "problem-oriented courts," "specialized courts," "collaborative courts," and "therapeutic justice courts."
2. The OJP developed other reentry initiatives as well, such as the Reentry Partnership Initiative (RPI), which includes formation of a partnership between criminal justice, social service, and community groups to develop and implement a reentry process in the states.
3. The Committee included representatives from the District of Oregon Court, the Probation Office, Federal Public Defenders Office, and the U.S. Attorney's Office.
4. As Close and his colleagues explain, this description is based on the reentry court model in Eugene. There may be variations between the programs in Eugene and Portland.
5. Participants of the C.A.R.E. program were administered the Risk Prediction Index (RPI) developed by the Federal Judicial Center for assessing federal offenders with regard to their risk of recidivism. Along with the start date of supervision, items on the RPI include: (1) the offender's date of birth, (2) the number of prior arrests before the instant offense (up to 15 arrests), (3) the use of a weapon in the instant offense, (4) whether the offender is employed at the start of supervision, (5) history of illegal drug or alcohol abuse, (6) previous absconding while on supervision, (7) whether the offender has graduated from college, and (8) whether the offender is residing with a spouse or children at the start of supervision. Offenders can score a maximum of 9 on the RPI. The three risk categories on the RPI correspond to the following scores: (1) Low risk scores range from 0–2, (2) Moderate risk scores range from 3–5 and (3) High risk scores range from 6–9. Offenders eligible for participation in the C.A.R.E. program are required to score between 6 and 9 on the RPI.
6. The original TCU Drug Screen was developed by researchers at the Institute of Behavioral Research at Texas Christian University. It includes 19 items that represent key clinical and diagnostic criteria for substance "dependence" as they appear in the Diagnostic and Statistical Manual and the National Institute of Mental Health Diagnostic Interview Schedule. The first part of the TCU Drug Screen includes a series of 10 questions about problems related to "drug use," and the second part addresses the frequency of specific drug use prior to prison as well as a self-assessment of one's readiness for substance abuse treatment. Based on the first nine items, a continuous composite score is computed that measures the level of an offender's drug use severity. The remaining TCU Drug Screen items are designed to provide corroborative evidence of potential drug use problems, such as questions pertaining to prior drug treatment.
7. A small number of moderate- and lower-risk offenders entered ACE at the onset of the program. This may indicate some drift in the eligibility requirements for entry into the ACE program.
8. The motivation measure is an item that comes from PACTS that asks the officer to rate the offender's motivation toward making changes and/or participate in supervision. MRT data were taken from the Administrative Office of the U.S. Court's Decision Support System and re-arrest data were taken from the judicial re-arrest file compiled by ABT Associates.
9. While there were some differences with exact matching for race, supervising officer, and motivation for the matched sample analysis, the risk category from the RPI was considered to be the most important factor to hold constant through the matching of the groups.
10. For significance testing, the p-value was set at .10 due to the relatively small sample size.
11. The average age of the comparison group was nearly 36 years of age. The average RPI score was nearly 6 for the comparison group. T-tests examining the differences between the unmatched samples suggested that there were significant differences between the

treatment and comparison groups with respect to age and RPI score. Recall that the average RPI score for the treatment group was slightly over 7 and the average age of the treatment group members was nearly 32 years. As such, the comparison group members were lower risk in terms of age and total RPI score. Regarding race, 86 percent of the comparison group is identified as Black and 14 percent are White. According to the RPI risk categories, 15 percent of the comparison group is low risk, 24 percent are moderate risk and 61 percent are high risk. For motivation, 38 percent of the comparison group was identified as being motivated toward supervision and 62 percent were unmotivated. Based on chi-square test results, there is a significant difference between groups in this unmatched sample for race and RPI risk category.

12. Predicted probabilities were also calculated for the significant predictors of re-arrest from the multivariate model to provide specific examples of how ACE participation might affect re-arrest rates. Unmotivated, high-risk, 33-year-old offenders that did not participate in the ACE program would potentially experience a 73 percent re-arrest rate. In contrast, the re-arrest rate would be 44 percent for unmotivated, high-risk, 33-year-old offenders that did participate in ACE. A similar trend was noted for motivated offenders. More specifically, motivated, high-risk, 33-year-old offenders that did not participate in ACE would experience a 47 percent re-arrest rate in comparison to 21 percent for the motivated, high-risk, 33-year-old ACE participants.
13. The study warned, however, that it was unclear based on available data if treatment providers correctly adhered to the MRT curriculum. Moreover, prior research has suggested that MRT is most successful in programs implemented by the creators or developers of the curriculum and that it is unclear whether criminal justice personnel can successfully deliver the necessary MRT programming. Therefore, the study recommended further research into the issue of whether MRT can be delivered as intended.

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## Identifying the Predictors of Pretrial Failure: A Meta-Analysis

1. The [Appendix](#) contains a copy of the coding guide. Please note that variables were re-coded as necessary for the analysis.
2. We would like to thank Marie VanNostrand, Ph.D. and Jim Austin, Ph.D. for their kind assistance to calculate these statistics in order for their studies to be included.
3. A fixed effects model assumes that the true effect size would be consistent across studies.
4. This z statistic was also calculated since the individual studies that were coded and effect sizes calculated for identified pretrial predictors was done with a meta-analysis calculator. This addresses issues of normality.
5. Formula for the Fisher's r to z transformation:  $zr = (1/2)[\log_e(1+r) - \log_e(1-r)]$ .
6. Several of these eligible studies examined more than one outcome measure.
7. However, this is probably due to the different measures and weights for age on the various risk assessment instruments.
8. Estimate is an estimate of risk that was from one coded study where an officer made an estimate of risk.
9. Demographic measures only had one effect size. As such, this may not be the most reliable correlation.
10. For a discussion of the strength of correlations for predictive accuracy and the relative strength of the correlation, see Rice and Harris (2005).
11. With this specific outcome measure, there were no instruments that presented the necessary statistics to calculate an effect size.

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