Report 4: How do staff hiring, retention, management and attitudes affect organizational climate and performance in RRCs?

What Works in Residential Reentry Centers

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**Overview**

This study reviews how the Bureau of Prisons (BOP) uses different mechanisms to contract for services and whether the contracting mechanism impacts the organizational climate of an RRC (Residential Reentry Center). It examines how contracting mechanisms are related to organizational capacity and culture. This monograph examines the relationship between contracting and specific staffing issues (i.e., hiring, retention, management, attitudes, etc.). We also look at how the work performed by staff relates to implementation of evidence-based practices and a problem solving approach to managing offenders.

**Performance Contracting and Compliance Contracting**

Why study type of contracting as it relates to organizational capacity and staffing issues? A performance-based contract is intended to free up staff resources by streamlining administrative requirements and thereby increase an RRC’s organizational efficiency. 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).” A SOW is a document used by the Federal Bureau of Prisons in the procurement process that presents a detailed outline of how community corrections contractors must carry out their work. It includes meticulous program and administrative requirements for operating RRCs and contractors must show compliance with the requirements in order to receive funding. In this study we refer to these contractors as “Compliance-based” or “CB” contractors.

In contrast, a PWS is a document used in procuring services which outlines vital elements for the contractor to address. The contractor must define the details and methods for meeting the fundamental requirements set forth in the PWS. The PWS contracting document allows the contractor to change administrative and program details so long as they meet the vital elements under the PWS contract. This study examines whether the PB sites showed signs of organizational improvements with respect to staff, hiring, training, work, attitudes and qualifications. Overall the differences appear to be attributable to other factors such as leadership and organizational goals, rather than to contracting methodology.

**Staff Characteristics**

Although there are differences in staff characteristics between PB and CB RRCs, none were found to be statistically significant. PB sites staff were 68.5% women and CB sites were 61% women. Both PB and CB sites employ 15%-25% Hispanics, but PB sites employ 33.3% Black/African American and 65.9% White/Caucasian staff members. CB sites employ 19.5% Black/African American and 51.9% White/Caucasian staff members. PB sites staff age tend to be older (in their 30’s and 40’s), whereas 39% of CB site staff were in their 20’s. This could be because PB staff tended to report being at their current jobs longer than those in CB sites. Twenty-four percent of PB staff had been at their jobs for more than five years while only 7% of CB staff have worked as long. Staff retention is an important aspect of many RRCs. It helps foster both client relationships as well as healthy organizational social networks. It also allows for consistency in implementation of key knowledge, skills, and abilities. As far as education, CB site staff (63.4%) hold more BA/BS degrees than PB site staff (42.6%).

The directors from site to site had a wide range of characteristics as well. Experience in the field ranged from 1-32 years, time in their current position ranged from 1-23 years, and ages range
from 37-64. Educationally there was one site director with simply a high school diploma, and one director with a PhD. Most directors did not hold any certifications, and they were predominately white and female. None of the sites in our study had a Hispanic director. As far as the PB and CB breakdown goes, the average ages were similar for both PB (48) and CB (49.8). However, years in the field and in their current position were distinctly different. PB directors averaged 4 years in their current position and 15 years in the field. In contrast, CB directors have been in their current position for an average of 10.8 years and in the field an average of 26 years.

**Certifications**
In addition to education and staff experience, certifications are also an indicator of staff expertise. There is no common or standard certification in this field. This is an area where standardized training is needed in order to recruit staff who are skilled communicators, problem solvers, and experienced in motivating offenders. Both PB and CB sites have staff who are certified addictions counselors, certified motivational interviewers, licensed chemical dependence counselors, and certified in CPR. Overall, PB sites seemed to hire more employees with specialized certifications than CB with few exceptions: 1) CB sites had more licensed clinical social workers, 2) CB sites had more licensed professional clinical counselors, and 3) CB sites had more staff members certified in co-occurring disorders. PB staff members, however, had certifications including all of the following:

- Licensed Psychologist
- Expressive Arts Coaching
- ACA Auditor
- Certified Tele Communications Operator
- Clergy
- Cognitive Behavior
- Hypnotist
- Licensed Insurance Agent
- Licensed Master Social Worker
- LIODC (ODADAS)
- LSI Trainer
- Mediation
- Nationally Certified Pharmacy Technician
- OWPS & GCOF
- Parent Educator
- Parenting Curricula
- Peace Officer Certifications
- Rape Crisis
- Technical – Microsoft Network Administrator Cert

**Job Tasks & Responsibilities**
How do job tasks relate to organizational capacity, engaging and retaining offenders in the program, and improving outcomes? In general more needs to be known in analyzing staff from both PB and CB sites. Directors from both sites reported their current operational responsibilities. Overall, no major differences were revealed based on PB and CB contracting. The largest difference between the two was seen in the number of staff who currently work in mental health services (PB=26%, CB=19%). This difference could be due to the fact that one PB site was formerly a mental health service provider. Below is a description of the job responsibilities of staff in both PB and CB sites combined (Figure 4.1). By looking at RRC staff’s general responsibilities, we’re able to see where certain services may need more attention. For instance, less than 10% of staff claim to have responsibilities regarding sex offender therapy, drug court services, HIV/AIDS testing, assessment, or counseling, medical care, and education
or GED assistance. More than 30% of staff mentioned life skills and or criminal thinking, work release/job training or readiness, and substance abuse treatment/services as their responsibilities.

Figure 4.1 – Combined Current Operational Responsibilities of PB and CB RRC Staff (N=95)

Current Operational Responsibilities

- Sex Offender Therapy
- Day Reporting
- Drug Court Services
- Mental Health Services
- HIV/AIDS Testing, Assessment, or Counseling
- Medical Care
- Life Skills and or Criminal Thinking
- Education, GED
- Work Release/Job Training or Readiness
- Substance Abuse Treatment/Services

Much larger differences can be seen in specific staff tasks outlined below (Figure 4.2). The largest difference is that 45% of the staff in CB facilities are not involved in the design of the program, whereas 17% of PB facilities are not involved in the design of the program. PB staff also tend to focus more on community meetings, educational programs and treatment implementation/availability.

Figure 4.2 – Combined Job Tasks of PB and CB RRC Staff (N=95)

Job Tasks

- Communicated regularly with BoP
- Responsible for physical plan or location of facility
- Responsible for mental and physical health service
- Responsible for improving community functioning of
- Reported on individual progress
- Served as a liaison at community meetings
- Responsible for security and safety
- Monitored resident accountability
- Was responsible for educational programs
- Helped with family counseling and reunification
- Wrote individual case management plans
- Made recommendations about level of sanctions
- Made recommendations about level of custody
- NOT involved in designing the program
- Designed the program’s schedule
- Made decisions about administering assessment
- Made decisions about tx implementation
- Made decisions about what tx is available
- Assisted in writing original proposal
The figure above contains the answers from 95 staff in both PB and CB RRCs. In order for organizations to effectively change offender behavior, they need to have good communication skills and use them regularly with individual clients. The figure indicates that staff believe communication is an important measure for performance. For example, 69% communicated with the BOP regularly, 67% reported on individual progress and 35% participated in community meetings. Other important measures include motivational interviewing for which one site provides training, and five other sites report use of motivational and problem solving techniques.

Information gathering and transmission is the backbone of documenting offender progress or lack of progress. Although the sites keep internal records of their communications, this study was able to access those records in only a few sites. Nevertheless, site visits and staff surveys documented how staff are involved in communications. The figure above also depicts how staff are involved in gathering information. Sixty-seven percent of staff reported on individual progress and 82% monitored resident accountability. Sixty-two percent were involved in recommendations of level of sanctions and 63% were involved in safety and security.

Staff were also involved in treatment and services, but this varied between the sites. Overall staff involvement in areas of behavioral change was lower than might be expected. Fifty-one percent of staff wrote individual case management plans and 50% made decisions about treatment implementation. Forty-eight percent of staff made decisions about what treatment was available but only 35% were involved in family counseling, 25% were responsible for mental or physical health, and 28% for educational programs – these are all areas where behavioral change can take place.

**Staff Overload**

Out of the operational responsibilities listed above, both CB and PB staff are currently performing only one of those ten possibilities. This one responsibility varies from staff member to staff member, but most staff members don’t take on more than one responsibility. Out of the twenty-one possible tasks listed above, staff members in both PB and CB sites tend to participate in about 7.5 of them. Site 2, a CB site, performed the greatest number of tasks with a mean of 10.2, and site 9, also a CB site, participated in the fewest number of tasks with a mean of 5.4.

**Staff Satisfaction**

The directors at each site answered questions regarding how frequently, if at all, staff satisfaction was assessed. All of the CB sites participate in assessing staff satisfaction, claiming to do so intermittently (40%) or semi-annually (20%). The majority (60%) had satisfying results, while others found staff very satisfied (20%) or neutral (20%). Eighty percent of the assessments were done via survey, and other forms of assessment included use of an outside reviewer, meetings, and parts of formal evaluations. Of the PB sites only 75% assess staff satisfaction, and of those who did perform assessments 25% did so intermittently, and 25% did so quarterly (the other 50% did not answer how frequently they perform assessments). The results were tied between satisfied (25%), very satisfied (25%), and neutral (25%). For PB sites a wide range of assessment tools were used including: internal reviewer (50%), surveys (50%), interviews (25%), meetings (50%), and formal evaluations (25%).

**Working Environment**

Staff were asked a series of questions regarding the culture, climate, and management of their RRC. The results are shown in Table 4.1 below. Most scores seem to cluster around 3. This
means most opinions fall in the middle on a scale of 1-5 (1 being strongly disagree, 5 being strongly agree). The staff indicated that sites with compliance-based contracting have more organizational commitment, less job frustration, a better organizational climate, better leadership, less cynicism for change, and more interdepartmental coordination. Directors also answered a series of questions regarding their working environment (See Appendix Table B.1).

Table 4.1 – Staff Responses to Their Working Environment

<table>
<thead>
<tr>
<th></th>
<th>Job Frustration</th>
<th>Organization Climate</th>
<th>Leadership</th>
<th>Transformational Leadership</th>
<th>Transactional Leadership</th>
<th>Cynicism for Change</th>
<th>Interdepartmental Coordination</th>
<th>Organization Commitment</th>
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<tr>
<td></td>
<td>mean</td>
<td>SD</td>
<td>mean</td>
<td>SD</td>
<td>mean</td>
<td>SD</td>
<td>mean</td>
<td>SD</td>
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<td>4.19</td>
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<td>3.88</td>
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<td>3.77</td>
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<td>3.77</td>
<td>0.77</td>
<td>3.79</td>
<td>0.76</td>
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</table>

*performance-based sites

**Hiring**

The directors were asked what characteristics were considered when hiring staff, and what the relative importance of each characteristic was. This exercise was carried out for line, key, and support staff (See Appendix Table B.2). The scale was from 1-5, 1 being not at all important, and 5 being very important. Although PB and CB directors’ priorities are very similar, directors at PB sites put more importance on hiring characteristics in general. Below are the most important to least important characteristics in regards to hiring for an RRC. The top three were: 1) communication skills, 2) ability to be firm but fair, and 3) problem solving techniques. Writing skills were also important for support staff. Most requirements fell upon the key staff. These findings are consistent with the literature on behavioral change which notes that communication, fairness, problem solving and information skills are needed for staff to use evidence-based techniques.

**Training**

Regardless of the site or type of contracting, 100% of director’s say initial training of new staff typically occurs by having the new staff follow or “train” with a current staff member, and existing line or key staff who deliver services are required to attend on-going training. Key staff receive more training than line or support staff, and support staff generally received the least amount of training irrespective of the type of contracting. According to 100% of the directors in CB sites, key staff train by not only following a current staff member but also by applying the use of consequences/sanctions, rewards, and assessment instruments. According to staff, they need the most assistance in addressing mental health problems, resident problems, and
understanding or dealing with security issues (Table 4.2). Four sites mandated 40 hours of training, one mandated in-service training on top of that, and another only required 30 hours of training.

Table 4.2 – Staff Perceptions of Training Needs

<table>
<thead>
<tr>
<th>Training Need</th>
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<td>Addressing residents' mental health problems</td>
<td>3.42</td>
<td>1.087</td>
</tr>
<tr>
<td>Assessing resident problems and needs</td>
<td>3.07</td>
<td>1.041</td>
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<tr>
<td>Understanding and dealing with security issues</td>
<td>3.01</td>
<td>1.118</td>
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<tr>
<td>Increasing resident participation in treatment/services</td>
<td>2.89</td>
<td>1.053</td>
</tr>
<tr>
<td>Improving rapport with residents</td>
<td>2.87</td>
<td>1.066</td>
</tr>
<tr>
<td>Providing HIV/AIDS counseling</td>
<td>2.81</td>
<td>1.182</td>
</tr>
<tr>
<td>Working with staff in other units/agencies</td>
<td>2.61</td>
<td>1.074</td>
</tr>
<tr>
<td>Working effectively with different racial or ethnic groups</td>
<td>2.50</td>
<td>1.163</td>
</tr>
<tr>
<td>Using passive restraint</td>
<td>1.98</td>
<td>1.240</td>
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</table>

**Conclusion**

Variations in staff characteristics are not statistically significant. However, differences do exist. PB sites also have a wider variation of certified staff members. This is an area that might benefit from consistency and standardization requirements. As far as job tasks and responsibilities, we see a need for staff to become more involved in a wider range of responsibilities, particularly areas of behavioral change. Looking at the problem of staff overload and burnout, quality and quantity often have an inverse relationship. The more attention and quality one gives to a task the less tasks one can usually accomplish. However, our results show each staff member participating in very few tasks so we expect to see high quality work and this is often not the case. One site specifically mentioned staff burnout as being an issue.

Six of the nine sites claimed staff turnover as an issue and a continuing challenge. Half of these characterized it as significant staff turnover, and one site is lacking personnel to help with quality control and reporting, leaving all associated responsibilities to the director. Staff hours are long, caseloads are high, salaries are low and the work is demanding. Those sites where staff turnover was not an issue compensated their staff with medical benefits, a decent retirement plan, and continually rewarded staff and promoted based on their motivation and problem solving as team members. These sites recognized staff longevity as an important asset of the organization.

When hiring staff members, both PB and CB sites place emphasis on 1) communication skills, 2) ability to be firm but fair, and 3) problem solving techniques. Five of the nine sites commented on training as an issue and the need for improved training. RRCs reported either more resources need to be provided, training needs to be expanded, or they needed more assistance with implementation of evidence-based practices.

Those RRCs with PB contracting experienced more clarity about contractual expectations. They believed PB contracting helped their RRC manage scarce resources to get better outcomes, and it was thought that the agency could improve its performance by having greater latitude in
managing details. Staff reported that they are able to concentrate more on action and less on documentation of those details. PB provides flexibility for sites to do what works rather than what is mandated. Even some CB sites believed performance-based outcomes for their SOW would increase efficacy. However, contrary to staff perceptions our results seem to show contracting makes no significant difference in any of the sections mentioned above.

**Recommendations**

1. Develop standards for leadership and management that stress commitment to evidence-based practices and high standards for communication.
2. Develop ethics and quality control measures that include staff training, performance, participation in program development and feedback.
3. Develop staff standards that link recruiting and training staff to key evidence-based job responsibilities.
4. Develop strategies to prevent staff burnout, staff turnover and improve staff communications within the agency.
5. Provide standards to match organizational responsibilities with job tasks of staff. This would include recruitment, certification and training of staff.
6. With respect to Federal contracting procedures, provide more clarity about contractual expectations that give contractors incentives for managing scarce resources and documenting improved outcomes. Consider using performance-based outcome documentation with standard performance measures across all sites.
7. A performance-based contracting system specifies key measures for process and outcomes. At present BOP does not have these standards. Such standards should be developed and embedded in the contracts. For example, the following key standards may be considered:
   a. 100% of the offenders should be screened using a risk tool during the first 14 days in the RRC.
   b. 75% of offenders in the RRC should be moderate to high risk.
   c. 75% of the offenders should be employed within 60 days of entering the center.
   d. The RRC should offer criminal thinking therapy to continue treatment from prison within 30 days of release. 75% of offenders should participate in the treatment.
   e. 75% of the offenders should participate in programs that address criminogenic needs for at least three months
   f. Mandated conditions of probation supervision should be offered in the RRC. RRCs should ensure that 80% of the offenders complete required treatment programs.
   g. Home confinement (less days in the RRC) should be tailored to low risk offenders.
**APPENDIX**

Table B.1 – Director Responses to Their Working Environment

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
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<td><strong>Organizational Culture</strong></td>
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Table B.2 – Characteristics Directors Look For When Hiring Staff

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<th>Mean</th>
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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:

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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?

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