
Year Four Of The Georgia MRT/Life Skills Outcome Evaluation

Submitted To:

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"turning data into decisions"

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Year Four Of The Georgia MRT/Life Skills Evaluation

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Chapter 1. Year Four of the Outcome Evaluation

This is the final evaluation report of a project investigating the impact of Moral Reconciliation Therapy (MRT) on inmates residing in six Georgia Department of Corrections (DOC) transitional centers. This project was funded by the U.S. Department of Education (grant #Q255A030119) in September of 2003. The intent of the project was to assess the effectiveness of MRT on reducing recidivism, and identify best practices for the implementation of MRT that can be applied to similar correctional settings across the country. The project was originally slated to be a three-year project, but a fourth year of outcome evaluation was added. This report will examine the effectiveness of MRT in terms of recidivism, measured as re-arrest and return to prison, among a cohort of transitional center inmates randomly assigned to MRT treatment or a control group.

Project Design

The first three project reports provide a thorough review of the project design and implementation procedures (Speir, et al, 2004; Speir, et al, 2005; Speir, et al 2006). To fully understand the project, it is recommended that these reports be read prior to this report. Briefly, Applied Research Services (the research team) worked with the staff of the DOC Risk Reduction Services to develop criteria to randomly place inmates into MRT and into a control group at six pilot transitional centers (TCs). The COMPAS risk assessment instrument was selected to provide the MRT program eligibility criteria. Inmates (called “residents” in the TC) entering one of the pilot TCs that scored “probable or highly probable for cognitive behavioral psychological treatment needs” on the COMPAS assessment with an even GDC ID number were placed into the intervention group to receive MRT. Residents that met the assessment criteria but had an odd GDC number were placed in a control group and did not participate in the MRT program. GDC ID numbers are arbitrarily assigned prior to intake, so this system ensured random assignment to the treatment and control group. Attendance records were kept on all residents enrolled in an MRT class.

Project Reports

Three prior reports have been published on this project. The first year report was a process evaluation that investigated MRT program design and implementation issues. The year two report provided a continuation of the process evaluation, and also included preliminary outcome evaluation results. The year three report concluded the process evaluation, and included an outcome evaluation on over 2,000 persons who qualified for the intervention and control groups. This fourth and final MRT outcome evaluation report will further examine re-arrest and return to prison rates between the intervention and control groups.

A Review of the Year Three Outcome Evaluation Findings

The year three report (September 2006) compared the released intervention and control group cohorts in terms of recidivism. Since the average resident had been released for just over a year, return to prison data was sparse. Therefore the primary recidivism measure was defined as a new Georgia arrest. Overall there was no difference between residents who had participated in an MRT class and those in the control group who qualified for MRT but were not placed in the program. Both had a re-arrest rate of 43%. Since the majority of persons enrolled in MRT completed half or less of the program, the research team further examined re-arrest data in terms of the program completion step (MRT is a 12-step program). Participants completing steps 7 and higher showed a 10% lower recidivism rate (33%) compared to the entire cohort (43%). While this was a sizeable reduction in recidivism, the findings were not statistically significant (likely because of the low number of residents progressing through the program). To boost the number of residents progressing into higher steps, the program coordinators implemented an initiative at the beginning of year four to encourage the TCs to offer MRT classes twice per week (instead of one time per week which was the standard). DOC was hopeful that the increase in class time would allow more TC residents to progress to the higher steps in the program and ultimately graduate.

Chapter 2. Outcome Evaluation Findings

This chapter examines the outcome findings of the fourth and final year of the MRT project evaluation. Data is reported on all residents enrolled in MRT and released from a TC between March 1, 2004 and August 30, 2007. Data is also included for persons during that time period who qualified for MRT programming and were placed into the control group as well as those that met the MRT criteria and qualified for the treatment group but were not placed in the program (referred to as the “qualified for intervention group”).

Comparing the Intervention and Control Groups

During the full study period 638 residents who met the program criteria were placed into MRT at the six pilot sites; 1,267 met the program criteria and were assigned to the control group. While 1,418 residents met the MRT treatment group criteria, only 638 (45%) were placed in a program. The remaining 780 never received programming, but were included in the follow-up analysis. Table 1 presents the total of residents in each group, regardless of release status (some are still in prison).

Table 1. MRT Cohort By Facility

| <u>Facility</u> | <u># of Residents in Intervention Group</u> | <u># of Residents in Control Group</u> | <u># of Residents in Qualified For Intervention Group</u> |
|-----------------|---|--|---|
| Albany TC | 58 | 180 | 96 |
| Augusta TC | 155 | 228 | 118 |
| Coastal TC | 133 | 271 | 164 |
| LaGrange TC | 134 | 185 | 64 |
| Macon TC | 87 | 186 | 140 |
| Metro TC | 71 | 217 | 198 |
| Total | 638 | 1,267 | 780 |

Persons placed into MRT erroneously were removed from the study and are not included in the intervention cohort for this analysis. Over the four year study period, 388 residents were incorrectly placed in an MRT group at one of the six pilot sites. A total of 1,026 persons attended an MRT class during the study period at the pilot sites, but 38% of participants were removed from the study because they were not correctly placed into MRT using the evaluation placement criteria. Removed from the study were residents placed into MRT with an odd GDC ID number, and residents not meeting the COMPAS criteria.

The placement criteria were designed to create intervention and control groups as similar as possible. Demographic analysis completed in previous years indicated that the two groups were

indeed similar. Demographic and risk/needs analysis this year also confirms that the two groups are very similar, which allows us to confidently compare the outcome findings between the intervention and control groups. Table 2 compares the residents in each of the three groups (intervention, control, and qualified for intervention). The comparison groups are similar in terms of gender and racial make-up, as well as by release status, and incarceration offense. Approximately one-third of the cohort was incarcerated for a violent personal offense, and another third for a property offense.

Table 2. Profile of the MRT Cohort by Study Group

| | Intervention Group | | Control Group | | Qualified For Intervention Group | |
|--|-----------------------|----------|-----------------------|----------|----------------------------------|----------|
| | <u># of Residents</u> | <u>%</u> | <u># of Residents</u> | <u>%</u> | <u># of Residents</u> | <u>%</u> |
| Male | 568 | 89% | 1050 | 83% | 582 | 75% |
| Female | 70 | 11% | 217 | 17% | 198 | 25% |
| White | 161 | 25% | 300 | 24% | 215 | 28% |
| Black | 477 | 75% | 967 | 76% | 565 | 72% |
| COMPAS Assessment Criteria: | | | | | | |
| Probable for Cog Program Needs | 149 | 23% | 312 | 25% | 245 | 31% |
| Highly Probable Cog Program Needs | 489 | 77% | 955 | 75% | 535 | 69% |
| Current Status: | | | | | | |
| Active Inmate | 111 | 17% | 253 | 20% | 139 | 18% |
| Parolee | 231 | 36% | 466 | 37% | 250 | 32% |
| Probationer | 168 | 26% | 347 | 27% | 248 | 32% |
| Straight TC Release | 128 | 20% | 201 | 16% | 143 | 18% |
| Major Offense Type For Current Incarceration: | | | | | | |
| Violent Personal | 232 | 36% | 439 | 35% | 254 | 33% |
| Non-Violent Personal | 6 | 1% | 3 | 0% | 11 | 1% |
| Property | 216 | 34% | 424 | 34% | 277 | 36% |
| Drug Sales | 79 | 12% | 163 | 13% | 111 | 14% |
| Drug Possession | 72 | 11% | 158 | 13% | 90 | 12% |
| Habitual Violator/DUI | 0 | 0% | 2 | 0% | 1 | 0% |
| Sex Offense | 2 | 0% | 9 | 1% | 4 | 1% |
| Other | 31 | 5% | 69 | 5% | 32 | 4% |

MRT Completion Data

A total of 592 residents in the intervention group (93%) were released from DOC custody, at varying steps in the MRT program. However, step completion data was missing for 51 persons, meaning that there was no information for them on the class sign-in rosters. OTIS data shows that these persons were enrolled in MRT, but since they do not show up on rosters, there is no way of knowing the number of classes they attended, or the last MRT step they completed. GDC ID numbers were used to link resident data from OTIS to a database where all sign-in sheet information was entered. The lack of step information for the 51 persons may be due to incorrect GDC ID numbers on the class rosters, persons failing to sign in when attending class, or these persons may have been entered into OTIS as being enrolled in MRT but were never actually enrolled/attended class.

There were also 34 residents reflected on the sign-in sheets who were verified to have met the COMPAS criteria for placement that were not reflected in OTIS as having been enrolled in MRT. It appears that the enrollment data for these persons either was never entered into OTIS, or there was a backlog on data entry which resulted in enrollment data not being entered in a timely manner. Since only persons who were “officially” enrolled in MRT through OTIS records were included in the study, these 34 residents were also dropped from the analysis.

As shown on Table 3 below, 75% of residents exited prison via the TC having completed one-half or less of the MRT program (ending on step 6 or lower). Only 9% of the intervention cohort completed all 12 steps and graduated the program, the same proportion as last year. While the overall percentage of residents graduating has not changed, the number of MRT graduates grew by 23, a 45% increase from last year. Eight percent of the intervention cohort never completed the first step (up 2% from last year).

Table 3. Intervention Group Released From TC By Last MRT Program Step Completed (n=541*)

| MRT Step Completed | # of Residents | Percentage |
|---------------------------|-----------------------|-------------------|
| 0 | 40 | 8% |
| 1 | 54 | 10% |
| 2 | 36 | 7% |
| 3 | 72 | 13% |
| 4 | 67 | 13% |
| 5 | 67 | 13% |
| 6 | 61 | 11% |
| 7 | 33 | 6% |
| 8 | 18 | 3% |
| 9 | 17 | 3% |
| 10 | 13 | 2% |
| 11 | 12 | 2% |
| 12 | 51 | 9% |

*Actual released intervention cohort is 592, but step completion data is missing for 51 residents

Table 4 shows MRT step completion by each TC. Coastal TC has the highest number of graduates at 23, followed by LaGrange TC with 13, and Augusta TC with nine. In terms of getting residents into the higher steps of the program, Coastal TC had the highest percentage with 41% of released residents exiting the MRT program having completed over half of the program (steps 7 and above). Over a quarter of MRT participants exited LaGrange TC and Metro TC in the advanced steps of the MRT program.

Table 4. Intervention Group Releases From TC by MRT Step Completed and Facility (n=541*)

| MRT Step Completed | Albany TC | Augusta TC | Coastal TC | LaGrange TC | Macon TC | Metro TC |
|----------------------|-----------|------------|------------|-------------|----------|----------|
| 0 | 10 | 9 | 11 | 4 | 6 | 0 |
| 1 | 6 | 13 | 9 | 16 | 5 | 5 |
| 2 | 9 | 7 | 5 | 9 | 3 | 3 |
| 3 | 7 | 20 | 8 | 16 | 12 | 9 |
| 4 | 4 | 15 | 10 | 20 | 12 | 6 |
| 5 | 2 | 20 | 14 | 16 | 6 | 9 |
| 6 | 3 | 13 | 13 | 10 | 6 | 16 |
| 7 | 2 | 5 | 5 | 10 | 4 | 7 |
| 8 | 0 | 4 | 5 | 3 | 2 | 4 |
| 9 | 0 | 5 | 4 | 5 | 1 | 2 |
| 10 | 0 | 1 | 7 | 1 | 2 | 2 |
| 11 | 0 | 5 | 5 | 2 | 0 | 0 |
| 12 | 2 | 7 | 23 | 13 | 3 | 3 |
| Total MRT (released) | 45 | 124 | 119 | 125 | 62 | 66 |
| # ended step 7+ | 4 | 27 | 49 | 34 | 12 | 18 |
| % enrolled step 7+ | 9% | 22% | 41% | 27% | 19% | 27% |

*Actual released intervention cohort is 592, but step completion data is missing for 51 residents

Post Release Recidivism

In addition to comparing the recidivism of the intervention and control group, this report also looks at a third group called “qualified for intervention.” This group includes all persons with an even GDC ID that met the COMPAS criteria but were not placed into MRT. Only 45% of persons that qualified for MRT were actually placed into the MRT program. With over half of the qualified residents not receiving programming, the research team deemed it necessary to examine outcome data on this group and compare it to the control group. If this group differs significantly from the study controls, it raises the possibility of selection bias when placing qualified candidates into programming.

Recidivism data has been collected for all 2,465 residents that exited the pilot TCs from one of three study groups (intervention, control, qualified for intervention). Recidivism tracking begins the day a person exits the facility, with the average inmate released for 18 months.

Re-arrest for a new offense after release from the TC has been the main determinant of success or failure throughout this study. Re-arrest data was obtained for the released cohort through the Georgia Crime Information Center’s (GCIC) criminal history data. Arrest, conviction, and sentencing information for all fingerprinted offenders in the state of Georgia is housed in the GCIC repository. The research team was able to access out of state arrests through GCIC for the year two preliminary outcome evaluation. However, changes in FBI data dissemination policies now prohibit research access to out of state arrests, so the current data only reflects arrests in Georgia. Since all arrest activity in year two occurred within Georgia, this will likely have little impact on the findings.

GCIC arrest information and DOC prison data were merged to determine subsequent arrests and returns to prison (new incarcerations). State identification numbers (SID) were acquired through OTIS for the cohort to facilitate the merging of data. A SID is required to attain offender information in GCIC. However, OTIS lacked a SID for 112 persons, and contained invalid SID information for 25 persons. This means that re-arrest data is not available for 137 persons of the 2,465 in the final release cohort. This leaves 2,328 persons for which arrest data could be obtained.

As reflected in Table 5, each of the three groups had an overall re-arrest rate of 45%. The arrest type and average days to arrest for each group is nearly identical, yielding no statistically significant differences.

Table 5. Type of Georgia Re-Arrest Among Groups Released From TC

| | Intervention Group (n=567) | Control Group (n=1,086) | Qualified for Intervention Group (n=675) |
|----------------------------|---|--|---|
| Any Arrest | 45% | 45% | 45% |
| Felony Arrest | 38% | 39% | 41% |
| Misdemeanor Arrest | 19% | 19% | 16% |
| Probation Violation Arrest | 10% | 9% | 10% |
| Parole Violation Arrest | 22% | 21% | 22% |
| Avg. Days to Arrest | 233 days | 225 days | 223 days |

Overall, 18% of the released cohort returned to prison. Table 6 on the next page compares the re-incarceration rate across the three groups. Compared to the controls, the intervention group has a

slightly lower, albeit not statistically significant, rate of re-incarceration than the control group (16% vs. 18%).

Table 6. Re-Incarceration in Georgia Among Groups Released From TC

| | Intervention Group (n=592) | Control Group (n=1,161) | Qualified for Intervention Group (n=712) |
|--------------------|---------------------------------------|------------------------------------|---|
| Returned to Prison | 16% | 18% | 19% |

Recidivism is Impacted By MRT Program Progression

Table 7 examines re-arrest rates by the last MRT step completed. The outcome data presented for the past two years suggests that step completion correlates with reductions in recidivism. Analysis this year again suggests that completing the higher MRT steps results in lower recidivism, although intervention and control group differences are not as compelling as last year. In last year’s report, the recidivism rate for residents completing step 7 or higher in MRT was 10% lower than the control group (33% vs. 43%). By the completion of the study, 41% of residents reaching the advanced steps of MRT (step 7+) were re-arrested, compared to the 45% of controls. While this 4% reduction in recidivism is promising, it is not statistically significant (likely due to the small number – only 144 residents that made it to step 7).

Table 7. Georgia Re-Arrest By Program MRT Step Completed (n=518)

| MRT Step Completed | Any New Arrest | Felony Arrest | Misdemeanor Arrest | Probation Violation Arrest | Parole Violation Arrest |
|---------------------------|-----------------------|----------------------|---------------------------|-----------------------------------|--------------------------------|
| None | 50% | 42% | 29% | 8% | 29% |
| Steps 1-3 | 45% | 40% | 17% | 13% | 17% |
| Steps 4-6 | 43% | 38% | 19% | 12% | 24% |
| Steps 7+ | 41% | 34% | 18% | 6% | 18% |
| Control Group | 45% | 39% | 19% | 9% | 21% |
| Qualified Group | 45% | 41% | 16% | 10% | 22% |

When examining return to prison rates, the results are more compelling. Among residents reaching up to step 6, 18% returned to prison. However, among those progressing to MRT steps 7 and higher, only 8% returned to prison. This 10% reduction in recidivism is statistically significant.

Table 8. Georgia Re-Incarceration by MRT Step Completed

| | MRT Steps 7+ (n=144) | Less Than Step 7 (n=397) |
|--------------------|-------------------------------------|---|
| Returned to Prison | 8%* | 18% |

*Statistically significant difference (Pearson Chi Square, $p < .01$).

Outcome Data Not Explored

There were two areas of analysis that we were not able to investigate. The first was the number of MRT sessions that a resident attended. The research team had hoped to explore the impact of treatment episodes (MRT classes attended) on recidivism. However, as has been the case throughout the study period, there have been problems with session data. Facilitators were to note session data for the intervention cohort for each MRT class attended. In many cases the session data fields were left blank. In addition, the session data available often does not match the number of times a resident shows up on the class roster. For example, the session data noted by a facilitator may indicate that a resident attended 20 MRT classes. However, when analyzing each time the resident signed in on a roster form (which is supposed to be done for each class attended), we may find that their name only appears 12 times. The program coordinators worked closely with the sites to explain these consistent discrepancies and to remedy the problems, but session data problems persisted, preventing treatment episode analysis.

The second type of analysis that cannot be completed involves comparing the outcome of program graduates by TC. The goal was to examine the success of program graduates by TC to assess program quality and the impact of community networking/services available at each TC. The low number of MRT graduates across all the sites prevents meaningful analysis in this area.

Chapter 3. Conclusion

The Georgia Life Skills project has provided a unique opportunity to scientifically assess the impact of MRT cognitive programming on recidivism in a large state correctional system. A wealth of knowledge was gained during the three year process evaluation, most critically the identification of a program implementation plan that optimizes the possibility of success in a transitional center setting. The biggest challenge facing DOC and the evaluation team has consistently remained the slow program progression and low graduation rates. Only one quarter of the program participants ever progressed to the second half of the MRT program (step 7 of 12).

This is critically important to the success of MRT programming because all of the evaluation evidence indicates that program progression directly impacts recidivism. Simply placing a TC resident into MRT programming has no impact on the likelihood of a future arrest (45% of both the intervention and control group residents were re-arrested) and has little impact on the likelihood of returning to prison (16% of the intervention and 18% of the control group residents returned to prison). However, MRT programming *can* produce positive changes in the lives of offenders. Progressing to the second half of the program results in a statistically significant reduction (10%) in recidivism measured as return to prison. Among the intervention group, 18% of TC residents progressing through the first half of the program returned to prison, compared to only 8% of residents reaching the second half of the program.

Like many other correctional program evaluations, our study confirms the need for fidelity of program implementation. Without fidelity of implementation our actions are akin to placing a Tylenol tablet on our forehead to cure a headache. Sufficient program intensity and duration is clearly required to achieve a proper dosage effect. Ensuring that residents can progress through the twelve steps of the MRT program will require that correctional managers schedule sufficient courses, that MRT facilitators adhere to the principles of the program, and that residents diligently complete and present assignments. Only 45% of persons that qualified for MRT were actually placed into the MRT program. Only 144 of those placed in MRT progressed to the second half of the program. We remain optimistic that an MRT program implemented in an environment that stresses proper assessment and program placement, program expansion to accommodate more offenders, and stringent collection of treatment dosage data, would likely produce evaluation results even more evident of success.

The final phase of Georgia's Life Skills project involved detailed follow-up personal interviews with a random sample of 121 intervention and control group TC residents (report forthcoming in 2008). These interviews included questions about personal experiences in MRT and other correctional programs. Our analyses are providing a deeper understanding into the impact of program components, program implementation, and program outcomes. For example, MRT may influence more intermediate measures of success than the traditional return to prison measure – such as desistance from substance use, improved family relationships, and stability in

employment and housing. A program's success may be heavily influenced by its placement in the life course of an inmate. As program developers, we should be inspired by what we hear from the former inmates themselves:

"MRT taught me to take responsibility for my actions, to try and make amends."

"MRT showed me how to deal with my problems as an adult. I can see how my childhood impacted my life."

"It was helpful...it got me back into society, got me back on track. Now that MRT book, that's a good book."

We believe it is in the best interests of correctional agencies to achieve an understanding of the factors that explain and predict recidivism, and to then provide correctional experiences and environments that have the potential to reduce recidivism. The findings of this report and our forthcoming policy report combined will aid in that mission by providing a critical assessment of the impact of MRT on Georgia's inmates.

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(All reports on this page are available by going to www.ars-corp.com.)

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