

Report 3: What organizational factors are related to improved outcomes?

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

How are today's halfway houses and residential reentry centers (RRCs) equipped to address the individual factors that researchers have found to be associated with crime? Criminologists agree on the value of addressing underlying causes of crime, including antisocial behavior, personality, values and attitudes as well as criminal peer associates, substance abuse, and dysfunctional family relationships.

In order to assess how RRCs are addressing these factors that affect criminal behavior, we surveyed the sites to learn about organizational models and strategies employed by RRCs. Site observations and documentation also covered the extent of monitoring and communication services. Using data from surveys of directors and staff, we looked for information about how leadership, management and organizational structure reinforce the efficacy of RRCs. We were particularly interested in models with services that are likely to assist offenders to learn new behaviors and avoid reoffending. The study team used site observations to probe whether RRCs are well prepared to help offenders avoid crime prone habits after release.

RRCs, in theory, use a structured living environment, with a gradual system of progressive adjustment and monitored community release. Each offender is encouraged to look for employment, find housing, communicate frequently with RRC staff and participate in a behavioral contract or an Individual Program Plan (IPP). The IPP is intended to provide ways for each individual to be motivated to change behavior and engage in pro-social activities during this transitional time while living in an RRC. This must be accomplished within a time frame of 4 weeks to 52 weeks and it must be accomplished within a community setting near where the offender will live after supervision ends.

The context for contracting for services

To what extent do RRC goals, mission and strategy conform to the BOP contract and how do they differ?

All nine sites structure service delivery around core activities that correspond to the BOP mission elements listed in Table 3.1. This chart also provides an example of how RRCs address each goal. For example, six sites reported using the Level of Service Inventory for assessing risk/needs. However, less than half the sites used standardized assessment for mental health, substance abuse, sex offender and antisocial or cognitive distortion disorders. Although all facilities provide assistance with work and job searches, three of the site visits revealed comprehensive in-house resources, three sites with mixed in-house and referral out, and three sites with limited in-house staff and work resources, relying on other community programs. Most health services, if they are available, are provided on a referral basis. Access to both support and entitlement services were available according to six out of ten staff.

Table 3.1 – List of BOP Mission Elements and RRC Activities
Source: Federal Prisons 2010 and Site Documents and Observations

BOP Mission Elements	Example of goal-related RRC Activities
To protect society	Standardizing/risk needs assessment
Provide a controlled Environment	Increasing of offender access to community based on compliant behavior
Utilize community-based facilities	Operating transitional residential living facility placement in halfway house
Safe facilities	Monitoring offender activities and whereabouts
Humane treatment	Receiving inmate grievances and addressing them effectively
Cost efficient facilities	Monitoring quality control and cost by designated staff in various ways
Appropriately secure facilities	Utilizing procedures that are certain and reliable such as drug testing
Facilities that provide work	Developing an employment plan and helping offenders learn how to conduct interviews, and a job search
Provide other self improvement opportunities	Providing education classes, referral, GED, classes in changing criminal thinking behaviors
Assist offenders in becoming law-abiding citizens	Teaching residents how to avoid antisocial peers, or substance abuse triggers or violent behavior

Table 3.2 shows that in addition to the BOP goals listed in Table 3.1, the nine sites also list evidence-based practices and performance related factors. The sites showed that they were attempting to reach additional goals not required by the BOP. However, site visits revealed uneven progress in meeting the goals listed in Table 3.2. Each site employs a variety of evidence-based practices such as cognitive skills and criminal thinking curricula (see Monograph 5). At least three sites provided evidence in documentation that they monitor achievement of their goals. Over half the sites appear to match treatment with needs, risk and responsivity of the individual (see Monograph 5 for details). But site visits reveal that in at least four sites, individuals receive the same programs with minor changes for clinical treatment needs. All of the sites use a level system based on risk and other indicators to progressively expand community release time based on client compliance and participation in the programs.

Table 3.2 – List of RRC Goals/Strategies and Services
 Source: *Federal Prisons 2010 and Site Documents and Observations N=9 RRCs*

RRC Goal/ Objective/Strategy Elements	Relationship to services/supervision
Employ Evidence-based Practices (EBPs)	Most sites noted that they utilize EBPs but EBP Services documentation varies (see Part 3).
Strive to be performance driven	All the sites mentioned that they strive to be performance driven--but the sites vary considerably in how they measure their outcomes and how they use outcomes to change organizational practices.
Incorporate advocacy as part of their work	All sites mention but the type of advocacy varies widely in practice.
Collaborate with agencies and communities	All sites provided similar collaboration examples. Some are more involved with state and local agencies than others.
Strive to provide comprehensive services	All sites promote comprehensive services but four sites provided treatment services through referral or indirectly.
Value and respect diversity	All sites recognize diversity but three RRCs do not provide cultural, gender or ethnic specific services (See Monograph 5 for details).
Stress both individual and program integrity	Similar ethics codes and procedures for reporting integrity were found in all sites.
Provide high quality services	All RRCs note but only a few provided examples or documentation of how quality services are measured.

RRCs’ organizational characteristics

How do the sites differ with respect to organizational characteristics and performance methods? We asked site directors about the relationship between their performance objectives, contracting status and service delivery variations. We learned that type of contracting is only one factor that may influence service delivery. Other factors are: organizational history, commitment to treatment, community involvement, state and local treatment resources, leadership and organizational vision.

Table 3.3 provides descriptive information pertaining to history, community, and leadership of the participating RRCs. Two RRCs were owned by private companies and seven were nonprofit agencies. The seven nonprofit agencies were overseen by Boards of Directors. All the agencies use advisory groups. Specialized services such as sex offender treatment, developmental disabilities, and veterans’ services were provided by the parent agencies in other locations. All agencies have organized community outreach efforts. Three agencies work only or primarily with federal clients and six have county, state and other populations as clients. Seven had operational database efforts and two were in the development or piloting phase. Federal populations in the observations varied from 30 to 140 offenders in the RRC.

Table 3.3 – RRC Agency Characteristics
Source: Federal Prisons 2010 and Site Documents and Observations

	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9
Type (P=profit, N=nonprofit)	P	P	N	N	N	N	N	N	N
Age of agency	35	33	43	40	38	32	30	40	47
Board of directors	N	N	Y	Y	Y	Y	Y	Y	Y
Advisory groups	Y	Y	Y	Y	Y	Y	Y	Y	Y
Specialized services	Y	Y	Y	N	Y	N	Y	Y	Y
Community outreach	Y	Y	Y	Y	Y	Y	Y	Y	Y
Only federal offenders	N	N	N	Y	Y	Y	N	N	N
Computerized database	Y	Y	Y	N	Y	N	Y	Y	N
Site # of FBOP residents	140	90	70	100	127	70	75	30	44
Evaluation component	N	N	Y	N	Y	N	Y	Y	N

Table 3.4 below shows that RRCs use similar organizational models, and site observations confirmed similar services in the sites related to their models. The most frequently cited model (89%) was offender accountability. The offender accountability model includes monitoring, payment of fines and fees, and structured living in a community residential center. All nine sites perform such services. Three other models (community service, work release and cognitive behavioral models) were noted by two thirds of the directors (67%). Community service includes volunteer work and participating in community events such as fundraisers and educational benefits. Some sites stress “good neighbor” and community service more than others.

Table 3.4 – What Model is your RRC Based on?
Source: DS Q#22 N=9

Models Used by RRCs	Noted by Director N=9	# of Sites with Observed Related Services
Self Help	11.11%	7
12 Step Mode	0.00%	6
Cognitive-behavioral	66.67%	5
Therapeutic Community	11.11%	4
Restorative Justice	22.22%	4
Duluth Model	0.00%	0
Offender Accountability	88.89%	9
Relapse Prevention	55.56%	6
Work Release	66.67%	9
Community Services	66.67%	6

With respect to the work of RRC directors, they perform a wide array of tasks. In Table 3.5 we see five of the six categories where at least 88% of directors said they performed work that was “administrative” as opposed to “services” oriented. All of the directors served as a liaison at community meetings. Eight out of nine assisted in writing the proposal, making treatment

availability decisions, creating a physical plan for the location of programs/facility, safety and security as well as communicating regularly with the BOP. Seven out of nine made decisions about treatment implementation and administering assessments.

Table 3.5 – Director Involvement in Program

Source: DS Q#13 Which of the following program components have you been involved with since you became the administrator? (check all that apply)

% of directors who were involved in program’s services	% of director’s who said yes N=9
Assisted in writing original proposal	88.89*
Made decisions about what tx is available	88.89
Made decisions about tx implementation	88.89
Made decisions about administering assessment instruments	77.78
Designed the program’s schedule	77.78
NOT involved in designing the program	0.00
Made recommendations about level of custody	44.44*
Made recommendations about level of sanctions	66.67*
Wrote individual case management plans	44.44
Helped with family counseling and reunification	44.44
Was responsible for educational programs	44.44
Monitored resident accountability	55.56*
Responsible for security and safety	88.89*
Served as a liaison at community meetings	100.00*
Reported on individual progress	55.56*
Responsible for improving community functioning of individual residents	55.56
Responsible for mental and physical health service	66.67
Responsible for physical plan or location of facility/programs	88.89*
Communicated regularly with BOP	88.89*

*Administrative Categories opposed to services

How did the sites describe their organization’s relationship and communications with BOP and USPO?

The site observations included conversations with RRC directors, staff and USPO officers working on site about work tasks they performed. Transitioning from prison, then to RRC, and finally to USPO supervision after release from the RRC poses some case management and collaboration challenges for all parties. All of the sites reported good working relationships between FBOP and USPO staff. Four sites shared that they had improved their working relationships in recent years. In the case of training, six sites mention that they include and welcome BOP field staff and USPO staff in staff training at least once a year. Five sites routinely coordinate their training and in a few sites USPO staff often participate as trainers. Another innovation is early sharing of individual offender case management plans and transfer of information by co-locating or in-house inclusion of BOP or USPO staff in case management team meetings, reviews etc. Three sites mentioned having participation and leadership of USPO representative in Board or advisory group meetings. Several noted improved relationships in

coordinating treatment and services for DTAP and mental health needs of individual offenders. Job fairs were mentioned as “a good effort” but most noted that no real employment offers came from them.

Table 3.6 displays responses when we surveyed directors about the nature and frequency of communications between RRCs and the Federal system. BOP communications are an indicator of the type of type of relationship that exists. Referral and intake processing was the most often mentioned in response to a question and response.

Table 3.6 – Director Communication with BOP in the Last Two Years

Source: 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

Communication task	# of responses for each RRC site									Average
	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9	
Contract Compliance	1	20	5	0	10	9	4	-	15	8
General Administration	8	20	4	1	5	312	1	-	9	45
Quality Control	8	10	1	0	20	9	4	-	6	7.3
Physical Plant	1	10		2	10	3.5	4	-	6	5.2
Referral and Intake Processing	1	730	1	4	900	2	0	-	50	211
Program Components	8	20	-	0	4	5	3	-	12	7.4
Authorized Absences	8	50	-	0	6	5	0	-	7	10.8
Escape Notification Procedures	8	20	-	1	15	2	2	4.5	20	9.06
Urinalysis, Drug Testing and Breathalyzer	8	50	-	1	25	8	0	2	6	12.5
Searches and Contraband	8	30	-	2	6	8	0	-	6	8.6
Individualized Orientation, Program Planning, and Progress	2	150	-	4	10	48	0	-	6	31.4
Employment	8	150	-	2	100	48	2	5.5	100	51.9
Residents Financial Responsibility	8	75	-	0	15	48	0	-	10	22.28
Parenting/Family/Marriage	8	50	-	0	4	48	0	-	6	16.57
Transitional Programs	8	125	4	0	400	48	0	-	12	74.62
Rules and Resident Discipline	1	50	-	4	250	312	2	-	100	102.7
Food Service	8	5		3	4	8	0		6	4.85
Medical Service	8	75	-	1	25	20	0	1	6	17
Administrative Remedy/Inmate Grievances	8	5	-	1	15	4	0	-	5	5.4
Community Outreach, Involvement and Community Service	8	100	-	0	10	16	2	-	6	20.28

Those questions yielding no response are represented with a dash (-)

What did the study learn about RRC staff experience, integrity, and training practices?

All sites have procedures in place that require verification of staff qualifications, credentials and licenses and these are reported to the BOP as part of the contracting process. All observed RRCs have developed policy, program and procedure manuals that include personnel and staff integrity. Surveys and observations verified a written code of ethics. Reporting standards and data collected by BOP may include: number of staff resignations for any reason and number of key staff resignation, number of incidents reported where staff acted in violation of agency policy, and number of staff terminated by conduct violations. These measures are fairly concise and uniform across sites.

Staff experience and training:

Five sites require at least 40 hours of staff training while one site had 30 hours. One site mentioned in-service training. Hours and requirements vary by agency and type of staff positions. Most sites also conduct staff development and training in the areas of prevention of sexual misconduct, and intervention training. Reporting of outcome measures to the BOP includes number of professional development events attended by staff within the year, number of hours of staff training provided by the contractor, and number of community meetings attended by staff.

Requirements exist for life safety:

All sites are required by the BOP to provide a safe and adequate living environment for residents. This includes compliance with all local, state and federal laws and regulations governing sanitation, water, living space and sleeping. All RRCs must develop emergency response and evacuation procedures (verified by site visits). Such procedures must be in compliance with local fire and national codes.

The offender's experience, accountability, and discipline

What procedures were observed with respect to inmate health?

All sites must provide documentation of measures used to protect inmate health. Documentation includes food service safety incidents, inmate grievances concerning food, and violations for food service sanitation. Sites vary in food provision from apartments with kitchens which allow inmates to provide their own food, full kitchens where professional staff cook on site, to food service delivered to the site. Sites routinely report TB testing, HIV and STD testing, or other communicable diseases. Bedbugs have been a problem and sites report their precautions and sterilization procedures such as use of sealed bedding and sanitation protocols. Two sites provided specific reports about corrections in the health area. Most sites provided examples of incidents where a safety requirement was a problem. Each of the sites self report the safety compliance measures and what steps have been taken to rectify it such as a missing fire extinguisher or not meeting local health codes. Two sites reported that during the past two years, no communications to the BOP about inmate grievances were needed. Both these sites had inmate grievance resolution processes in place.

What procedures were observed with respect to inmate well-being?

All sites report to BOP about inmate quality of life and humane treatment. This includes specific steps to insure that there are no violations of human rights or staff misconduct such as sexual assault. Quality of life concerns voiced by inmates included having grievance procedures in

place. Any serious or life threatening concerns are conveyed immediately to the BOP. Quality of life also includes access to personal hygiene, religious issues and food services. Sites routinely provide information to the BOP pertaining to the number of offender grievances involving such issues. Two sites provided examples of their reports to BOP concerning quality of life and inmate issues. They also disclose how the grievance was addressed. All sites post their method of accepting and resolving inmate grievances in their house rules in the facility. At least seven sites mentioned including the grievance procedure in the written materials received during intake.

What procedures were observed with respect to inmate accountability and discipline?

All sites provide written and oral information at intake to inmates concerning rules, discipline and accountability procedures, often in the form of handbooks.

Efficacy

How is progress charted in RRCs?

Progress in RRCs is tracked through a level system that starts with risk needs indicators provided by the FBOP upon transfer of the inmate to the RRC. Each RRC's level system for participation in the program is used to gradually reward responsibility and compliance with fewer restrictions. It is also hoped that there is time for the individual to learn new skills, address substance abuse issues, make prosocial contacts, address health issues, get financial issues in order and resolve family reunification issues.

Table 3.7 displays the average length of stay for a resident in an RRC. In order to positively change an offender's behavior, there must be an adequate length of time to focus on changing dynamic factors such as criminal thinking, substance abuse, weak family relations, low internal controls, peer associations and antisocial personality. During site visits, directors were asked about their views on the adequacy of the length of stay in the halfway house in achieving their goals. Several comments emerged from these discussions. Most directors indicated that the average length of stay of 3-6 months was adequate to provide transitional assistance, basic services and some cognitive learning for behavioral change. At least three directors expressed the opinion that a stay of under a month accomplished very little for the client unless the client is very well prepared in prison for reentry. Several directors also commented on the constraints in providing services and interventions that may take longer than the average length of stay. They indicated that referral to community support agencies and networking assistance was important in some cases in order to prevent recidivism. These are estimations on the director's part because this information is not actually collected by the RRCs.

Table 3.7 – Average Length of Offender Stay in RRC

Source: DS Q#18: *What is the ave, max and min length of time in weeks an offender spends in the program?*

	Minimum weeks	Maximum	Average # weeks
Site 1	4	104	26
Site 2	4	26	16
Site 3	4	52	20
Site 4	4	52	16
Site 5	4	26	12
Site 6	4	32	16
Site 7	6	26	18
Site 8	4	38	28
Site 9	12	52	16
Average	5	50	19

Assessment and planning for behavioral change

What did the sites report about how they assess and plan for behavioral change?

Table 3.8 displays how RRCs use various types of assessment. Six of the nine sites used the Level of Service Inventory or some other standardized instrument. All sites use BOP assessment records to help with the planning process. Assessments for antisocial attitudes and cognitive disorders were most often noted as the “How I Think Questionnaire.” The lack of uniformity in assessment and absence of standardized tools makes planning for behavioral change and use of evidence-based practices more difficult and positive outcomes less measurable.

Table 3.8 – Standardized Assessment Tools Used by RRCs

Source: DSQ#35: Please Indicate what standardized assessment tools are used in your facility/location and about how many residents are assessed with that tool. (Check all that apply)

Assessment Instrument	Overall (N=9)		
	yes	no	%
Standardized Criminality Risk/Need Instruments			
Level of Service Inventory (LSI-R, LSI-R:SV, LS/CMI)	6	3	66.7%
Wisconsin Risk Assessment (or variation)	0	8	0.0%
Hare Psychopathy Checklist	1	7	12.5%
Other Standardized Risk/Need Instrument	6	2	75.0%
Antisocial Attitudes/Cognitive Distortions			
Criminal Sentiments Scale	1	7	12.5%
How I Think Questionnaire	3	5	37.5%
Beliefs Inventory	0	7	0.0%
Pride in Delinquency	0	7	0.0%
Client Self-Rating	1	7	12.5%
Other Standardized Antisocial Attitudes/Cognitive Distortions Instrument	1	5	16.7%
Mental Health			
Becks Depression Inventory (BDI)	1	5	16.7%
Symptoms Checklist-90 Revised (SCL-90R)	0	6	0.0%
Other Standardized Mental Health Instrument	3	3	50.0%
Sex Offender			
STATIC-99	1	5	16.7%
Other Standardized Sex Offender Instrument	0	6	0.0%
Substance Abuse			
Substance Abuse Assessment Tool Developed By Your Agency	0	7	0.0%
Addiction Severity Index (ASI)	2	7	22.2%
CAGE	1	6	14.3%
Drug Abuse Screening Tool (DAST)	0	7	0.0%
Other Standardized Substance Abuse Instrument	3	2	60.0%
Other Uses for Standardized Instruments			
Other Standardized Instrument	1	3	25.0%

About behavioral change and services

What did the sites report about how they address services for residents involving motivation and change such as addressing substance abuse?

The sites vary widely not only in how they assess for substance abuse, but also in how they motivate and engage offenders to address this problem. As depicted in Table 3.9, the most frequently used incentives were verbal praise (8) followed by certificates of completion and recreational activities (5). With respect to sanctions, all sites screen for substance abuse through urinalysis and breathalyzer tests. FBOP is notified in the case of one or more positive tests and most often offenders will be returned to custody following a zero tolerance of relapse policy.

Many sites provide in-house substance abuse education, support groups and relapse prevention while others do not. Three site visits displayed motivational interviewing techniques and linked this to rewards to help individuals change their attitudes and habits during this period.

Table 3.9 – Incentives Used by RRCs

Source: DSQ#56: Which of the following incentives are used by your facility/location for residents who comply with facility/location rules (This can include behavior other than a negative drug test) (Check all that apply)

Incentive	(N=9) Yes
No incentives	0
Certificate of completion of program	5
Certificate of completion of services	3
Offender of the month award	1
Graduation Ceremony	3
Individual verbal praise	8
Individual written praise, certificates	3
Group verbal praise	4
Reduction in time of sentence	2
Tokens or points that can be redeemed for material items	2
Tokens or points that are used for phase advancement	1
Free-time/passes	3
Stickers or notes	1
Food items	3
Parties/recreational activities	5
Other (earned passes & community time, level advancement, negative points taken away, rewards system)	4
Average	3

Tables 3.10 and 3.11 depict responses to Director’s Question #38 – how services are provided at the time residents are in the community corrections location. One third of RRC directors indicated that more than half or all of clients receive referrals and another third indicated about half receive referrals. However the remaining third indicated that none or less than half of clients receive referrals. With respect to prearranged appointments for counseling in the community, 78% of directors indicated no, or less than half of the clients had prearranged appointments with community-based services programs; no RRC indicated more than half received this and 22% indicated about half. One third of directors indicated that more than half or all of their residents are offered the opportunity for personal contact prior to discharge with community based services. However, two thirds indicated this assistance was unavailable or that less than half received it. Personal contact prior to release with employer, vocational or educational program was experienced by more than half of the RRC’s residents according to 78% of the directors. Twenty-two percent indicated it was less than half. Personal contact with probation or parole, and employer or educational contacts are more widely provided for clients than the other services.

Table 3.10 – Services Provided by RRCs by Estimated # Served

Source: DSQ #38: How many residents are provided the following services/assistance at the time they are in the community corrections location?

	RRC Residents Provided Services		
	None, less than half	About half	More than half, all
Referral to a substance abuse treatment program in the community	33%	33%	33%
Pre-arranged appointment with community-based services programs (e.g., mental health, counseling)	78%	22%	0%
Personal contact prior to discharge with community-based services program	67%	0%	33%
Name and contact information of a 12-step sponsor/community sponsor	78%	11%	11%
Personal contact prior to discharge with parole or probation agent who will be supervising in the community	0%	0%	100%
Referral to a vocational or educational program in the community	67%	0%	33%
Personal contact prior to release with employer, vocational, or educational program	22%	0%	78%

Table 3.11 depicts the range of variations in the sites with respect to answers to Director’s Question #38. In the case of some sites such as site three, referrals to external programs are marked as a low number (2) because they have comprehensive in-house programs. The variations between site responses do not necessarily mean services are not provided if the percentage is low; it means that referrals are not as widely used if there is a comprehensive in-house program.

Table 3.11 – Proportion of Residents Provided Services by RRC Site

DS #38: How many residents are provided the following services/assistance at the time they are in the community corrections location? (0=0 1 = <50% 2= 50% 3= >50% 4= all 5=unsure)

RRC Residents provided services	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9
Referral to a substance abuse treatment program in the community	2	2	1	3	1	2	3	3	1
Pre-arranged appointment with community-based services programs (e.g., mental health, counseling)	1	1	1	1	1	1	1	2	2
Personal contact prior to discharge with community-based services program	4	1	1	1	0	3	4	1	1
Name and contact information of a 12-step sponsor/community sponsor	1	4	1	1	1	2	1	1	1
Personal contact prior to discharge with parole or probation agent who will be supervising in the community	4	4	3	5	4	4	3	4	4
Referral to a vocational or educational program in the community	4	3	1	1	1	4	1	1	1
Personal contact prior to release with employer, vocational, or educational program	4	1	3	4	4	4	1	3	4

Retention and program completion

What are the criteria for retention in the program and successful completion?

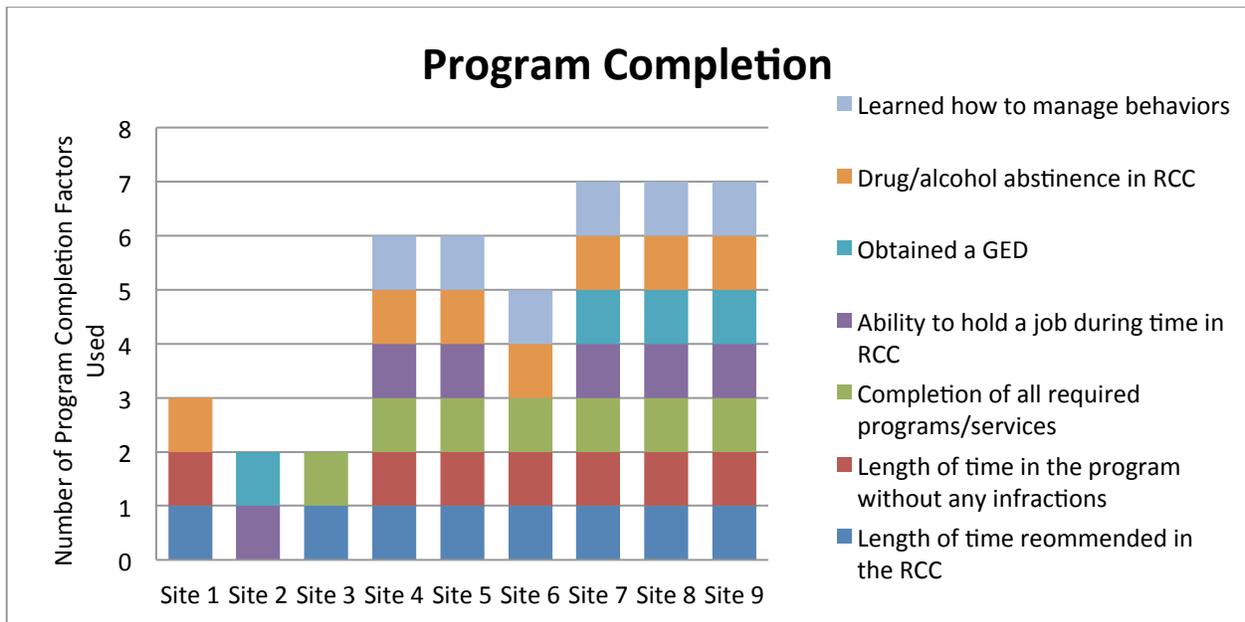
Table 3.12 reveals that RRCs were very similar in the elements that they use to determine program completion. This is partially because these elements are required by the Federal system. The most frequently mentioned criteria was length of time recommended (eight out of nine). Behavioral accomplishments were also recognized by seven RRCs including abstinence from drugs/alcohol, completion of requirements, length of time without infractions, and obtaining a GED. Ability to hold a job and learning how to manage behaviors were noted by two thirds of the sites as factors in program completion.

Figure 3.1 also displays responses pertaining to program completion; however these are graphed rather than laid out as a table. Sites, 1, 2, and 3 have less than three program completion items mentioned which differs from sites 7, 8 and 9 (seven program completion elements).

Table 3.12 Program Completion
 Source: DS Q#39 What is an offender's completion based on?

Criteria for Retention	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9	Total
Length of time recommended in the RRC	1	0	1	1	1	1	1	1	1	8
Length of time in the program without any infractions	1	0	0	1	1	1	1	1	1	7
Completion of all required programs/services	0	0	1	1	1	1	1	1	1	7
Ability to hold a job during time in RRC	0	1	0	1	1	0	1	1	1	6
Obtained a GED	0	1	0	0	0	0	1	1	1	4
Drug/alcohol abstinence in RRC	1	0	0	1	1	1	1	1	1	7
Learned how to manage behaviors	0	0	0	1	1	1	1	1	1	6

Figure 3.1 – Program Completion
 Source: DS Q#39 What is an offender's completion based on?



Use of evaluation, research and EBPs

What did the site visits learn about the relationship between use of validated scales, evidence-based practices and research?

Site visits and surveys mentioned a wide variety of evidence-based practices and a limited use of research. Table 3.13 shows that all sites review offender files for evaluation purposes or allow researchers to access them. Seventy-five percent maintain a quality assurance program in conjunction with the BOP contract, ACA Accreditation or internal factors. Sixty-two percent

evaluate services, programs, trainings and sessions. Another sixty-two percent participate in committees or groups involving new services or programs.

Table 3.13 – Researcher Participation in Program Evaluation Activities
Source: DS #60 Please indicate whether researchers and or evaluators participate in the following:

Researcher Participation in Program Evaluation Activities	Overall % N=8
Participate on committees/groups responsible for developing new curricula	62.5
Participate on committees/groups responsible for enhancing services/programs	50.0
Review offender files	100.0
Evaluate services/programs sessions	62.5
Track recidivism rates of residents	37.5
Review offender progress	50.0
Maintain quality assurance documents/plans	75.0
Report to the director	62.5
Conduct outcome studies	37.5
Conduct validation studies	12.5

Summary of Findings and Conclusion

Although the organizational characteristics of the nine RRC sites vary, they are remarkably uniform in meeting BOP administrative and reporting requirements. All sites reflect the mission statement of the BOP in their organizational goals and strategies. Most sites recognize the value of evidence-based practices, being outcome driven and providing high quality services. Only three or four RRCs provided documentation of how they are actively measuring their performance and using the feedback from program data to improve their results. RRC directors include state and local leadership, vision and resources to support the development of innovative programs as important contributors to the development of their evidence-based programs.

With respect to how RRCs are organized to address individual criminogenic factors, the study team learned about how the sites document their services and whether they monitor service outcomes and found there were wide variations in these practices. At least eight of nine RRC directors noted that they are involved in proposal writing, making decisions about what treatment is available, monitoring security and safety, serving as a liaison in the community at meetings, responsible for the physical plan, and communicating regularly with the BOP. We asked directors about how their RRCs were working with Federal agencies to assess the potential for change, initiate change in each individual and then help sustain that change. Directors all indicated that they had a good relationship with the BOP and USPO but several directors gave examples of needed improvements or projects that have recently improved their working relationship with Federal agencies. With respect to the type of communications and quantity, the sites varied widely, with two sites estimating much more communication than the others. All sites have routine policies and procedures manuals and staff training. Documentation was provided by three sites and three sites provided this for inspection at site visits. Staff training, life safety procedures, inmate grievance procedures were also available at site visits and were in documentation for all sites. Although some staff training documentation focused on evidence-based practices, most other staff manuals are primarily procedural. Staff must allocate a lot of

time for communicating and documenting that they have complied with these procedures. This was a comment from several site staff during field observations. Compliance with these procedures is noted by BOP oversight reports, site visits and documentation supplied by contractors on a regular basis (at least once a year).

Recommendations

What factors will improve organizational efficacy of the sites in the future?

1. RRCs should develop policies and procedures that encourage staff and offenders to work to improve dynamic factors of offenders related to recidivism.
2. RRCs goals that strive for improved offender behavior should include strategies for improving incentives for changing behavior as well as sanctions.
3. Quality assurance is an important tool in developing and monitoring staff skills to motivate offenders.
4. RRCs should utilize program models that focus on developing informal social controls to foster long term change (families, positive peers, support groups).
5. RRCs and Federal agencies should work to develop collaborative and coordinated arrangements for monitoring offender progress and accountability.
6. RRCs should continue to improve how they encourage and measure staff performance consistent with effective communication strategies.
7. Based on directors and staff survey input, basic staff training should cover how to develop an understanding of prior and current offender behavior, develop motivational and communication strategies with offenders, use problem solving techniques, and encourage open, direct and empathetic communication in order to change offender cognitive skills and behavior patterns.
8. All RRCs should use basic information tools to gather information and share it with offenders as feedback.
9. Assessment should be used to direct use of services that are matched with individual offender's criminogenic needs.
10. Use supervision plans and behavioral contracts to change behavior and monitor the efficacy of this process.
11. All RRCs should work with researchers to measure outcomes and conduct evaluations.

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: 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.