

To evaluate the effectiveness of its chemical dependency (CD) treatment programming, the Minnesota Department of Corrections (DOC) examined recidivism outcomes among 1,852 offenders released from prison during 2005. Propensity score matching was used to individually match 926 treated offenders with 926 untreated offenders. Recidivism data were collected on the 1,852 offenders through the end of 2008; as a result, 42 months was the average follow-up period, with a minimum of 36 months and a maximum of 48 months. Multivariate statistical analyses were performed to control for other factors besides treatment that may have had an impact on recidivism.

Results

Treated offenders had lower rates of reoffending than untreated offenders for all three recidivism measures (see Figure 1). By the end of 2008, 59.8 percent of the treated offenders had been rearrested compared with 63.5 percent of the untreated offenders. Roughly one-third (33.7%) of the treated offenders had been reconvicted versus 39.5 percent of the untreated offenders. In addition, 23.8 percent of the treated offenders had been reincarcerated for a new offense compared with 29.6 percent of the untreated offenders in the comparison group.

The results also showed that the best recidivism outcomes were found among offenders who completed treatment or successfully participated until release (see Figure 2). Of the 926 treated offenders, 70 percent (650) had a successful treatment outcome (completed or successfully participated until release). Treatment completers had the lowest recidivism rates, whereas treatment dropouts had rates higher than those of the untreated offenders. For example, 57.1 percent of the treatment completers had been rearrested by the end of 2008 compared with 66.3 percent of the treatment dropouts. The reconviction rate for treatment completers (29.8%) was nearly 10 percentage points less than it was for the untreated offenders (39.5%). At

Key Findings

- ❑ CD treatment provided within the DOC significantly reduced the risk of recidivism by:
 - 17 percent for rearrest
 - 21 percent for reconviction
 - 25 percent for reincarceration for a new offense
- ❑ Completing prison-based treatment, or successfully participating until release, significantly reduced the risk of recidivism by:
 - 22 percent for rearrest
 - 20 percent for reconviction
 - 27 percent for reincarceration for a new offense
- ❑ Extended treatment programs (duration of approximately 365 days) did not have a statistically significant impact on recidivism, whereas both psycho-educational (approximately 90 days) and primary (approximately 180 days) programming significantly lowered the risk of future offending.
 - Psycho-educational programs reduced the risk of recidivism by:
 - 18% for rearrest
 - 18% for reconviction
 - 24% for reincarceration for a new offense
 - Primary programs reduced the risk of recidivism by:
 - 32% for rearrest
 - 28% for reconviction
 - 30% for reincarceration for a new offense

42.8 percent, treatment dropouts had the highest recidivism rate. Similar results were observed for reincarceration, as 20.6 percent of the treatment completers, 31.2 percent of the treatment dropouts, and 29.6 percent of the untreated offenders had been reincarcerated for a new offense by the end of 2008.

The results for program type are shown in Figure 3. They reveal that offenders who participated in primary programming (180 days) had the lowest recidivism rates, whereas psycho-educational programming (90 days) had the highest rates. The rates for extended programming (365 days) participants, meanwhile, were higher than those for primary participants but lower than those for psycho-educational participants or untreated offenders. For example, rearrest rates were 46.7 percent for primary participants, 56.2 percent for extended participants, and 67.1 percent for psycho-educational participants. Similarly, recidivism rates were 27.5 percent for primary, 34.2 percent for extended, and 36.8 percent for psycho-educational. Finally, the rate at which offenders returned to prison for a new offense was 20.3 percent for primary, 23.3 percent for extended, and 25.6 percent for psycho-educational.

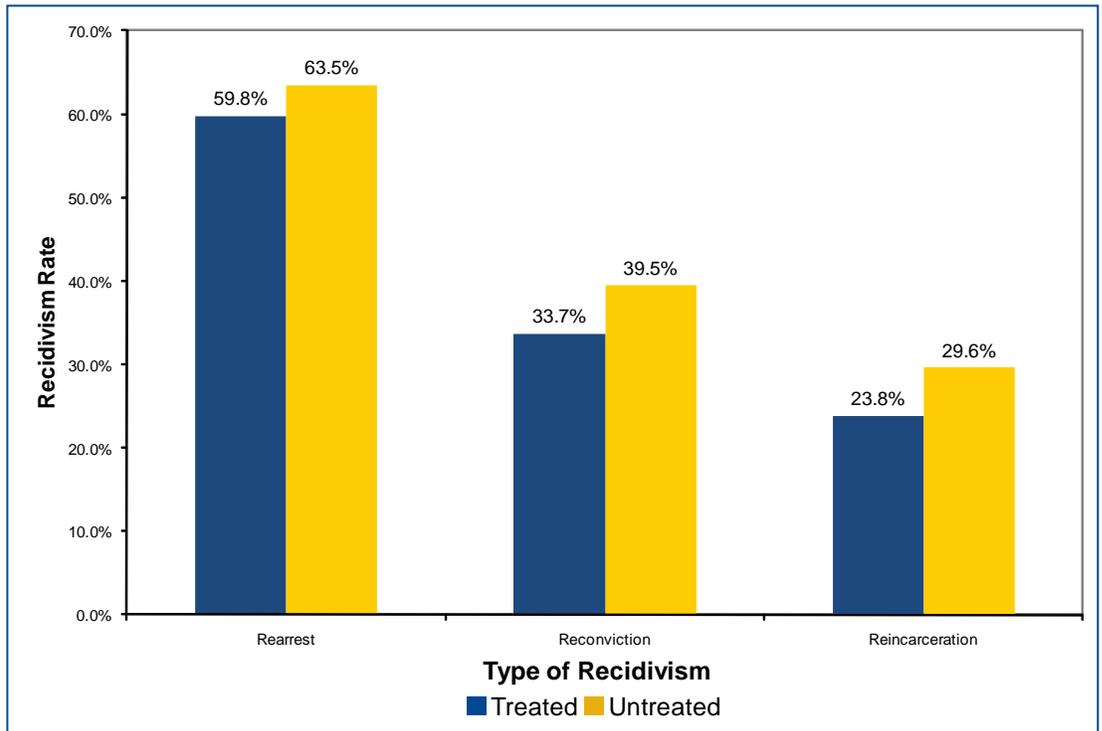


Figure 1. Recidivism Rates for Treated and Untreated Offenders

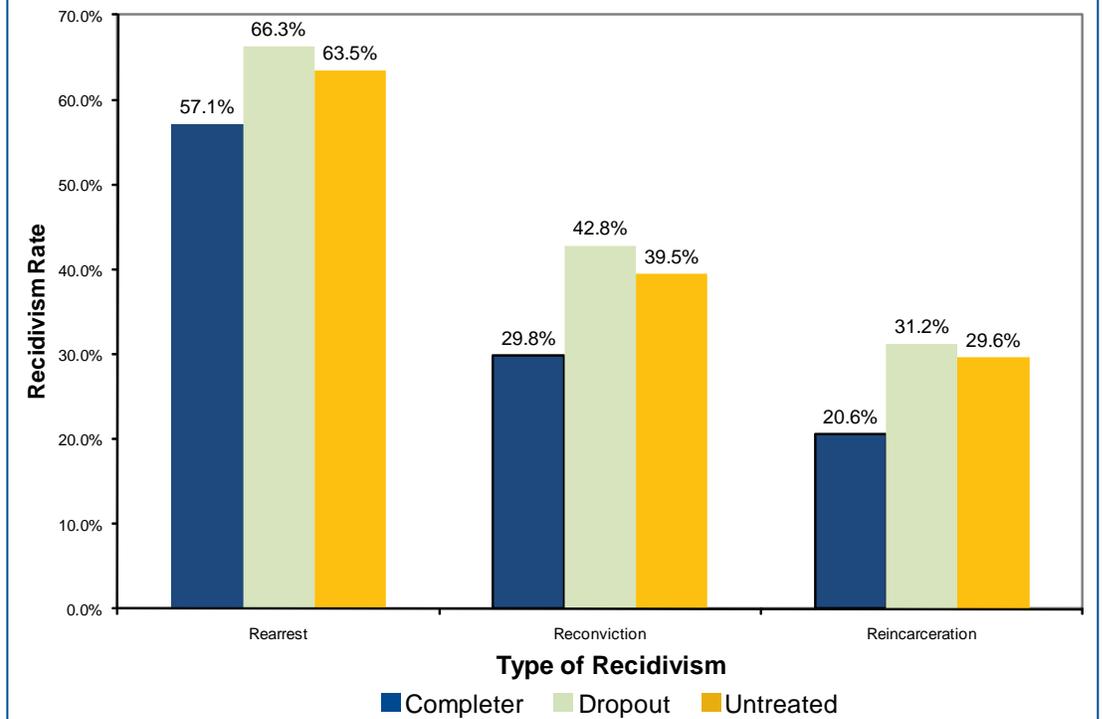
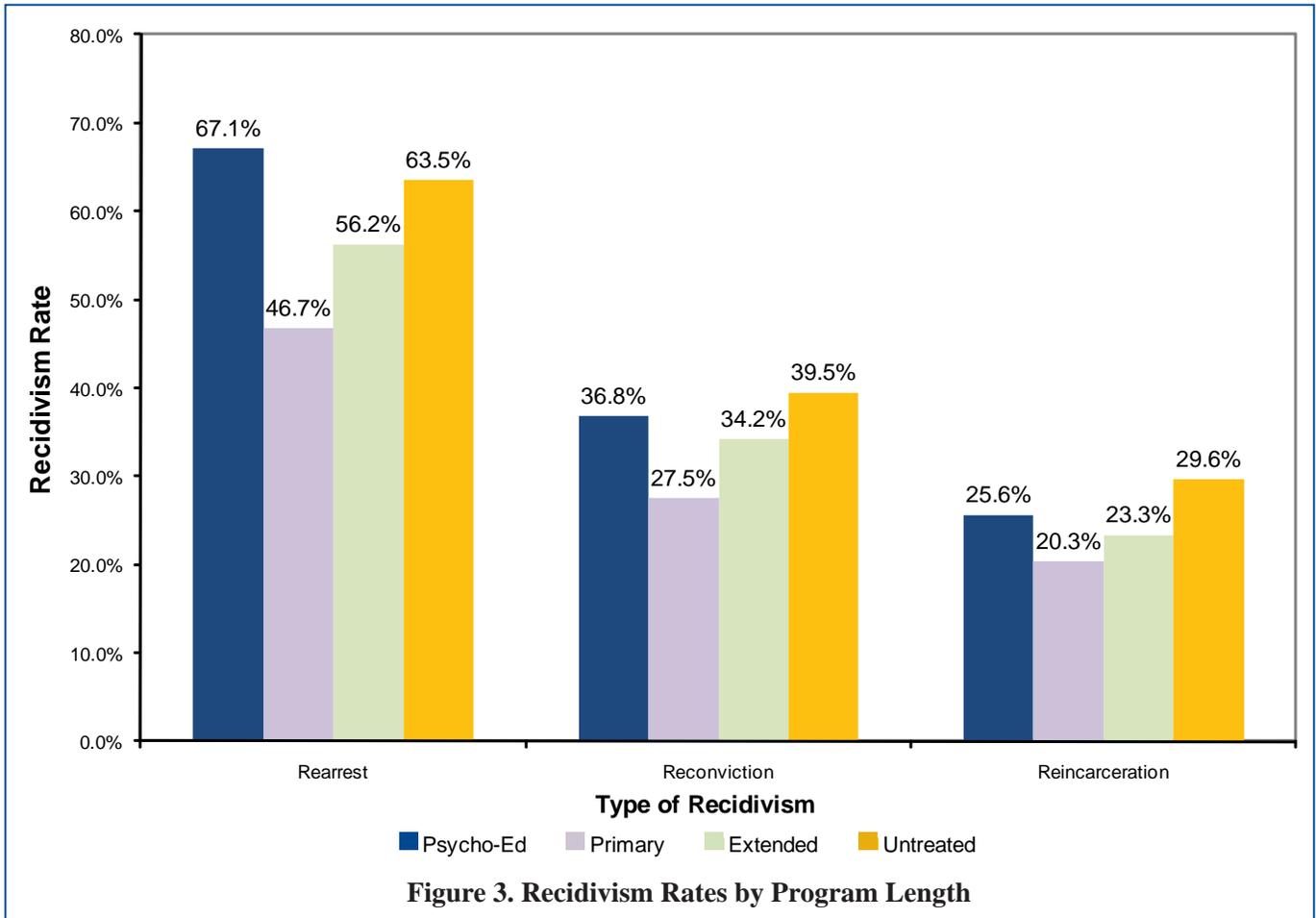


Figure 2. Recidivism Rates by Treatment Outcome

The results from the multivariate statistical analyses, which controlled for time at risk and other rival causal factors, revealed that entering prison-based CD treatment significantly lowered the risk of recidivism by 17 percent for rearrest, 21 percent for reconviction, and 25 percent for reincarceration. Moreover, completing treatment lowered the risk for rearrest by 22 percent,



reconviction by 20 percent, and reincarceration by 27 percent.

Consistent with the data presented in Figure 3, primary programming had a statistically significant effect on all three recidivism measures, lowering the risk of reoffense by 32 percent for rearrest, 28 percent for reconviction, and 30 percent for reincarceration. The findings further indicated that both psycho-educational and primary programming significantly lowered the risk of recidivism, whereas extended programs did not have a statistically significant effect on reoffending. Interestingly, however, the results from the multivariate statistical analyses suggested that, after controlling for rival causal factors, psycho-educational programming was more effective than extended programming even though the latter had lower recidivism rates. Although psycho-educational participants had the highest rates of reoffense, they also had more prior felony convictions, shorter lengths of stay in prison, shorter post-release supervision periods, and were less likely to be released to supervision – all factors that significantly increased the risk of recidivism. Yet, after controlling for the effects of these and other factors such as time at risk, it was participation in the psycho-

educational programs – as opposed to the extended programs – that had a statistically significant effect on all three recidivism measures.

Similar to most prior evaluations of prison-based substance abuse treatment, this study showed that CD treatment provided by the DOC significantly reduces offender recidivism. Moreover, the results suggest that psycho-educational programs can be an effective form of treatment, which is an important consideration given that the DOC has over the last several years had a growing influx of offenders admitted to prison as either probation or supervised release violators. Because these offenders tend to have relatively short lengths of stay in prison (average of eight months), developing or reinstating a treatment program for these offenders, even if it is short in duration, may yield a benefit in terms of reduced recidivism.