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Outcomes of a Randomized Trial of an Intensive Community Corrections Program – Day
Reporting Centers – For Parolees

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EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

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EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Abstract

The present study is an experimental evaluation of the relative effectiveness of an intensive community corrections program, often referred to as a Day Reporting Center (DRC), versus an intensive supervision parole condition (Phase I). DRC is a program that brings groups of parolees together from throughout a municipality or larger geographic area for supervision, services, and programming, and requires them to spend significant amounts of time together on a daily basis. Alternatively, Phase I is an individual-based intensive supervision with referral to services and with additional conditions imposed. Participants were randomly assigned to either DRC (n = 198) or Phase I (n = 204), and data were collected for 18 months post 90 day study period. Overall, during the 90 day study period, DRC participants were more likely to be arrested for a new offense, whereas Phase I participants were more likely to obtain employment than were DRC participants. During the 6 month period immediately following study participation, DRC participants were more likely to be re-convicted of a new offense. Furthermore, DRC participants were more likely than Phase I participants to produce a positive drug test during this period. Over the 12 and 18 month post completion periods, there was only one difference between the study groups, with Phase I participants more likely to obtain employment at 18 month follow-up. Results of the current investigation showed that DRCs did not produce better outcomes than the control group, and during some time periods treatment effects were significantly worse. The pattern of outcomes favoring Phase I supervision is even more noteworthy given the relative costs of the two programs, since Phase I is significantly less expensive than DRC programming. These findings raise important policy and fiscal concerns regarding the rationale for using the DRC model to supervise medium- and high-risk parolees. However, this should not be construed as saying that individual supervision alone is sufficient,

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

since Phase I parolees were assigned additional conditions at the discretion of their parole officers which could include outpatient drug treatment, mental health treatment, educational training and others. The implications of the present research for policy and practice are significant. The overall finding is that medium- and high-risk parolees can be managed as effectively in the community at far less cost using a Phase-based individual system.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Executive Summary

Specific Aims

The present study is an experimental evaluation of the relative effectiveness of an intensive community corrections program, often referred to as a Day Reporting Center (DRC), versus an intensive supervision parole condition (Phase I). Participants were randomly assigned to either DRC (n = 198) or Phase I (n = 204), and data were collected for 18 months post 90 day study period. The present study involved an experimental comparison of two basic models of parole supervision. The DRC is a program that brings groups of parolees together from throughout a municipality or larger geographic area and requires them to spend significant amounts of time together on a daily basis where they receive primarily group instruction, referral to outpatient psychological or substance abuse treatment services when appropriate, and individual case management. Alternatively, Phase I is an individual-based form of intensive supervision with referral to outpatient and other services and with additional conditions imposed.

Key Findings

1. During the 90 day study period, male DRC participants were twice as likely to be arrested for a new offense and were 41% less likely to obtain employment than were Phase I participants.
2. During the 6 month period immediately following study participation, male DRC participants were 2.7 times more likely to be re-convicted of a new offense. Furthermore, male DRC participants were 80% more likely than Phase I participants to produce a positive drug test during this period.
3. Over the longer term (i.e., 12 and 18 months post completion of the study condition), there was only one difference between the male study groups. That is, male DRC

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

participants were 67% less likely to obtain employment during the 18 month follow-up period.

4. There were no differences between the female DRC and Phase I conditions for the 90 day study period, as well as the 6 and 18 month follow-up periods. There was, however, a significant difference in the number of females in the Phase I condition that were employed compared to the DRC condition with DRC participants being 92% less likely to hold employment.
5. Survival/failure analysis revealed that the time to first re-arrest for males is not significantly different between male DRC and Phase I participants. Furthermore, the cumulative survival/failure rates of the two conditions are not significantly different.

Conclusions

These results suggest that the DRC programs have significant short term negative impacts on male parolee outcomes, but that for the most part, the negative effects do not persist over the longer term. In fact, survival analysis revealed that even though DRC participants were re-arrested sooner than Phase I participants over the course of the 21 months of the study, these group differences did not reach statistical significance. The pattern of outcomes is even more noteworthy given the relative costs of the two programs. While Phase I supervision costs range from \$7-\$13.67 per day per parolee, DRC programming costs an average of \$57 per day (these are the fees paid by the NJSPB to the DRC entities per parolee program day). In light of these findings, it is reasonable to conclude that DRC programs are substantially less cost effective than Phase I supervision. Moreover, our findings raise important policy and fiscal concerns regarding the rationale for using the DRC model to supervise medium- and high-risk parolees. However, this should not be construed as saying that individual supervision alone is sufficient, since Phase

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

I parolees were assigned additional conditions at the discretion of their parole officers which could include, for example, outpatient drug treatment, mental health treatment, educational training, etc. These services may all be important for facilitating the successful reintegration of parolees into the community.

While there are limitations of the present study, the implications of the present research for policy and practice are significant. The overall finding is that medium- and high-risk parolees can be managed as effectively in the community at far less cost using the Phase-based individual system, with appropriate referral to services or additional conditions imposed.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

FULL REPORT

Outcomes of a Randomized Trial of an Intensive Community Corrections Program – Day Reporting Centers – For Parolees

Between 1982 and 2007, the number of adult offenders incarcerated in American prisons and jails increased 374%, reaching a total of 2,293,157 (Pew Center on the States, 2009). With very few exceptions, many incarcerated offenders return to the community and serve a period of parole supervision. As such, from 1982 to 2007, the United States saw its parole population rise as well, increasing from 224,604 to 824,365 persons, reflecting an increase of 367% (Pew Center on the States, 2009). During this time, New Jersey, like most other states, experienced substantial increases in its corrections and parole populations. The adult incarceration rate in New Jersey increased 192% from 1982 to 2007, while its probation and parole supervision rate rose 141% during the same time period (Pew Center on the States, 2009). As a result of this mass incarceration, as well as the myriad unintended consequences of such an increase on the criminal justice system (e.g., rising parole and probation rates, a lack of a proportional increase in public safety, and escalating costs) a consensus developed that alternatives to incarceration are needed that can both maintain public safety and reduce recidivism (Clear & Austin, 2009; King, 2009; Raphael & Stoll, 2009; Useem & Piehl, 2008).

Over the last two decades, states have turned to community corrections programs to manage more offenders in the community in an effort to reduce prison and jail populations, reduce recidivism, and reduce costs within the criminal justice system. A specific type of community corrections program known as a day reporting center (DRC) has gained popularity as an alternative to incarceration as evidenced by the rapid increase in the number of programs operating nationwide. In 1990, only 13 DRCs were open and operating in the U.S. (Martin,

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Lurigio, & Olson, 2003), but within four years that number increased substantially to 114 (Parent & Corbett, 1996).

DRCs are non-residential facilities that offer offenders rehabilitative programming and daily supervision. Offenders assigned to DRCs generally report to the facility during daytime hours and return home at night when programming is complete. As such, DRCs are facilities that provide offenders with programming designed to meet their risks/needs while providing state criminal justice systems the opportunity to monitor and supervise these offenders while they remain living within the community. In terms of surveillance, many DRCs require that their clients report daily, check-in with counselors, submit to random drug tests, and abide by other conditions that ensure the management and supervision of these offenders despite their in-community status. To aid in reentry and reintegration, treatment programming available to offenders can include educational and/or vocational training, job placement services, drug abuse education and treatment, and life-skills training, among others. Due to the varying amount and type of DRC programming available throughout the U.S., there is no single definition of what constitutes a DRC. Furthermore, programs of this type are known by a variety of names, including community resource centers, day treatment centers, day incarceration centers, and restorative justice centers (Craddock, 2004). DRCs also differ in that they can serve many offender populations as offenders can be sentenced to a DRC for a variety of reasons, including a pre-trial detention sentence, a direct sentence, as a condition of probation, an intermediate punishment, or as a half-way back sanction for probation or parole violators (Martin et al., 2003). In the present report, we will refer to all such programs as DRCs.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Prior Research

While DRCs can provide community-based services and programming to multiple offender populations (e.g., pre-trial released offenders, probationers, and parolees), research on the ability of these programs to reduce future recidivism and increase positive outcomes for offenders has focused mainly on the outcomes of adult probationers (Brunet, 2002; Craddock, 2004; 2009; Craddock & Graham, 2001; Marciniak, 1999; 2000; Roy & Grimes, 2002), offenders released on pre-trial detention (Kim, Joo, & McCarty, 2008; Lurigio, Olson, & Sifferd, 1999; Martin et al., 2003; McBride & Vanderwaal, 1997; Roy & Grimes, 2002), and work release offenders (Diggs and Pieper, 1994). Within this literature, results regarding DRC effectiveness have been mixed. While some researchers claim positive outcomes of DRC attendance, such as low re-arrest/re-conviction rates, high employment attainment rates, and potential cost-savings of DRC use (e.g., Craddock & Graham, 2001; Craddock, 2004; Diggs & Pieper, 1994; Lurigio et al., 1999; Martin et al., 2003; McBride & VanderWaal, 1997), others find high failure rates of DRC attendees of more than 50% (Brunet, 2002; Marciniak, 1999; Craddock & Graham, 2001; Roy & Grimes, 2002) as well as a lack of evidence of DRC effectiveness and reduction in criminal justice costs (Marciniak, 1999; 2000). As such, there is no consensus regarding DRCs as an effective alternative to incarceration within these offender populations in terms of recidivism and criminal justice cost reduction.

What is even less known about DRCs is their utility for reducing recidivism and producing positive outcomes among one specific offender population: parolees. Currently, there are only four published reports on the effectiveness of DRCs for the parole population (i.e., Anderson, 2002; Kim, Spohn, & Foxall, 2007; McDevitt & Milano, 1992; Ostermann, 2009). Anderson (2002) completed a matched comparison groups study of the Illinois Department of

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Corrections/Chicago Southside Parolee Re-Entry Program, a DRC designed to treat and supervise high-risk parolees in Illinois. Statistical analyses revealed that at one, two, and three year follow-up periods, those parolees that had attended the DRC had significantly lower recidivism rates as compared to an untreated, matched parolee group (Anderson, 2002). The author also claimed cost savings of \$3.6 million for the first few years of operation (Anderson, 2002).

Kim and colleagues (2007) evaluated a DRC in Douglas County, Nebraska that was intended to serve parolees, but was also utilized as an alternative for non-violent, pre-trial defendants who were ineligible for release on recognizance or who were unable to make bail. They found that the longer the offenders received services at the DRC, the less likely they were to recidivate during a one-year follow-up period. However, caution should be used when extending these results to the sampling of parolees, as it was discovered that judges infrequently used the DRCs for parolees; between 2001 and 2003, 85% of the offenders served by the DRC were defendants on pre-trial release (Kim et al., 2007).

McDevitt and Milano (1992) used a one-group post-test only design to examine four DRCs in Massachusetts. They found that 79% of the parolee sample successfully completed the program, which had an average length of 40 to 50 days (McDevitt and Miliano, 1992). Sixteen percent of offenders received administrative termination due to drug use, unexcused absence, or other causes, and were subsequently placed into a higher level of custody. Five percent of offenders were returned to a higher level of custody because they either committed new crimes or escaped (McDevitt and Miliano, 1992).

Ostermann (2009) used a quasi-experimental design to compare four groups of parolees: those paroled directly to a DRC upon release, those paroled to a halfway back program (HWB),

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

those released on standard parole, and those who completed their prison sentence in full without any community supervision upon release, also known as max-outs. Each group was compared on three measures of recidivism including re-arrest, re-conviction, and re-incarceration. He found that max-outs consistently scored the worst on all three measures of recidivism, had more arrests, and were arrested sooner after release than the three other groups. Finally, he reported that only HWB parolees significantly differed from max-outs in the number of days it took to be re-arrested.

While some prior studies claim positive outcomes of DRC programming (e.g., high DRC completion rates, lowered re-arrest, re-conviction, and re-incarceration rates), all of the previously discussed studies suffer from a number of methodological deficiencies, with the most prominent flaw being the use of quasi-experimental designs with comparison groups that may not actually be comparable. As such, any conclusions drawn about DRC program effectiveness for parolees from these prior studies are potentially biased. Weisburd, Lum, and Petrosino's (2001) examination of crime and justice intervention research highlights this bias. In their systematic evaluation of criminological studies, Weisburd and colleagues (2001) found that the weaker the research design of a study, the greater the likelihood the results would support the treatment condition, as an overestimation of program outcomes can occur. As such, there is a "clear moral imperative" (p. 343) for the use of randomized experiments in crime and justice research (Weisburd, 2003). There are a small number of studies that have utilized an experimental design when testing the effectiveness of community corrections and/or reentry programming (e.g., Hennigan, Kolnick, Siva Tian, Maxson, & Poplawski, 2010; Wilson & Davis, 2006). The authors of these studies report no positive outcomes associated with program participation, lending support to Weisburd and colleagues' (2001) findings. To date, there are no

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

randomized-controlled experiments evaluating DRC effectiveness with any criminal justice subject population. The present study is the first to employ an experimental design to evaluate DRC effectiveness.

The Present Study

The present study is an experimental evaluation of DRCs for parolees in danger of parole revocation or increased sanctions as a result of technical violations of parole. We examined short- and long-term outcomes for parolees randomly assigned to either a DRC condition or an intensive supervision parole condition (known as Phase I parole supervision) for a study period of 90 days. Specifically, we examined two primary research questions: First, do parolees referred to DRCs achieve more successful outcomes (i.e., are they less likely to be re-arrested and re-convicted, less likely to produce positive drug tests, and more likely to gain employment than parolees under Phase I parole supervision)? Secondly, for those participants that are re-arrested, does the time to failure differ between the two conditions? To answer these questions, we present outcomes for participant re-arrest and re-conviction for a new offense (excluding arrests/convictions on old warrants and parole violations), as well as positive drug tests and obtaining employment. Outcomes are presented for the 90 day study period and at subsequent 6, 12, and 18 month follow-up periods. A detailed description of each study condition follows.

Program Descriptions

Day reporting centers. This study focuses on seven DRCs¹ in urban areas of New Jersey. All but one of the DRCs are private, not-for-profit organizations and all of the agencies contract with the New Jersey State Parole Board (NJSPB) to provide services exclusively to

¹ In New Jersey, DRCs are referred to as Community Resource Centers (CRCs). Previously, New Jersey called these centers DRCs, but the name was changed after the study began. These facilities will herein be referred to as DRCs.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

parolees. The DRCs are contractually required to provide services to all eligible parolees referred to the agencies regardless of criminal history.

DRC programming in New Jersey was designed to provide an intensive level of supervision to parolees who were deemed at high-risk for recidivism and in need of services, particularly employment readiness and training. DRCs are often utilized as a graduated sanction in those instances in which a parolee has committed technical violations, is chronically unemployed, or requires more intensive programming and supervision than traditional parole can provide. Parolees are placed in a DRC program for a standard length of 90 days, but this period can be extended beyond 90 days when necessary due to irregular attendance, or if a longer stay is deemed necessary and appropriate by DRC staff with the approval of NJSPB officers. Parolees enrolled in DRC programs are expected to attend programming every day and submit to regular drug testing as monitored by DRC staff.

The underlying premise of DRCs is to provide clients with both surveillance and various rehabilitative programming so as to increase the pro-social activities of the offender, thus decreasing the likelihood for future reoffending. In New Jersey specifically, DRCs emphasize skills that enhance a parolee's likelihood of obtaining and maintaining employment. At a minimum, these DRCs provide the following services: assessment and case management, life skills training, job skills development, employment counseling and placement, substance abuse counseling (typically provided off-site by other treatment providers), referrals to outpatient mental health counseling, academic assistance (including GED preparation), parenting skills, stress and anger reduction, money management, and sessions covering physical fitness, nutrition and first aid. With the exception of individual case management, most DRC services are delivered in a group setting. When parolees participating in a DRC program require services not

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

available at the DRC (e.g., substance abuse counseling, mental health counseling), parole officers work with DRC staff to refer parolees to appropriate services and programs in the community.

There are a number of contact standards parole officers must complete if they have a parolee assigned to the DRC on their caseload. This includes conducting a positive home visit during the first month of DRC enrollment, with additional home visits completed if a parolee has three successive days of unexcused absences from a DRC or goes missing from parole supervision. The parole officers must also verify a parolee's employment on a weekly basis if the parolee obtains a job. New Jersey criminal record checks and a check of the national criminal history database are conducted at least once per month during the parolee's attendance at a DRC. Finally, parole officers are required to administer random urine tests for detection of narcotic use and random alcohol tests to those parolees required to refrain from alcohol use, in addition to the tests administered by the DRC staff. Thus, although these parolees are attending the DRC, they are still mandated to adhere to the terms of their parole supervision as provided by the NJSPB.

Phase I parole. In March 2007 (five months before study enrollment began), the NJSPB implemented a new evidenced-based practices supervision system which utilized a four-phase supervision system: Phase I (Assessment), Phase II (Stabilization), Phase III (Maintenance), and Phase IV (Advanced). This new supervisory system was designed to shift the focus away from previous quantitative contact standards of supervision to new qualitative contact standards in an attempt to better identify a parolee's risks and needs, thus reducing the likelihood of recidivism. As such, the new system was built on the idea that parolees would cycle between the four phases depending on their parole behaviors. All parolees enter parole on a Phase I caseload, which has the highest level of supervision, and attempt to move upwards to

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

lower levels of supervision, with Phase IV being the least restrictive. While positive behavior (e.g., completing substance abuse treatment, obtaining employment) is rewarded by the parolee's upward move to a lower supervision level, negative behavior (e.g., substance abuse relapse, curfew violation) result in the parolee's downward movement to a higher supervision level, or, if the parolee is currently on Phase I supervision, a continuance and a sanction.

Phase I parole supervision functions similar to intensive supervision parole (ISP) in that parolees on Phase I have contact standards that require more frequent contacts with parole officers and random drug testing than the other Phase caseloads. Phase I parolees typically remain on Phase I supervision for a period of 90 days (comparable to DRC participation) and must abide by the following conditions: A Phase I parolee must have two face to face contacts with a parole officer every 30 days, one positive home visit every 30 days (i.e., the parole officer must visit the home while the parolee is home and verify that the parolee resides at the address on record), and one random drug test every 30 days. Parolees on Phase I may also be given additional conditions to complete while under supervision based on their risks/needs. These conditions are usually reserved for parolees who are already on Phase I and have exhibited behavior that is in violation of this supervision. Some of the special conditions added to Phase I can include curfew, educational programs (e.g., G.E.D., college courses), job training programs, outpatient and intensive outpatient drug/alcohol counseling, outpatient and intensive outpatient mental health counseling, anger management, electronic monitoring, or halfway back supervision². Parole officers can assign multiple conditions for a parolee at any given time. Parolees who participated in Phase I supervision in the current study could be provided with any of these special conditions during the study enrollment process.

² For the purposes of this study, electronic monitoring and halfway back supervision were not allowed as special conditions of Phase I supervision for study participants as they are handled by a separate office within NJSPB and require additional parole standards.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Phase II parole supervision is a step below Phase I supervision, though the two supervision levels are extremely similar. Parolees on Phase II supervision are required to submit to many of the same contact standards as parolees on Phase I: they must have one positive home visit every 30 days (i.e., the parole officer must visit the home while the parolee is home and verify that the parolee resides at the address on record) and one random drug test every 30 days. The only difference between the two Phases is in the number of face-to-face contacts that a parolee must make with the parole officer: Phase I parolees must have two face-to-face contacts every 30 days while Phase II parolees must have one.

METHOD

Participants

Participant recruitment ran from August 1, 2007 through January 7, 2009 resulting in a total sample of 402 (N=402) participants. Random assignment provided study groups almost evenly split between DRC (n = 198) and Phase I (n = 204). The total sample included 355 male parolees and 47 female parolees. Demographic and risk characteristics of the participants (N = 402) are displayed in Table 1.

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The Phase I and DRC groups were equivalent and independent t-test and chi-square analyses found no significant differences between the two study groups on age, gender, or race. Participants in both study groups were 33 years of age, on average. African-Americans made up the largest proportions of each condition, followed by Hispanics; Caucasians represented the smallest proportion of each condition. There were no Native American, Asian, or Pacific Islander participants in the sample.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

The criminal history and recidivism risk of participants were considered through the examination of participants' offense of conviction (i.e., the conviction that placed them on parole and thus, eligible for study enrollment), number of prior adult arrests, number of prior adult convictions, presence of a juvenile record, scores on the *Level of Service Inventory Revised* (LSI-R) risk/needs assessment,³ and parole Phase status prior to study enrollment. There were no significant differences for offense of conviction for DRC participants compared to Phase I participants. The mean number of prior adult arrests was similar across conditions (DRC: $M = 9.37$; Phase I: $M = 9.17$), indicating no significant differences. The mean number of prior adult convictions was also comparable and non-significant across conditions (DRC: $M = 8.95$; Phase I: $M = 8.90$). There were no significant differences across conditions for the presence of a juvenile record (DRC: 33.3%; Phase I: 28.9%) or the mean pre-enrollment LSI-R risk score (DRC: $M = 24.65$; Phase I: $M = 24.79$). Finally, parolees were overall more likely to be supervised under Phase I supervision prior to study enrollment.

Thus, the randomization process was successful overall in creating two similar study groupings. For this reason, it was not necessary to control statistically when conducting the between-group comparisons that follow.

Consent refusals. In addition to the study sample, 21 eligible male parolees refused to participate in the study. This represents a refusal rate of approximately 5%. Statistical analyses revealed no significant differences between those male parolees who consented and those who refused to participate in the study on demographic or risk characteristics. The parolees who refused to participate did not differ significantly in age ($M=31.1$, $SD=7.9$) from the consenting parolees ($M=33.11$ $SD=9.52$; $t(375)=1.05$, $p=.29$). African Americans accounted for 18 (85.7%)

³Please see the following risk measures section for more information about risk and the utilization of the LSI-R within this sample.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

of the refusals, and Hispanics accounted for 3 (14.3%) of the refusals. There were no consent refusals from Caucasian parolees. Chi-square tests indicate that there were no statistically significant differences between parolees who participated in the study and those who declined to participate in terms of race/ethnicity ($\chi^2_{(2)}=1.46, p = .481$).

Procedure

Eligibility criteria and enrollment process. In order to be eligible for study inclusion, parolees had to: violate a condition of Phase I or Phase II⁴ supervision such that increased supervision was warranted, the parolee must have been unemployed, the parolee must have had at least three months remaining in the parole term, and the parolee must have been able to communicate in English for treatment purposes.

Five parole district offices located in urban areas of New Jersey were selected as participant recruitment sites. Assistant District Parole Supervisors (ADPS) at the five participating parole district offices were responsible for identifying parolees who violated conditions of their parole and were eligible for additional sanctions based upon Parole-mandated three-month file reviews and adjustment sessions⁵. When an ADPS identified an eligible parolee, the parolee's unique prisoner number was entered into a secure web-based randomization program, which assigned the parolee to either the DRC or Phase I condition. Next, the ADPS explained the research study to the parolee and administered consent without disclosing the condition assignment. Parolees that consented to participate were then officially enrolled in the study; Parolees who refused consent were referred to the randomly assigned

⁴ Due to similar contact standards between Phase I and Phase II parolees, parolees who violated a condition of parole while on Phase II supervision were included for enrollment so as to increase the potential sample size of this study.

⁵ Adjustment sessions are meetings of the ADPS, the parole officer, and the parolee to address violating behavior and impose additional sanctions.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

condition and no participation or outcome data were collected on the parolee⁶. Thus, parolees were randomly assigned either to DRC or Phase I, and this assignment was not related to whether they ultimately consented to participate as research participants. This eliminated any bias that might have occurred due to parolees' preference for one or the other of the study conditions.

Some parolees assigned to Phase I supervision were provided with special conditions of parole, as noted previously. These special conditions included: no contact with victim (n = 11), curfew (n = 65), attending an educational program (n = 24), attending a job training program (n = 75), substance abuse counseling (n = 141), intensive outpatient substance abuse counseling (n = 22), anger management (n = 3), mental health counseling (n = 14), intensive outpatient mental health counseling (n = 1), participation in Gang Reduction and Aggressive Supervision Parole (GRASP; n = 10) or other (n = 18; e.g., report to parole weekly, refrain from alcohol, etc.). It should be noted that some parolees could be assigned more than one condition, hence why the numbers do not add up to the Phase I sample size (N = 204).

Data Sources

Demographic data were collected from the parolees' files at the respective parole district offices at the time of enrollment. Supervision, service and treatment participation, drug test, and employment data were collected from parole chronological notes and DRC files. Criminal history and recidivism data were collected from New Jersey's computerized criminal history (CCH) and the Interstate Identification Index (III). The CCH reports all arrests, acquittals, convictions, sentences, parole violations (PVs), and violations of probation (VOPs) in New Jersey. The III is a national criminal history that reports all arrests, acquittals, convictions,

⁶ However, demographic and criminal history data were collected to ensure similarity to the consenting participant sample.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

sentences, PVs, VOPs, and outstanding warrants associated with the offender that have occurred outside of New Jersey.

Risk Measures

Level of Service Inventory-Revised. The parolees that comprise the current sample of study can be considered medium- to high-risk offenders. A common assessment tool used for determining an offender's risk level is the *Level of Service Inventory-Revised* (LSI-R; Andrews & Bonta, 1995). The LSI-R is a 54-item risk/needs assessment that measures both static and dynamic factors associated with risk for future recidivism and offender success. Items on the LSI-R are grouped into 10 sub-components: Criminal History, Education/Employment, Financial, Family/Marital, Accommodations, Leisure/Recreation, Companions, Alcohol/Drug Problems, Emotional/Personal, and Attitudes/Orientation. An offender's score on the LSI-R is calculated by adding up the individual's scores within each subcomponent. Total scores can range from 0 to 54, with higher scores indicating that the offender is at a higher risk-level. The LSI-R has been validated on a number of community offender groups (e.g., probationers (Andrews, 1982; Andrews & Robinson, 1984), halfway house residents (Bonta & Motiuk, 1985) and parolees (O'Keefe, Klebe, Hromas, 1998; Schlager & Pacheco, 2011)). Andrews and Bonta (2003) report a mean LSI-R score of 20.81 for males and 20.62 for females within a sample of adult community offenders in the United States, with scores of 0-7 classified as Minimum risk, 8-15 as Medium risk, and 16 or more as Maximum risk. Based on these mean scores and cutoff points, the offenders included within the current sample generally include offenders who can be deemed at higher risk as the mean LSI-R scores reported for the male and female parolees is relatively higher than those reported by Andrews and Bonta (2003) and subsequently fall into the Maximum risk category.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Offense of conviction. In the current report, risk was also measured qualitatively by looking at the offense of conviction (i.e., the conviction that placed them on parole and thus, eligible for study enrollment). Offenses of conviction were originally coded into seven categories including: violent, firearms, weapons, drugs, property, administrative and public order offenses. Upon review, it was determined that it was beneficial to collapse the categories and create three categories of offenses: violent and weapons, drugs, and property and other offenses.

Outcome Measures

Completion. Participants in either condition, who met all of their respective program requirements, did not receive a parole violation or a negative change in parole status and were not discharged from the DRC for a period of 90 days, are defined as successful completers.

Re-arrests for new offenses only. This measure includes arrests for new offenses only (excluding parole violations) for those individuals who were arrested for a new offense committed subsequent to study enrollment and within 18 months post completion of the 90 day study condition as recorded in CCH and III reports.

Re-convictions for new offenses only. This measure includes convictions for new offenses only (excluding parole violations) occurring subsequent to study enrollment and within 18 months post completion of the 90 day study condition as recorded in CCH and III reports.

Positive drug tests. A drug test administered to a parolee by either DRC program staff or a parole officer that indicates that the parolee has used a controlled dangerous substance as proscribed by N.J.S.A. 2C:35. Positive alcohol tests are also included within this variable.

Employment. A participant is considered employed for the purposes of this study if s/he either is employed in a job, or is engaged in a course of study to obtain a certificate to engage in a trade or profession, or GED or other degree, as verified by the NJSPB.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Time to first re-arrest for a new offense. This measure examines the time to first re-arrest for a new offense (i.e., excluding arrests for parole violations) during the study and 18 month follow-up period (for a total of 21 months or 630 days follow-up). It is specifically defined as the number of days from the date of enrollment to the date of the participant's first arrest for a new offense in the 21 month period.

Analytical Methods

Chi-square analyses were conducted to assess significant differences between the male DRC and Phase I study groups on outcome measures including arrests for new offenses only, convictions for new offenses only, positive drug tests, and employment. These analyses were conducted after participants completed 90 days in a condition, as well as at the conclusion of 6, 12, and 18 month follow-up periods. We conducted our analyses by time periods because we were interested in learning whether a relatively brief 90 day program would produce short and/or long term effects on this participant population. In addition, odds ratios were calculated to look at the bivariate relationships between the two study conditions and outcome variables.

As there are a number of differences between male and female offenders, it was determined that separate analyses should be conducted for this group. Fisher's exact tests⁷ were used to test for differences between the female study conditions on outcome measures including arrests for new offenses only, convictions for new offenses only, positive drug tests, and employment. These analyses were conducted after participants completed 90 days in a condition, as well as at the conclusion of 6, 12, and 18 month follow-up periods. In addition,

⁷ Fisher's exact tests are used in place of a chi-square test to determine differences between groups when the overall sample size is small or the expected cell count in any cell of a 2x2 table is less than five (which occurs in the present report). The chi-square test is based on the approximation of a large sample distribution whereas a Fisher's exact test is based on the hypergeometric distribution and is therefore more accurate for small samples.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

odds ratios were calculated to look at the bivariate relationships between the two study conditions and outcome variables.

Survival analyses were carried out to examine the time to first re-arrest for a new offense only (i.e., excluding parole violations) during the study and 18 month follow-up period (21 months or 630 days) for males only⁸. Time to first re-arrest was defined as the number of days from the date of enrollment to the date of the participant's first arrest for a new offense in the 21 month period. This analysis utilized right censoring if an event did not occur within the study and follow-up period or if a parole violation arrest led to a parolee's incarceration for the remainder of the study or follow-up period; these participants were censored at the time of their incarceration. Kaplan-Meier curves and median days to arrest are reported.

Since the randomization procedure produced groups that were equivalent on every risk and demographic measure, there was no need to control for these variables. Accordingly, we examined the bivariate outcomes. This is one of the strengths of employing a randomized control trial.

Attrition for drug test and employment outcome variables. The sample sizes included in the analyses for positive drug test and employment are different due to attrition. One of the study eligibility criteria was that parolees have at least 3 months remaining in their parole terms; how much more than 3 months varied. While it was possible to analyze re-arrest and re-conviction for all of the participants due to access to criminal histories whether or not they were still under parole supervision, both positive drug tests and employment were more sensitive to attrition, as these variables were taken from parole chronological notes. If participants completed parole, they were not included in the analyses for drug tests and employment because

⁸ Due to the small number of females in the study, we were unable to utilize survival analysis to test for differences between the Phase I and DRC conditions.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

it was not possible to collect data on these measures. In addition, those participants who were incarcerated were not include for the positive drug test and employment measures.

It is important to note, however, that analyses of age, race/ethnicity, and mean pre-enrollment LSI-R score revealed that both study conditions were still equivalent on all these characteristics at each of the 90 day, and 6, 12, and 18 month follow-up periods. That is, there was no difference in participant attrition between Phase I and DRC study conditions. Thus, the equal study groups produced by the randomization process persisted throughout the course of the entire study.

RESULTS

Bivariate Analyses: Males.

Completion. Results of the bivariate analysis for male completion reveal that 51.9% of the Phase I participants completed the condition, while 50% of DRC participants completed DRC programming. Chi-square analysis reveal no significant differences between the groups ($\chi^2_{(1)} = .13, p = .72$).

Arrests for new offenses only and convictions for new offenses only. These measures include arrests and convictions for new offenses only (i.e., excluding parole violations) for those males who were arrested for a new offense committed subsequent to study enrollment and within 18 months post-completion of the 90 day study period as recorded in CCH and III records.

INSERT TABLE 2 ABOUT HERE

Arrests for new offenses. Compared to male Phase I participants, male DRC participants were more likely to be arrested for new offenses during the 90 day study period ($\chi^2_{(1)} = 6.49, p < .01$).

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

An odds ratio of 2.01 ($p < .01$) also showed that the program condition was significantly associated with an arrest for a new offense. That is, male DRC participants were twice as likely to be re-arrested as males in the Phase I group for a new offense during the 90 day study period. There were no differences between the study groups during the 6, 12, or 18 month follow-up periods on the arrests for new offenses measure.

Convictions for new offenses. As displayed in Table 3, chi-square analyses revealed that male DRC participants were significantly more likely to be convicted for a new offense during the six month follow-up period ($\chi^2_{(1)} = 9.11, p < .01$).

INSERT TABLE 3 ABOUT HERE

Odds ratios for the 6 month follow-up period showed that the program condition was significantly associated with a conviction for a new offense (OR = 2.7; $p < .01$). That is, male DRC participants were 2.7 times more likely to be re-convicted for a new offense during the 6 month follow-up period immediately following their participation in the DRC when compared to males in the Phase I condition. There were no differences between the study groups during the 90 day study period, or during 12 or 18 month follow-up periods.

Positive drug tests. In the current investigation, male participants from the DRC and Phase I programs were assessed on whether or not they produced a positive drug test. The results of these analyses are presented in Table 4.

INSERT TABLE 4 ABOUT HERE

During the six month follow-up period, chi-square analyses revealed that male DRC participants were significantly more likely to produce a positive drug test than were Phase I participants ($\chi^2_{(1)} = 3.85, p < .05$). There were no differences between the study groups during the 90 day study period, or during 12 or 18 month follow-ups.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

The odds ratio for the 6 month follow-up period shows that the program condition is significantly associated with a positive drug test outcome (OR = 1.76, $p < .05$). That is, male DRC participants were 76% more likely to produce a positive drug test during the 6 month follow-up period immediately following their participation in the DRC than male participants in the Phase I condition.

Employment. In the current investigation, male participants from the DRC and Phase I programs were assessed on whether they obtained gainful employment, and/or enrolled in an education program (e.g., certification programs for particular trades, GED). A series of chi-square analyses were conducted to determine whether males in the DRC condition were more likely to obtain work when compared to male participants in the Phase I program. In the first analysis, employment as a measure was examined for the 90 day study period. Subsequent analyses examined employment at 6, 12, and 18 months. Results are presented in Table 5.

INSERT TABLE 5 ABOUT HERE

Results from the chi-square analyses of the 90 day study period and 18 month follow-up period were statistically significant ($\chi^2_{(1)} = 5.76, p < .05$, and $\chi^2_{(1)} = 6.16, p < .01$, respectively). That is, male participants in the Phase I group were significantly more likely to secure employment compared with males in the DRC condition during the 90 day study period and 18 month follow-up. During the 6 and 12 month periods, a larger proportion of Phase I participants obtained employment when compared to participants in the DRC group. However, chi-square analyses of the 6 ($\chi^2_{(1)} = .12, p = .73$) and 12 month periods ($\chi^2_{(1)} = .13, p = .72$) were not statistically significant.

Odds ratios were calculated for the employment measure for the 90 day and 18 month follow-up periods. The odds ratio for the 90 day study period is .59 ($p < .01$), indicating that

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

males in the DRC condition were 41% less likely to obtain employment than males in the Phase I condition during the 90 day study period. Results from the 18 month period indicated that males in the DRC condition were 67% less likely to obtain employment than males in the Phase I condition (OR = .33, $p < .01$).

Bivariate Analyses: Females

Completion. Results of the bivariate analysis for female completion reveal that 57.9% of the Phase I participants completed the condition, while 42.9% of DRC participants completed DRC programming. Chi-square analysis reveal no significant differences between the groups ($\chi^2_{(1)} = 1.02, p = .31$).

Arrests for new offenses only and convictions for new offenses only. These measures include arrests and convictions for new offenses only (i.e., excluding parole violations) for those females who were arrested for a new offense committed subsequent to study enrollment and within 18 months post-completion of the 90 day study period as recorded in CCH and III records.

Arrests for new offenses. There were no significant differences between the female study groups during the 90-day study period, or the 6, 12, or 18 month follow-up periods on the arrests for new offenses measure (see Table 6).

INSERT TABLE 6 ABOUT HERE

Convictions for new offenses. There were no significant differences between the female study groups during the 90-day study period, or the 6, 12, or 18 month follow-up periods on the convictions for new offenses measure (see Table 7).

INSERT TABLE 7 ABOUT HERE

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Positive drug tests. In the current investigation, female participants from the DRC and Phase I programs were assessed on whether or not they produced a positive drug test. The results of these analyses are presented in Table 8.

INSERT TABLE 8 ABOUT HERE

Fisher's exact tests revealed no significant differences between the female study groups during any of the follow-up periods on this outcome measure.

Employment. Female participants from the DRC and Phase I programs were assessed on whether they obtained gainful employment, and/or enrolled in an education program (e.g., certification programs for particular trades, GED).

INSERT TABLE 9 ABOUT HERE

As can be seen in Table 9, there are no statistically significant differences between females in the two conditions in terms of employment for the 90-day study period and 6 and 18-month follow-up periods. However, a statistically significant difference exists during the 12-month follow-up period for women who were still being followed by parole (n=17) in that a higher proportion of females in the Phase I condition were employed when compared to those females assigned to DRC as their study condition.

Survival Analysis

Time to first re-arrest for a new offense. Survival analysis was utilized in order to determine if there was a statistically significant difference between the DRC and Phase I groups with respect to time from study enrollment to an arrest for a new offense only (excluding parole violations) for male parolees only. Women have been excluded from the analyses due to their small sample size. The participants in the DRC study condition had a shorter median time period to first re-arrest for a new offense (294 days) when compared to participants in the Phase I

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

condition (377 days for a new offense only). However, this difference was not statistically significant.

INSERT FIGURE 1 ABOUT HERE

Kaplan-Meier curves for days to first re-arrest for a new offense (Figure 1) are provided. In this figure, it is evident that the male DRC participants had consistently less time to first arrest, but the curves are very close together and the groups merge at the end of the follow-up period, indicating no significant differences between the conditions in the time to failure.

DISCUSSION

The results of the present study demonstrate that for parolees at risk for increased parole sanctions or re-incarceration due to technical violations of parole, there were some significant differences in outcomes for parolees referred to DRC as compared to parolees remaining solely on regular parole supervision. In looking at the bivariate analyses, male Phase I participants had better outcomes on some measures and for some time periods when compared to male DRC participants. Differences appear mostly in the short-term: during the 90-day period in which the participants were completing their randomly-assigned condition, as well as the six months immediately following it. In the 90 day period, DRC participants were twice as likely to be arrested for a new offense, whereas Phase I participants were nearly 70% more likely to obtain employment than were DRC participants. Furthermore, during the 6 month period immediately following study participation, analyses show that male DRC participants were 2.7 times more likely to be re-convicted of a new offense. Male DRC participants were also 80% more likely than male Phase I participants to produce a positive drug test during this period. Finally, no significant differences exist between the two conditions for female participants in the short term.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

From these results, one can conclude that male DRC participants had substantially worse outcomes relative to regular parole supervision participants in the short term.

The group differences found between DRC and Phase I participants on re-arrests and re-convictions during the short term cannot be attributed to any increased supervision that DRC participants may have been subject to as the offenses committed during the 90 day study period did not occur while participants were in DRC programming. Instead, these offenses occurred during nights and weekends when DRC participants were not at the DRC centers. Additionally, after the 90 day study period, all participants returned to regular parole supervision. Therefore, any group differences during the 6-month period (e.g., increased positive drug tests for DRC participants) cannot be attributed to increased supervision as all parolees were returned to regular parole supervision at the end of the study period.

Between group differences were not present, with the exception of employment, over the long-term (i.e., 12 and 18 months post completion of the study condition). Bivariate analyses revealed that male DRC participants were 67% less likely to obtain employment during the 18 month follow-up period when compared to Phase I participants. Likewise, female Phase I participants were significantly more likely to be employed when compared to females in the DRC condition for the 12 month period only.

Together, the results of the short- and long-term bivariate analyses show that the DRC programs have a significant short term negative impact on male parolee outcomes, and while this negative impact does not persist, parolees assigned to the DRC do not fare any better than a comparable group of parolees who were not provided with additional programming and services other than what is normally received during parole supervision. We conducted our analyses by

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

time period to determine whether a relatively brief 90-day program would have short and/or long-term effects on this population.

It may not be surprising that the effects of the DRC programs are short-lived. First, the program duration of 90 days is relatively brief. Second, the participants in the present study would, for the most part, be described as “life course persistent” antisocial individuals (Moffitt, 1993). Therefore, their patterns of antisocial behavior were well established and of long duration by the time they were enrolled in this study. Results presented in Table 1 provide evidence of extensive criminal histories. One would not expect to see a long term change from a 90 day program in such individuals. It is disheartening that on its face, one might expect that a program such as a DRC, (that attempts to address deficits related to employability and that provides access to services with an emphasis on employment-related skills and assistance along with additional supervision), would produce better employment outcomes. However, experimental studies of well-intentioned programs have often revealed negative effects (e.g., Dishion, McCord & Poulin, 1999; Hennigan, et al. 2010; McCord, 2003; Weisburd, 2003; Wilson & Davis, 2006).

One explanation for the failure of the DRC programs to produce positive outcomes in its clients may be due to the design and implementation of the DRC programming. While Phase I is an individual-based intensive supervision with referral to services and additional conditions imposed based on each parolee’s risks/needs (thus minimizing the amount of contact parolees have with one another), the DRC is a program that brings together antisocial individuals from throughout a municipality or larger geographic area and requires them to spend significant amounts of time together on a daily basis. This would include time before and after official programming, when socializing among participants can occur. The results of the present study may be analogous to the peer contagion effect that has been documented with delinquent

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

adolescent populations (Dishion, McCord & Poulin, 1999). The theory behind the contagion effect maintains that a disease, behavior, attitude, or mood can pass from person to person (Jones and Jones, 2000) and that the odds of someone being affected by the disease, behavior, attitude, or mood are greatly increased when someone in that person's surrounding environment are affected (Jones and Jones, 1992; Jones and Jones, 1994). While the contagion effect is largely transmitted through direct means (i.e., a family member), researchers have suggested that the contagion effect may be as easily transmitted from person to person via indirect influences (i.e., a friend or social group) (Jones and Jones, 2000). While the adult participants in the present study are at a different developmental stage than adolescents, for which the theory is based on, some of the same processes may be at work.

Research supports the importance of employment among individuals being supervised in the community. Scholars have suggested that among community level factors that influence successful reintegration into society, the ability to obtain employment is particularly significant (e.g., Braga, Piehl, & Hureau, 2009). The transition process from prison to community renders the offender highly vulnerable to the influence of deviant peers and exposure to social networks invested in engaging in illegal behaviors. As a result, former prisoners who obtain employment may alter their social context in a way that increases opportunities to develop new interpersonal relations with law abiding citizens. Opportunities to establish pro-social friendship networks may replace prior relationships with deviant peers. Bahr, Harris, Fisher, and Armstrong (2010) suggest that within the context of the workplace, parolees who have established some degree of job security tend to experience elevated pressure to conform to social norms of the vocational environment acknowledging that their behavior could jeopardize their employment status. These informal social controls may facilitate the development of healthy social networks which may, in

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

turn, help parolees desist from criminal behavior. The finding that Phase I participants were more likely to obtain employment during the 90 day study period and during the 18 month follow-up is another finding supporting the use of a Phase-based individual supervision model. In contrast, the DRCs require participants to continue extended social and other interactions with deviant antisocial peers and may, in that way, inhibit the development and maintenance of pro-social behavior on the part of participants. Of course, participants in both groups likely had contact with antisocial peers during the course of this study. However, the DRC experience likely intensified this exposure and, in fact, required it of participants.

This particular pattern of outcomes is even more significant given the relative costs of the two programs. Phase I supervision, including all forms of supervision (e.g., electronic monitoring and GPS, residential and outpatient reentry programming), costs anywhere from \$7 to \$13.67 per day per parolee depending on programming received, whereas DRC programming costs \$57 per day (including building and operating costs), on average. It should be emphasized that the DRC costs are fixed costs associated with maintaining facilities and paying staff. These costs do not include, for example, outpatient drug and mental health counseling. And while parole officers are also fixed costs, they are not discretionary as all parolees eventually return to regular parole supervision.

Since it has been determined that DRCs do not produce any better outcomes (and for some time periods produce significantly worse outcomes) than normal parole supervision, taken in combination with the relative costs of each form of supervision, it is not advisable to use the DRC model to supervise medium- and high-risk parolees. However, this should not be construed as saying that individual supervision alone is sufficient, due to the fact that Phase I participants were assigned additional conditions at the discretion of their parole officers which could include,

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

for example, outpatient drug treatment, mental health treatment, educational training, and employment assistance. All of these services may be essential for facilitating the successful reintegration of parolees into the community.

Limitations

There are limitations to the present study. As previously discussed, there was participant attrition for the outcome measures of positive drug tests and employment. This was unavoidable as some participants maxed out of parole supervision, while others were incarcerated. Fortunately, access was granted to utilize participants' criminal histories and it was possible to obtain arrest and conviction data for all participants throughout the 21 months from study enrollment until the conclusion of follow-up. It is important to emphasize, however, that even when we did observe participant attrition, the study groups remained equivalent on all of the demographic and risk categories assessed for each of the study periods. That is, the randomization of participants which initially produced equal groups, continued throughout the duration of the study. Thus, we can have confidence that participant attrition was not biased and the results for drug test and employment outcomes are not the consequence of differential attrition.

A second limitation is the small number of females within the study. Only 47 females consented to participate, making up approximately 11.7% of the study sample. Although the number of females in the present study overrepresented the female parole population in the State - in New Jersey, females represent approximately 5% of the parole population (Glaze, Bonczar, and Zhang, 2010) - a larger female sample size would have provided greater statistical power to detect group differences. However, obtaining a larger sample of female participants was not

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

possible given limited grant resources since it would have required a much longer subject recruitment period.

Finally, while we would have liked to complete a more thorough process evaluation of the DRCs using measures of programming success/failure, this proved to be impossible. There were a number of issues with DRC data collection that were unanticipated. In many instances, the files provided were lacking much pertinent information, including intake/discharge status, dates, drug test results, and programming types/schedules. As such, we were only able to utilize DRC completion as predictor of recidivism and we were unable to incorporate issues of possible programming differences within the treatment groups into the analyses.

Directions for Future Research

The authors of the present study concur with other researchers (e.g., Weisburd, 2003) regarding the need to implement more experimental designs in crime and justice research. By doing so, researchers may be better able to delineate treatment effects from the influence of confounding variables. As this is the first study to examine the effectiveness of DRCs using an experimental design, ongoing experimental research is warranted. It is hoped that the current investigation will encourage other researchers to replicate methodological approaches employed in this study.

Two areas for future research would be to evaluate experimentally the effectiveness of DRC with low-risk offenders, and with rural populations. The present study consisted primarily of medium- and high-risk parolees from mainly urban areas of New Jersey. Experimental research is needed to evaluate whether the DRC model may work better with strictly low-risk offenders, and/or in rural areas.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Additional research is also needed for determining what specific components of standard individualized parole programming facilitates parolee success. As mentioned previously, this was impossible to complete within the capacity of the present study, but future research in this area will be a large contribution to the community corrections field.

Conclusions

The implications of the present research for policy and practice are significant. The overall finding is that both male and female medium- and high-risk parolees can be managed as effectively (and sometimes more effectively) within a community setting, and at a lower cost using a Phase-based individual system, with appropriate referral to services or additional conditions imposed, as compared to DRC programming. However, these results should be interpreted with caution. While the results suggest that DRCs should not be utilized as an alternative to incarceration for a medium- to high-risk parolee population, this is not to say that DRCs should not be utilized as an alternative to incarceration for other offender populations (notably, those at a lower risk who may benefit more from DRC programming); however, it does indicate that additional rigorous experimental evaluations of DRCs for multiple offender populations are warranted.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

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EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 1. Demographic, criminal history, and risk characteristics by study condition for all participants (N = 402).

| | DRC (n=198) | Phase I (n=204) |
|---|------------------------|----------------------------|
| Mean age (in years) | 33.10 (9.44 sd) | 33.12 (9.62 sd) |
| Gender | | |
| Male | 85.9% | 90.7% |
| Female | 14.1% | 9.3% |
| Race/ethnicity | | |
| African-American | 77.3% | 78.9% |
| Latino/Hispanic | 13.6% | 13.2% |
| Caucasian | 9.1% | 7.8% |
| Offense of Conviction | | |
| Violent and Weapons | 42.4% | 35.3% |
| Drugs | 40.9% | 49.0% |
| Property & Other Offenses | 16.7% | 15.7% |
| Mean Number of Prior Adult Arrests | 9.37 (6.94 sd) | 9.17 (7.0 sd) |
| Mean Number of Prior Adult Convictions | 8.95 (6.66 sd) | 8.90 (7.13 sd) |
| Juvenile Criminal Record | 33.3% | 28.9% |
| Mean LSI-R Risk Score | 24.65 (6.06 sd) | 24.79 (6.15 sd) |
| Parole Phase Status Before Study Enrollment | | |
| Phase I | 72.2% | 71.1% |
| Phase II | 27.8% | 28.9% |
| Completion ⁹ | | |
| Yes | 50% | 51.9% |
| No | 50% | 48.1% |

Note: There were no significant differences between the two conditions for any of these variables.

⁹ Completion is described as completing 90 days within a condition without a violation.

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 2. Chi-square tests: Number of males re-arrested for all new offenses (excluding parole violations) by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods. (N=355).

| | Study Condition | | Chi-square Test | Odds Ratio |
|------------------|-----------------|---------|---------------------------------------|------------|
| | DRC | Phase I | | |
| 90 days | 42 | 26 | $\chi^2 = 6.49, df = 1, p = .01^{**}$ | 2.01 |
| 6 months | 49 | 52 | $\chi^2 = .02, df = 1, p = .88$ | 1.04 |
| 12 months | 37 | 46 | $\chi^2 = .48, df = 1, p = .49$ | 0.84 |
| 18 months | 36 | 33 | $\chi^2 = .63, df = 1, p = .43$ | 1.24 |

Note: ** $p < .01$

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 3. Chi-square tests: Number of males re-convicted for all new offenses (excluding parole violations) by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods. (N=355).

| | Study Condition | | Chi-square Test | Odds Ratio |
|------------------|-----------------|---------|--|------------|
| | DRC | Phase I | | |
| 90 days | 1 | 1 | $\chi^2 = .004, df = 1, p = .95$ | 1.09 |
| 6 months | 31 | 14 | $\chi^2 = 9.11, df = 1, p = .003^{**}$ | 2.72 |
| 12 months | 22 | 21 | $\chi^2 = .21, df = 1, p = .65$ | 1.16 |
| 18 months | 23 | 33 | $\chi^2 = 1.24, df = 1, p = .27$ | .72 |

Note: ** $p < .01$

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 4. Chi-square tests: Number of males with positive drug test outcomes by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods.

| | Study Condition | | Total N ¹ | Chi-square Test | Odds Ratio |
|------------------|-----------------|---------|----------------------|------------------------------------|------------|
| | DRC | Phase I | | | |
| 90 days | 56 | 60 | N = 355 | $\chi^2 = .01, df = 1, p = .92$ | 1.02 |
| 6 months | 48 | 39 | N = 201 | $\chi^2 = 3.85, df = 1, p = .05^*$ | 1.76 |
| 12 months | 19 | 20 | N = 105 | $\chi^2 = .11, df = 1, p = .75$ | 1.14 |
| 18 months | 11 | 12 | N= 70 | $\chi^2 = .35, df = 1, p = .56$ | 1.35 |

Note: * p<.05

¹ Due to a high rate of attrition for this variable as a result of participants maxing parole supervision and/or being incarcerated, The Ns for the 6, 12, and 18-month follow-up periods do not reflect the total male sample (N=355).

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 5. Chi-square tests: Number of males employed by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods.

| | Study Condition | | Total N ¹ | Chi-square Test | Odds Ratio |
|------------------|-----------------|---------|----------------------|---------------------------------------|------------|
| | DRC | Phase I | | | |
| 90 days | 65 | 91 | N = 329 | $\chi^2 = 5.76, df = 1, p = .02^*$ | .59 |
| 6 months | 56 | 73 | N = 223 | $\chi^2 = .12, df = 1, p = .73$ | .91 |
| 12 months | 35 | 40 | N = 123 | $\chi^2 = .13, df = 1, p = .72$ | .86 |
| 18 months | 15 | 29 | N = 85 | $\chi^2 = 6.16, df = 1, p = .01^{**}$ | .33 |

Note: ** p<.01, * p<.05

¹ Due to a high rate of attrition for this variable as a result of participants maxing parole supervision and/or being incarcerated, The Ns for the 6, 12, and 18-month follow-up periods do not reflect the total male sample (N=355).

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 6. Fisher’s Exact tests: Number of females rearrested for all new offenses (excluding parole violations) by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods. (N=47).

| | Study Condition | | Fisher’s Exact Test | Odds Ratio (95% Conf. Int.) |
|------------------|-----------------|---------|---------------------|--------------------------------|
| | DRC | Phase I | | |
| 90 days | 0 | 2 | p = .16 | NA |
| 6 months | 5 | 2 | p = .68 | 1.85 (.32, 10.69) |
| 12 months | 4 | 3 | p = 1.00 | .89 (.17, 4.51) |
| 18 months | 6 | 2 | p = .44 | 2.32 (.41, 12.96) |

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 7. Fisher's Exact tests: Number of females reconvicted for all new offenses (excluding parole violations) by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods. (N=47).

| | Study Condition | | Fisher's Exact Test | Odds Ratio (95% Conf. Int.) |
|------------------|-----------------|---------|---------------------|--------------------------------|
| | DRC | Phase I | | |
| 90 days | 0 | 1 | p = .40 | NA |
| 6 months | 0 | 2 | p = .16 | NA |
| 12 months | 3 | 1 | p = .64 | 2.16 (.21, 22.49) |
| 18 months | 3 | 3 | p = .67 | .64 (.11, 3.57) |

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 8. Fisher’s Exact tests: Number of females with positive drug test outcomes by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods.

| | Study Condition | | Total N ¹ | Fisher’s Exact Test | Odds Ratio |
|------------------|-----------------|---------|----------------------|---------------------|---------------------|
| | DRC | Phase I | | | |
| 90 days | 15 | 6 | N = 44 | p = .23 | 2.29 (.66, 8.01) |
| 6 months | 9 | 3 | N = 32 | p = .47 | 2.00 (.41, 9.74) |
| 12 months | 4 | 1 | N = 14 | p = .30 | 5.0 (.39, 64.39) |
| 18 months | 0 | 1 | N= 9 | p = 1.00 | NA |

¹ Due to a high rate of attrition for this variable as a result of participants maxing parole supervision and/or being incarcerated, The Ns for the 6, 12, and 18-month follow-up periods do not reflect the total female sample (N=47).

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Table 9. Fisher’s Exact tests: Number of females employed by study condition at completion of 90-day study period and 6, 12, and 18 month follow-up periods.

| | Study Condition | | Total N ¹ | Fisher’s Exact Test | Odds Ratio |
|------------------|-----------------|---------|----------------------|---------------------|--------------------|
| | DRC | Phase I | | | |
| 90 days | 7 | 7 | N = 44 | p = .33 | .50 (.14, 1.82) |
| 6 months | 7 | 8 | N = 37 | p = .08 | .26 (.06, 1.07) |
| 12 months | 2 | 6 | N = 17 | p = .02* | .04 (.003, .57) |
| 18 months | 3 | 4 | N = 10 | p = 1.00 | .38 (.02, 6.35) |

Note: * p<.05

¹ Due to a high rate of attrition for this variable as a result of participants maxing parole supervision and/or being incarcerated, The Ns for the 6, 12, and 18-month follow-up periods do not reflect the total female sample (N=47).

EVALUATION OF DAY REPORTING CENTERS FOR PAROLEES

Figure 1. Kaplan-Meier curves for time to first rearrest for a new offense for male participants.
Log Rank p=0.212 (not significant)

