

Report 2: Measuring Performance – The Capacity of Residential Reentry Centers (RRCs) to Collect, Manage, and Analyze Client-Level Data

What Works in Residential Reentry Centers

Amy Mericle PhD

Mary Shilton MS, JD

Faye S Taxman PhD

Jessica Rexroat

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

An integral component of performance-based contracting is the ability to measure and analyze performance-based outcomes. Systematic collection of client-level data can also facilitate program evaluation and analyses of factors that enhance client outcomes. In fact, the ability to have data to use in assessing outcomes at the client- or program-level has been recommended as best practice in the field. We designed this project on “What Works in Community-Based Residential Reentry Centers” (RRCs) to use data already being collected by federally-funded RRCs. Specifically, we were interested in using client-level data being collected on service needs at intake, services provided while in the RRC, and discharge status in order to assess the overall impact of RRCs in our study. In order to be eligible for this study, a RRC had to have an active Management Information System (MIS). Nine RRCs volunteered to participate in this study. The aims of this monograph are to (1) describe what we learned about the type and nature of data being collected in each participating program; (2) report on our efforts in procuring MIS data from them; (3) recommend ways in which data collection efforts could be improved in order to facilitate analyses of program performance.

Type and Nature of Management Information System (MIS) Data Collected

One of the first steps in assessing what we might be able to use to address the question of “What Works in Community-Based Residential Reentry Centers” was to survey participating programs about the type of data routinely collected in their MIS. Specifically, we were interested in the type of MIS they used and the nature of clients’ backgrounds, (e.g., demographics, criminal history, drug use, health), program participation, and program discharge data collected. Sites were asked to indicate the type of information collected on client addiction, criminal record and incarceration history, risk assessment, treatment outcomes, probation services, drug testing details, treatment discharge and HIC/RISK behaviors. We also asked for demographic information (CJDATS and Census data format). Information collected in our survey included information that was previously tested and collected in the ICCA National Correctional Practice Treatment Survey.

All participating programs returned a survey providing information about their MIS. One program reported they used an Oracle-based system, and two reported they used a SQL Server-based system. A total of five programs reported they used some “Other” type of system. Two of these “Other” types of systems were web-based, another was a Java-based system developed by an outside company, and yet another was a proprietary system developed by the program. Only one program failed to provide details on the type of system they used to collect electronic information. As Table 2.1 displays, our survey assessed the extent to which programs collected data pertaining to resident characteristics (e.g., demographics, criminal history, drug use history, and health and risk information), program elements, and completion/release information. For these analyses, we were quite liberal; regardless of how detailed the information collected, we counted any type of information collected for the characteristic or element probed. Even so, only two elements were universally reported to be collected by all sites surveyed: date of birth (DOB) and gender. Eight of the nine sites reported collecting client information pertaining to race/ethnicity, educational status, and post-program living arrangements as well as program information pertaining to level of supervision, program participation, and employment program participation. Seven of the nine programs reported collecting information pertaining to end date

of sentence, individual release plans, program completion, program performance, and program infractions.

As a whole, few programs reported collecting client data that would help speak to the need for services upon program entry such as occupation type and pre-incarceration employment status, frequency of drug use in the 30 days prior to arrest, DSM IV diagnosis, and prior psychiatric hospitalizations. Additionally, few programs reported collecting information on program components delivered that would help speak to why clients received the types of services they did in the program. For instance, only six of the nine programs reported collecting data on substance abuse treatment participation and treatment referrals.

Table 2.1 – MIS Data Reported to be Collected (Resident Characteristics)

Data Elements	n = 9	%
<i>Resident Characteristics</i>		
Demographics		
Date of Birth/Age	9	100.0
Gender*	9	100.0
Marital Status	6	66.7
Race/Ethnicity*	8	88.9
Education	8	88.9
Occupational Type	3	33.3
Employment Status at Arrest	1	11.1
Employment Dates	6	66.7
Employment Status Pre-Incarceration	1	11.1
Living Arrangements Pre-program Entry	4	44.4
Living Arrangements Post-program Entry*	8	88.9
Number of Address Changes in Year Prior to Arrest	0	0.0
Longest Stay in Housing Prior to Arrest	1	11.1
Criminal History		
Age at First Arrest	2	22.2
Date of First Arrest	2	22.2
Date Current Sentence Began	4	44.4
Date Current Sentence Ends*	7	77.8
Length of Current Sentence	6	66.7
Sentence Length Including Supervision	4	44.4
Total Number of Arrests	4	44.4
Number of Days Suspended	3	33.3
Conviction Type	6	66.7
Total Number of Convictions	3	33.3
Number of Prior Convictions	3	33.3
Length of Most Recent Probation/Parole	3	33.3

Probation Supervision Status	3	33.3
Supervision Status Ending	3	33.3
Revocation Date – Current Sentence	0	0.0
Pre-trial Detention and Screening Information	3	33.3
PSI Recommended Supervision Level	3	33.3
Conditions of Pre-trial Release	2	22.2
Credit for Pre-trial Time Served	3	33.3
Court-imposed Financial Conditions	2	22.2
Drug Use		
Age at First Drug Use	4	44.4
Frequency of Drug Use (30 Days Prior to Arrest)	4	44.4
Frequency of Drug Tests	6	66.7
DSM IV Diagnosis	4	44.4
Drug of Choice	6	66.7
Health and Other Risk Behavior		
Needle Sharing (Past 30 Days)	0	0.0
Number of Sex Partners (Past 30 Days)	0	0.0
Numbers of Times Unprotected Sex (Past 30 Days)	0	0.0
Current STD Status	1	11.1
Past STD Status	1	11.1
Nights in Detox	0	0.0
Days Abstinent from Drugs in RRC	4	44.4
Hospitalized for Psychiatric Problems	5	55.6
Hospitalized for Physical Problems (Last 30 Days)	4	44.4
<i>Program Characteristics</i>		
Overall Participation Status	5	55.6
Program Component & Supervision Level*	8	88.9
Privileges and Restrictions Progress	6	66.7
Program & Services Participation*	8	88.9
Employment Program Participation*	8	88.9
Eligibility Status for Work Release	1	11.1
Parenting Skill Program Participation	2	22.2
Transitional/Cognitive Skills Program Participation	5	55.6
Financial Plan Development	4	44.4
Treatment Screening	4	44.4
Substance Abuse Treatment Participation	6	66.7
Treatment Referral	6	66.7
Cognitive Behavioral Treatment Information	3	33.3
Drug Court Information	2	22.2
Co-occurring Disorders Treatment Information	2	22.2
Sex Offender Treatment Information	1	11.1

Electronic Monitoring Information	5	55.6
Intensive Supervision Information	2	22.2
Boot Camp Information	1	11.1
Restorative Justice Program Information	0	0.0
Confrontational Therapies Information	0	0.0
Family Therapy Information	3	33.3
Group Counseling Information	1	11.1
Peer Counseling Information	1	11.1
12-Step Counseling Information	2	22.2
Motivational Interviewing Information	1	11.1
Social Skills Development Information	3	33.3
Role-Playing Information	2	22.2
Release Planning		
Individual Release Plan*	7	77.8
Program Completion*	7	77.8
Program Infractions*	7	77.8
Disciplinary Actions	4	44.4
Discharge Report	5	55.6
Assessment of Program Performance*	7	77.8
Incentives	4	44.4
Sanctions	5	55.6
Participation in Community Service	5	55.6
Diagnosis	4	44.4
Social Adjustment	4	44.4
Pre-Release Preparation		
Preparation for Substance Abuse Supervision	3	33.3
Receipt of Substance Abuse Treatment	4	44.4
Removal from Post-Conviction Supervision	2	22.2
Any Arrests within 18 Months of Release	2	22.2

**reported to be collected by 7 or more of the 9 programs surveyed.*

Another way to look at the survey data collected is to tally the number of elements collected in each domain by program. In this way, it is possible to see which programs are consistently collecting data across different domains. As Table 2.2 displays there was only one program (Site 2) that reported collecting at least half of the elements probed across different domains. Sites 3 and 6 collected at least half of the elements in five of the six domains.

Table 2.2 – Percent of Elements Reported to be Collected by Site

	Demographics (N=13)		Criminal History (N=21)		Drug & Health Use (N=14)		Programming (N=28)		Completion (N=15)	
	n	%	n	%	n	%	n	%	n	%
Site 1	7	53.8	4	19.0	4	28.6	6	21.4	4	26.7
Site 2	11	84.6	18	85.7	7	50.0	22	78.6	15	100.0
Site 3	8	61.5	13	61.9	6	42.9	18	64.3	13	86.7
Site 4	6	46.2	6	28.6	1	7.1	10	35.7	4	26.7
Site 5	5	38.5	2	9.5	0	0.0	4	14.3	3	20.0
Site 6	10	76.9	16	76.2	7	50.0	12	42.9	12	80.0
Site 7	7	53.8	4	19.0	3	21.4	7	25.0	9	60.0
Site 8	5	38.5	1	4.8	6	42.9	8	28.6	9	60.0
Site 9	5	38.5	4	19.0	3	21.4	5	17.9	1	6.7

Obtaining MIS Data

As mentioned earlier, we designed the study to use data already being collected by participating RRCs to assess client needs, services received, and discharge status. As part of the survey process and during our site visits, we approached site directors and delegated IT staff about obtaining a data set from their MIS systems. In hopes of making the data pull as easy as possible, our request to participating sites was quite general, and we tried to limit the amount of filtering and complex querying necessary to extract a data set from their systems. From all sites, we requested data pertaining to client status at intake (particularly any data that could speak to need for services at program entry), programming and services received at the program, and performance and outcomes at completion of the program for all clients who entered after 1/1/2004. Sites were also instructed to provide us with client identifiers (e.g., name, gender, race, numeric or other identifiers) so that we could match their data to data provided by BOP and Federal Probation.

We began our inquiries about MIS data collection in Fall 2009. As of September 1st, 2010 we received data sets from 6 of the 9 participating programs. Despite filling out a survey about their MIS, we were told by one program that they do not have an automated system to collect client-level data. According to the director, some staff members may keep different types of spreadsheets (and they were able to give us some aggregated statistics on clients served dating back to 2004), but they had no way of producing an electronic file of clients served since 2004 without going into hard-copy files to abstract the information. Another program with a MIS system was not able to produce a data file for us because all data pulled from their system becomes de-identified in the process. Another program uses a MIS system for which they can only produce reports on clients currently in the system. Representatives of that site contacted the agency that manages the MIS system; however, we have yet to receive a data set from them. We attempted to quantify our data collection efforts by rating each participating program on various dimensions of the data provided as well as on their ability to produce requested data. For example, we rated the quantity of data provided that would enable us to match their data to Federal data sets as well as the usefulness of data provided to address service needs, services provided, and program outcomes of the clients in the RRCs. We also rated the quality of support received and documentation accompanying the data as well as the timeliness in which our

request was addressed. We used a 4-point rating system: * Unacceptable; ** Poor; *** Adequate; **** Exemplary. In order to receive a rating of Adequate on the various data elements categories, a program had to have provided us with at least three relevant variables that might address the domain in question. It is important to note that this is an extremely low bar and represents just a small fraction of different elements of data that would be necessary to address even the most basic of questions regarding program performance and client outcomes. In order to receive an adequate rating for support and documentation the program had to have provided us with some sort of supporting documentation (e.g., a codebook or data dictionary) or description of the variables contained within the data set. Timeliness was measured based on how quickly the program responded to our request and how many contacts we had to make in order to obtain data from the program.

Table 2.3 – Usefulness of Data Received

	Data Elements				Infrastructure			Notes
	Matching Elements	Service Need Elements	Service Delivery & Programming Elements	Discharge Status & Program Completion Elements	Documentation & IT Support	Timeliness & Responsivity	Overall Rating	
Site 1	***	**	**	**	**	**	**	MIS managed by an outside agency. Data was requested but not received.
Site 2						**		
Site 3	***	***	**	***	***	**	***	Does not currently use a MIS
Site 4						***		
Site 5	***	*	*	***	***	***	**	Could only provide data from 2005 to present.
Site 6	**	*	*	**	**	****	**	Could only provide data from 2005 to present.
Site 7	****	****	****	****	****	***	****	All data pulled from MIS is de-identified.
Site 8	**	***	***	***	***	***	***	
Site 9						**		

*Unacceptable; **Poor; ***Adequate; ****Exemplary

As Table 2.3 displays, only three of the six programs that provided us with data received an adequate or better overall rating, meaning that only three programs provided data that might be useful in addressing questions pertaining to what works in RRCs from the data they routinely collect. It is interesting to note discrepancies between Table 2.2 and Table 2.3. For example, only one of the three more promising sites (sites 2, 3, 6) based on the results presented in Table

2.2 was able to provide us with adequate data. This could reflect a communication gap between program managers and IT staff about the nature and accessibility of data that is routinely collected. Two of the sites that did produce useful data (sites 7 and 8) were not sites that reported collecting a great deal of data in the domains we surveyed, indicating that there is much room for improvement even among those sites that could produce a viable data set.

It is important to note that there are many factors pertaining to technological infrastructure, staffing, and on- versus off-site data management that could affect the quality of data collected and managed in RRCs. With a sample size of just nine sites, it is difficult to systematically analyze these. We hope that future studies (either smaller case studies or larger survey studies) will explore factors that enhance the amount of automated data collected and used by RRCs. Our study, while just a first step, has revealed that there is a great deal of variation in the amount and quality of data collected by RRCs, even among those who report having a MIS.

Recommendations for Studying “What Works in Community-Based Residential Reentry Centers”

An automated MIS is critical to enabling Federally-funded RRCs to become data-driven in their decision making about program components based on client outcomes. While the BOP does not require RRCs to have management information systems, and while it is apparent that many of the RRCs recognize the importance of collecting data, it might be useful for the BOP to advance efforts in this area. In most performance-based contracting models, there are a limited set of core processes and outcomes that are used across settings to gauge whether service providers are meeting contractual expectations. The concept of a minimum set of outcomes is important because it allows uniformity in terms of expectations, and it ensures that the service providers collect a minimum number of core data requirements.

To advance this, we recommend the BOP consider the following as “core” data elements to be collected in management information systems used by RRCs:

1. Criminal risk score (such as the RPI used by the Federal Administrative Office of the Courts) and criminogenic needs including substance abuse, criminal thinking, and criminal value systems.
2. Types of services provided and whether offenders completed the service in 90 days. (Note: the 90 day benchmark is used because most community based programs are shorter in duration and this will indicate the percentage of offenders that fulfilled their treatment provisions during the first phase of the RRC):
 - a. Substance abuse treatment (and type of treatment)
 - b. Sex Offender Therapy (and type of treatment)
 - c. Criminal thinking and criminal values (and type of treatment)
 - d. Mental health treatment (and type of treatment)
3. Employment and educational information
 - a. Whether offenders have full-time employment (outside of the RRC) for at least 60 days
 - b. Reasons why offenders are ineligible for full-time employment (e.g., age, disability, other)
 - c. Whether offenders are enrolled in educational programs

4. Number of community service work hours
5. Attainment of permanent housing
6. Outcomes at discharge from the RRC
 - a. Whether offenders were revoked and sent back to Federal BOP
 - b. Whether offenders were forwarded to federal probation
 - c. Whether offenders had negative UAs during their period of confinement in the RRC
 - d. The number of days in the RRC
 - e. The amount of subsistence wages earned by offenders in the RRC
 - f. The amount of fines, fees, penalties and court ordered payments made by offenders in the RRC

The core minimum data set could be maintained by BOP through a web-based data collection system. There are a number of public domain systems that would be appropriate given their nature and that are relatively low cost including the WITS system. WITS, developed by the Center for Substance Abuse Treatment (CSAT), is a case management model where information can be stored on intake (including a number of standardized assessment tools such as the ASI Lite), services (including date referred, date commenced, type of service, and date completed), and outcomes. There are also screens for sanction processes.

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: drobenson@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: Amy Mericle PhD, Mary Shilton MS, JD, Faye Taxman PhD, Jessica Rexroat 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.