

Report 7: Site Visits

What Works in Residential Reentry Centers

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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.



What Works in Residential Reentry Centers

Report 7: Site 1 Visit

Part 1: Overview

Program Description: Corporate model stressing offender performance

RRC Site 1 is a corporate business model that blends several existing approaches for successful offender reentry into a high performing residential program. The success of this corporate model is its dedication to the concept of changing individual behavior and utilizing corporate, nonprofit and governmental resources to meet client needs and address risk factors. In FY 2009, the Parent Agency (PA) of the Site 1 RRC operated adult and juvenile programs in states and territories. The PA's various institutions serve Federal, state and local adult and juvenile probation clients. In 2009 approximately 332 Federal clients were served in the Site 1 RRC program. Another 60 state/county clients were in Site 1. Approximately 90% were male and 10% were female. The RRC typically receives 30 new residents each month.

For the total RRC population, clients referred by agency are: FBOP (50%), the United States Probation Office (8%), Pretrial Services Office 8%, state (33%) and county (5%). Minimum time spent in the RRC program is 1 month and maximum time is 24 months—with an average time of 6 months spent.

History

The parent agency has contracted with the FBOP for adult Community Corrections for more than 35 years. The present location has been an RRC site for more than 20 years. The agency is accredited by the ACA. In 2006, the RRC was awarded a Performance Contract. The decision to go to a performance contract was a business decision. 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 details.

Federal referrals are placed through an assigned community corrections manager CCM. The CCM sends the packet with the assignment to the RRC and within 5 days the RRC staff accepts or rejects the placement. The RRC phones or faxes immediately after receiving a new placement. A case file is opened immediately and written notification is sent to the United States Probation Officer (USPO) when place of release is established. The agency works well with Federal Probation. Probation comes to weekly meetings. They have weekly attendance at staff case reviews. USPOs attend team meetings once a location is established for release.

Setting:

Site 1 is operated as a coed facility by a private agency, located in a residential-commercial, high-density area of a western city. The RRC site is a four story structure built in 1907. It was operated as a private halfway house by another company and acquired by the PA in 1989. The building has been updated for safety, accessibility, structural and service requirements. The overall physical environment was good. The space consists of dormitory rooms with dayrooms, staff offices, and bathrooms on the upper 3 floors. The ground floor has reception area, staff offices, kitchen, dining and meeting rooms. There is a small outdoor recreation area outside behind the building. Recreation and classrooms are located in the basement along with maintenance, storage and other space. At the time of the December site visit, kitchen renovation was being planned to modernize the eating area.

Mission, Goals and Objectives

The RRC's goals emphasize the importance of changing offender behavior. This is to be accomplished through the RRC by offering an "intensive, multi-dimensional program designed to meet each individual's needs."

This plan incorporates the following principles:

- Changing offender behavior through effective education and treatment services;
- Providing a safe and cost-effective environment; and
- Returning responsible and productive individuals to their families and communities.

Part 2: Contracting for Residential Services

Services Rendered/ Referrals

The RRC does not claim that their services are evidence-based although some staff training utilizes evidence-based principles and strategies. The RRC does not implement any particular program curriculum (nothing is mandated by the program or by the PA); rather, staff are trained in various methods and pick what they implement from each. This allows them to match client needs and to also draw on their own strengths in motivating and teaching. They see their ability to individualize treatment to each client as a strength of the program. The case managers also noted that there is constant teamwork among monitor, case management, and specialized (job development and clinical) staff.

Onsite programming consists of weekly life skill classes, and weekly meetings with case managers. Life skills classes include anger management, cognitive skills, critical associations, criminal thinking, educational, employment, financial literacy, parenting, relationship counseling, application skills, finding AA groups, reintegration pitfalls, nutrition, medical, associating with criminals and credit issues. The RRC provides limited individual and group counseling, mental health, self esteem, spirituality and mentoring in-house. Staff make sure that these classes are tailored to the population. A MINT program (Mothers and Infants Nursing Together) on-site offers pregnant clients get specialized case management, parenting classes, and medical services.

There has been some shift in how services are delivered (in-house versus outside referral). The CHRC offers some services in-house but also want to make sure that clients are connected with community-based services because they cannot come back to receive services at the program after they are discharged. Referrals include mental health, mentoring, recreational therapy, self esteem, and spirituality. The RRC also has outside agencies that provide services in-house (e.g., Night Ministry, AA/NA, ASPCA).

Clients receive approximately 8 hours of services a week with a duration schedule of up to 6 months. In-house topics include: aggression replacement therapy, meditation, cognitive behavioral therapy, criminal thinking, domestic violence, parenting, relationship, educational, employment, financial, job placement, vocational, work release, day reporting, HIV/AIDS, mental health, yoga, spirituality, cultural, gender specific, mentoring, and individual counseling with a licensed psychologist. There are also specific groups for female offenders. The program provides space for the Sheriff's Five keys program which has donated computers and provides education for clients to obtain HS diplomas and GEDs.

Housing assistance seemed to be an obstacle for this program because of recent changes in how housing is funded in the locality. (There is a program which requires folks to be in a homeless shelter prior to being eligible for financial assistance for housing). However, the case management staff has been successful in helping clients obtain SSI so that they can obtain financial assistance for housing.

Indicators, changes and trends

Performance-based indicators were provided to BOP. The overall changes and trends noted by the staff included a changing and more diverse group of individuals referred from the Federal system. Challenges to finding jobs due to the economic downturn were a concern. Also housing is more difficult to find than in earlier years due to policy changes and large number of homeless people in the area.

Part 3: Observations about Residents

Accountability

This RRC incorporates elements of several different models including the following in its services: self help, offender accountability, cognitive behavioral, relapse prevention, work release and community service. Monitoring occurs through monthly home and work visits. Passes are checked before and after leaving. Police and parole officers help monitor. They also use home detention, GPS, pass calls, headcounts and pass verification as well as drug and alcohol tests.

Reentry Planning

All clients get assessed at intake by the case manager and the substance abuse counselor. The addiction severity index is used for all at intake and other standardized, needs risk assessments. The case manager develops the IPP based on client needs and risk and meets weekly with the client to assess progress in reaching those goals. Those who are mandated by the court for mental health treatment will also be assessed by the psychologist and receive a 30-minute weekly session (clients who screen positive for mental health issues during their assessment with the substance abuse counselor will also see the psychologist). The psychologist is "mandated" to deliver a suicide prevention class to the residents. Clients needing substance abuse treatment attend group and have weekly individual sessions. Family re-unification work is typically done by the case management staff rather than the treatment staff. The case managers also help clients get SSI for housing and services after discharge and work closely with the job developer, who tries to meet with each new client within the first 72 hours of their stay (because they can start applying for jobs within the first 72 hours of their stay).

Client Safety

The physical environment was good. In fact, the director mentioned at the monitor staff meeting that this was their “first defense” (keeping the facility clean and monitoring the noise level). New residents are initially placed in a very structured environment. As they achieve their treatment and rehabilitation goals, they gain access to privileges and reduced structure while gradually taking on more responsibility for their own successful transition.

Intake

Residents can receive help from an on-site psychologist and also an on-site substance abuse counselor. There is also monitoring of rules of conduct, use of sanctions and incentives, orientation to emergency evacuation, fire and medical, language assistance, and literacy assistance, prevention of sexual abuse and suicide prevention as part of the initial orientation process, a resident handbook and RRC meetings with case workers and groups.

Health

Medical and dental services screening are conducted within 5 days and if there is a concern about contagious disease within 1 day. The medical exam looks for problems that need to be addressed while the resident is at the Center. The IPP will include referral to medical treatment in the community if indicated and a copy of findings are sent to the CCM as part of the resident’s file.

Risk Management

The RRC staff undertake the following monitoring activities. Among them are Monthly home and work visits; weekly drug and alcohol tests, headcounts, pass verifications, pass calls, checking of passes, police and probation officers, GPS, home detention, and electronic monitoring.

Work/Employment

Within 15 days of their stay, clients need to have a job or be doing something meaningful (classes/training or volunteering) during the day. There are rules, however about work. They cannot be off-site more than 6 days straight or more than 12 hours at a time. They must spend at least 8 hours at the facility each (24 hour) calendar day. They also cannot enter into any contractual arrangements. The job developer is responsible for helping clients and case manager access various educational and employment resources (e.g., the Sheriff’s 5-keys program, the Goodwill Navigator program, the Clean City program). In-house vocational training and assistance are provided. The training includes resume writing, job search, strategies, job application assistance and interview techniques. The RRC also links to the Employment Development Department, the Goodwill Industries, Swords to Plowshares, Career Link, and the Mission Hiring Hall. The RRC has developed relationships with employers who hire felons (candy factory and telemarketing companies). This is a responsibility of the job developer.

Part 4: Leadership and Management

Business Management

The site was among the first to pilot performance-based contracting (they are currently starting the 5th year of the 10 year contract) as well as the MINT program. Adopting performance contracting was a business decision made by the PA and RRC. This has worked well for the program because it provides flexibility to do what works rather than what is mandated. Innovation has been a priority for the site and it permits some degree of innovation. They also seem to have a fair amount of latitude within the PA to determine the programming delivered. For example, the RRC is not required to have treatment staff (psychologist and substance abuse counselors) but they do. The programming at the site is based on training the offenders to be contributing members of society whatever their role within it. Staff help prevent new problems and recurring ones in the more challenging individuals.

Resources

All funding is based on their per diem. The RRC does not receive any state subsidy funding (although they do get clients who are eligible). They do pay for some outside services and recreational programming with the “resident fund” which comes from residents contributions to the vending machines and washers/dryers.

Governance

Goals for the RRC were influenced by the Performance Contract. The RRC has a strong Community Advisory Board with the following types of interests represented: governmental agencies such as Rehabilitation, Employment; nonprofit agencies; housing groups; and voluntary charities.

Management Experience and Beliefs

The parent agency has a long standing commitment to assisting individuals to successfully reintegrate into the community using a for-profit business model as the corporate basis for operations. The site visit revealed an experienced and capable leadership. The leadership has made decisions to address mental health and substance abuse issues by having professional staff on-site and to assess and refer for treatment as needed. There is also a commitment to establish linkages for help and aftercare. This is based in part on necessity and also on research that indicates that aftercare support makes a difference in whether the individual’s transition is successful. Stress management, relapse prevention strategies, support networks, and providing written and guided information assist individuals in looking for help.

Staff Experience and Beliefs

The site visit yielded insights from the staff onsite--when asked about this case managers at the meeting noted that folks tend to think that their work is very difficult (valued, but “it must be hard”). However, they all seemed to enjoy their work and find it fulfilling. They also said that there are a lot of stereotypes about what a felon looks like and how dangerous they are. This type of thinking has influenced a large city nearby to make it impossible to locate a halfway house within the city. Staff indicated that they approach their clients with respect and that they do not use put downs or innuendos. They emphasize making quality of life better and talk with clients about adjustments, individual plans, and managing stress. They note that many staff dedicate their entire professional experience to helping clients.

Staff Hiring, Training, Retention

Initial staff training is approximately 13 hours with ongoing staff training of 17 hours for a total of 30 hours. The most number of training hours (5) is for supervision of offenders. Staff turnover is a problem. Salaries are low and the work is demanding. Professional staff may have some background in the subject area through internships or undergraduate work. Many staff work to get experience and then move to better paying and less demanding work. Staff recruitment is mostly at the entry level and individuals who are motivated and capable are promoted. Several staff were promoted through their work to increased levels of responsibility.

Part 5: Evaluation and Research

Quality Control

The PA conducts a standardized audit of the RRC each year. The program has not been evaluated or participated in research. The outcomes are monitored quarterly with respect to criteria set forth in a quality control plan, the BOP Quality Assurance Plan, and internal audits. Documentation examples were not provided. They also examine adequacy of the evaluation protocol. Client satisfaction surveys are conducted quarterly via meetings and written complaints.

In general, the program appears to be quite successful. One of the challenges mentioned by the director was staff turnover. There have been a couple of positions that they have had a difficult time filling and she admits to being very quick to dismiss staff who “don’t get it.” This is also seen as a problem for parent agency is general-- paying people who work there a comparable wage to other human service or justice system jobs. The RRC lacks personnel to help with quality control and reporting (all of this is done by the director).

Community Context

There appears to be a mutual relationship between the community and the program and the reciprocal relationships between both. In fact, the director cited this as a strength of the program. One of the largest strengths of the program is the immediate community. There are connections and projects between diverse cultural groups and neighborhoods. There are a number of community resources (including faith-based services), and they are willing to reach out to Criminal Justice populations (they work closely with the community re-entry council). Until relatively recently, there were a number of services co-located in the building (e.g. the COMPAS program). However, they have begun to re-absorb the space that they rented out to expand their services. They have added a computer training/job assistance space. There is a community advisory board (required by the contract) and members of the staff also serve on other community boards. Community organizations provide services to clients at the program (Night Ministry, AA/NA, ASPCA). They have organizations donate holiday gifts for the residents and provide religious services.

Technology Systems Integration

The RRC uses a corporate in-house data system that tracks individuals and cases. It includes administrative information, intake, demographic, program compliance, financial, employment, operational reports and discharge data. Staff are adjusting to the new case management system. It is hoped that it will help transmit information between staff and others more rapidly.

Part 6: Future Plans

New projects

Projects underway were kitchen and dining renovation, and the main floor that included potential meeting or class space.

Site Visit Observations

Increase average length of stay to make sure clients receive programs and get aftercare arrangements made. More administrative and quality control staff for the performance evaluation would be helpful. More research and evaluation of connection between programs and individual outcomes would be helpful. More assistance for implementation and training of staff in the evidence-based practices area would enhance outcomes. Evaluate the long term impact of the MINT program. Outcome data from the site indicates that the program is quite successful but outcomes need to be well documented and specific records were not obtained.

What Works in Residential Reentry Centers

Report 7: Site 2 Visit

Part 1: Overview

Program Description: Accountability/Community Service Model

Site 2 encompasses a secure residential reentry model that stresses community awareness, reintegration and accountability. Residential Reentry Center 2 is operated as a coed facility by a private agency, located in a commercial mixed use residential area of a Midwestern city. In FY 2007, the Parent Agency (PA) supervised more than 1850 residential and nonresidential clients. In 2009 approximately 288 males and female Federal clients were served in the Site Visit 2 RRC program. Approximately 89% were male and 11% were female.

History

The PA, a private for-profit organization has contracted with the FBOP since 1977. Site 9 has operated in the present location for 12 years. In addition to Federal clients, the agency serves state and local adult and juvenile probation and justice programs for local and state offenders. The agency is preparing for ACA accreditation.

In the spring of 2008 the site was selected for the study as a traditional contractor governed by the BOP Statement of Work. In October, 2008 it was awarded a 5 year Performance Contract. The RRC serves Federal clients only although other programs in this agency serve state clients. Male and female clients are referred by the FBOP (74%), the United States Probation Office (18%) and Pretrial Services Office (8%). The PA also has a TDAP contract for substance abuse services for Federal clients. They also provide outpatient services to Federal Probationers under a separate contract. The FBOP provides funding for an average of 90 residents a given day plus 20 clients in electronic monitoring. Minimum time spent in the RRC program is 1 month and maximum time is 6 months—with an average time of 4 months spent.

Setting

The residential building is unique in that it offers dormitory- like apartments with bath and kitchen areas in a modest setting. The dormitory areas appeared clean and well maintained but the staff offices were small and one large day room was in demand for both meeting and program space. Residents shop for groceries and do their own cooking in kitchens but there is no communal dining area. There is access to mass transit, laundry, workforce development training and a variety of stores near the program. The RRC's location is near senior citizen residences and residential high rises where the residents volunteer for neighborhood cleanups and other services such as snow removal. In the past 2 years the agency has replaced windows, walkways, carpeting, blinds, and phones. It has also reconstructed office space and implemented a new automated case management system. The location is operated at its zoned capacity. Despite recent renovations, expanded programs are limited by the space. Therefore a move to two

expanded facilities is planned to allow more flexible programs and less crowded living and staff areas.

Mission, Goals and Objectives

The RRC's goals have been shaped by their long term relationship with the state criminal justice agency and also by contracting with Federal agencies. Hence the mission statement and procedures of the organization have a strong public safety orientation (compared to a therapeutic orientation). The following goals are mentioned in the mission statement:

- To manage and monitor offenders in the community;
- To offer both residential and nonresidential services;
- To align services with treatment and vocational resources;
- To assist offenders to be successfully released to community living;
- To make offender accountability and public safety a priority.

The mission is described in a recent report as striving for “total collaboration” with parties involved in the offender’s reintegration. This concept recognizes the importance of contractors, community, family members, political and judicial leaders as well as the criminal justice community.

Part 2: Contracting for Residential Services

Services Rendered/Referrals

Onsite programs consist of weekly life skill classes, and weekly meetings with case managers. Life skills classes include anger management, cognitive skills, critical associations, criminal thinking, educational, employment, financial literacy, parenting, relationship counseling, application skills, finding AA groups, reintegration pitfalls, nutrition, medical, associating with criminals and credit issues. The RRC provides limited individual and group counseling, mental health, self esteem, spirituality and mentoring in-house. They try to make sure that these classes are tailored to the population.

Domestic violence is referred out—as is family based treatment and sex offender counseling. Education and employment programs and vocational skills are referred out to state funded programs. Individual medical, dental and mental health services are provided by the community as is art therapy, spirituality, and recreational therapy. Most clients go to NA and AA offsite. A recreation center is nearby for exercise and classes.

Client Services

Clients receive approximately 8 hours of services a week with a duration schedule of up to 6 months. Programming consists of life skill classes weekly and progress on the Individual Treatment Plan. Life skills covers cognitive, family, parenting, employment, financial, housing, job placement, self esteem, substance abuse education, yoga and cultural issues. Life skills classes are coed. All clients receive name and contact for a 12 Step sponsor. There is also personal contact with the parole or probation agent who will be supervising after release. About half of all clients receive an appointment with counseling or mental health in the community, a community-based after-discharge services program, and an employer or an educational entity. There are also specific groups for female offenders (Thinking for Change).

TDAP clients are provided services onsite by the TDAP counselor. The TDAP program is based on the RDAP curriculum. Participants receive one hour of individual and group services (co-ed) Monday, Tuesday, Wednesday and Thursday. There is one weekly women's group.

Indicators, Changes and Trends

According to the 2008 Annual Report for the Parent Agency, adult clients in this RRC contributed more than \$73,000 in Federal Taxes, \$32,000 in state taxes and they paid \$15,000 in Medicare. Total Federal subsistence payments were calculated to be \$235,000. Restitution was paid in excess of \$43,000. Statistics for 2008 indicated that there were 297 intakes at the RRC and 221 releases during the year. There were 10 persons who absconded, and 1 person who escaped.

Part 3: Observations about Residents

Accountability

This RRC applies an offender accountability model and community services model for its approach to services. If a violation of a BOP regulation occurs, it involves BOP notification and involvement in the sanctioning that might include more time added to the sentence. Sanctioning /accountability processes are provided to residents upon intake. Sanctions include extra duty, loss of privileges, loss of levels, and termination from program. Incentives mentioned include certificate of completion, verbal praise, food items, and recreational activities.

Intake/Reentry Planning

Clients are on an "intake hold" for the first 48 hours of their stay so they can meet with their case manager and develop a case plan. There is no intake assessment. The LSIR is used at intake if ordered and other in-house intake instruments are used if there are antisocial attitudes, mental health and substance abuse. TDAT clients receive some intake assessments and sex offenders are referred out. The reentry plan is built upon placement recommendations from the BOP. Factors included in the placement are risk level, needs, and individual characteristics. A written treatment plan is developed by counseling staff and the service plan is completed during an individual meeting with the client.

Client Safety

The PA's mission statement indicated that public and client safety are assured through high quality monitoring and through attention to behavioral, substance abuse and other factors. The agency reported closely working with police and parole/probation. This is done through community and other advisory boards as well as direct work with particular client progress. The agency home visits for those on home confinement, work visits, drug and alcohol tests, phone checks and check passes entering and returning from the RRC.

Health

Medical and dental services are provided by the community and sometimes veterans get services at the VA.

Risk Management

High risk residents receive more service groups, stay in groups longer, and outpatient treatment as necessary. They also receive the identical services as other residents, but may receive electronic monitoring, home confinement and GPS tracking.

Work/Employment

Educational and computer literacy classes are provided offsite by the workforce center. Basic employment readiness is covered by life skills classes. Most clients (90%) go out into the community on a daily basis for work or training. There is some amount of employment verification done by the case managers and the home confinement coordinator.

Part 4: Leadership and Management

Business Management Type

The Parent Agency coordinates the residential and outpatient facilities that it operates. For example there is another halfway house that services state inmates and diversion programs. Another residential facility serves dual diagnosis clients and operates as a therapeutic community. The PA has experience with integrating clinical and medical services. Similarly there is expertise in community-based outpatient services. This has provided the RRC with ample resources for referral to contractors and other agencies for in-depth treatment. The annual report for 2008 profiles each of the operations of the parent agency, and the site is only one part of the profile. In addition to residential reentry services, the agency provides specialized services on an outpatient and residential basis. These include: vocational heavy construction, sex offender, mentally ill chemical abuse treatment, and therapeutic community services. Outpatient services provide treatment, case management, intensive supervision services and behavior management.

Resources

The RRC's program revenue is \$1.2 million from the BOP. A financial allocation of how resources are expended within the RRC indicated that 50% was administration and operations, 10% treatment, 10% substance abuse, 5% training, 20% program development and 5% other.

Governance

Goals for the RRC were influenced by the Statement of Work and since October 2008 the Performance Contract. The RRC has a strong Community Advisory Board with involvement of local politicians and law enforcement as well as its neighbors.

Management Experience and Beliefs

The site visit revealed experience and skilled leadership with more than 15 years in the present job. The recent focus has been on working to improve the building environment and space needs to be able to expand programming. Managers reported a consistently good relationship with Bureau of Prisons staff. RRC staff believes that performance-based outcomes has helped the RRC manage scarce resources to get better outcomes. It has also provided the basis for ongoing communications with BOP about how to improve program results. Ideally the Director would like to see the agency be a "one stop shop" for Federal reentry.

The director is attempting to transform the site into one which is more evidence-based in its practices, and has 5 individuals who do clinical work in addition to supervisors. There is one substance abuse staff and two clinical staff. Ten line staff provide monitoring and many other services. The management would like to see the needs of the most difficult cases (5%) get specialized services when they are in the RRC. Staff are trained in cognitive behavioral techniques.

Staff Experience and Beliefs

The site visit yielded the following recommendations from the staff onsite: 1) work more closely with security staff who tend to be younger and not familiar with issues of the population; 2) communicate about what is expected and motivate residents; 3) provide more resources for training, programs and improvements in services.

Staff hiring, Training, Retention

The RRC provides 40 hours of training for staff. Staff felt that what was being done well was: communicating expectations to residents, motivating them, working with probation, and supporting them through improved clinical staff and staff training. Staff provide input into programs through weekly meetings but would really like to see more resources and back up when they have individual clients with problems. Management encourages staff to be open, listen well and respond directly to client requests, concerns and questions.

Part 5: Evaluation and Research

Quality Control

The PA does conduct a standardized audit of the RRC each year. The outcomes are monitored through a quality control plan, the BOP Quality Assurance Plan, and internal audits. Documentation examples were not provided. They also examine adequacy of the evaluation protocol. Client satisfaction surveys are conducted quarterly via meetings and written complaints.

Community Context

There is also community outreach through meetings, advisory groups and governmental agency partnerships. Community volunteers serve as sponsors for AA/NA and mentors. There is some faith based assistance onsite but most of it occurs in the community. Staff members participate in community clean ups, assistance to the elderly and other events such as the neighborhood advisory group.

Technology

A new record system is being implemented and old records were manually kept so no automated data on the period of the study was available.

Systems Integration

Staff are in the throes of adjusting to the new case management system. It is hoped that it will help transmit information between staff and others more rapidly.

Part 6: Future Plans

New projects

Specific projects were underway to renovate the location, the front desk area, the intercom system, employment, television, treatment room completion, floor resurfacing, bathroom renovation, and computer updates.

Site Visit Observations

Increase staff training at all sites, update policy and procedures manuals and operational manuals, and relocate the population to two larger facilities. Employment hiring contacts have been improved but more are needed according to staff. Economic downturn has really made it difficult to place residents in meaningful work.

What Works in Residential Reentry Centers

Report 7: Site 3 Visit

Part 1: Overview

Program Description: Evidence-based human service model

Site 3 offers an integrated prevention, service and accountability approach to performance contracting for Federal reentry clients. This is accomplished through training, motivation of individual clients and staff, behavior management, and constant interaction with the community, families and businesses. Site 3 consists of 2 separate living units: a male residential center and a female center as well as other programs not reviewed as part of this site visit. The Parent Agency (PA) is responsible for an average of 260 individuals on a given day, including 70 Federal residents. Approximately 78% are male and 22% are female. In the last fiscal year there were 1081 male new intakes and 379 female new intakes.

The agency is accredited by ACA and has full time staff who track state, federal and local accountability measures. The (PA) provides juvenile and adult human services to individuals including residential programs for county, state and federal male/female and juvenile offenders. The PA operates a residential developmental disabilities unit as well as residential programs for severe substance abuse/ mental health/Veterans.

History

Originally the program was developed in 1967 by a local priest whose ministry included groups in the state penitentiary. The need originally was based on concerns about reducing the high recidivism rate for released offenders who returned to the community from the penitentiary. The state Department of Correction (DOC) along with various other local agencies and eventually Federal agencies took leads in their areas of interest. The founders were able to acquire a loan which enabled them to open the first house which was near the present site locations. The PA contracted with the state DOC in 1968 and with the Federal Bureau of Prisons since 1974. Site 3 began its present BOP contract in 2008. Staff reported productive working relationships with the FBOP and Probation. Under the old system there was often less clarity about contractual expectations. It was noted this problem improved with the performance contracting. There is good communication with the BOP field representative (CCM) on achieving the best outcomes possible. The outcomes are monitored through a quality control plan, the BOP Quality Assurance Plan, and internal audits in the areas of Safety, Resident Care, Programs, Case Management, Administration and Quality Control.

Site 3 provided detail showing improvements under performance-based contracting in the following areas:

- safety/security/order
- personnel

- offender accountability plan
- offender community reentry plan (resident care/services, programs and activities)
- justice/case management
- administrative management (staff qualifications, communication, training and community outreach with volunteers)

Setting

Men's residence 3 is a modern one-story dormitory style structure. The male residence is located in an industrial area. The female residence is in an urban residential area that includes large old homes, bed and breakfasts and small businesses. Both the male and female residences were well equipped and well staffed. The male residence is large and has more flexible space than the female residence. The physical environment of the male residential facility was enhanced by its design and appearance as a relatively new facility. The building is clean, safe, well maintained, and well lit. Common areas were not crowded and there was positive interaction between staff and residents. The women's residence was an adequately maintained old brick building. There was cramped space for staff but day rooms seemed pleasant.

Mission, Goals and Objectives

The PA has evolved to provide research based services and to assist families and communities. The mission embraces prevention of recidivism through a safe offender transition from prison. Goals include the following elements: serving communities; providing research-based programs and services; and promoting healthier families, personal responsibility and public safety. These goals were shaped primarily by the steering committee in collaboration with government agencies. The goals have been redefined in collaboration with state, local government, federal agencies and the requirements of an FBOP Performance Contract. State involvement helps meet evidence-based program goals.

Part 2: Contracting for Residential Services

Services Rendered

Major program components are: client accountability, transition services, individual motivation, cognitive and other skills, employment, faith, community service and family program components. The PA uses several recognized research based curricula and training materials. Onsite programming includes substance abuse and psychological services provided by certified staff. A wide range of programs are incorporated into case management, groups and individual counseling. They include anger management, cognitive skills, criminal associations, criminal thinking, domestic violence, family based treatment, entitlements, employment, life skills, relationships, AA/NA, financial literacy, parenting, relationship counseling, recreational therapy, mentoring, self-esteem and spirituality.

Examples of research based principles observed included:

- Immediacy: Daily planning, feedback and updates for offenders in the automated case system permit items below to be integrated in case management, groups, and one on one services.
- Certainty: Residents may earn increased levels of individual responsibilities and privileges while in the program. This is based on their ability to accept responsibility. Weekly meetings assess the individual's progress toward the goals and identify any

problems which may impede progress. Most issues are addressed immediately according to protocols.

- Accountability: Alcohol and urine testing for all residents and results provide feedback.
- Behavior change-all individuals do workbooks and journals, participate in groups, discuss issues with staff and learn how thinking affects behavior.
- Learning: Residents are required to demonstrate new skills, and there is a rewards program which recognizes individuals who are doing a good job in their work, sobriety, attendance etc.
- Motivation: Certificates, passes, tokens, food, parties, verbal praise and other incentives are given to those who get recognition under the rewards system.
- Matching of sanction/incentives: They are linked to behavior for extra work, extra homework, loss of privileges, points, levels reports to BOP or parole, termination from program and privileges.

Referrals out

The emphasis is on a smooth continuation of support when the individual is released by having the referrals available and implemented. Each of the services provided are in-house. The site refers out for mental health services and medications. Additional referrals are for educational/vocational programs and art therapy.

Indicators, Changes and Trends

Adult clients provided more than 120,000 hours of community service in the last year. For each quarter, the PA tracks the number of federal clients who do not complete the program. Additionally the number of arrests are tracked by Site 3.

Part 3: Observations about Residents

Accountability

Site 3 blends the following models: cognitive behavioral, offender accountability, relapse prevention, community services. Documentation detail methods such as:

- Searches: All individuals who return to the center participate in a search of their persons for contraband. The facility is also searched on a random basis.
- Drug testing: Entry and then random weekly, alcohol tested daily.
- Home confinement: Electronic monitoring, remote alcohol sensor and GPS monitoring are available.
- Sanctioning /accountability processes are: in-house disciplinary 1st time, change in living area—move to rooms with more beds, extra duty. Some sanctions result in client removal from the program.

Intake

The intake services department considers all referrals for placement. They provide an orientation that covers the Resident Handbook that includes program expectations and the individual responsibilities. The house rules and regulations are explained, as well as safety standards and a house tour. After the orientation the client meets with an assigned case manager. The case manager administers the LSIR and other standardized assessments as indicated. The “How I Think” questionnaire is administered to evaluate thinking errors. The case manager develops an

IPP that includes a range of services and helps coordinate the services, activities and other professionals to be involved with the client.

Reentry Planning

Clients who make efforts to succeed will be rewarded with attaining higher levels and more time in the community. Weekly meetings are held to determine the progress and status of each client. Outpatient residential treatment for Substance Abusing federal probationers is offered in one facility. Special services are provided for those who are disabled. A supportive living program is available for individuals with developmental disabilities. Special family reentry programs are based on a modified La Bodega model that uses tools to assess strengths/weakness of a family. Each resident receives written information about services with the legal aid society including a list of legal help sources, information on expungement and other common legal topics. Some of the specific curricula include the following: Criminal thinking – EQUIP Curricula for cognitive skills; Peers—Equip 4-12 weeks; Anger management-manual/curriculum includes--12 weeks of How to Manage Anger. Federal intensive outpatient treatment for federal clients is available, 3 weeks parenting skills, domestic violence, in-house family services counseling, relationship curriculum.

Client Services

Client services include classes, groups and other activities. Services are used to meet career goals, conduct a job search, manage finances, plan and obtain permanent housing, substance abuse counseling, educational referrals, cognitive management services, life skills training, referrals to health and/or dental care and referrals to community resources. Case management helps engage clients in treatment, reassess their needs, evaluate progress, coordinate activities and link to outside resources. Case managers see that clients are monitored, attend work and program activities and abide by the rules.

Client Safety

Providing a healthy environment was apparent as a goal in discussions with both the female and male facility directors. Client safety is a high priority for this PA. For example when any risk is indicated, they document how they have acted to assure safety. For example wooden bunks have been replaced with metal ones. Health and mental health are provided for. The recently built men's state the art facility has monitoring and open areas as well as recreation areas.

Health

All clients are screened at intake. Staff training has been upgraded in this area and also referral and screening have been upgraded. Suicide prevention and reintegration with families are covered in groups. Community health services provides health services, and other groups provide HIV prevention, free testing and linkages to social service agencies for specialized needs.

Risk Management

High risk individuals are assessed at intake and may be reassessed using a number of standardized instruments such as the Hare Psychopathy, ORAS, Beck's Depression Inventory, the Static 99 and the Sassi in addition to several other standardized instruments used during the intake process. Placement is made based on risk, needs, openings, and a professional team oversees placement.

Work/Employment

One of the most impressive parts of the site visit was observing an employment center owned and operated by the PA. The Center was recently acquired through a merger with an established employment training and readiness program. The facility has classes that are filled everyday offsite, a computer lab for job search and a large job bank of local employers. Classes and staff were observed at the job center. Every room was filled with activity. They maintain a job bank list that includes a variety of local, regional and national links, and numerous classes, job search groups and a computer bank for individual searches, resume writing and cover letters. Work to welfare/entitlement issues are covered by assessment, case management and groups access to the state's Benefit Bank. With respect to job readiness and education, most clients arrive with GED but if not, some attend local colleges for needed education. The Community Reentry Center has a Transitional Education Program (TEP), Returning Home, Employment Programs, FED Instruction, and specialized Reentry Counseling Services. There is the possibility of taking classes through an online university. A Community College provides basic educational classes.

Part 4: Leadership and Management

Business Management Type

The leadership of the agency emphasizes its history and future in the region as a human services organization. This organization also is deeply involved in community building, family work and aftercare networks—another sign of the dedication of the leadership and staff to their impressive organization. It has long developed residential facilities to house individuals where no other type of housing was available. It also is moving along with its own investment in cross training of staff in evidence-based practices. Staff are promoted through entry and have longevity because they like their work. The staff is compensated with medical benefits, a decent retirement plan – recognizing that staff longevity is an important asset of the organization.

Resources

The total program revenue is near \$7 million of which the BOP contract covered approximately \$2 million in 2008. (The BOP portion of the site program is 100% funded by the FBOP). Additional state, local and federal contracts are sources of more than \$4 million in revenue for the facility and its functions. The average cost per client was \$73 in 2008. State and also local governments have helped to underwrite the cost to expand services and improve them—with recent 2% funding increases. Hospital bonds have helped raise funding for treatment services. A diverse Board of Trustees, and Bureau of Community Sanctions, oversee development of an Annual Audit. The organization is governed in accord with General Accounting Principles.

Governance

A governing Board meets several times a year. There is an active Community Advisory Board with involvement of local politicians and law enforcement as well as its neighbors.

Management Experience and Beliefs

This program has a tradition of community service. Such a community-oriented relationship built solid connections with funders and employers. This community support has made it possible for the agency to change program emphasis toward research-based programs and services that have been demonstrated to reduce recidivism in community living. There is an impressive, capable

and seasoned Executive Director, Vice President and Program Directors. These individuals appear to have very good lines of communication with staff.

Staff Experience and Beliefs

Staff interactions with residents seemed very individualized and the women's facility director described in detail specialized women's programs. Vocational staff were accompanied by a room full of online computers was in use and vocational staff were busy helping with resumes and job searches. This is an impressive in-house resource. An in-house program developed as well as funding for family reentry programs and youth reentry.

Staff hiring, Training, Retention: The professional training staff of the PA is nationally known for their innovation and ability to cross-train professional teams. Case managers were well trained, motivated, and diverse. The RRC provides orientation and first month of 40 hours training of staff. This is followed by more in-service training. They cross-train with entire staff teams and this shows because the staff on all levels are engaged and team in their work and review of cases. Administrative workers are trained well and are often promoted up the career ladder. Most of the program and procedures use check lists, protocols and evaluation methods to get paperwork done.

Part 5: Evaluation and Research

Quality Control

The program has been evaluated internally and externally. A statewide recidivism study released in 2010 indicates recidivism reductions of 12.7%. Also there are published earlier studies including an outcome evaluation done for the United Way that covers state clients. The elements of life skills, housing, family stability, accountability, anger management, motivation and cognitive functioning are important according to the evaluations and audits. Use of validated screening and assessment tools, increasing mandatory training of staff to 40 hours that cover subjects related to what works in the field, developing staff capabilities to handle a wide array of common situations has also helped increase positive results. A list of specific steps to be taken is provided to staff after quarterly reports and annual audits and staff discusses and implements changes needed. For example the PA has successfully reduced absconding with a multi-pronged approach.

Community Context

The facilities have a good neighbor policy directed toward reciprocal community support. Staff attend neighborhood meetings. The Board of Trustees includes individuals from the judiciary, Parks and Recreation, Defense, Prosecution and many others in recent years. The agency participates in an annual community meeting and neighborhood advisory group. Program youth participated in the Governor's Walk Project, and a Children Services Youth leadership conference. Clients helped build a home in collaboration with Habitat for Humanity. They hosted a back to school blast with meals and supplies for needy children. Residents helped set up and take down booths and distributed crime prevention materials at local conferences and many more examples were given. Volunteers provide classes, mentoring, groups and all kinds of assistance within residential facilities.

Technology/Systems Integration

A case management and electronic system is in place. Staff can access the agency's current records as needed according to protocols. There was accidental loss of some old data and records in storage due to a fire/and or water damage. Systems integration issues seem to not be a problem—addressed through manuals, training, team communication, and shared information systems.

Part 6: Future Plans

New projects

An example of a new project has involved extensive outreach with the community in the opening of a new Work Release Center. This is a jail and prison diversion program that allows individuals to continue working, pay fines and maintain family ties.

Site Visit Observations

Staff commented that their improvements yielded these recommendations:

- Study the individual population to be served and how to meet their needs and improve safety. The observer notes that this type of study has helped the site provide services that really meet community expectations as well as individual client needs.
- Build relationships with individuals, their families, leaders. The observation revealed many creative ways of building relationships in a community setting and strengthening the agency.
- Be accountable for your results as a human services provider. The accreditation process and other certifications held by this PA and its staff help focus on accountability for results.
- Also another suggestion is that agencies in full compliance with ACA Accreditation, should be able to use that monitoring to meet basic contract requirements.

What Works in Residential Reentry Centers

Report 7: Site 4 Visit

Part 1: Overview

Program Description: A Work Release/Offender Accountability Model

Site 4 is an urban residential reentry program that stresses offender monitoring, accountability and transitioning through a work release program. Founded upon a traditional halfway house approach, this program includes evidence-based practices and performance measured outcomes. Site 4 is a 120 bed facility that serves adult males. The Parent Agency (PA) serves approximately 400 persons average daily population in all of its various sites and the Social Justice Services Department serves 200. Approximately 130 clients each day are BOP clients. In the last fiscal year there were 360 new intakes. Three hundred thirty-three were male and 27 were female. The average time spent in the program is 4 months with a maximum of 12 months and a minimum of 1 month. Site 4 is a halfway house that receives solely male Federal clients. There are some Federal Pretrial in this RRC under a separate contracts. FBOP clients and Federal Probation clients are part of the same contract. Another site not studied in the observation serves females.

History

The agency traces its roots as far back to an Industrial Home in 1890. Early prison reform continued through the next century until a predecessor halfway house organization was started and incorporated in 1964. This agency started with conversations between a prison chaplain, clergy, prisoners and others who opened a halfway house in 1963.

This is one of the longest running Federal Halfway Houses—if not the longest. The RRC has been serving released Federal clients since 1982. Purchase orders and letter contracts served as the method of procurement between 1982 and 1998. From 1998 until the present there have been five successive contracts with the FBOP. The most recent was a five year performance-based contract starting in 2008. The population includes prisoners who are in pre-release status, pre-trial detainees, direct court commitments and probationers. Over the years the agency has worked well with the Federal Bureau of Prisons, Federal Pretrial and Federal Probation. In addition to state and local input in shaping the goals of the organization, the FBOP has been very specific in defining by contract the services and support for residents. There is emphasis on aiding residents to obtain employment, vocational and financial management needs and assisting to overcome substance abuse and to use free time constructively. Changes over time reflect a shift in funder priorities. The Bureau of Prisons has given a list of prohibited acts and the consequences for dirty urinalysis are defined. Cell phones are not allowed in many sites.

Setting

Site 4 now operates in a historic building that previously was a hotel in the downtown area of the city. The physical environment was clean but the building is very old and under renovation.

Sleeping arrangements varied with room size but most were at capacity. Little extra room is available for groups. Site 4's advantage is that it has a central urban location with access to mass transportation and a wide variety of community resources nearby. These include education, work, and medical care.

Mission, Goals and Objectives

The goals of the original agency were to provide a successful transition from incarceration to freedom, sparing both the offender and the community needless trauma. The mission statement outlines the following points:

- working with most challenged citizens including individuals at risk or in the adult and juvenile justice system and individuals with developmental disabilities and those who require intensive support to be part of the community;
- working with individuals transitioning back into their communities;
- providing a mix of innovative services, advocacy for system improvement, research and publications;
- building the capacity of people to live safe and productive lives
- helping communities to enjoy improved sense of safety and quality of life;
- providing system improvement, research and publications; and
- operating an organization with a workforce that performs with skill and knowledge to positively impact clients, and communities.

Part 2: Services

Services Rendered

The RRC provides the following services directly: Cognitive Skills, Criminal Association, Critical Thinking, Employment/Financial Literacy, Housing, Life-Skills, Substance Abuse Education, Individual or Group Counseling. Transition skills (the Change Company) include anger or stress management, cognitive skills, criminal friends, relationship, financial. There are weekly groups in-house for substance abuse education for men. Individuals are referred out for HIV/AIDS testing, counseling, TB Screening, Hepatitis C, Physical health. Substance Abuse Education from one licensed ADC 2 hours a week. Also TDAP individuals go to the BOP Substance Abuse Treatment Provider (outside program). There have been some issues between providers concerning continuity, communications and collaboration to they are on the same page with what they tell the residents. More than half the residents receive substance abuse treatment referral prior to discharge. Less than half the residents are referred out to Aftercare, Inc. Those who are disabled receive referrals for specialized and appropriate services. This often includes the Community College, health center and an array of housing and employment programs for disabled individuals. Case managers in the agency provide housing assistance.

Referrals out

The following services are provided by referral or in aftercare (indirectly): Anger/Self-Control Management, Educational/Vocational, Housing, Life Skills, Relationship Counseling, Medical, AA/NA, Counseling, Mental Health, Recreational Therapy, and Spirituality. Medical testing, HIV, physical care and other screening is provided by a medical center.

Indicators, Changes and Trends

A quality control division generates independent quarterly and annual management reports. Data is gathered on the timing, number, and volume of intake assessments. New clients, total clients and medical incidents are reported. The number of clinical hours in substance abuse group, non-substance abuse group, NA/AA, drug test numbers and results, family clinical, life skills and cognitive behavioral hours are tracked. The percentage of negative drug tests typically ranges from 97% to 99% during a quarter. Number of community service hours is tracked (ranging from 0-60 per quarter). Clients in job training, sheltered work or school are counted. A variety of quality outcomes are tracked such as AWOLs, contraband incidents, commendations, outside site visit and funder visits. A list of discharge outcomes include: number completing the program (ranges from 12-32 per quarter), percentage with successful completions (71%-100% range per quarter), percentage or number completing with housing, identification, reunited with family, and employed (47%-92% range).

Part 3: Observations about Residents

Accountability

Staff apply the “what works” principles to improve accountability. Use of breathalyzer and drug testing presents immediate feedback, certainty and accountability processes. With respect to transitional skills and other items the new Alert case management offers more options for staff to work to change behavior, and motivation through accessing and updating case records daily. Immediacy is a component of the behavioral change strategy--daily planning, feedback and updates for offenders in electronic system permit changes to be integrated in case management, groups, and one on one services. Behavior change is encouraged through group sessions that include role playing. Residents are required to use new skills and report on how they use them as part of the level system used for case management. To help with motivation they use certificates, passes, tokens, food, parties, verbal praise and other incentives. Matching of sanction/incentive to behavior including loss of privileges, points, levels and reports provides consequences that are certain.

Intake

An intake/release coordinator performs initial intake and then orientation is provided by a case manager. The orientation includes rules of the program, resident accountability, meetings, disciplinary procedures, emergency medical, and evacuation routes, resident handbook, health and safety. There is also discussion of program components, a level system and precautions against HIV and other risks, sexual abuse and assault intervention and suicide prevention. Residents usually are required to stay in the facility for 72 hours

Reentry Planning

Site 4 RRC assists residents with reentry by using case management linked to support, services and programs. The program does not offer direct aftercare support but community linkages are available.

Client Safety

Safety rules are provided at orientation, in a handbook and posted in the building. Sanitation, hygiene, and a variety of safety measures are taken including screening for suicidal tendencies. Quarterly reports detail health and safety complaints, incidents and methods to remedy the

problems in detail. Working with Federal probation, there were 66 individuals on post release control and 131 on electronic monitoring. The Federal referrals included a Sanctions Center for Federal clients when sanctions are ordered by a federal judge or by a Federal Probation Office.

Health

Clients have a right to emergency health services at a local hospital but they are expected to pay for it. Also offenders referred by Federal Probation or District Court are given a physical examination within 5 working days at no cost.

Risk Management

Client risk is assessed and reassessed as necessary based on the LSIR. Client placement is based on needs.

Work/Employment

An in-house employment specialist works to help clients prepare for job searches. All clients are expected to find work within 15 days but this rule has been relaxed due to the high rate of unemployment in the area.

Part 4: Leadership and Management

Business Management Type

The agency roots go back to 1878 with a variety of mergers and affiliations along the way. The most recent joined a halfway house agency with a nonprofit foundation uniting direct service operations with research and policy efforts. The PA has been a national leader in policy reform and now operates residential and non-residential programs in three states now serving more than 6,000 persons each year. The PA's predecessor was incorporated in 1964 and developed services where there were no existing programs such as in the area of disabilities. These required more effort, funding and a higher profile presence in communities. Sometimes there were neighborhood resistance problems with siting new facilities and restrictive zoning. Merger of the predecessor with a policy and advocacy organization helped integrate research application.

Resources

The total program revenue from the BOP contract was over \$2 million in 2010. The average daily cost per client was \$79 in 2008 or a per case cost of \$4,600.

Governance

The PA has a Board of Governors that provides policy and oversight. The RRC has a community advisory board made up of neighbors, local businesses and institutions, city officials and representative from contracting agencies. They offer suggestions and feedback on community reactions, impact, and opportunities for residents. They have a group of fairly large and mid-size businesses who will hire former offenders.

Management Experience and Beliefs

Management team from the central office were onsite for the visit. They are knowledgeable and dedicated staff who were helping a previous employee who had returned as the Director of the Site 4 RRC but who had only been at this facility for a few months. There had been significant

staff turnover in recent years. The PA has a CEO and management staff each have more than 20 years experience in this field or a related field.

Staff Experience and Beliefs

Staff indicated that the results of the history and organizational mergers yielded innovation through improved evaluation, training and long term funding efforts to support the various programs that grew through the agency. Developing comprehensive siting processes helped provide new locations to serve clients. For example, when the program expanded recently to a nearby state, it took a period of time to get the law clarified in the state about the siting of halfway houses.

Staff hiring, Training, Retention

Staff hiring, training and retention appear to present significant challenges in this RRC. Many procedures are in training guides and manuals and the RRC does draw on an urban supply of talented young college graduates or individuals who have studied criminal justice subjects at the college level. They may have to work hard to develop community contacts and referral resources for their clients. Staff hours are long and caseloads are high. Often individuals who start at entry level are promoted within the agency. In-house counselors/case managers work hard to provide case updates, monitoring, groups and various services to residents. They seem overworked but this impression was increased due to the lack of space for offices and crowding in staff areas.

Part 5: Evaluation and Research

Quality Control

Despite its long history and experience with some evidence-based practices, the program has not been evaluated except for performance monitoring under the funder contracts. The outcomes measures submitted to the FBOP under a compliance-based contract remain the most significant indicators of program success to date.

Community Context

Government agency officials and former officials are represented on the Board and Advisory Groups.

Technology/ Systems Integration

Computers are used for case management and data is collected for quality control and management. The use of validated assessment and scripted cognitive behavioral programs have been upgraded over the past decade. Some disciplinary rules and regulation, quality assurance, monitoring and reporting, and computerization of case management records are still evolving. Sharing of information between the management in the central office and onsite is in need of a fully operational computerized case management system.

Part 6: Future Plans

New projects

Siting of new facilities remains a challenge and moving to less developed areas is a definite prospect.

Site Visit Observations

Staff noted that the agency's organizational culture is to be a safe environment that is clean, and healthy. The staff has to set the example and mirror these values. The Directors and staff strive to take ownership and responsibility for their work. Beyond that, the program emphasizes a resource approach. The approach included engagement of the individual with finding employment or job skills, life skills, accountability, substance abuse education and treatment referral.

The work is conducted pursuant to the Statement of Work. With respect to the Bureau of Prisons, there are problems where people may be releasing to surrounding states. The use of cell phones is still restricted and individual computers cannot be used as well. Job searching is very difficult, if not impossible. Sometimes when residents arrive the paperwork does not arrive with them. Although this has improved over the years, it is still a problem for a significant number of individuals.

What Works in Residential Reentry Centers

Report 7: Site 5 Visit

Part 1: Overview

Program Description

The Parent Agency (PA) relies on cognitive-behavioral, therapeutic community, restorative justice, offender accountability, relapse prevention, work release and community services in its operational model. This model helps residents to: 1) develop a support system; 2) obtain full-time employment; 3) establish individual savings plans; 4) meet financial responsibilities; and 5) work with USPO officers to establish a stable and approved release site. The PA operates a Mental Health Treatment Program, Residential Reentry Center (RRC) programs, and a Transitional Drug and Alcohol Treatment Program, and up until recently a veterans program, in various locations in an urban area. In the past year the PA was responsible for 461 residential discharges of which 388 were male and 73 were female. All Site 5 clients are Federal although they arrive through different agency referrals. The average daily population was 127. There has been a 26% increase in referrals to programs over the past two years

History

The PA was founded in 1963 to provide residential services for disability, mental illness and addiction services referred through the state. In 1972, a halfway house was added to provide transitional services for prisoners released from the Federal Bureau of Prisons and the state prison system. A Veterans Services Program was opened in 1982 (homeless, mentally ill, addicted and disabled), and state clients were served until 1996 when all reentry beds were designated for federal referrals.

In 1988 the PA began a program to house Federal Pretrial and Probation clients. That connection with Federal Pretrial and Probation referrals continues to the present. In 1998 a Transitional Drug and Alcohol Program (TDAT) became operational for Federal Offenders. In 2006 the PA commenced its outpatient mental health program. In 2007 the PA began operating pursuant to a 10 year performance-based federal residential reentry contract, and it was accredited by the American Correctional Association in 2008.

Setting

Until recently the PA was headquartered in a renovated 120 year old building. The premises included a clinical outpatient center. The PA operated 4 centers that provided residential services to clients. The PA moved its headquarters, out-patient and some residential programs to a newly renovated larger facility. The new combined facility offers more room for program space.

Mission, Goals and Objectives

Site 5's mission and goals stress a structured residential setting for individuals referred by the Federal Bureau of Prisons, the U.S. Probation Office or U.S. Pretrial Services. Overall priorities are to establish and maintain a personal support system; to establish a stable and approved release site; to satisfy financial obligations through a savings plan; and to secure employment for a transition to community living. Examples of key values, goals and objectives are listed below.

- The program operates as a service model that incorporates methods of individual accountability.
- Clients are expected to be responsible for their behavior and to make progress toward self management.
- Staff operates in accordance with procedures that promote public safety.
- Every individual receives assessment and individualized program planning.
- The agency's work helps reduce recidivism and reduce related economic costs.
- Integrated, evidence-based services are intended to increase agency benefits to the community.
- Alliances between criminal justice supervision, community service providers and other community stakeholders enhance stakeholder commitment, benefit clients and increase program resources.

Part 2: Services

Services Rendered/Referrals

Agency staff stated that mental health concerns have always been part of the program and consequently treatment services are integrated into client services. There is an outpatient mental health center. However, Site 5's mental health and substance abuse treatments are often referred out and the level of integration with the program was not clear. However, there is screening and tracking of these issues and substance abuse education in-house. The program uses the Thinking for Change curriculum. The RRC program includes the following topics by number of weeks covered in-house:

- anger or stress management (4)
- cognitive skills, criminal thinking (2)
- domestic violence (1)
- relationship counseling (1)
- employment (variable)
- financial (1)
- job placement, self esteem (1)
- substance abuse education (2)
- physical care (1)
- cultural concerns (1)

Issues that are referred out include: healthy families (delivered over 12 weeks in-house by a contractor); mental health; mentoring; legal issues; affordable housing; and contacts for post release services. Other family group services and special women's services such as trauma education and self esteem are available.

Indicators, Changes and Trends

Client completion of the program is based on individual length of stay, employment, behavioral change (learning/compliance/infractions). In FY 2009, 87% of BOP clients who left the program were successful, 10% were not and 3% were neutral. This is compared to 67% of Pretrial Services who were successful, 33% were not and none were neutral. Sixty-two percent of USPO clients were successful, 30% were not and 8% were neutral. For Mental Health treatment program clients, 65% were successful, 34% not successful and 2% neutral.

The PA also uses other benchmarks as measurements. Described as “transitional capital” these measurements included the following accomplishments. Clients who maintain a personal social support system in their community with families and others are 88% of FBOP clients, 83% of Pretrial Services, and 70% of USPO. Those who obtain housing, another indicator of success: are 96% of FBOP clients, 100% of Pretrial, and 95% of USPO clients. Those who established savings: are 76% of USPO clients, 74% of FBOP clients and 58% of Pretrial. Those employed at release: are 86% of BOP, 85% of Pretrial, and 90% of USPO clients.

Part 3: Observations about Residents

Accountability

Site 5 staff monitor the whereabouts of the residents through home visits, work visits (monthly), drug tests (risks), alcohol tests (daily), and check passes for each offender before and after return. There is also home detention monitoring for an estimated 30 persons on any given day. Residents are given the following incentives for good behavior: verbal praise, group verbal praise, free-time passes, and pizza parties or recreational activities. Sanctions include extra work, more time added to sentence by Federal agency, termination from the program, loss of privileges, loss of levels and reports to agency funder.

Intake/ Reentry Planning

Intake assessments are conducted by staff. The TCU Criminal Thinking Assessment is used for standardized needs risks. The CHJW-W and CMHS-M and Burns Anxiety Scale are used for mental health assessment at intake for everyone. The TCU Drug Screen is used for substance abuse. Placement is made based on needs and risk. The case manager meets with the client after completing the plan. The intake forms become the basis for the individualized plan for reentry.

Client Safety

The agency cross-trains on substance abuse issues with the USPO and substance abuse service providers in the community. They also share information about offender needs for services with USPO and substance abuse services as well as BOP. The agency holds joint staffing and case consultations with BOP and USPO. They have also modified their protocol to meet BOP and USPO safety concerns. The PA holds House Meetings and uses a complaint and grievance system to monitor and respond to client concerns. The agency changed its cell phone policy to allow phone possession and use as a response to client concerns.

Health

The PA screens at intake and can refer to community health and mental health providers in the state.

Risk Management

Higher risk clients receive more services and they can move through the privilege levels slowly; however, transition to Home Detention is a program objective for all FBOP residents.

Work/Employment

Clients with employment challenges participate in job readiness for at least one week/until they have employment. The agency helps with job searches and there is a list of employers who are willing to hire clients. The County Detention Ministries, United Way and Goodwill Industries also help with job searches and clients connect to the statewide employment service. Community colleges and technical schools are available for skills training.

Part 4: Leadership and Management

Business Management Type

When the present CEO was hired in 2006 there was a long history of collaboration with community members, treatment and criminal justice professionals. Strengths included the history and reputation of the agency, relationship with referral sources, staff expertise and internal training. But it was also clear that a number of issues needed to be resolved to meet the requirements of present funders and changing client needs.

In 2006, a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis was undertaken to update the organization. Among agencies that gave input were: U.S. Probation, U.S. Pretrial Services, Veterans Administration, the Transitional Drug Abuse program and representatives from the FBOP. A cross section of staff and Board members were participants. Needs that were identified to be addressed were: poor communication (across leadership and downward); limited use of internet access; unilateral decision making and a need to expand training. Working groups were formed to address training, role clarity of staff, policies and procedures, communications, service enhancements and employee quality and tenure.

Resources

Total program revenue in FY2009 was \$3.7 million. The cost range per day per resident is \$58.80 to \$72.15. The United Way funded \$9,759. BOP clients earned more than \$1.2 million in FY 2009. They paid \$310,000 in subsistence and returned to the community with savings of more than \$97,000. This does not include the funds used during preparation for transition.

Governance

The Agency is governed by a Board of Directors that includes members from financial, United States Probation, faith, corporate, employment, banking and nonprofit backgrounds. The PA also has a professional advisory board that includes members from the legal, academic, social services, public health and other professional communities. In addition there are networks with faith based and neighborhood advisory groups.

Management Experience and Beliefs

Managers are intent on fulfilling the mission of the PA to provide safe, proven and effective mental health and substance abuse services for individuals who have been in institutions. Over the years of Federal contracting, the mission now includes new goals that were defined by the SWOT process that helped prepare for delivery of services on 3 new Federal contracts. The

management believes there should be more emphasis on enhancing services, and expanding them to include mental illness, chemical dependence, disabilities, veterans, homelessness and geriatric clients. Also there has been quite a bit a work to link to restorative justice programs through community service and involvement with faith based organizations.

Staff Experience and Beliefs

Case managers and treatment staff indicated a belief in the importance of their work. Staff seemed to hold a general concern about the limitations on treatment access and resources that are available in the area. They also were concerned about community resistance to reentry of offenders. Other challenges are with family issues, housing, and client placement in higher quality jobs.

Staff Hiring, Training, Retention

The changes initiated by the SWOT process have impacted staff and they were concerned about their effectiveness in their jobs. Staff recommended that more could be done to address concerns raised by staff in the SWOT process. Although the annual staff attrition rate has dropped by more than 50% since 2006, there are still problems with turnover, training, and staff burnout.

Part 5: Evaluation and Research

Quality Control

A two person quality control unit works with leaders to monitor progress toward specific program goals in the form of performance measures. The documentation is collected manually but they are in the process of developing a computerized database as part of an electronic accountability system. Evaluations have been done internally and by the funding agency. The agency has researchers who participate in groups, review offender files and progress. This information is reported to the Director and used in the quality assurance planning and documents. Recidivism is not tracked once the residents leave. The agency has accumulated some performance data going back several years.

Community Context

Site 5 has a very active relationship and ongoing dialogue with the community. Leadership makes regular presentations to business groups, civic and educational organizations. Site 5 has been instrumental in participating in a county Reentry Council. Staff and residents participate in a full calendar of community events throughout the year. These include special projects, fund raising campaigns, community resource fairs, and presentations at national conferences. Their agency facilities are available for community events and meetings. Citizens with relevant expertise are on the Board of Directors. Volunteers are sponsors for Narcotics Anonymous and Alcoholics Anonymous, faith based services and also reentry support mentors. Within the context of the PA's Community Relations Board, nearby businesses, referral agencies and other stakeholders have the opportunity to meet and do some community projects.

Technology/ Systems Integration

A new electronic accountability system is in the first year of implementation. In the past there has not been joint agency sharing of computerized records but Federal referral sources have had access to case records and participate in frequent meetings where the records are provided.

Part 6: Future Plans

New projects

Site 5 facility move has encountered some neighborhood opposition. Additional activities are planned to support neighbors, the local college and some businesses.

Site Visit Observations

Track outcomes to see if there are measurable improvements in staffing and programming with utilization of more space. Adequate staff and staff retention are a continuing challenge. Use automated systems technology to lighten the paperwork burden and increase two way communications between staff and managers. Expand on the Site's core performance indicators for Transitional Capital—and use it to launch new management incentives for staff to attain program goals. Continue to reward staff and promote staff based on their motivation and problem solving as team members.

What Works in Residential Reentry Centers

Report 7: Site 6 Visit

Part 1: Overview

Program Description: Work release/accountability/resource model

This program is designed to provide counseling and transitional services such as screening for health and education needs, help with finding work and housing, and addressing family support or recovery from addiction. Site 6 relies on a Transitional Skills Curriculum, groups, individual accountability, work release and referral to resources as the components of the model. There were more than 70 Federal residents in Site 6 on any given day during the past year. The time residents spend in the program ranges from 1 to 8 months with the average time about 4 months. Site 6 residents are males.

History

The Halfway House was founded in 1976 by a former chief of Federal Probation in the region. The need was based on the number of released Federal prisoners who needed a halfway house situation in 1976 and no halfway houses existed in the area. There was an original steering committee and there has been cooperation with Federal agencies from the beginning. In 2005 Site 6 expanded to a 75 bed facility.

Setting

The program is presently located in a mixed use industrial area near the airport of a western city. Site 6 is a renovated office building near public transportation and job training sites. The first floor is used for security, resident recreation space, a gym, an employment center, counseling and administrative offices, a kitchen and dining area. The second floor has 22 dormitory rooms, each with a bathroom for 3-8 persons. On the Second floor there are two recreation rooms and two small reading rooms. The space is large enough to house other programs or services on the same site.

Mission, Goals and Objectives:

Site 6's original program was defined by the Bureau of Prisons Statement of work, as well as its organizational mission. Site 6 stresses the following:

- To provide transitional services in a supervised environment;
- To assist offenders to gain employment;
- To support residents in establishing family and community ties;
- To assist clients in being law abiding and meeting the requirements of their sentences;
- To build alliances between criminal justice supervision, community service providers and other community stakeholders.

Part 2: Services

Services Rendered/Referrals

The Site 6 RRC program provides both services and referrals in partnership with community agencies. In-house services include the following topics offered as part of the Transitional Skills Program required by the BOP:

- anger or stress management
- cognitive skills
- criminal thinking
- criminal friends
- financial
- self-esteem

Other in-house programs are employment, access to support and entitlement services, financial, housing, job placement, transitional housing, work release, TB screening, AA/NA and substance abuse education. Programs referred out or offered onsite by outside contractors include: parenting, family, individual counseling, and mental health services.

Indicators, Changes and trends

Completion of the program is based on length of time recommended, absence of infractions, completion of required programs, drug and alcohol abstinence, changes in managing behavior, securing employment and finding an approved release location. In 2009 those who were successful at release resided in the RRC an average of 111 days and those who failed were there only 51 days. During the year, there were 297 releases (total, and of those 232 completed (78%) and 65 individuals failed to complete (21.9%). There were 23 prerelease failures and 41 public law failures.

Part 3: Observations about Residents

Accountability

Site 6 clients progress through a level system that permits them to earn weekend passes and to eventually participate in the home confinement program if they are accountable. Home confinement is the final level before release status. Residents can live at home while being supervised by the RRC and wear an ankle monitor. The RRC conducts periodic work and home visits. There are weekly drug and alcohol tests. They also check passes for offenders who are leaving and before they return. Additionally parole/probation officers also monitor for accountability. Individuals who commit infractions or who fail to make progress are assigned extra work duty and they can lose privileges, or levels. Additionally they can receive sanctions from the supervising agency in the form of technical violations, termination from the program and reports.

Intake/ Reentry Planning

Intake assessments are conducted by a staff team and the agency uses an in-house risk needs assessment. Placement is made on risk, needs, and characteristics of the residents. The assigned case manager is responsible for the treatment plan. It is completed during a meeting with the residents and signed by him. All individuals receive personal contact with parole or probation prior to discharge, referral to a vocational or educational program in the community, and

personal contact prior to release with an employer, vocational or educational program. An organized checklist of trainings and services helps case managers track individual progress through classes, groups and referrals.

Client Safety

The Director and Assistant Director both emphasized the importance of client safety as part of the transitional residential setting. There have also been no assaults concerning residents /staff in the past three fiscal years and the safety record is reported in annual agency records.

Health

A health screen is given at intake and there are health care arrangements with a local medical clinic and a hospital. If there is a terminal illness or serious medical problem, documentation must be provided and there must be authorization to meet immediate medical needs of the person.

Risk Management

Higher risk clients receive more services and they participate in the same groups and programs.

Work/Employment

Computer skills, mock interviews, interview etiquette, mandatory job readiness skills class, resume writing, and identification classes are all offered in the resource room on a weekly basis. The RRC has a relationship with several nearby job skills trainers such as heavy equipment operators and welders and these help individuals prepare for hiring. There has been a problem getting jobs due to high unemployment rates generally in the area but with the new social service coordinator the RRC is seeing its resident unemployment rate drop. This is due primarily to a network of employers that have been established who are willing to hire residents.

Part 4: Leadership and Management

Business Management Type

The RRC is a nonprofit organization that is not affiliated with any other parent organization. This brings unique problems for sustainability and supporting the infrastructure. It also brings concerns about management accountability under any contract that gives latitude in financial and other accountability/performance areas. According to the Executive Director and Assistant Director, the management of the RRC has always been oriented toward collaboration and leadership from Federal Probation and the Federal Bureau of Prisons. This orientation has helped to meet the needs of Federal clients. They therefore address the needs of Federal pretrial clients, Public Law residents (those who are on probation and parole but are placed in the program as a punishment); those who need electronic monitoring; and FBOP clients who are in pre-release status.

Resources

Total program revenue was reported to be \$2,406,000 in 2009. The average cost per day per resident was \$91.18 per resident in 2009.

Governance: The Agency is governed by a Board of Directors that consists of the Chief Federal Public Defender, Chief US Probation Officer, retired AUSA, defense lawyer, retired Chief US Probation Officer and two local architects.

Management Experience and Beliefs

The Executive Director held the position less than 3 years and had previously worked as a director for another residential reentry center. The Director described a background in business and approached the management of the RRC from that perspective. Her personal view was to “get back to the basics” as far as services and to be a work release resource center. The Assistant Director is a seasoned veteran who has worked for the RRC for many years.

Staff Experience and Beliefs

Staff appeared to be hard working, respectful and focused on security and individual progress. At least two security staff are on during the day and the premises are monitored with video cameras. Program personnel observed during the visit included case managers and employment specialists and staff in the resource center.

Staff hiring, Training, Retention

Training and staff retention seem to be issues for a small nonprofit in this community. There is some co-training of staff with Federal Probation and Law Enforcement doing ride-alongs.

Part 5: Evaluation and Research

Quality Control

The RRC tracks outcomes on individuals that are returned to the RRC, those who have successfully completed the program, and those who left prior to completion. There was no reporting of any evaluation efforts except reports and inspections by the funding agencies. These reports are unpublished.

Community Context:

Site 6 personnel attend frequent community meetings. Community satisfaction is assessed through these meetings and other means.

Technology/ Systems Integration

A new computerized case management system is in the first year of implementation. The Executive Director told the site interviewer that the old electronic database records were wiped out prior to implementing the new system and no backup records were kept except some spreadsheet report data maintained by the Assistant Director.

Part 6: Future Plans

New projects

As discussed above, Site 6 applied for approval with the City for permission to increase the size of the RRC to 125 beds by taking state and local reentry residents. This was approved with conditions requiring adequate staffing and security and other restrictions on the type of releases taken. The expansion had not taken place.

Site Visit Observations

Initially the RRC was informed the contract would be solicited as Performance-based but when it came out, it was compliance-based and therefore Site 6 operates like a traditional program with emphasis on security and work release. There were no prior years’ statistics or data available to inspect records of case management for this site.

This is a very attractive building, but it did not seem that the Executive Director was very knowledgeable about the program and individual residents or about training staff—she concentrated more on the business and management side of things. The Assistant Director on the other hand, was very knowledgeable and able to talk about the program components in detail. The Executive Director’s business orientation model and resource referral model seemed out of step with the thrust of evidence-based practice. There was less emphasis on motivational change and building organizational support within the community than in many of the other sites.

It would have been good to see more data about the program’s effectiveness, its evaluations and plans for performance data collection in the future. Although the Executive Director was very well prepared and engaged in the site visit, there was little chance to interact with staff and this did not build a good level of confidence in the organization and its staffing.

What Works in Residential Reentry Centers

Report 7: Site 7 Visit

Part 1: Overview

Program Description: A Community Corrections Performance Enhancement Model

Site 7 Residential Reentry Center (RRC) is part of a community corrections nonprofit agency dedicated to improving the community and the lives of individuals under criminal justice supervision. Site 7 provides pretrial treatment services to federal defendants awaiting trial. It also operates as a halfway house for those returning to the community, provides parole and post/release control, transitional control, electronic monitoring and treatment. Site 7 has 34 beds for women. An adjoining facility serves homeless individuals who have been under criminal justice supervision. There were approximately 75 federal clients and other clients referred by other entities for a total of 228 beds on any given day for the Site 7 RRC. There were 390 new intakes during the last fiscal year of which 340 were male and 50 were female. The average time spent in the program is 4.5 months and the minimum is 1.5 months and maximum is 6 months.

History

The PA, a private nonprofit corporation was founded in 1981. It operates 17 facilities in three Counties that serve state, Federal and county referred adult community correctional clients on a residential and outpatient basis. Site 7's PA serves 7,000 residential clients, and 6,000 outpatient clients each year. Prior to development of the Site 7 RRC, the CEO of the PA worked with elected and criminal justice leaders to address the need for residential and nonresidential community corrections in the area. There was growing need for placement from the Federal, state and local systems to relieve crowding, and to sanction offenders. The Parent Agency (PA) responded to an RFP to establish a center for federal clients in the custody of the FBOP, US Attorney General or the United States Probation Office who were returning to the location. The program opened approximately eight years ago as a Comprehensive Sanction Center. A growing number of community members support giving residents opportunities to work, pay their fines and support their families. An awareness of such a need for services in the community allowed the PA to find an appropriate site and to develop it. Representatives from the Mayor's office, state and local probation, Federal Probation, courts, the U. S. Attorney, Public Defender's Office and correctional officials from the state and FBOP are involved in development, and oversight of this RRC. The Department of Correction, City Police Department, Federal Bureau of Prisons and the United States Probation and Pretrial Services helped over approximately 2 years to overcome zoning issues.

Setting

The program is situated in an accessible part of an urban area, close to bus routes in an attractive renovated space. Site 7 consists of a converted industrial building in a mixed use commercial area. There are large windows, high ceilings and plenty of open spaces that give it a dormitory

feeling. The PA utilized the additional space in the building for a separate shelter program for persons with criminal records who are homeless in the area. The well-maintained condition of the building makes it easier for staff to concentrate on delivering quality services, since they do not have to cope with the difficulties of an older building. The design of the building and the management of the RRC encourage frequent communication. Walking around the building, there was plenty of positive interaction between staff and residents and staff with staff.

Mission, Goals and Objectives

Site 7's goals are to provide safe, proven and effective sanctions and programming for appropriate offenders. The goals were shaped primarily by the state, local government, federal probation and the FBOP Statement of Work. Goals have changed slightly as new research and practice materials are available. The PA and Site 7 RRC moved gradually toward a more evidence-based orientation—cognitive behavioral, substance abuse and relapse prevention, recidivism reduction, community and restorative justice. The ICCA What Works Research Conference research presentations stimulated changes based on research. And also change was based on analysis of the client population risk and needs. It was hoped that by delivering targeted individual services, this would reduce returns to prison, relapse and other negative outcomes. To learn more about the results, individual outcomes are tracked monthly and annual reports summarize goal attainment, performance indicators and outcomes. Statistics are tracked in a database and case management system designed to provide data about relationships between the program's services and outcomes. This is used to set goals for staff and performance outcomes for the entire agency. These goals were prominently displayed throughout the staff offices in Site 7. There also is case progress tracking for each month of the past year related to progress.

Part 2: Services

Services Rendered/Referrals

Site 7 provides client accountability, transition services, individual motivation, cognitive and other skills, employment, faith, and family program components. It uses and trains staff with several recognized curricula. Programs include: Thinking for Change, in-house programs, Cage/Rage, various cognitive programs and state licensed substance abuse treatment and education. Thinking for Change is 1.5 hours a week for 6 weeks. Treatment is 3 hours a week for 15 weeks and life skills groups are 2 hours a week for 2 weeks. An average offender attends 35 group sessions. Additionally there is ongoing programming for family members. In-house services include the following topics offered:

- Anger or stress management (4 weeks)
- Cognitive skills, criminal thinking (6 weeks)
- Criminal thinking (6 weeks)
- Domestic violence (4 weeks)
- Parenting skills (4 weeks)
- Community college educational
- Employment (2 weeks)
- Financial (4 weeks)
- Housing (one on one assistance)
- Job placement(one on one assistance)
- Vocational (if needed)
- HIV Aids testing/counseling (1 week) in-house and referral out for counseling

- Physical health (referred to provider) after intake screening
- AA/NA in-house and referred
- Individual counseling (referred out)
- Mental health (referred out to clinic)
- Mentoring (referred to Office of Recovery)
- Spirituality (various faiths on site)
- Substance abuse (4 weeks treatment)
- Gender and cultural (females onsite)

Indicators, Changes and trends: Although Site 7 is not operating pursuant to a performance-based contract, evidence-based practices guide the entire program. Site 7 has tracked offender recidivism, homelessness, and accountability since its opening in 2007. The goals include improved release and completion success rates for offenders 70-76% by the end of 2009. Their 2009 goal for federal halfway house releases is 80%-85% by the end of 2009. They also are working to maintain or reduce the current AWOL rate in 2009. This will be attained by stronger client case management, checklists, training, Probation officer involvement and other steps to reduce AWOL. Restitution, child support, and court costs are paid by clients. In addition clients performed 2400 hours of community service in 2008.

Part 3: Observations about Residents

Accountability

Site 7 clients are held accountable through home visits and work visits, drug and alcohol tests, discussing violent behavior, checking of passes, electronic monitoring and through phone calls. All group sessions involve role playing and require offenders to demonstrate new skills. Clients who are disruptive are assigned extra work duty and they can lose privileges, or levels. Additionally they can receive sanctions from the supervising agency in the form of technical violations, termination from the program and reports. Site 7 clients are rewarded through certificates, verbal praise, individual written praise, group praise, reduction in sentence if applicable, tokens or points, free time passes, food items, parties, and negative points taken away. Completion of the program is based on length of time served, as most FBOP clients have a release date prescribed. The other factors are employment and program progress. With respect to sanctioning, options are: in-house disciplinary 1st time, change in living area (move to rooms with more beds), and extra duty. Any violation of a BOP standard or regulation involves BOP notification and involvement in the sanctioning. Criminal conduct or repeat failure of drug testing requires clients to be sent back to BOP custody.

Intake/ Reentry Planning

Site 7 uses the LSI-R for all clients at intake and they are reassessed if applicable. Three cognitive scales are used at intake: Criminal Sentiments Scale, How I Think, and Client Self-Rating. The SASSI is used for substance abuse assessment. Placement in groups is made by case manager a counseling staff. It is passed on needs, risk, client characteristics and participation in all resident groups. It is completed during an individual meeting where it is explained to the client, and then signed by the client. For Federal clients, more than half are referred to substance abuse treatment in the community, and all have personal contact for services prior to discharge. More than half have parole or probation agent contact. There is a staff checklist of progress and contacts and data is kept electronically which helps guide staff and present information to the

client about their progress. Clients receive orientation materials and other detailed materials that explain curricula, outside resources and what is expected of them in the program.

Client Safety

The safety of clients is an important part of the RRC's mission. Clients are required to be in the Center from 9 pm to 6 am with exceptions on a case by case basis. A list of rules and regulations including contraband and disciplinary actions is provided to each resident at intake.

Health

All clients receive a medical screening at intake. Referral for medical treatment is made to a service provider.

Risk Management

Higher risk clients receive more services and they participate in more groups and programs. Higher risk offenders stay in groups longer and stay in the program. They also get higher intensity of services. Higher risk offenders eat together and participate in activities together but may be grouped in lounge areas. There are also stress and anger groups and various methods to encourage and learn to change violent behavior.

Work/Employment

Offenders should be employed within 15 calendar days but those requirements are relaxed due to a tough job market, age or disability. Most offenders attend 8 sessions based on need for employment. The biggest challenges are for residents to get employment in area of high unemployment. Earnings are collected from 25% of the individual's gross income for subsistence payments to the contractor. Within the first 7 days of employment, a random on-site verification visit is conducted. All Federal clients must have their supervisors contacted monthly to discuss any problems.

Part 4: Leadership and Management

Business Management Type

The nonprofit PA and the Site 7 RRC are managed in a way that use data and performance measures to continually change program strategies, curriculum, training and even relationships with community agencies and referral organizations. The leadership of this organization is performance oriented and requires its managers to articulate in plain terms to staff how their daily work should impact performance goals and decrease offender recidivism. The program also has a variety of output measures and outcome measures that also allow it to develop strategic alliances with other nonprofit agencies. These alliances permit sharing of resources, protocols for handling shared information and even joint collaboration on special projects. In other words, the organization specializes in focusing on better ways to do the job of providing safe and humane community correctional services.

Resources:

Total program revenue is \$5,176,683 of which the BOP contract contributes \$1,847,865 in 2009. All federal funding is based on their per diem rate. But additional state, local and federal contracts are sources of revenue for the facility and its functions.

Governance:

The Agency is governed by a Board of Directors that includes members from the criminal justice community and elected officials.

Management Experience and Beliefs

The CEO of the PA and the Director of Site 7 and other management staff were available for this observation. These leaders conveyed a shared dedication for their work, a respect for their staff and clients and a belief in the importance of individual change. The examples of their strategies to improve impact were extensive. Everyone had detailed examples of how they had improved their work within the past year and shared openly their insights and learning. This creative problem solving attitude of the management provides inspiring leadership for the staff and the residents.

Staff Experience and Beliefs

Staff observed were straightforward, respectful and diligent. The staffing levels seemed adequate for the number of residents and staff teamwork was evidenced by their comments.

Staff hiring, Training, Retention

The agency tends to hire staff that they can train and promote from within, but they also hire people with credentials. Staff turnover is an issue but there were several long term staffers interviewed—people who love their jobs.

Part 5: Evaluation and Research***Quality Control***

The agency has full time staff engaged in any current research involving evidence-based practices, and or recidivism. It also has dedicated quality control staff. Research efforts are backed by both manual and electronic information. The information is used for ACA accreditation compliance as well as FBOP monitoring. Research information is given to outside University researchers. Data for state cases shows reduction of recidivism for those who complete the RRC programs.

Community Context

Local neighbors from community organizations and businesses, police, public defender, prosecutor, probation have opportunities to learn about the RRC. Agency leaders are active in the local Justice Reform initiative. This focuses on collaborative planning, decisions and implementation among all justice system agencies and community partners. RRC staff participate in neighborhood meetings. They invite neighboring businesses and representatives into the facility for events and in recognition of their support for the halfway house. The Staff participate in the locality's Community Reentry Strategic Initiative. This improves the interface between the RRC's clients and services with the needs of formerly incarcerated persons. Staff participate in citizen circles to create community partnerships. There are partners involved in various community events such as neighborhood clean-up projects, a holiday food drive, and registration to attend several summer camps for children. On-site clothing and library materials are provided by faith and community volunteers. The RRC has several partnerships with faith based services and churches. Volunteers provide nondenominational services that are voluntarily attended by some clients.

Technology/ Systems Integration

The PA has pioneered in the use of validated screening and assessment tools. It was early in increasing mandatory training of staff to 40 hours. Training covers subjects related to what works in the field. Developing staff capabilities to handle a wide array of common situations has also helped increase positive results. A list of specific steps to be taken is provided to staff, and staff discusses and implements changes needed. For example, Site 7 has reduced absconding with a multi-pronged systems approach, training and monitoring.

Part 6: Future Plans

New projects:

The RRC is working closely with local and statewide reentry, mental health and substance abuse agencies.

Site Visit Observations

The PA offers an array of researched, measured and documented examples of evidence-based practices. Based on research and outcomes, the program has been modified to include more motivational and cognitive skills curricula in response to the evaluations. They have added their own curricula and training to accentuate successes such as life skills, housing, family stability, accountability, anger management, motivation and cognitive functioning.

What are the biggest challenges and opportunities given the program's design? This program has been supported by the state and local governments. They have contributed to training and measurement of the evidence-based programs over the past 7 years. In times when these jurisdictions have budget shortfalls it may be difficult to sustain the high quality of research based innovation that has occurred in the PA over the past decade. Funders should consider investing in building outcomes based infrastructure in to assure future improvements and Site 7 offers an implemented model for performance enhancement of community corrections. There is also a need for additional mental health and medical coverage and resources. Also resources and support with families remains a challenge. The Statement of Work should be streamlined for agencies in compliance with ACA accreditation like this one and monitoring done around essential fiscal and quality control elements.

What Works in Residential Reentry Centers

Report 7: Site 8 Visit

Part 1: Overview

Program Description: A Community Corrections Personal Recovery and Growth Model

Site 8 Residential Reentry Center (RRC) is one site of a private nonprofit Parent Agency (PA) that was founded in 1965 as an experiment to reintegrate offenders back into the community. The PA operates programs at 20 locations serving more than 24,000 individuals each year in a region that includes 2 states. The Site 8 program provides community monitoring, corrective thinking, chemical dependency work release and employment services for adult males in a residential setting. Clients are referred by the county, courts, Federal Bureau of Prisons (FBOP), State Department of Rehabilitation and Corrections, and several alcohol and drug treatment agencies. The RRC has an average daily population of 50 males of which 30 were Federal referrals. There were 233 new intakes last year. The average time spent in the program is 4-5 months and the minimum is 1 months and maximum is approximately 9-10 months.

History

In March 1964 a group of private citizens met to discuss their interest in providing individuals with help and counseling they needed when they re-entered into the community after incarceration. This group founded the RRC's Parent Agency (PA) with a Board of 18 members and \$10,000 in initial private donations for start-up. Almost immediately, the PA began addressing mental health, substance abuse and employment issues. The first halfway house was opened in August 1965. This was followed by drug and alcohol treatment services program additions. Special services also were developed for women and adolescents, a growing part of the client population. In the 1990's the program diversified with more mental health treatment, prevention/school-based, dual-diagnosis treatment services. Additional programs including behavioral healthcare were added in the next decade.

Setting

Site 8 is situated near human services and a hospital part in a transitional part of a Midwestern city. The facility is close to bus routes and consists of a small complex of three 100 year old town houses. The premises are renovated with adequate space for programs, staff and dormitories. The physical setting is not impressive but very adequate; but what goes on inside the halfway house is contrastingly beneficial. During the observation, staff and clients interacted well with each other and there was constant professional consultation. Also, residents seemed to be interacting frequently with staff in a relaxed and positive manner.

Mission, Goals and Objectives

The mission of Site 8's Parent Agency is that of a progressive multi-service community based nonprofit agency. It serves a diverse population and delivers services in criminal justice, mental

health, substance abuse and welfare-work. Such services are driven by two purposes: to improve social behavior and to enhance personal recovery and growth. The agency strives to be a regional high quality, cost effective health and human service provider flexible in responding to customer and client needs. The following are the PA's values with related observation notes for each one.

- **Advocacy:** Case managers were observed doing extra work to help clients who were having difficulty with job searches, getting appropriate paperwork together, and finding clothing to wear for interviews.
- **Collaboration:** This site was remarkable during the site visit for the level of collaboration between social services, mental health and substance abuse specialists. They actually were working together on some dual diagnosed cases and doing an excellent plan to meet their needs.
- **Comprehensive:** When asked at the site visit, staff accessed electronic data and real time case and management information off their computers to work off the same page.
- **Diversity:** There were staff and clients working together from very diverse backgrounds and celebrating differences.
- **Integrity:** Staff described their ethics, and also privacy protocols with respect to clients and information sharing about them.
- **Innovation:** This is a highly valued part of the job. Staff were sharing kudos with a counselor who had been effective in starting an: “only for men” group—promoting men’s awareness and recognizing positive male role models.
- **Personal Growth:** Several staffers shared their professional and personal stories of success.
- **Quality:** this organization monitors outcomes, performance benchmarks and outputs to improve results.
- **Safety:** Staff and residents were confident, well monitored and secure on site.
- **Spirit:** There were evident strong commitments of staff to each other and their work.
- **Stewardship:** The agency has a long term track record of multi-funded growth and stability of leadership.

Part 2: Services

Services Rendered/Referrals

Site 8 provides on-site or through the PA: corrective thinking, relapse prevention, life skills development, alcohol and drug testing, substance abuse services and monitoring, vocational/employment services, relationship counseling, educational, financial, housing, transitional halfway house, day reporting, HIV /AIDS testing, AA/NA, individual counseling, substance abuse education, treatment groups and work release. Innovative drug dealers’ intervention strategies and specialized services for offenders who have mental health issues are also new projects.

Indicators, Changes and trends

Site 8 operates pursuant to the Statement of Work. It is not operating pursuant to a performance-based contract, but evidence-based practices have been developed throughout the program to improve client success—not to necessarily meet contracting requirements. There are specific outcomes and measures that are kept in the database, for accreditation monitoring and reporting purposes. For example, Site 8 provided a table of Quality Indicators including: number of days,

admissions, discharges, successful completions, unsuccessful completions, neutral completions, documentation in compliance with best practices, completion of program action plan, reduction in antisocial attitudes, full time employment at discharge, client satisfaction, fidelity of teaching techniques, rated role playing, use of modeling, use of behavioral reinforcement, promotion of pro-social behavior, identification of skill steps and reporting.

Part 3: Observations about Residents

Accountability

Client monitoring is accomplished through weekly home visits and work visits, drug and alcohol tests. Site 8 also discusses inappropriate behavior with clients, checks passes, and conducts phone calls for verification checks of the clients' whereabouts. Group sessions involve role playing and require offenders to demonstrate new skills. Clients receive assignments to demonstrate their ability to apply concepts, they do homework and they report to class the next time. Clients who are disruptive are assigned extra work duty and they can lose privileges. Client achievements are rewarded through a rewards system. Completion of the program is based on length of time served, managing behavior, employment and housing.

Intake/ Reentry Planning

Site 8 uses the Ohio Risk Assessment System (ORAS) for all clients at intake and they are reassessed if applicable. The "How I Think" (HIT) curriculum is used at intake and later for reassessment. Placement is based on needs, input from counseling staff and case manager and a treatment plan is completed during an individual meeting where it is explained to the client, and then signed by the client.

Client Safety

At intake clients are provided with a list of rules and regulations.

Health

All clients receive a medical screening at intake. Referral for medical treatment is made to a service provider.

Risk Management

Higher risk clients receive more services and they stay in groups longer. Higher risk offenders eat with residents and participate in activities. There are also groups and various counseling methods to encourage clients to change inappropriate behavior.

Work/Employment: Offender employment is difficult to attain during the economic downturn. The RRC keeps a list of employers and there are referrals to job search organizations that help in the community as well as in-house support.

Part 4: Leadership and Management

Business Management Type

The nonprofit PA and the Site 8 RRC are managed in a strikingly problem-solving manner. The entire operation is backed and detailed with both paper manuals and automated checklists that correspond to data and resources on staff computers. Client and staff data and are used to

measure attainment of goals. This data is also used for program strategies, curriculum, training and even relationships with community agencies and referral organizations. The PA's leadership is performance driven and holds managers and staff to very high levels of performance on the job. This driving force for change and improvement can also lead to staff turnover and Site 8 was an example of that with quite a few new staff in transition.

Resources

Total revenue for Site 8 (not the total Parent Agency) is \$5,176,683 of which the BOP contract contributed \$451,603 in 2009. All federal funding is based on their per diem rate. Additional state, local and federal contracts are sources of revenue for the facility and its functions.

Governance:

Site 8's PA has a Board of Trustees that oversees the agency services. There is a Foundation for the PA that is responsible for fund raising. Ancillary operations are overseen by a Service agency and an Advisory Board provides guidance with the assistance of past board members and community leaders. The Advisory Board includes leaders from prominent businesses, charities, education, the Public Defender, community services and the faith community.

Management Experience and Beliefs

The Director of Site 8, other management staff and line staff were available for this site visit. It is clear that they are focused on mental health, substance abuse and changing behavior as a team of human service providers. There is an emphasis on doing all this with the guidance of research. Managers have teamed up with State Department of Rehabilitation and Corrections, mental health and substance abuse initiatives to provide improved training. Often training staff has been cross-trained with other agencies and community organizations and this helps improve support and effective communications.

Staff Experience and Beliefs

Team building and commitment to their work seemed a common characteristic of staff. Case workers and professional staff were awesome individuals. They also appeared to work well with line staff.

Staff hiring, Training, Retention

Staff had experienced significant turnover. Those who were not new were well trained.

Part 5: Evaluation and Research

Quality Control

There is quality control and documentation on all required activities. The program has been evaluated by a local University. Also the program has been modified to include more motivational and cognitive skills curricula in response to the evaluations. Important components based on evaluation are community monitoring, corrective thinking, chemical dependency work release and employment services for adult males in a residential setting are the core elements. The adoption of validated screening and assessment tools, increasing mandatory training of staff to researched based methods have made a difference in the quality of the program. Training develops staff's ability to help correct thinking errors, prevent relapse, enhance life skills, and

cope with alcohol or drug issues. There is also an improvement in monitoring offender behavior, and helping with vocational and employment services.

Community Context

Local neighbors from community organizations and businesses, public defender, prosecutor, and probation have input into oversight. Because the PA provides a wide array of diversified services in the community, the community has responded with improved support. Site 8 also relies on important community resources that include medical health and drug, mental health, alcohol and Job services outside the agency. The PA receives a generous amount of faith, corporate and charitable donor support. There are active partnerships and participation with neighborhood projects, community centers, schools and hospitals.

Technology/ Systems Integration

The PA uses a case management system that helps generate information, collect input in real time and monitor cases. A demonstration of the system was provided and several staff said what an important difference it has made for them in their work.

Part 6: Future Plans

New projects

The RRC is developing innovative treatment protocols involving chronically difficult clients. They are also addressing interstate and regional problems relating to gangs, misuse of prescription drugs and lack of employment. A new project has been started to help provide GEDs for community corrections clients focused on the Community Correctional Center.

Site Visit Observations

Overall this PA's mission in the community is broader than the Statement of Work and strikingly more efficient in its ability to change behavior. The idea of engaging the community in the changing of offender lives is very consistent with the SOW and the long history of the FBOP. However, there is a remarkable difference in the enterprising and organized way that this Site offers services that tie directly into the community. When a problem is encountered such as a drop in employment of Federal clients, for example, this PA decided to create its own new business ventures that will be open to employing ex-offenders. Furthermore, the Site continues to expand the list of potential employers by knowing each will be hiring fewer in tough times. The PA has also reached out and supported the faith community through training for a Compassion Capital Program. Through this initiative the aim to help small faith based and community organizations that will in turn help their clients when they return. A third example of innovation is the decision of the PA to open their quarterly clinical trainings to community members in the clinical, child and family professional development fields—another way to network and expand resources. Through this interaction with the community and reaching out to broader helping groups, the PA and Site 8 offer a laboratory for really understanding more about what works in community based corrections.

What Works in Residential Reentry Centers

Report 7: Site 9 Visit

Part 1: Overview

Project Description: A Model incorporating individual motivation, improvement and accountability in a work release setting

Site 9 is a Residential Reentry Center (RRC) for adult male offenders operated by a private nonprofit agency, located in the downtown area of a northeastern city. Site 9's advantage is that it is near a major medical center and public transportation. The Parent Agency (PA) has several sites and facilities similar to Site 9. In addition to client services, the PA has developed a training center and program sites in other states. Overall the PA was responsible for 11,025 clients in the adult program in 2009. In the last fiscal year there were 137 new intakes in the Site 9 residential reentry center. The average daily population for Site 9 was 64.

History

This PA that operates Site 9 also operates adult and juvenile residential programs for county, state and federal male/female offenders. An agency-wide emphasis on nonresidential services, both juvenile and adult has enhanced the PA's reputation for integrating motivational interviewing and other outpatient treatment approaches into the programs and services for its residents. On the other hand, the large size of the population served in a nonresidential setting, poses challenges for the management and staff to translate the greater mission of the agency into well organized and workable reentry services. The PA provides external training to various agencies and service organizations throughout the state and in other states as well. The agency's residential programs have met ACA accreditation standards. With respect to Federal Bureau of Prisons residents, the RRC is governed by a Statement of Work (SOW). Average time spent in the RRC program is 3 months and maximum time is 6 months. The RRC does not separate Federal clients from state clients and meets all requirements of state, local and federal contracts. The FBOP provides funding for an average of 44 of the residents in the house on a given day. Although Federal clients predominate in the site visited for this study, the Federal clientele is only a small percentage of the agency's various caseloads. The PA is chiefly supported by state and local funding and that reflects most of their clients. The PA provides services at the state level that include the following: operation of a state and local intermediate sanctions program, a day reporting center, operation of the Training and Resource Center, and a specialized inpatient substance abuse program. Some federal females and their children are in the Mothers and Infants Nurturing Together program.

Male and female clients are referred by the FBOP, the United States Probation Office and Pretrial Services Office (USPO/PSO), the Court Services Division, and the Department of Corrections. Federal Probation officers observed onsite indicated that they work closely with RRC staff to assure a smooth transition and release. Federal Probation officers visit and

collaborate on cases, home visits, employment checks and release plans. They also sometimes co-train with staff in order to be on the same page. Local Federal Probation Officers indicated that they would also like to build a similarly close relationship with their counterparts at the Federal Bureau of Prisons (FBOP). Staff and Federal Probation Officers hope to improve sharing of resident information through access to case management information. There are now some resources and training available.

Setting

The facility is an urban, renovated, clean and well maintained historic building. It was not designed as a halfway house but as a grand residence so there are limitations in room sizes for large numbers of occupants, and room layout limits flow through stairwells. The infrastructure of an old house provides a welcoming impression. However, there are many cramped areas such as office space, meeting rooms and kitchen/dining facilities. Limited space and an older building limit program flexibility and require constant upgrading and maintenance.

Mission, Goals and Objectives

The RRC Director described a work release, cognitive behavioral model. The PA's goals are shaped by research and results. In part the PA's goals have changed over the years to meet needs of Federal clients. The Board articulates the PA's mission and objectives. This has evolved over time to encompass the following objectives provided in published materials:

- To develop evidence-based programs in response to the demonstrated needs of clients referral sources and the community;
- To be outcome-driven in order to assure the greatest likelihood of behavioral and attitudinal change in clients;
- To demonstrate commitment to public safety through the use of high levels of security, treatment and supervision, and close working partnerships with all components of the criminal and juvenile justice systems; and
- To base program design on results of published research regarding effective treatment whenever possible.

Part 2: Services

Services Rendered/Referrals

Site 9's services include work release, residential and inpatient treatment that provide assistance to men and women in the Federal justice system. The services observed on this site visit were only for one RRC of eleven residential programs operated by the PA. This program provides client accountability, transition services, individual motivation, cognitive and other skills, employment and community service. It uses several recognized research based curricula and training materials. Additionally, it refers out to substance abuse treatment, mental health services, 12 step, contact to parole/probation, vocational education and employer contact before discharge. To help reinforce behavioral change, residents use workbooks and journals, participate in groups, discuss issues with staff and learn how thinking affects behavior. Demonstration of new skills is rewarded. Motivational incentives include certificates, passes, tokens, food, parties, and verbal praise. Other incentives are given to those who get recognition under the rewards system. Certain programs are available such as the TDAT program. Domestic violence is referred out, as is relationship counseling and sex offender counseling. Education and

employment programs and vocational skills are referred out to state funded programs. Physical and mental health services are also referred out

Indicators, Changes and trends

No specific Site 9 indicators/trends were available for the RRC and this reflects a lack of integrated data management and evaluation for the program which strives to be evidence-based. According to the 2009 Annual Report for the PA, adult clients contributed more than 61,411 community service hours. Valued at minimum wage, the estimated value of community service hours was \$491,288 in 2009. Adult residents in all programs contributed room and board payments totaling \$599,508. An additional \$32,545 was paid to the Victim Compensation Board. No statistics were provided indicating the breakdown of number of work hours, subsistence payments or victim compensation for the RRC.

Part 3: Observations about Residents

Accountability

Although this RRC is governed by the Statement of Work (SOW) and is not a performance contract site, it measures RRC performance with indicators, and audits. The site uses performance indicators that measure successful completion of the program by clients for each fiscal year (76% successful in 2008, 79% in 2009). The RRC strives with minimal staff to perform the SOW functions plus deliver evidence-based services in order to improve outcomes.

Intake/Reentry Planning

Intake was observed during the RRC site visit. Intake uses many validated instruments. Furthermore interviews by case workers use motivational interviewing techniques to engage clients in changing their behavior. Intake procedures and forms are comprehensive, clear and reflect elements of evidence-based programs. Communication with the resident becomes important based on this intake and the individualized plan that results from it.

The following assessments and services are provided at the RRC: Level of Services Inventory-Revised; Adult Substance Use Survey-Revised; Reasoning and Rehabilitation II-Revised; Treating Alcohol and Drug Dependence; Cognitive Behavioral Therapy; Motivational Interviewing; Motivational Enhancement. The women's programs also provide: Gender Responsive Programs (Moving On, Seeking Safety, Helping Women Recover). The intake forms become the basis for the individualized plan for reentry. The RRC provides inpatient groups and refers out to substance abuse treatment programs. Additionally the RRC provides structure, supervision, counseling and other professional services to assist reintegration into the community.

Client Safety

The PA's mission statement indicated that public and client safety are assured through high quality monitoring and through attention to behavioral, substance abuse and other factors. No safety data was available, but the agency reported closely working with police and parole/probation. They conduct weekly home visits, work visits, drug and alcohol tests, phone checks and check passes entering and returning from the RRC.

Health

Health issues are assessed at intake. The PA is connected to a number of hospitals, community health and mental health providers in the state. Medication based mental health services are delivered but medication is not delivered for substance abuse.

Risk Management

High risk residents receive more service groups, higher intensity groups, and outpatient treatment as necessary

Work/Employment

Intake includes an assessment of work history, and checklist for employment readiness. Initial job placement services are in-house and assistance is also provided through state offices. They connect well with the statewide employment entity and the Urban League.

Part 4: Leadership and Management

Business Management Type

The PA works closely with juvenile and adult probation and therefore the bulk of the agency's clients are nonresidential. The agency features a progressive social services orientation as set forth in the agency annual report and its other publications online. The business management structure is that of a large traditional nonprofit human services organization that is approaching its 5th decade. While promoting state of the art evidence-based practices through its training center and also its agencies, the organization has just recently adopted computerization of its case management. The initial process has been frustrating for some staff. No computerized record data was made available to show the impact of the evidence-based program on program outcomes.

Resources

This is a large nonprofit with financial resources from public support receiving \$94,955 in grants and other program revenues. Fees from government agencies in 2008 were reported at \$30,345,753. The state and also local governments have helped to expand services and improve them. The RRC program revenue is \$1,219,034 from the BOP. Additional state, local and federal contracts are sources of \$500,073 in revenue for the facility and its functions. The RRC's BOP client stay is 100% funded by the FBOP and client subsistence (\$136,000). No financial allocation of how resources are expended within the RRC was available and this might have been due to the lack of computerization of the facility until a few months ago or other issues that need correction.

Governance

The Board of Trustees sets the goals for the agency with executive staff. Goals are influenced by an annual program audit and board members actually visit program sites and meet with staff.

Management Experience and Beliefs

The site visit revealed a dedicated and seasoned RRC and area Directors--but staff seemed temporarily challenged by the transitional issues of upgrading technology and staff capabilities.

This contrasts with the management team's commitment to developing evidence-based techniques using standardized assessments and motivational techniques.

Staff Experience and Beliefs

The site visit yielded the following recommendations from the leadership onsite: 1) adopt evidence-based practices and train for them; 2) motivate workers and clients; and 3) improve employment opportunities and work ethic.

Staff hiring, Training, Retention

The RRC increased mandatory training of staff to 40 hours. Training subjects are related to what works in the field. Developing staff capabilities to handle an array of common situations has also helped increase positive results.

Part 5: Evaluation and Research

Quality Control: The PA does conduct a standardized audit of the RRC each year. The audit tool it uses was not available. There are also audits and reviews by outside funders and it was mentioned that there are individual internal reviewers and contract reviewers. The outcomes are monitored through a quality control plan, the BOP Quality Assurance Plan, and internal audits. There are program start-up audits for new programs that use a standardized checklist. Internal audits are conducted by the area director after 90 days for each new program. Internal audits are conducted on programs each year using a standardized instrument that was developed by the adult division. The audit tool assesses program compliance with contractual, state, local and other agencies. Client satisfaction surveys are conducted quarterly. The Director of Training does periodic quality assurance audits. Past outside evaluations that are referenced in publications were requested but not provided.

Community Context

Board members include business, legal, and health community agencies. There is also community outreach through meetings, advisory groups and governmental agency partnerships. In-house, community volunteers conduct AA meetings and serve as interns. Staff members participate in days of caring and special community events.

Technology

A new record system is being implemented and old records were either manually kept data or unavailable.

Systems Integration

Some staff commented that the new case management was not providing them with information that they needed. They are working closely with Federal Probation and state and local agencies on systems issues that have to be addressed to share information.

Part 6: Future Plans

New projects

RRC staff are trained in Motivational Interviewing, a method which has gained recognition for its ability to engage clients and improve their motivation to stay in treatment. Also cognitive and behavioral, gender specific and other evidence-based curricula are employed.

Site Visit Observations

Special programs for sexual offenders should be developed and they should be placed separately. Staff reported an improving relationship with Bureau of Prisons staff. In recent years Federal agencies have been supportive of best practices and evidence-based curricula although such curricula may not be required under the SOW. RRC staff believes that performance-based outcomes for SOW contractors would increase efficacy. There can be problems with the right to refuse client placements which are inappropriate (individuals who will not do well with this programming and or present a danger). Also from time to time, there is disparity in communications and policies between high level FBOP staff and staff in prisons and the field. When that happens, RRC staff request clarification on how to proceed. Developing more efficient protocols for handling these issues would save staff time and increase safety. Providing employment with limited funding at a time of high unemployment is an obstacle and there have been adjustments that have helped create some flexibility.

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

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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?

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