

Report 1: What is the impact of “Performance Contracting” on offender supervision services?

What Works in Residential Reentry Centers

Mary Shilton MS, JD

Jessica Rexroat

Amy Mericle PhD

Faye S Taxman PhD

Advancing Correctional Excellence!
George Mason University
Criminology, Law & Society
10519 Braddock Road, Ste. 1900, Fairfax, VA 22032
Phone: 703-993-9699; Fax: 703-993-8316
<http://gemini.gmu.edu/ebct/>

December, 2010

This study was funded by a cooperative agreement #07EPI16GJT3 from the U.S. Department of Justice, Federal Bureau of Prisons, and the National Institute of Corrections.



Overview

This is the first in a series of reports about the practice of performance-based contracting for residential reentry centers (RRCs) for Federal offenders. This study probed the nature of the services provided in RRCs and whether they meet the overall goals of a community correctional center. The study also examined the issues of cost of providing the services. Preliminary findings show variations between the nine individual sites with respect to management tasks, client assessment, correctional services, staff, and client outcomes. Overall, with respect to the issue of performance contracting, many site variations were not associated with Performance-Based (PB) or Compliance-based (CB) contracting methods. The use of various means to determine performance of the centers is a function of the history, leadership, organizational culture, state, local or individual agency orientation rather than to contracting methods.

This summary discusses several areas where the sites varied with respect to their mission, work and outcomes. With respect to organizational mission there was actually remarkable similarity. However, some directors were likely to be more involved in a wider range of duties than their counterparts. For example some directors of programs with long commitment to treatment services were inclined to spend more time on services. On the other hand, staff in some sites that offer fewer treatment programs in-house were likely to spend more time on security and monitoring/accountability issues. How the sites defined their service model varied with their history, commitment to services, and operational components. There was no overall tracking of cost-effectiveness measures to compare between the two groups of contractors—but overall staffing ratios and per diem amounts are profiled. Organizations that were able to produce data related to cost effectiveness and outcomes were learning from their data and changing their work to improve outcomes. Organizations that were unable to provide backup documentation related to their outcomes were less likely to be able to show changes toward more evidence-based practices. (Data concerning outcomes will be discussed in subsequent reports).

Part A: Why are Federal Residential Reentry Centers (RRCs) important?

The model of prison-re-entry in a separate facility closer to the offender's home-supervised release is considered the optimum strategy to reduce the likelihood of recidivism. The re-entry period of time is designed to stabilize the offender by beginning the process of obtaining employment, relations with family members, and re-entry into the community. Very little is known about what is *actually* going on during the re-entry process or how re-entry centers are currently functioning. A pressing need in the field is to ensure that these re-entry centers achieve the objectives of fostering better outcomes and performance on supervised release, and assisting the offender in becoming a productive citizen.

On July 22, 2010 there were 211,094 inmates under Federal supervision. The most recent number of individuals in BOP Facilities was 172,823 and another 24,091 were in privately-managed secure facilities. The Federal Prison System manages an increasing number of offenders who will be released into the community and 8,965 were in RRCs in July 2010. Another 2,136 were on home confinement and 2,800 were in short term detention in jails. Many of these individuals are in need of housing, jobs and behavioral services.

Why does the Federal system contract for community-based services?

For more than forty years, the Bureau of Prisons (BOP) has contracted to provide comprehensive community-based correctional services for offenders who are in the custody of the BOP, United States Attorney General, or under supervision of the United States Probation Office. The services are procured via contracts with states, local governments, and private correctional agencies. The contracting agencies provide employment and housing placement and other services to assist Federal offenders to transition to their communities while meeting requirements of their sentences, supervision and the law.

Is public safety enhanced when offenders are supervised in a RRC or released directly back into their communities?

A growing body of criminological research indicates that there are ways to improve public safety and sound correctional practices that involve individual assessment, risk monitoring and treatment in appropriate settings. An examination of site experiences, attitudes, practices and outcomes indicate that progress can be made with respect to Federal offenders soon to be released or under probation supervision in their communities. To what extent have residential reentry centers changed in recent years by employing evidence-based practices? The Federal Bureau of Prisons requires Performance Contractors to be accredited and to use quality control methods, but what impact do these efforts have on improving community corrections services for Federal offenders? The study aimed to see if RRCs that operate under the traditional compliance system are able to adapt to using evidence-based techniques while remaining in compliance with the more traditional Federal contracting requirements. There was evidence that contractors under both contracting systems are able to gradually implement more evidence-based practices.

How much do RRCs cost?

RRCs that participated in this study reported that their overall program costs ranged from nearly \$7 million to a low of \$1.4 million. Federal RRC funding ranged from a high of \$3.6 million in 2008 for one site, to a low of less than half a million dollars. See Appendix, Table A.1 – RRC Contract Costs Per Site Compilation for details. Federal RRC funding is based on a daily rate for each offender or a “per diem.” The average per diem in the sites studied was \$82.00. The range varied from a high of \$112.00 to a low of \$58.00 across the nine sites. See Appendix, Table A.2 for details. These costs are similar to costs of jail and prison day costs.

PART B: What is “performance contracting” for residential reentry centers (RRCs) and how does it work?

Contracting agencies provide services in accordance with one of two types of agreements: 1) a traditional “Statement of Work (SOW)” or 2) a “Performance Work Statement (PWS).” “Performance contracting” refers to providing for services under a PWS. A PWS is a document used in procuring services that outlines vital elements for the contractor to address and the performance-based (PB) contractor must define the details and methods for meeting the fundamental requirements set forth in the PWS. The PB contractor is permitted to change administrative and program details so long as they meet the vital elements under the PWS contract. BOP performance contractors are required to develop details that specify how they are meeting the essential elements of the contract. They also are required to have a Quality Control Plan, indicators, and staff who provide the monitoring. PB Contractors submit quarterly monitoring reports that indicate evidence of progress and problems with respect to reaching their

goals. PB contractors define how they will remedy any deficiencies that are identified by their quality control process or BOP oversight. Performance contracts may extend up to ten years.

How is “performance contracting” for residential reentry centers different from “compliance contracting”?

PB Contractors are guided in how they perform under their contracts, although they still must meet many requirements that are set forth in the more traditional Statement of Work. A “Statement of Work” (SOW) is a document used by the Federal Bureau of Prisons in the procurement process that presents specific requirements of how Community Corrections contractors must carry out their work. The SOW includes detailed program and administrative requirements for operating a Residential Reentry Center and compliance-based (CB) contractors must show compliance with the details. The FBOP takes a more detailed approach to monitoring the compliance-based contracting under the SOW. Note: Both CB and PB directors indicated that they pay close attention to the SOW and compliance contracting methods because the SOW defines what have been accepted practices for contracting over many years.

PART C: How is the mission defined?

The BOP mission statement outlines certain elements that apply to community-based facilities. Additionally, the BOP philosophical statement lists many other values set forth in RRC statements and reads as follows, “It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environment of prison and community-based facilities that are safe, humane, cost efficient and appropriately secure and that provide work and other self improvement opportunities to assist offenders in becoming law-abiding citizens.” Contractors incorporate the ten BOP elements in their mission statement and/or through their goals and objectives statements. These ten elements can be traced to RRC missions, goals and objectives. See Appendix, Table A.3 for details. RRC resident handbooks or orientation materials include them as well. Among the nine sites in this study, there was no significant difference between PB and CB contractors when comparing mission and RRC missions, goals, and objectives statements.

Some RRCs have enlarged their mission to include references to evidence-based practices, outcomes, advocacy, collaboration, comprehensive services, respect for individuals (staff and clients) diversity, program and individual integrity and high quality services. Such additional elements as those in Table A.4 are consistent with the BOP Philosophy, values and goals.

Do contractors view performance-based contracting as a method to advance their mission, goals and objectives?

Sites were asked about the expected outcomes of any performance-based components of their programs. PB site directors indicated that performance contracting gave them more flexibility to do a better job and improve outcomes. They intended to expand the ability of the program to 1) provide in-house treatment; 2) refer to outside services; and/or 3) offer both of these services. Directors also viewed PB contracting primarily as a “business decision.” When asked for examples, they said it was easier to change a program and reallocate resources that were not useful in meeting a particular goal. This answer assumes that PB sites are measuring outcomes and using data to make these decisions, but there were only a few sites that provided evidence of the use of any data other aggregate monitoring data collected for quality control purposes.

Is there evidence that PB and CB directors have different communications patterns?

Directors indicated the frequency and type of their communications with BOP over two years (See Table A.5). There were wide variations in the numbers of reported communications. Some sites counted routine reporting as well as unique contracting reporting issues. Overall, the PB sites averaged 28 communications over two years and the CB sites averaged 38 communications based on Site Directors Survey Question 16B. Not only did CB contractors average more communications in administrative areas, such as contract compliance and quality control, they also were higher in employment and financial responsibility reporting. On the other hand, PB reporting averages were higher than CB in the areas of inmate discipline transitional programs, parenting and family issues. The two groups were almost identical in mandatory reporting areas such as physical plant, intake processing, drug testing, individualized planning, and progress and grievances.

How did NPC sites view operating under the SOW with respect to implementation of evidence-based practices?

When CB directors were asked about introducing performance-based components, they indicated that they are able to comply with the SOW as a basis for services. Once they have done that, they try to be problem-solvers and outcome-based. CB directors cited examples of how they had introduced the “What Works” practices, such as cognitive-behavioral groups and curricula for females. CB site leaders indicated that a main difference between PB and CB is the types of reports that are generated between the contractors and the BOP. Both types of contractors noted that frequent and uniform communications with BOP field oversight staff is essential for their programs.

How do PB and CB leaders describe their work?

Directors were asked to describe their work tasks. All nine directors indicated that their work included reviewing potential staff resumes, interviewing, and having a staff trainer. There were differences between the directors allowing new staff to shadow the director, meeting with treatment staff or services staff, and assessing residents services needs. In all of these areas, the CB directors seem to have greater work involvement.

Table 1.1 – Director Work Tasks
DS Q#14 In your work, do you (Check all that apply)

Director Work Tasks	Performance-based N=4	Compliance-based N=5
Review potential staff resumes	100%	100%
Interview potential staff members	100%	100%
Make recommendations for hiring potential staff	75%	100%
Meet with a committee to make final decisions regarding the hiring of new staff	50%	80%
Make the final decision regarding the hiring of new staff	75%	80%
Review the policies and procedures of the program with new staff	50%	60%
Conduct training sessions with new staff	75%	80%
Conduct periodic services sessions in-house for the staff	75%	100%
Allow new staff to shadow the director	25%	60%
Have another person responsible for providing training to the new staff	100%	100%
Meet at least once a month with the treatment/services staff	25%	100%
Periodically meet with the services staff individually	50%	100%
Have another person responsible for supervising services staff	100%	80%
Assess residents' services needs and participation in services	25%	60%
Facilitate groups	25%	20%
Co-facilitate groups	0%	0%
Have a regular caseload	0%	0%
Have a specialized caseload	0%	0%

In a similar question to the one above, directors were asked about their involvement in specific program components (Table 1.2 below). All PB directors were involved in writing their agency's proposal, and making decisions about treatment availability and implementation, while 80% of CB directors were involved in these tasks. All PB directors were also involved in decisions about assessment instruments, served as a liaison at community meetings, and were responsible for the physical plan/location of the facility/programs. However 100% of the CB directors also served as a liaison at community meetings as well as being involved in designing the program schedule, making sanctions recommendation, security, and regular BOP communications. Percentages for PB director involvement were lower in each instance. However, CB directors were more involved in resident accountability, individual progress, mental health and resident functionality issues.

Table 1.2 – Director Involvement in Program Components
DS Q#13 Which of the following program components have you been involved with since you became the administrator? (Check all that apply)

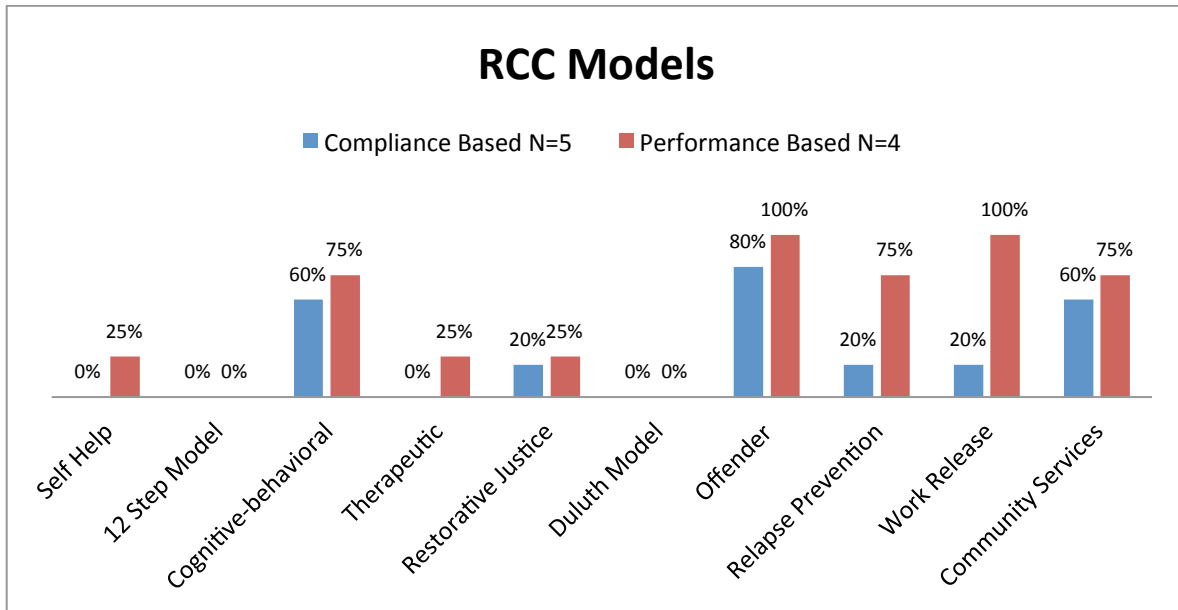
Director Involvement In Program Components	Performance-based N=4	Compliance-based N=5
Assisted in writing original proposal	100%	80%
Made decisions about what treatment is available	100%	80%
Made decisions about treatment implementation	100%	80%
Made decisions about administering assessment instruments	100%	60%
Designed the program's schedule	50%	100%
NOT involved in designing the program	0%	0%
Made recommendations about level of custody	25%	60%
Made recommendations about level of sanctions	25%	100%
Wrote individual case management plans	25%	60%
Helped with family counseling and reunification	25%	60%
Was responsible for educational programs	75%	20%
Monitored resident accountability	25%	80%
Responsible for security and safety	75%	100%
Served as a liaison at community meetings	100%	100%
Reported on individual progress	25%	80%
Responsible for improving community functioning of individual residents	25%	80%
Responsible for mental and physical health service	50%	80%
Responsible for physical plan/ location of facility/programs	100%	80%
Communicated regularly with BOP	75%	100%

Part D: What services are provided under performance- and compliance-based contracting?

What service models apply to RRCs?

RRCs were asked to describe the service models they employ to deliver services. There were modest differences between the PB or CB contractors. For example, 75% of PB used relapse prevention as compared to 20% of CB. In comparison, offender accountability and work release was identified by 100% of PB contractors and by 80% and 20% of the CB contractors respectively. None of the directors surveyed used the 12 Step Model, or the Duluth Model. The Cognitive Behavioral and Community Services Model were identified by 75% of PB contractors and 60% of CB (See Figure 1.1 – RRC Models below).

Figure 1.1 – RRC Models
 DS Q#22 What Model Is Your RRC Based On? (Check All That Apply)



In assessing clients for services, what are the differences between PB and CB models?

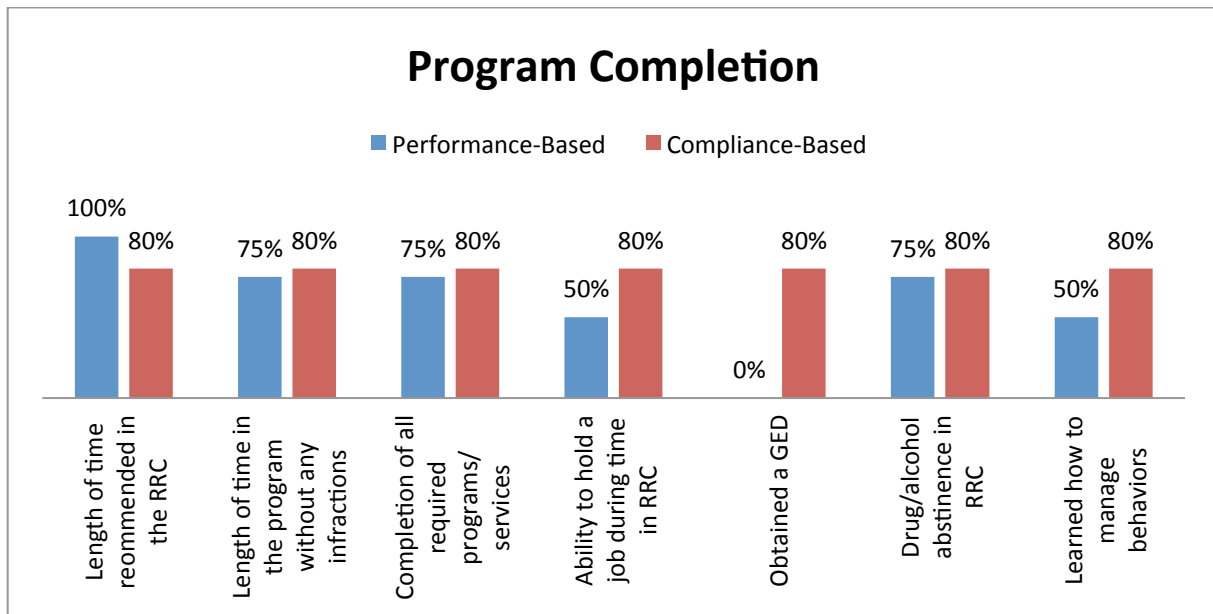
The most frequently used assessment tool across the sites was the Level of Service inventory. Eighty percent of the CB sites use this tool but only 50% of PB sites used it. Seventy-five percent of both groups used other standardized needs risk instruments. Many of the sites reported that they used in-house assessment tools. The ORAS, TCU Criminal Thinking Assessment were mentioned in the cognitive area. CMHS-W, CMHS –M and Burns Anxiety Scale were mentioned in the mental health area. In the cognitive area, only one PB assessed for cognitive distortions, but there was active usage of various cognitive assessment tools on the part of CB sites. In contrast, the few CB used mental health assessment in-house (33%), but 66% of PB sites used some mental health tool. Sex offender assessment was offered by one site. Substance abuse assessment was performed by up to four PB sites, but only two CB sites. The “other” category included both the TCU Drug Screen II and SASSI. See Appendix Table A.6 for details on assessment.

Part E: How is performance contracting related to outcomes?

There is variation in how RRCs define successful completion in a RRC. Offenders are expected to be in a RRC for 6 months, but this varies depending on the release date from BOP. We could not collect data on the actual time in the RRC because this was unavailable using survey data, site visits, or any of the sites’ MIS. The following is the self-reported program completion time frames by the RRCs. For the CB sites, 80% of the sites indicated the requirements for individual program completion— length of time recommended in the RRC, length of time without infractions, completion of all required programs and services, ability to hold a job, obtaining a GED, drug and alcohol abstinence, and learning how to manage behaviors. The PB sites had different definitions; however, it is apparent that this is part of the contractual negotiations with the BOP. All PB sites based program completion on length of time recommended in the RRC.

Every other measure was somewhat higher for CB sites. The biggest difference was seen in using GED attainment to base program completion on. None of the PB sites did this, yet 80% of the CB sites did. The question of successful completion is an important one and it should be uniform across the RRCs given that they have a similar purpose in the federal system. See Figure 1.2 - Program Completion below for details.

Figure 1.2 – Program Completion
DS Q#39 What is an offender's program completion based on? (Check yes/no)



How are outcomes measured?

Directors were asked about whether they use researchers or evaluators to participate in program evaluation or outcomes measurement. Three fourths of PB sites include researchers on committees and in groups for developing curricula, and 50% of CB include them. Three fourths of both PB and CB sites use researchers and evaluators for quality assurance. Surprisingly, all surveyed sites have allowed researchers to review offender files for research. Three fourths of the CB have researchers report to the director and allow them to evaluate programs and services. Only one quarter of PB sites conduct validation studies and none of CB sites conduct them. Half of both PB and CB sites review offender progress and participate in enhancing services and programs. One quarter of CB sites conduct outcome studies and track recidivism rates while half of the PB sites do so.

Table 1.3 – Researcher Participation
 DS #60 Please indicate whether researchers and or evaluators participate in the following:

	Performance-based (N=4)	Compliance-based (N=4)
Participation in developing new services/program curricula	75%	50%
Participation in enhancing services/programs	50%	50%
Review offender files	100%	100%
Evaluate services/programs sessions	50%	75%
Track recidivism rates of residents	50%	25%
Review offender progress	50%	50%
Maintain quality assurance documents/plans	75%	75%
Report to the director	50%	75%
Conduct outcome studies	50%	25%
Conduct validation studies	25%	0%

Conclusions

With respect to the question whether performance contracting sites foster better outcomes for offenders on supervised release, performance contracting methods used by four RRC sites appear to vary only slightly when compared to methods used in five compliance-based RRCs. Performance-based site directors and work related to BOP tasks vary by site, but the influence of the SOW guides many contracting decisions across the sites. PB and CB programs costs are similar, and it does not appear that the number of services provided affects this. PB sites have developed their own specific variables that they measure to report contract outcomes and compliance. Where site differences were apparent, it was attributed to its organizational history, such as emphasis on mental health, and leadership commitment to improving outcomes through evidence-based practices. Contractors using evidence-based methods were able to do so under either contracting method. All nine RRCs embrace FBOP goals and they have gradually adopted goals, objectives and strategies that favor performance-based management, and evidence-based practices. Researchers were more likely to be involved with various aspects of performance evaluation and assessment of outcomes in performance-based sites.

Recommendations

1. PB and CB sites should be given incentives to increase cost-effectiveness and reduce costs due to unnecessary paperwork.
2. PB and CB program leaders' work tasks and communications with the BOP vary, and need to be streamlined toward the CB model because this area shows promise of efficiencies.
3. The influence of the SOW and PB contracting is pervasive. This influence should be used to foster EBP services and programs in RRCs more aligned with improved outcomes.
4. RRC's should develop and track variables related to EPB's across sites in order to measure cost-effectiveness.
5. An in-depth study is needed to examine the value of in-house assessment, services and treatment, as compared to contracted and referred services for clients in order to maximize their impact on client behavior.

6. Electronic case management and client data systems should be used to guide program development, and staff performance, and give clients and the BOP real-time feedback on progress.
7. BOP needs to define successful completion of the RRC to guide in terms of *contractual requirements*.
8. Since the mean time for those who go through RRCs is 28 months probation, the conditions of probation supervision should begin while in the RRC. This is important because it creates a message of continuity to the offender—that in the community, there are clear expectations regardless of the federal agency they are involved with. This was observed to be the case in a few of the sites that were visited. This should include drug testing, meeting with probation officer, and beginning required treatment services (nearly half of the federal probationers have drug treatment conditions and treatment should commence when they are released from prison). In addition, the federal BOP should consider having the RRC use similar assessment instruments which will ensure that the offender is provided with similar services while on probation.

Appendix A

Table A.1 – RRC Contract Costs Per Site Compilation
DS Qs #24, 25,26 and site visit documents

	Overall Program Costs	Federal Agency Funding	Average Case Cost/ Offender site -source	Site source Reported Average Daily Cost/ Offender	Fiscal Year
Site 1	-	-	-	-	-
Site 2	-	\$1,799,450	-	-	2008
Site 3	\$6,983,900	\$2,043,800	-	\$73.15	2008
Site 4	\$2,308,518	\$2,677,322	\$4,635	\$79.37	2008
Site 5	\$3,200,000	\$3,612,975	\$6,941	\$68.57	2008
Site 6	\$2,406,133	-	-	\$98.18	-
Site 7	\$4,858,879	\$1,847,865	\$5,600	\$64.59	2009
Site 8	\$1,486,589	\$451,603	-	-	-
Site 9	-	\$1,219,034	-	-	-

Table A.2 – RRC Per Diem Per Site Compilation
Prisons, 2010

Site #	Type	PB	CB	Male Beds	Female Beds	Per Diem
#1	CCC	x		73	2	\$102.74
#2	RRC		x	70	15	\$58.00
#3	RRC	x		37	3	\$76.45
#4	RRC	x		67	21	\$82.98
#5	CSC	x		107	20	\$72.15
#6	RRC		x	65	10	\$112.00
#7	CSC		x	55	9	\$68.43
#8	CCC		x	28	7	\$75.95
#9	RRC/MINT		x	45	8	\$89.30
Average	-	-	-	60.78	10.56	\$82.00

Table A.3 – Comparison of Content of BOP and RRC Mission, Goals, and Objectives
Prisons 2010, Site visit documentation-N=9 sites

BOP Mission Elements	Elements Mentioned in RRC Site Mission and Goals	Element Implied in RRC Site Mission, Goals, and Objectives
To protect society	7	2
Provide a controlled Environment	6	3
Utilize community-based facilities	7	2
Safe facilities	9	0
Humane treatment	4	5
Cost efficient facilities	4	5
Appropriately secure facilities	5	4
Facilities that provide work	7	2
Provide other self improvement opportunities	9	0
Assist offenders in becoming law-abiding citizens	8	1

Table A.4 – Additional RRC Mission, Goals, and Objectives Content Analysis
Prisons 2010, Site visit documentation-N=9 sites

RRC Mission Elements/Consistent with BOP Philosophy, Contracting Practices	Elements Mentioned in RRC Site Mission and Goals	Elements Implied in RRC Site Mission, Goals, Objectives
To utilize Evidence-based Practices	4	3
To be outcome driven	3	2
To engage in advocacy	5	4
To collaborate with agencies and communities	6	3
To provide comprehensive services	5	4
To recognize and value diversity	4	2
To build program and individual integrity	3	5
To deliver high quality services	3	6

Table A.5 – PB and CP Contractor Communications with BOP by Type

DS Q16b Please Indicate how many times in the last two years you have communicated with BOP staff about a contract performance issue with respect to the topic area listed in the BOP statement of work (Please estimate the number of communications related to any category that applies below) and Site visit documentation-N=9 sites

	Performance-based				Compliance-based				
	Site 1	Site 3	Site 4	Site 5	Site 2	Site 6	Site 7	Site 8	Site 9
Contract Compliance	8	5	0	10	20	9	4	–	15
General Administration	8	4	1	5	20	312	1	–	9
Quality Control	8	1	0	20	10	9	4	–	6
Physical Plant	1	–	2	10	10	3.5	4	–	6
Referral and Intake Processing	1	1	4	900	730	2	0	–	50
Program Components	8	–	0	4	20	5	3	–	12
Authorized Absences	8	–	0	6	50	5	0	–	7
Escape Notification Procedures	8	–	1	15	20	2	2	4.5	20
Urinalysis, Drug Testing and Breathalyzer	8	–	1	25	50	8	0	2	6
Searches and Contraband	8	–	2	6	30	8	0	–	6
Individualized Orientation, Planning, and Progress	2	–	4	10	150	48	0	–	6
Employment	8	–	2	100	150	48	2	5.5	100
Residents Financial Responsibility	8	–	0	15	75	48	0	–	10
Parenting/Family/Marriage	8	–	0	4	50	48	0	–	6
Transitional Programs	8	4	0	400	125	48	0	–	12
Rules and Resident Discipline	1	–	4	250	50	312	2	–	100
Food Service	8	–	3	4	5	8	0	–	6
Medical Service	8	–	1	25	75	20	0	1	6
Administrative Remedy/Inmate Grievances	8	–	1	15	5	4	0	–	5
Community Outreach, Involvement and Service	8	–	0	10	100	16	2	–	6

Table A.6 – Standardized Assessment Tools:
DS Q#35 and Site visit documentation-N=9 sites

	Overall			Performance-Based			Compliance-Based		
	Yes	No	%	Yes	No	%	Yes	No	%
Standardized Criminality Risk/Need Instruments									
Level of Service Inventory (LSI-R, LSI-R:SV, LS/CMI)	6	3	66.7	2	2	50.0	4	1	80.0
Wisconsin Risk Assessment (or variation)	0	8	0.0	0	4	0.0	0	4	0.0
Hare Psychopathy Checklist	1	7	12.5	1	3	25.0	0	4	0.0
Other Standardized Risk/Need Instrument	6	2	75.0	3	1	75.0	3	1	75.0
Antisocial Attitudes/Cognitive Distortions									
Criminal Sentiments Scale	1	7	12.5	0	4	0.0	1	3	25.0
How I Think Questionnaire	3	5	37.5	1	3	25.0	2	2	50.0
Beliefs Inventory	0	7	0.0	0	4	0.0	0	3	0.0
Pride in Delinquency	0	7	0.0	0	4	0.0	0	3	0.0
Client Self-Rating	1	7	12.5	0	4	0.0	1	3	25.0
Other Standardized Antisocial Attitudes/Cognitive Distortions Instrument	1	5	16.7	0	4	0.0	1	1	50.0
Mental Health									
Becks Depression Inventory (BDI)	1	5	16.7	1	2	33.3	0	3	0.0
Symptoms Checklist-90 Revised (SCL-90R)	0	6	0.0	0	3	0.0	0	3	0.0
Other Standardized Mental Health Instrument	3	3	50.0	2	1	66.7	1	2	33.3
Sex Offender									
STATIC-99	1	5	16.7	1	2	33.3	0	3	0.0
Other Standardized Sex Offender Instrument	0	6	0.0	0	3	0.0	0	3	0.0
Substance Abuse									
Substance Abuse Assessment Tool Developed By Your Agency	0	7	0.0	0	4	0.0	0	3	0.0
Addiction Severity Index (ASI)	2	7	22.2	1	3	25.0	1	4	20.0
CAGE	1	6	14.3	1	2	33.3	0	4	0.0
Drug Abuse Screening Tool (DAST)	0	7	0.0	0	3	0.0	0	4	0.0
Other Standardized Substance Abuse Instrument	3	2	60.0	2	1	66.7	1	1	50.0
Other Uses for Standardized Instruments									
Other Standardized Instrument	1	3	25.0	0	2	0.0	1	1	50.0

The “What Works in Community-Based Residential Reentry Centers (RRCs)” study was designed to examine technical violation and release rates of offenders that participated in select RRCs. Since data on the activities of individuals while at the RRC, such as the programming received was not consistently available in electronic format, the study relied upon data from the Bureau of Prisons (BOP) and Administrative Office of the Courts (AO) to examine patterns, technical violations and rearrest rates for offenders.

The results of this project are reported in seven different monographs:

1. What is the impact of “performance-contracting” for offender supervision services?
2. Measuring Performance – The Capacity of Residential Reentry Centers (RRCs) to Collect, Manage, and Analyze Client-Level Data
3. What organizational factors are related to improved outcomes?
4. How do staff hiring, retention, management and attitudes affect organizational climate and performance in RRCs?
5. What services are provided by RRCs?
6. Technical Violation Rates and Rearrest Rates on Federal Probation after Release from a RRC Site Visits
7. Overview of Site Observations

The project team gratefully acknowledges the contributions of the nine volunteer sites and their staff, as well as the following members of the Advisory Committee for this project:

Advisory Committee Chair

Terry Marshall

Past President, ICCA and
President ATTIC Correctional Services, Inc.
P.O. Box 7370
Madison, WI 53707-7370
Phone: (608) 223-0017
Fax: (608) 223-0019
E-mail: tmarshall@correctionalservices.org

Nancy Beatty Gregoire

Program Administration Division Chief
Office of Probation and Pretrial Services
Administrative Office of the United States Courts
Washington, D.C.
E-Mail: Nancy_Beatty@ao.uscourts.gov

Jane Browning

Project Director and Executive Director
International Community Corrections Association
8701 Georgia Avenue
Suite 402
Silver Spring, MD 20910
Phone: (301) 585-6090
Fax: (301) 585-6094
E-mail: jbrowning@iccaweb.org

Dan Catley

Former ICCA Board Member and
Manager, Correctional Services
VA Dept. of Criminal Justice Services, Retired
Richmond, VA

Elizabeth Curtin

ICCA Board Member and
Dept. Director, Adult Correctional Services
Community Resources for Justice
107 Park Drive
Boston, MA 02215
Phone: (617) 867-0300
Fax: (617) 867-0301
E-mail: lcurtin@crjustice.org

Larry Fehr, Deceased

Senior Vice President, Community Corrections
Pioneer Human Services
7440 W. Marginal Way S.
Seattle, WA 98108
Phone: (206) 766-7023
Fax: (206) 768-9757
E-mail: LarryF@p-h-s.com

Dee Halley

Project Program Officer
National Institute of Corrections
320 First Street, N.W.
Washington, D.C. 20534
Phone: (202) 514-0374
E-Mail: DHalley@bop.gov

Christopher A. Innes, Ph.D. (Chris)

Chief Research and Evaluation
National Institute of Corrections
320 First Street, N.W. 5007
Washington, D.C. 20534
Phone: (202) 514-0098
Fax: (202) 305-2185
Email: cinnes@bop.gov

George Keiser

Federal Bureau of Prisons
320 First Street, N.W.
Washington, D.C. 20534
Email: GKeiser@bop.gov

Philip R. Magaletta, Ph.D. (Phil)

Clinical Training Coordinator
Federal Bureau of Prisons
320 First Street, N.W.
Washington, D.C. 20534
Phone: (202) 514-4495
Fax: (202) 616-3220
Email: pmagaletta@bop.gov

Jane O'Shaughnessy

Immediate Past President, ICCA and Board Chair
Cornerstone
9110 E. Nichols Avenue Ste. 160
Englewood, CO 80112
Phone: (720) 895-1000 x.121
Fax: (720) 895-8000
E-mail: jos@cornerstoneprograms.com

David Robinson, Ph.D.

ICCA Board Member and Principal
Orbis Partners, Inc.
111 Colonnade Rd. N., Suite 207
Ottawa, ON K2E 7M3 Canada
Phone: (613) 236-0773
Fax: (613) 236-3433
E-mail: drobenson@orbispartners.com

Denise Robinson

ICCA Past President and
President/CEO
Alvis House, Inc.
P.O. Box 6868
Columbus, OH 43205
Phone: (614) 252-8402
Fax: (614) 252-5326
E-mail: drobinson@alvishouse.org

Jerry Vroegh

Former Administrator
Community Corrections and Detention Services
Federal Bureau of Prisons, Retired
Washington, DC

This study was funded by a cooperative agreement #07EPI16GJT3 from the U.S. Department of Justice, Federal Bureau of Prisons, and the National Institute of Corrections. The researchers gratefully acknowledge the collaborative contributions by federal staff from the Administrative Office of the Courts Federal Pretrial and Probation Services, the International Community Corrections Association and the Administration of Justice Department of George Mason University. Contributing Authors and Researchers include: Mary Shilton MS, JD, Jessica Rexroat, Amy Mericle PhD, Faye Taxman PhD, and Jane Browning.

Information about the Project: Both PB and CB contractors participated in the study. Four sites were performance-based (PB) and five sites were compliance-based (CB). The preliminary study findings point to a few variations between performance-based contract sites and compliance-based sites. The experiences of 9 RRC sites and nearly 40,000 individual case histories were examined with the goal of providing details concerning the following:

- Does performance contracting stimulate contractors to develop evidence-based practices, provide better treatment services or become more efficient?
- What types of offenders are released into communities—to the streets, to residential centers, through home confinement or a mix of all of these?
- What happens to individuals who are transitioned through halfway houses or residential reentry centers?
- Does RRC monitoring, case management or treatment reduce the risk of future criminal conduct?
- How should other nonresidential transitional services and monitoring such as home confinement be used?
- What types of services motivate former inmates to live crime free?
- Are Residential Reentry Centers (RRC) geared to provide services that reduce risk of future crimes?
- How do RRCs know if they are successful in attaining their goals?
- What motivates and inspires some contractors to achieve results that improve outcomes?

For further information about the project contact Faye Taxman (ftaxman@gmu.edu), George Mason University at 703-993-8555 or Jane Browning, International Community Corrections Association at 301-585-6090.