

Executive Overview

What Works in Residential Reentry Centers

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Executive Overview: What Works in Residential Reentry Centers

Residential Re-entry Centers (RRCs) are designed to facilitate the transition from prison to the community, and many often serve as halfway back facilities for offenders who have difficulties when placed on community supervision. During this transitional period, the RRCs assist offenders in securing housing and employment as well as continuing in appropriate treatment and other programs to address criminogenic needs. The potential value of these centers cannot be overstated given the length of incarceration and the difficulties of reestablishing housing, employment, and stable relationships. Overall, RRCs are relatively rare in the US with less than one percent of the releasee population having access to some type of re-entry facility (Taxman, Perdoni & Harrison, 2007). This study focuses on residential re-entry contracted by the Federal Bureau of Prisons. There are 250 RRC contractors who are responsible for nearly 24,000 Federal offenders each year.

The potential value of these centers cannot be overstated given the length of incarceration and the difficulties of reestablishing housing, employment, and stable relationships.

The “What Works in RRCs” study examines the impact of participation in a RRC on federal offender release outcomes. This includes both data for offenders who completed their sentences with and without supervised release (supervision after release from prison). Release outcomes measured include both rearrest for a new crime and for a technical violation. Data was obtained from the Bureau of Prisons and the Administrative Office of the Courts to create a statistical profile of the over 40,000 offenders released in 2004 and 2007. A select sample of nine RRCs volunteered to be in a study to examine the operations of the RRC. Although all nine sites kept some information about each resident and their operations, most RRCs do not have sufficient accessible electronic information on individual experiences while in the RRC to allow for statistical analysis.

A qualitative analysis was conducted of the nine RRCs, including site visits and organizational surveys of administrators (n=9) and staff (n=95, 61% response rate). The analysis was conducted to compare operations, management and outcomes governed by performance-based and compliance-based contracting methods. It provided an overview of RRC history, management, leadership, training and programs. A key focus of the qualitative analysis was to document the extent to which the RRCs have adopted strategies that measure their performance and outcomes. We also collected information about the major components of evidence-based practices (EBP), including using standardized risk and need instruments, targeting criminogenic needs through programming that is cognitive behavioral oriented in nature, and using rewards and sanctions.

The study documents examples depicting efforts between the Bureau of Prisons, Federal Probation and contractors to build a seamless process from prison to residential re-entry center to supervised release. BOP’s statement of work for the RRCs requires the United States Probation

Office (USPO) to be part of the program review team, including those that make case management decisions about offenders sent to the RRC. For offenders who participate in the in-prison drug-abuse treatment program (RDAP), BOP recognized the need for continued treatment in the community. Continued assistance in the community is also a priority for sex offenders, and those with mental illness or other special needs.¹ An important part of an effective RRC process is to have a seamless system of care to ensure continuity in the community. We make several recommendations at the end of the overview in order to document this relationship with community services more fully in the future.

Overall Outcomes from RRCs

Using data from the USPO, we examine the progress of offenders on supervised release for up to three years after release from a RRC or prison. The rearrest and technical violation rates for offenders who participated in RRCs (n~30,000) or not (n~10,000) were examined. The general findings are that 23.5 percent of the offenders had a technical violation that ended in a revocation on supervised release and 13 percent of the offenders had a new arrest during supervision period. The average length of time on probation supervision during the study was 36 months. The recidivism findings are similar to the overall study results on federal probation (Administrative Office of the Courts, 2010). Only limited uniform electronic data was available on individual experiences in the RRC but the logistic regression models found that the length of time that offenders spent in RRCs does not appear to affect recidivism outcomes. However, individual factors such as the risk level of the offender and type of offender do affect outcomes.

An important part of an effective RRC process is to have a seamless system of care to ensure continuity in the community.

Offenders who have technical violations are generally under 35 years old while on supervision, are of minority status, lack a high school degree or GED, and were unemployed during probation. Additionally, those with higher risk scores (using the Administrative Office of the Courts' risk instrument) have higher technical violation rates. Offenders with a property or drug offense are less likely to have a technical violation. Similar patterns emerge when examining new arrests. The only difference between new arrest and technical violations is that employment during probation appears to reduce the odds of rearrest.

The analysis found that, in regards to recidivism related outcomes:

- The majority of offenders participating in RRCs are low and moderate risk (~ 75 percent), and prior studies have found that low risk offenders do poorly in halfway houses.²

¹ To create a seamless system of care, the BOP “piggybacked” on USPOS’s contracts for aftercare services, but the BOP’s legal counsel determined that the BOP needed to handle their own rewards. RRCs can offer the services if they have licenses to operate as “treatment agencies” but few RRCs have such licenses.

² Lowenkamp, C.T., Pealer, J., Smith, P., & Latessa, E.J. (2006). Adhering to the risk and need principles: Does it matter for supervision-based programs? *Federal Probation* 70(3), p. 3-8.

- Offenders who did not have a GED or high school diploma tend to have more negative outcomes.
- Individuals who participate in an in-prison treatment program are just as likely to be arrested or receive a technical violation as those who do not.
- As RRCs currently function, number of days spent in the RRC does not impact outcomes, with the average time of 141 days in the RRCs.

A review of the nine volunteer study sites found that the programs offered in the centers may not ameliorate some of the individual risk factors that affect poor outcomes. Of the nine sites we observed, four used obtaining a GED as a way to measure program completion (Monograph 1, 3, & 5), and six of the nine RRCs focused on employment. It is unclear whether the offender maintains the same employment obtained during the time in the RRC as in post-release, community supervision.

Based on this study and other studies of effective practices for improving offender outcomes, the following changes will improve outcomes from the RRC:

- Give preference to offenders with medium to high risk characteristics who participate in the RRC.
- Tailor the length of time in the RRC contingent on the risk level (higher risk offenders currently tend to spend less time in the RRC and should be spending more).
- Begin probation requirements during the RRC period with probation officers meeting with the offenders at the RRC (at present some RRCs allow this, others do not).
- Provide cognitive behavioral programming in the RRC for sufficient duration (at least six months approximately 200-300 hours) to reduce the risk of incarceration.³
- Use electronic systems to generate real time RRC reports to the BOP on the individual outcomes of the offenders including employment duration, services received, rearrest, and technical violations.

Existing BOP Contracting

A key question of this study was whether performance contracting fosters better outcomes for offenders on supervised release. In fact, performance contracting methods used by four RRC sites appear to vary slightly when compared to methods used in the five compliance-based RRCs. Differences were found to be a function of the history, leadership, organizational culture, state, local, or individual agency orientation. These differences were also attributable to emphasis on mental health, and commitment to improving outcomes through evidence-based practices. Contractors using evidence-based methods were able to do so, under either contracting method.

Services and Programs

BOP requires RRCs to offer employment services to all residents, while substance abuse treatment is required for those offenders who have participated in RDAP (in-prison treatment). Overall, the nine sites offered few programs on-site that were not specifically required by the

³ Latessa, E.J., & Sperber, K. (2010). *Dosage: How much is enough?* [PowerPoint slides]. Retrieved from <http://www.iccaweb.org/EdLatessa.pdf.pdf>

BOP contracts (see Monograph 5 for more details). While this is not unexpected, a more important component is that most of the nine RRCs did not use active case management strategies to ensure that offenders achieved continuity of care through programs in the community. In reviewing the brokering practices, some of the RRCs do not use active referral strategies (i.e. setting up appointments, calling providers, etc.) but instead tend to provide offenders with a list of available programs and expect the offender to establish the connection. Most RRCs refer their clients to community providers, and their contracts do not include funding for specific programming during the RRC period. For instance, five RRCs offered programs on criminogenic needs such as criminal friends and sex offender counseling but these were generally outside of the RRC period.

The BOP is advised to emphasize the role of the RRC as being transitional to continuing treatment and services, from prison, through to supervised release. To expand on this work, the RRC staff should be encouraged to use active referral strategies which engage the offender in the treatment process and services. This may include using motivational communication strategies, performance feedback and other tools that focus on engaging the offender in appropriate services. Linkage programs should be required to use evidence-based treatments and be of sufficient duration for change to occur. The services offered should be blended with the federal probation services to ensure a continuum of care from prison to RRC to probation.

Client Assessment

A thorough assessment system is recommended to identify criminal risk level and advance attention to criminogenic needs. During the re-entry process, assessment is important to address criminogenic needs by determining what constitutes appropriate services.

Directors' surveys indicated that most RRCs conducted their own assessments upon intake but that reassessments during the course of treatment were rare. Six sites used the Level of Service Inventory-Revisited (LSI-R) but some did not use the information to guide programs or services. In addition, six sites used a standardized substance abuse assessment tool, four sites used tools pertaining to antisocial attitudes/cognitive distortions, one site used a mental health assessment tool, and one site assessed sex offenders (See Monograph 1, 3, & 5).

The BOP is advised to: 1) require the RRCs to use the same risk assessment instrument used by the Administrative Office of the Courts; 2) require RRC staff to be trained and certified to use substance abuse, mental health, and other assessment tools; and 3) have each RRC or the USPO reassess the offenders at the time of release for criminogenic needs (i.e. substance abuse, criminal thinking, etc.). By using the same tools as USPO it will be easier to ascertain progress in addressing criminogenic needs during the period of time in RRCs.

Site Visits: Management Information Systems

BOP does not require RRCs to have an electronic management information system or maintain electronic data on the characteristics of the offender, the services provided in the RRC and the outcomes from the RRCs. Of the nine study sites, six had some type of information system but had tremendous difficulty retrieving the data for this study. (Note: three RRCs use outside

vendors that charged for reports or data files.) Most of the electronic data collected related to demographic characteristics of the offender; very little focused on service utilization or outcomes. The study team rated the nature of the data maintained in the system and reported that only three RRCs had data elements that were adequate for the purposes of data analysis for this study.

A minimum set of data collected by all RRCs should be required by the BOP and would permit them to develop performance measures relying on common definitions and outcomes. It would also be useful to create a common reporting form. This means that the RRC should transfer data on the offender's progress to the BOP at discharge—this will accelerate the BOP's awareness of the effectiveness of the RRC and other basic outcomes. The recommended minimum data requirements should include: 1) criminal risk score and criminogenic needs including substance abuse, criminal thinking, and criminal value systems; 2) type of services provided and whether offenders completed the service; 3) length of time in programs; 4) employment and educational information; 5) attainment of permanent housing; and, 6) outcomes at discharge from the RRC such as rearrest, revocation, or completion from a program. The selected data elements should reflect the priorities and goals of the BOP. (See Monograph 2 for a further description of the requested requirements).

Organizational Mission and Goals & Performance

Each RRC has its own mission and set of goals. Each of the nine RRC's mission statements complement the goals set forth by the BOP. The review noted that the RRCs reflect the goals and objectives of their funders. In RRCs located in states that support community based facilities, the BOP-funded RRCs tend to have enhanced services and management initiatives to improve their quality.

The performance contracting model can be used as a vehicle for RRC improvement if there are adequate data collection and management information systems in place to document improvements.

Performance-based contracting is a tool to advance outcomes from contractual services. The notion is to establish benchmarks that reflect the desired outcomes. While the BOP has a performance-based contracting system, the emphasis is more on a management plan. Less attention is given to specific target goals/behaviors. BOP and RRCs should continue the work started under performance contracting to develop a common set of performance criteria for the RRCs. Given the mission of the RRCs, the following should be considered as possible benchmarks for the RRCs:

- 100% of the offenders should be screened using a risk/needs assessment tool during the first 14 days in the RRC.
- 75% of the offenders in each RRC should be moderate to high risk.
- RRCs should offer criminal thinking therapy to continue treatment from prison within 30 days of release for a dosage of 200-300 hours.
75% of offenders should participate in the treatment.
- 75% of the offenders should participate in programs that address criminogenic needs for at least three months for a dosage of 200-300 hours.
- 75% of the offenders should be employed within 60 days of entering the center

- Home confinement (less days in the RRC) should be tailored to low risk offenders.
- Attention to the mandated treatment and services conditions required of probation supervision should commence when the offender is in the RRC. RRCs should ensure that 80% of the offenders complete required treatment programs.

Under a performance contracting model, if the RRC does not achieve an objective then the RRC should be required to develop a management plan to address such unmet goals. In some situations, financial incentives are used to encourage positive RRC performance. The performance contracting model can be used as a vehicle for RRC improvement if there are adequate data collection and management information systems in place to document improvements.

Staff

Staff are the most important contributors to successful RRCs—they are the tools to helping offenders become responsible through variety of skills, dedication and creative efforts. Monograph 4 covers important staff issues such as the effects of training, retention, management and attitudes on organizational climate and performance in RRCs. Staff retention is a major concern of the RRCs. Six of the nine sites identified staff turnover as a major issue. It appears that staff turnover is a function of personnel policies including whether the RRC provides medical benefits, a retirement plan, or provides rewards. RRCs where the Directors employ teamwork tend to have less turnover than sites where tasks were not shared by teams.

Overall, the staff report that the RRCs tend to have very specific roles for staff. Teamwork is difficult where work tasks are compartmentalized. For example, staff perform few tasks associated with offender management. Approximately half are involved in individual case management plans and half made decisions in treatment implementation. It's important to note these two categories were not mutually exclusive.

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Given the importance of staff, the BOP should partner with the RRCs to identify support services that would be useful to facilitate staff retention. A few ideas are: 1) encourage the RRCs to use teamwork processes to improve service delivery in the RRC; 2) provide a variety of training programs to advance the skill sets of offenders such as motivational communication, using risk and needs assessment tools to guide programming decisions, dealing with resistant offenders, etc; and 3) provide regional team building seminars to facilitate BOP-RRC-USPO communications.

Overall Recommendations

Strengthening the linkages among the BOP, RRC and USPO should be a priority. Attention is needed to refine the criteria for selecting offenders to participate in the RRCs, the types of employment and other services offered in the RRCs, and the outcomes. The BOP would be advised to use a form of *quality improvement processes* to achieve outcomes for offenders. Quality improvement processes are routinely used in various forums to improve the process to deliver outcomes. The goal is to encourage teams to identify their own ways to address problems, and to test out new processes. This seems suitable to the issues identified in this overview document such as identifying benchmarks that the RRCs should achieve.

To do this, the BOP may desire to:

1. Host regional quality improvement processes where each RRC is teamed with the BOP administrator and USPO representative and in which staff from the RRC are asked to participate in the sessions.
2. Have each RRC identify the key changes for improving processes in using assessment tools, using active case management strategies, and monitoring offender progress in employment, services, and treatment programs.
3. Have the BOP-RRC-USPO identify objectives for improving working relationships and develop integrated processes.

See the Institute for Healthcare Improvement, www.ihl.org. For example, the Network for the Improvement of Addiction Treatment (NIATx) demonstrated how the process could be used to align and enhance processes to improve access and retention in drug treatment services, resulting in a 37% decline in the number of days to treatment entry across all levels of care and improved treatment retention (Ford, et al 2007; McCartney, et al 2007).

In addition, the BOP and USPO may desire to support the RRC through regional trainings, using some of the trainings developed by the USPO, and other existing infrastructure designed to integrate evidence-based practices and treatments into the RRC.

Specific Recommendations

Contracting

Performance based contracting is a tool to advance outcomes from contractual services by establishing benchmarks that reflect the desired outcomes.

1. BOP should define successful completion of the RRC in terms of contractual requirements.
2. BOP should endorse a common set of performance criteria for the RRCs.
3. Work tasks and communications with the BOP vary and should be streamlined.
4. BOP should place higher risk groups in the RRCs.

Services and Programs

5. Focus intensive services on high risk offenders, using cognitive behavioral therapy, ensuring that participants in drug treatment in prison have continued care after release, and using the time in the RRC as a period to ensure that offenders address their criminogenic needs.
6. Emphasis should be placed on both the attainment of a GED and employment to decrease the likelihood of rearrest or being technically revoked.
7. RRCs should utilize program models that focus on developing informal social controls to foster long term change (families, positive peers, support groups).

Client Assessment

8. Offender risk levels, risk assessment and reassessment should be integrated into all programs and IPPs, and used to direct treatment and use of services that are matched with individual offender's criminogenic needs.
9. Minimum standards should be developed on using assessment as a case management tool.
10. RRCs and Federal agencies should work to develop collaborative and coordinated arrangements for monitoring offender progress and accountability.
11. Using the RRCs for lower risk groups should be re-examined.

Management Information Systems (MIS)

RRCs should be able to provide documentation of how they are actively measuring their performance and using the feedback from program data to improve their results.

12. Electronic case management and client data systems should be used to guide program development, staff performance and give clients and the BOP real time feedback on progress.
13. An active MIS should be in place at all sites and include the following components:
 - a. criminal risk score and criminogenic needs
 - b. type of services provided and whether offenders that completed the service
 - c. employment and educational information
 - d. attainment of permanent housing
 - e. outcomes at discharge from the RRC
14. Emphasis should be placed on data collection to further research and assessment.

Staff

15. Develop strategies to prevent staff burnout, staff turnover and improve staff retention and communications within each agency.
16. BOP should provide standards to match organizational responsibilities with job tasks.
17. Certification and training are areas that would benefit from consistency and standardization requirements.

Future Recommendations

18. An in depth study is needed to look at the value of in-house assessment services and treatment as compared to contracted and referred services in order to maximize the impact on client behavior.

19. A deeper look is needed to see whether referrals are the most productive way to meet the needs of RRC clients.
20. Encourage all RRCs to work with researchers to measure outcomes and conduct evaluations.

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

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

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

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

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

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

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