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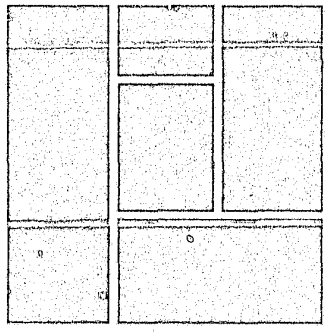

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Project Report

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Comparison of Privately and Publicly Operated Corrections Facilities in Kentucky and Massachusetts

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Overall Table of Contents

Part II: Kentucky Report

Table of Contents

Table of Contents (continued)

Table of Contents (continued)

Part III: Massachusetts Report
Table of Contents

Table of Contents

Table of Contents

ABSTRACT

This report presents the findings of comparisons of privately- and publicly-operated state correctional facilities of the states of Kentucky and Massachusetts. In Kentucky two adult minimum security facilities were compared. In Massachusetts two pairs of secure treatment programs for the most violent and troubled youth, each pair consisting of one privately-operated and one publicly-operated program were compared. Common features of the findings in both states are identified.

For each of the three pairs of facilities, the costs were quite similar. The unit costs of the private Kentucky adult facilities were approximately 10% higher than the publicly-operated facility; the program costs in Massachusetts were within 1% of each other. The Kentucky costs are considerably affected by the circumstances pertaining to building and land costs. For example, if the state had chosen to place the inmates in a public facility and the facility had to be constructed or redesigned, then the likely costs to the state would have been higher than those of the private facility.

Service quality and effectiveness were examined on a number of dimensions (including conditions of confinement; internal security and control; participation in, and quality of, programs aimed at social adjustment and rehabilitation; and management issues). A substantial proportion of the performance indicators favored the privately-operated programs in both states.

The report discusses a number of likely reasons for these findings.

ACKNOWLEDGMENTS

The Massachusetts section of this report was prepared by Paul J. Brounstein and David M. Altschuler (Dr. Altschuler is with Johns Hopkins University, Institute for Policy Studies.) The Kentucky report was prepared by Robert B. Levinson, Keon Chi (Dr. Chi is with the Council of State Governments), and Philip Rosenberg. The Executive Summary was prepared by Harry P. Hatry with substantial input from Paul Brounstein and Robert Levinson. Harry Hatry was the Principal Investigator and overall coordinator for this work.

The project team wishes to thank the following persons for their fine cooperation in the study:

From the Kentucky Corrections Cabinet: Doug Sapp, Commissioner; William D. Clarke, Manager of Planning and Evaluation; Ralph Evitts, Warden of Blackburn Correctional Center; Michael Montgomery, Director of Marion Adjustment Center; Cheryl Roberts, Director of the Division of Local Facilities; and Maribeth Schmitt, Program Manager Department of Community Services and Facilities.

From the Massachusetts Department of Youth Services: Edward J. Loughran, Commissioner; Elizabeth Pattullo, Deputy Commissioner; Lawrence T. Williams, Assistant Commissioner of Planning, Research and Systems; Hildegarde Paris, Director of Administrative Services; Eve Youngerman , Director of Contract Services; Bruce Nardello, Assistant Commissioner for Facility Operations, Alan Klein, Deputy Assistant Commissioner for Facility Operations; Margo Casey, former Assistant Commissioner for Facility Operations; Al Briggs, Facility Administrator, Judge John Connelly Youth Center; Chip Ashwell Facility Administrator, Western Youth Service Center; John Gardner, Facility Administrator, Central Youth Service Center and Cynthia Marasculo, Administrative Assistant.

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Executive Summary

Background

The cost and associated problems of incarcerating offenders is a major problem throughout the United States. The National Council of State Legislatures recently reported that appropriations for construction and maintenance of prisons grew faster than any other major program during the 1980's. The near doubling of the prison population during the decade and court orders against overcrowding has forced many states to boost spending for correctional facilities.

One of many options to alleviate this problem, one that has had major national attention, has been for states to contract to the private sector for the management and operation of correctional facilities. The use of private contractors for the management and operation of correctional facilities is highly controversial. Opponents have questioned the propriety, legality, and constitutionality of using private personnel, because of such issues as the use of force, decisions relating to the timing of release of offenders, and disciplinary actions. Proponents have argued that private contractors have less red tape and enable competition to be used, thereby encouraging lower cost and permitting much faster procurement of new facilities and equipment than possible if the state government had to go through its formal legislative process to construct and procure.

This report does not address the legal, propriety, and philosophical issues (at least not directly). Rather it addresses the questions of cost and service quality/effectiveness. Most of the published discussion on these issues, thus far, has been conceptual. Very few studies have obtained empirical data to examine the cost and quality of private sector operation of correctional facilities and compare them to the cost of public facilities. Thus far, little such data have been forthcoming to aid states and local governments in making their choices.

Purpose of Report

This report presents the findings of a study undertaken during 1987-1988 to compare state government correctional facilities in two states (Massachusetts and Kentucky) that are managed and operated by private contractors to similar facilities that are managed and operated by public employees. The study's primary objective was to assess and identify any differences in cost, service quality and effectiveness between the private and publicly operated institutions. A secondary objective was to identify reasons for any differences that were found.

One set of comparisons such as we have undertaken (even though it covers two separate states and a number of facilities) cannot provide definitive findings on comparative costs and service quality/effectiveness. In any case, such comparisons are never perfect. However, it seems highly desirable to begin to build a body of empirical information that, while far from perfect, nevertheless, provides relevant data on important measurable aspects. We hope that this work will stimulate others to undertake future cost-effectiveness comparisons and, later, meta-evaluations that examine a multitude of such studies to provide a more comprehensive picture.

Scope and Methodology

In Kentucky we examined the Marion Adjustment Center a privately-operated minimum-security facility. At the time of the study it was the sole adult secure facility in the nation under contract by a state government. With the assistance of state corrections officials we selected a comparable, publicly operated adult minimum security facility, the Blackburn Correctional Complex, operated by state employees. The Marion facility began operation under contract to the state in January 1986. Thus, it had been in operation for a little over two years as of the beginning of our data collection. We focused our data collection on operations in 1987 and the first part of 1988, excluding the private facility's first, start-up year.

In Massachusetts we worked with the Department of Youth Services to select two matched pairs of facilities, one of each pair being privately operated and the other publicly operated. All four facilities were juvenile secure treatment facilities containing the most difficult young offenders. We have some concern over the comparability of the inmate population in the matched paired facilities particularly in Kentucky. In Kentucky, the inmates assigned by the corrections agency to the private facility are those believed to be least likely to be a threat to the society if they escape. Our examination of the data on inmate characteristics for the private and public facilities, however, indicates that they are comparable inmate populations, though, of course, not as equivalent as if inmates had been randomly assigned to each facility. In Massachusetts, assignments are more or less random to the facilities in each pair.

We used similar data collection procedures in both states. These procedures included the following:

- Extraction of data from agency records of such data elements: number of escapes and attempted escapes, returns to prison after release, results of facility inspections, and cost data;
- Surveys of inmates and staff at each institution, using similar questionnaires at each institution in both states;
- Interviews with officials involved in the operation or oversight of each facility, including wardens, program staff, central staff officials, and corporate executives; and
- A physical inspection by project staff of each facility using a visual inspection rating form that we designed for the inspections.

Thus, we sought information on performance from several sources: agency records, perspectives of public and private officials and staff, the offenders' perspectives, and our own observations.

We collected data for the period beginning in January 1987 through Spring 1988, with some data elements covering periods into the Summer of 1988. The bulk of our data collection and survey work was undertaken from January 1988 through September 1988. A team of two persons performed the data collection for each state.

Our review of the literature, while finding numerous discussions about the appropriateness and pros and cons of contracting, uncovered few empirical examinations of the actual costs and the effectiveness of private facilities, particularly analyses that compared public to private facilities. (Selected references are included in the Appendix.)

Differences in Project Design Between the two States

There are some major differences between the comparisons in the two states that the reader needs to consider. They are as follows:

- In Kentucky we examined adult minimum security facilities. In Massachusetts we examined youth facilities, but those facilities housing the most difficult youth defenders;
- The prisons in Kentucky housed over 200 inmates for the privately operated facility and 350 for the publicly operated facility. (The facilities had an average population of 206 and 353 respectively.) In Massachusetts the facilities were all quite small, each with 15-16 daily population.
- The contractor in Kentucky was a for-profit contractor selected after competitive bidding. The two private contractors in Massachusetts were non-profit organizations; the legislation in Massachusetts did not permit the use of for-profit organizations for these youth facilities.
- The building and land used by the Kentucky private facility was provided and owned by the contractor. In Massachusetts the programs each operated in facilities provided by the state; contractors were not responsible for facility maintenance costs nor for facility construction, rehabilitation, or most utility costs.
- Massachusetts Department of Youth Services had approximately 20 years of experience in contracting for secure care for juveniles. For Kentucky this was its first experience in contracting secure adult institutions.

Principal Findings

Below are the highlights of the findings on cost, service quality, effectiveness, and program content.

Cost Analysis Findings

The costs of privately and publicly operated facilities were quite similar for all three pairs (one in Kentucky and two in Massachusetts). For each pair, the costs for each facility were within plus or minus 10% of the other member of the pair on a cost per inmate-day basis. Note that capital costs for the publicly-operated facilities had already been expended, and no capital costs have been included in the public facility unit-costs.

In Kentucky, the private facility unit-cost was 10% higher than the public facility. This difference is likely to have occurred in part because of: (a) the inclusion of capital cost in the private organization price, (b) economies of scale achievable by the public facility with its inmate population being about 50% larger than the private facility. (The fixed costs of the facility can be spread over a large number of inmates to yield a lower unit cost.) In Massachusetts, the publicly-operated facility cost was approximately 1% lower than that of the privately-operated facilities.

This similarity in cost in both states can be explained in part by three factors. First, a state is not likely to contract for a facility with a contractor whose price to the state significantly increases its existing unit-cost. Second, the contractors were all probably aware, before their final bids, of the existing unit costs for the public sector operations and recognized that their prices could approximate these public unit-costs. Finally, competition for these contracts, at least thus far, has not been sufficiently large to drive the cost significantly lower, if indeed lower costs are feasible. In Kentucky, the initial RFP elicited bids that were much higher than the unit cost budgeted by the state. The state then issued a revised RFP. Most bidders dropped out of the competition. The selected contractor substantially reduced its original bid. In the Massachusetts situation, the competition for contracts has been primarily limited to two or three principal contractors.

In Massachusetts, line employees of the public facilities, but not the private facilities, were unionized. In both states, salaries and fringe benefits were somewhat higher for public than for private employees. Higher public employee salaries in both states can be partly explained by longer years of public employee tenure; on average private sector employees were younger and had fewer years of experience.

For the Kentucky situation, we also estimated the additional capital construction cost had the state chosen to build its own facility and subsequently operate and manage it. This would have added considerably to the cost per inmate day. It would have made the publicly-operated facility cost about 20% to 28% higher than the privately-operated facility. This suggests that, in this instance, contracting has been less costly if the state's major alternative had been to contract a new facility for the 200 plus beds.

Service Quality and Effectiveness

Using survey information, physical observation, interviews, and agency record data, we examined a large number of service quality and effectiveness elements, such as: physical condition, escape rates, information on security and control, information relating to physical and mental health of the inmates, adequacy of the facility's programs (e.g. education, counseling, training, recreational), particularly as perceived by inmates and staff, and indicators of rehabilitation such as re-incarceration.

Exhibits ES-1 through ES-6 summarize the principal findings for each state. Exhibits ES-1 through ES-4 present data on the indicators that each of our two teams (one for Kentucky and one for Massachusetts) believe to be the most important indicators for the comparisons in that state (regardless of whether the particular indicators favored the public or private facilities). Exhibits ES-5 and ES-6 summarize the findings from all the performance indicators, without regard to their relative importance.

For a substantial majority of these performance indicators, the privately operated facilities had at least a small advantage. By and large, both staff and inmates gave better ratings to the services and programs at

the privately-operated facilities; escape rates were lower; there were fewer disturbances by inmates; and in general, staff and offenders felt more comfortable at the privately-operated facilities.

Why is this so? Our data indicate that the privately operated facilities had younger and less experienced personnel, and staff who were compensated less (partly because of their lesser experience), than their counterparts in publicly-operated facilities. Does additional experience and higher wages lead to higher quality performance? The data we examined do not indicate this to be the case. We conjecture that youthful enthusiasm may combat "job burnout" of longer tenured members.

While some differences in Kentucky could be due to differences in inmate characteristics between public and private facilities, the differences do not appear large enough to explain much of the difference in results. And this is not an appropriate explanation for the differences found in Massachusetts. By and large, staff in the privately-operated appeared to be more enthusiastic about their work, more involved in their work, and more interested in working with the inmates--than their public counterparts. Management-wise, the privately-operated facilities appeared to be more flexible and less regimented, with staff subject to less stringent controls. These elements seem to have made life in the privately-operated correctional facilities somewhat more pleasant for both inmates and staff. Note, however, that the privately-operated institutions in all cases were required to follow the same basic rules as the publicly-operated facilities.

We suspect that at least some of the advantage of the privately-operated facilities could be regained by the public sector in these corrections environments if management and organizational hindrances, such as rigid procedures, could be alleviated.

Conclusion

Based on this evidence, we conclude that use of privately--operated correctional facilities for minimum security adult males and for difficult youth offenders is an appropriate option for state governments. It seems to be an important option, particularly if additional capacity is needed by the state. While these

findings do not indicate that private operation should be substituted for existing public facilities, they do indicate that the use of the private sector, in appropriate situations, can be good for both inmates and the public.

TABLE ES-1

Massachusetts Performance Indicators[1]

Indicator	Public	Private	Statistical Probability
I. Conditions of Confinement			
A. Crowdedness: Percent of Capacity/ month mean capacity	99.9	99.3	NS
B. Mean Ratings of Room Conditions (index of 4 measures, 4=poor, 16= excellent)			
1. Staff ratings	11.8	13.0	<.05
2. Residents' ratings	10.7	11.8	<.10[2]
C. Mean Ratings of Facility Conditions (index of 4 measures: 4=poor, 16=excellent)			
1. Staff ratings	11.7	13.1	<.05
2. Residents' ratings	9.1	9.4	NS
D. Physical Inspection of Conditions of Confinement by Research Team (Index of average ratings given on four subscales of visual inspection checklist, 1=poor, 7=excellent) Mean ratings	5.0	5.0	NS
E. Number of Areas of Noncompliance in Most Recent OFC Licensing Review			
Number	49	21	NA

1 These are based on comparisons of two pairs of DYS secure treatment programs. One member of each pair is operated by the state, the other by private nonprofit organizations. Underlined numbers indicate advantage on the performance indicator ($p<.10$). "NS" is used to indicate no statistical advantage and "NA" to indicate that statistical analysis of the data element was not appropriate.

2 The difference observed obtains primarily from ratings in one of the two public private pairs.

TABLE ES-1 (continued)

Indicator	Public	Private	Statistical Probability
F. Health Care			
1. Average number of Doctor Visits/month	38.9	71.7	<.05[2]
2. Average number of Doctors Visits because of injury or restraint/month	3.0	1.0	<.05
3. Resident health has changed since entry to the program (1=better, 3=worse)	1.9	1.8	NS
4. Average resident satisfaction with health care services (1=very satisfied, 5=very dissatisfied)	2.8	2.0	p<.05[2]
5. Emotional Distress (9 item index: 9=more somantization, 36=No somatization)	25.6	25.3	NS
6. Average number of sick days for staff/month	.5	.5	NS
G. Perceptions of Safety			
1. Ratings of program being safe for residents (1=strongly disagree, 4=strongly agree)			
a. Staff ratings	3.1	3.6	<.05
b. Residents ratings	2.9	2.7	NS
2. Ratings of program being safe for staff (1=strongly disagree, 4=strongly agree)			
a. Staff ratings	3.0	3.4	<.05
b. Resident ratings	2.9	2.8	NS
II. Internal Security and Control			
1. Number of escapes/attempts/awols in 15 months	13	2	<.05

TABLE ES-1 (continued)

	Indicator	Public	Private	Statistical Probability
2.	Staff ratings of their ability to maintain control and safety (1=greater control, 4=no control)	1.4	1.1	<.05[2]
3.	Room confinements			
	a. Percent of youth confined	73.1	35.6	<.05
	b. Average length of confinement (in minutes)	383	154	<.05[2]
4.	Use of mechanical restraints			
	a. Percent of youth restrained	8.7	17.8	<.10[2]
5.	Investigative reports filed over 15 months	12	2	NA
6.	Residents' views on freedom of movement about the program (3 item index: 3= no freedom, 12=complete freedom)	4.5	6.2	<.05
7.	Victimization and violence			
	a. Average number of physical fights between staff and residents in last six months			
	1. Staff estimates	3.0	.4	<.05
	2. Residents' estimates	4.3	1.3	<.10
	b. Staff use force to restrain youth (1=never, 4=very often)			
	1. Staff ratings	2.4	2.0	<.05
	2. Residents' ratings	2.4	1.8	<.05

TABLE ES-1 (continued)

Indicator	Public	Private	Statistical Probability
III. Social Adjustment and Rehabilitation			
A. Adequacy of personal counseling			
1. Percent of residents saying:			
a. They see a clinician as often as they want	50.0	48.3	NS
b. More counseling help is needed at the program	67.9	25.0	<.05
c. Resident ratings of personal counseling quality (1=very satisfied, 5=very dissatisfied)	2.7	2.2	NS
2. Staff provide necessary personal counseling (1=very much, 4=not at all)			
a. Staff ratings	1.8	1.2	<.05*
B. Vocational & Job Counseling			
1. Percent of residents receiving vocational education	54	43	NS
2. Percent of residents receiving work training	40	28	NS
3. Resident ratings of job/vocational education counseling (1=very satisfied, 5=very dissatisfied)	2.3	2.7	NS
4. Staff reporting they help residents find work and get reacclaimated after their release (2-item index: 2=very much, 8 not at all)	5.5	4.1	<.05
5. Percent of residents reporting they received help in making job contacts in the community	64.3	55.2	NS
6. Percent of residents reporting they had a job lined up after their release	25.9	34.5	NS

TABLE ES-1 (continued)

Indicator	Public	Private	Statistical Probability
C. Education			
1. Percent in basic education track	65.2	65.5	NS
2. Percent in GED preparation	34.8	41.4	NS
3. Resident ratings of educational services quality (1=very satisfied, 5=very dissatisfied)	2.6	2.2	NS
4. Percent of residents saying they will continue their education after their release	21.4	48.1	<.05[2]
5. Staff ratings that program provides quality educational services (1=very much, 4=not at all)	1.7	1.1	<.05
6. Staff reporting that they help residents get high school diplomas or GEDs (1=very much, 4=not at all)	1.8	1.0	<.05
D. Residents' ratings of the variety of recreational activities (1=strongly disagree that there is a good variety, 4=strongly agree)	2.4	2.6	NS
E. Percent of residents in drug program	33	50	NS
1. Residents' rating of drug program (1=very satisfied, 5=very dissatisfied)	2.2	2.8	NS
F. Percent of residents in alcohol program	36	53	p<.10
2. Residents' ratings of alcohol program (1=very satisfied, 5 very dissatisfied)	2.3	2.7	NS

TABLE ES-1 (continued)

Indicator	Public	Private	Statistical Probability
G. Staff Quality			
1. Perceived staff competence (Index of three measures: 3=lower rated competence, 12= extremely positive rated competence)			
a. Residents' ratings	6.9	7.6	NS
b. Staff ratings	8.8	10.3	<.05
H. Good time earned while in detention Average number of days	3.5	4.0	NS
I. Percent of youth extended beyond maximum commitment	7.7	17.8	<.05[2]
J. Percent of youth released early	7.7	1.4	<.05
K. Recidivism of residents 1/1/87-3/31/88			
1. Percent of youth recommited to secure care over 15 months	12.7	7.1	NS
2. Percent of youth revocated but not recommited over 15 months	15.4	13.7	NS
L. Percent of residents saying they will probably get into trouble with the law after their release	35.7	10.3	<.05
IV. Management Issues (Staff Ratings)			
A. Program management is adaptive and flexible (Index of 2 items, 2=inflexible, 8=very flexible)	5.7	6.8	<.05
B. Job Satisfaction Index/Actualization (4 measures, 4=None, 16=Extreme satisfaction)	10.6	11.7	<.05[2]
C. Resident ratings-staff do their job well (Index of 3 items: 3=poor performance 12=excellent performance)	6.9	7.7	NS

TABLE ES-1 (continued)

Indicator		Public	Private	Statistical Probability
D.	Morale/Plans to leave job/corrections (3 measures, 3=poor morale, 12=great morale)	8.6	8.4	NS
E.	Turnover (resignations and terminations) annual rate of turnover (total resignations and terminations)/number of permanent lines	33.8	44.3	NA
F.	Average overtime/month (hours/ staff person)	13.7	8.2	<.05
G.	Average number of shifts/month covered by on-call staff	4.8	.8	<.05
H.	Percent of Staff who have filed grievances against management	20.5	0.0	<.05
I.	Percent of those not filing because they felt it was useless or were afraid or reprisals	20.0	12.5	NS
J.	Percent of Residents who have filed grievances against staff	25.0	20.7	NS
V.	Cost (in dollars)			
A.	Average cost/bed day	197	199	NA
B.	Average cost/bed year	71,956	72,493	NA
C.	Average cost/15 bed program/year	1,079,347	1,087,390	NA

TABLE ES-2

Key Performance Indicator Summary
Massachusetts

Performance Area	Total # Indicators	Number of Significant Differences Favoring: Public	Private	Non Significant Differences
I. Conditions of Confinement				
A. Resident Surveys	7	1	0	6
B. Staff Surveys	5	0	4	1
C. Record Data	4	0	2	2
Total	16	1	6	9
II. Internal Security and Control				
A. Resident Surveys	3	0	3	0
B. Staff Surveys	2	0	2	0
C. Record Data	4	1	3	0
Total	9	1	8	0
III. Social Adjustment and Rehabilitation				
A. Resident Surveys	19	0	3	16
B. Staff Surveys	6	0	5	1
C. Record Data	5	1	0	4
Total	30	1	8	21
IV. Management and Staffing				
A. Resident Surveys	2	0	2	0
B. Staff Surveys	5	0	2	3
C. Record Data	3	0	2	1
Total	10	0	6	4
Totals	65	3	28	34
Percent	100.0	4.6	43.1	52.3
		Percent of Indicators		
Residents	31	3.2	25.8	71.0
Staff	18	0.0	72.2	27.8
Records	16	12.5	43.8	43.8

TABLE ES-3

Kentucky Performance Indicators

	Public	Private	STATISTICAL SIGNIFICANCE
A. Conditions of Confinement:			
STAFF REPLIES --			
1. Safe for staff	73%	80%	NS*
2. Night staffing safe for staff	37%	79%	p<.01
3. Facility is crowded	55%	4%	p<.01
4. Inmate rooms are quiet	55%	82%	p<.10
INMATE REPLIES --			
5. Night staffing safe for inmates	51%	67%	p<.01
6. Food tastes good	33%	10%	p<.01
7. Toilets/showers work	74%	70%	NS
8. Good place to spend time	52%	63%	p<.05
9. Health worse now	21%	34%	NS
10. Dissatisfied with medical services	63%	45%	NS
11. Emotional distress index (9 items) (Never=3; Almost Always=0)	2.03	1.92	NS
CENTRAL OFFICE DATA --			
12. Sick-call ratio	1:1.5	1:1.3	N/A*
13. Inmates hospitalized/quarter	1:50.4	1:38.2	N/A*

Sub-tally --	Public	Private	?*
STAFF	0	3	1
INMATE	1	2	4
CENTRAL OFFICE	0	0	2

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

TABLE ES-3 (continued)

	Public	Private	STATISTICAL SIGNIFICANCE
B. Internal Security & Control:			
STAFF REPLIES --			
1. Avg. no. inmate/staff fights (6 mo. estimate)	1.4	0.8	p<.01
2. Avg. no. inmate/inmate fights (6 mo. estimate)	5.1	2.5	p<.01
3. Staff use of force (avg.) (6 mo. estimate)	2.1	1.3	p<.01
INMATE REPLIES --			
4. Avg. no. inmate/staff fights (6 mo. estimate)	1.7	0.2	p<.05
5. Avg. no. inmate/inmate fights (6 mo. estimate)	3.1	6.6	NS
6. Use of Force by staff (avg.) (6 mo. estimate)	1.7	1.3	p<.10
7. Inmates can choose daytime activities	30%	73%	p<.01
CENTRAL OFFICE DATA --			
8. Inmates with one or more disciplinary reports	26%	41%	p<.08
9. Escape & attempted escapes	1:19.6	1:51.6	N/A

Sub-tally --	Public	Private	?*
STAFF	0	3	0
INMATE	0	3	1
CENTRAL OFFICE	1	0	1

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

TABLE ES-3 (continued)

	Public	Private	STATISTICAL SIGNIFICANCE
C. Social Adjustment & Rehabilitation:			
INMATE REPLIES --			
1. Personal counseling (% dissatisfied)	26%	28%	NS
2. Drug abuse counseling (% dissatisfied)	28%	12%	NS
3. Alcohol abuse counseling (% dissat.)	32%	14%	NS
4. Good recreation variety	36%	58%	p<.01
5. Received vocational/job counseling	68%	26%	p<.01
6. Work training program (% satisfied)	89%	76%	NS
7. Staff helped inmate line-up release job	74%	56%	p<.10
8. Inmates report program helps you stay out of trouble	70%	76%	NS
CENTRAL OFFICE DATA --			
10. GEDs earned ratio	1:9.0	1:5.3	N/A
11. Completed vocational programs ratio	1:22.9	1:25.2	N/A

Sub-tally --	Public	Private	?*
STAFF	0	0	0
INMATE	2	1	5
CENTRAL OFFICE	0	0	2

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

TABLE ES-3 (continued)

	Public	Private	STATISTICAL SIGNIFICANCE
D. Management Issues:			
STAFF REPLIES --			
1. Did NOT file grievance because useless/afraid	13%	11.5%	NS
2. Of 14 items, no. favoring facility's work environment	2	10	p<.06
3. Worthwhile accomplishments at facility	54%	80%	p<.05
4. Of 12 items favoring facility's accomplishments	4	8	NS
INMATE REPLIES --			
5. Grievances ratio	1:7.2	1:11.3	N/A
6. Staff give conflicting information	28%	50%	p<.05
7. Staff do job well	58%	57%	NS

Sub-tally --	Public	Private	?*
STAFF	0	2	2
INMATE	1	0	2
CENTRAL OFFICE	0	0	0

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

E. Cost:		
1. Unit cost/inmate/day	$26.97	$29.68
2. Unit cost/inmate/day (if state would have had to construct a new facility)	$37.97	$29.68

TABLE ES-4

Kentucky Key Performance Indicators -- General Tally Favoring

	State-Operated		Privately-Operated		?	
	Number	%	Number	%	Number	%
STAFF REPLIES	0	0%	8	20%	3	7%
INMATE REPLIES	4	10%	6	15%	12	29%
CENTRAL OFFICE DATA	1	2%	0	0%	7	17%
TOTAL	5	12%	14	34%	22	54%

TABLE ES-5

Overall Performance Indicator Summary
Massachusetts

Performance Area	Total # Indicators	Number of Significant Differences Favoring: Public	Private	Non Significant Differences
I. Conditions of Confinement				
A. Resident Surveys	22	2	5	15
B. Staff Surveys	12	0	7	5
C. Record Data	6	0	2	4
Total	40	2	14	24
II. Internal Security and Control				
A. Residents Survey	4	0	4	0
B. Staff Surveys	10	0	8	2
C. Record Data	5	1	3	1
Total	19	1	15	3
III. Social Adjustment and Rehabilitation				
A. Resident Surveys	27	0	4	23
B. Staff Surveys	12	0	6	6
C. Record Data	5	1	0	4
Total	44	1	10	33
IV. Management and Staffing				
A. Resident Surveys	5	0	2	3
B. Staff Surveys	16	1	6	9
C. Record Data	7	1	3	3
Total	23	2	11	15
Total	131	4.6	38.2	57.3
		Percent of Indicators		
Residents	58	3.4	25.9	70.7
Staff	50	2.0	54.0	44.0
Records	23	13.0	34.8	52.2

TABLE ES-6

All Performance Indicators -- Total Favoring

Kentucky

	# Indicators	State		Private		?	
		#	%	#	%	#	%
A. Conditions of Confinement							
STAFF REPLIES	20	2	4%	8	15%	10	19%
INMATE REPLIES	30	3	6%	4	8%	23	44%
CENTRAL OFFICE DATA	2	0	0%	0	0%	2	4%
SUB-TOTAL	52	5	10%	12	23%	35	67%
B. Internal Security and Control							
STAFF REPLIES	12	1	3%	4	13%	7	23%
INMATE REPLIES	14	4	13%	6	19%	4	13%
CENTRAL OFFICE DATA	5	0	0%	2	6%	3	10%
SUB-TOTAL	31	5	16%	12	39%	14	45%
C. Social Adjustment and Rehabiliation							
STAFF REPLIES	2	0	0%	1	2%	1	2%
INMATE REPLIES	38	4	9%	5	11%	29	64%
CENTRAL OFFICE DATA	5	0	0%	0	0%	5	11%
SUB-TOTAL	45	4	9%	6	13%	35	78%
D. Management Issues							
STAFF REPLIES	47	0	0%	11	17%	36	57%
INMATE REPLIES	14	2	3%	1	2%	11	17%
CENTRAL OFFICE DATA	2	0	0%	0	0%	2	3%
SUB-TOTAL	63	2	3%	12	19%	49	78%
Overall Totals							
STAFF REPLIES	81	3	2%	24	13%	54	28%
INMATE REPLIES	96	13	7%	16	8%	67	35%
CENTRAL OFFICE DATA	14	0	0%	2	1%	12	6%
TOTALS	191	16	8%	42	22%	133	70%

Part II

Comparison of State-managed and Privately-administered Adult Minimum Security Prisons in Kentucky

SECTION 1

INTRODUCTION

When this study commenced, the Marion Adjustment Center (MAC), was the only secure adult prison being operated by a private contractor for a state department of corrections; the state was Kentucky and the private contractor was the U.S. Corrections Corporation. The Marion Adjustment Center's first contract year was January, 1986. At the time of this study it was a 200-bed, adult, minimum security prison, located in rural Marion County in what was formerly a seminary.

Inmates are sent to Marion from other minimum security institutions within the Kentucky Corrections Cabinet. These individuals are carefully screened. Prisoners sent to Marion must have less than three years remaining on their sentence, and cannot be in one of the "Seven Deadly Sins" categories: convicted of rape, attempted rape, escape within past five years, attempted escape, armed robbery, armed assault, or have a life sentence.

The State contracted with the U.S. Corrections Corporation based on a recommendation concerning privatization made by the Governor's Task Force on Prison Options. Since the success of this private prison venture was important, special effort has been expended to identify and send to Marion the best inmates in the Kentucky system. However, (see section dealing with prisoner demographics -- Sub-section 4.2), in many instances a higher proportion of the prisoner population at the comparison public facility had more characteristics associated with being "treatable."

The legal basis for the State's contract with the Marion Adjustment Center (MAC) is not straight forward. Kentucky's Corrections Cabinet Department of Community Services and Facilities Management has the authority to establish community residential correctional centers as places of confinement for convicted felons and to transfer inmates to these centers from any correctional facility. Consequently, the contract is not monitored by the Adult Correctional Facilities division.[1] On a continuum, Marion is between a privately run half-way house and a State minimum security prison.

The above special considerations made "matching" the private facility (MAC) with a regular institution in Kentucky's corrections department more problematic. Interviews with headquarters' staff and on-site visits resulted in using the Blackburn Correctional Complex (BCC) for comparison.

This analysis involves identifying the relative advantages (and disadvantages) of contracting with a private for-profit corporation for direct correctional services for minimum security state prisoners. Two major components will be examined: program quality and effectiveness, and cost data.

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[1] Enabling legislation permitting the establishment of a minimum security prison went into effect July, 1988.

SECTION 2

PROGRAM DESCRIPTION

2.1 PROJECT INSTITUTIONS

Assessing the relative advantages and disadvantages of a state contracting with a private company for correctional services involved specifying a comparison public institution. The Blackburn Correctional Complex (BCC) was selected after a site visit, an examination of inmate characteristics data, and recommendations by Kentucky's Central Office staff.

Blackburn is one of several minimum security facility for adult male felons operated by the Adult Division of the Kentucky Corrections Cabinet. Like Marion it has no perimeter fence to contain its population of 100% minimum custody inmates. It is located on the grounds of what was formerly a training school for juvenile delinquents.

Table I (in Appendix B) displays a profile of the prisoner populations of the two project institutions, based on Central Office data.

As shown in Table II of Appendix B, Blackburn has a larger population than Marion[2]. During this project's 15-month "data window" -- 1/1/87 thru 3/31/88 -- for program information, BCC's average population was 352.8 while Marion's was 206.4. The proportion of white and black prisoners at the two institutions differed by only three percentage points. Marion had fewer violent offenders, more inmates who were convicted of property offenses, and a somewhat younger population. Additionally, the median sentence for Marion's inmates (seven years) was three years less than Blackburn's prisoners. In these latter respects Blackburn more closely resembled other Corrections Cabinet minimum security facilities than did Marion.

Two members of the project staff independently rated each of the two Kentucky institutions on a specially constructed Visual Inspection Checklist (see Appendix E). On all items, both rates scored the two institutions in the "good" or "excellent" category. There were no substantial differences between the raters' evaluations or among the four rated characteristics of the two institutions -- physical plant, institutional "climate," staff/inmate interaction, and "quality of life.".

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[2] In October, 1988, after the project's period for data collection had ended, the Kentucky Corrections Cabinet expanded its contract with the U.S. Corrections Corporation to an additional 250 beds at Marion.

SECTION 3

METHODOLOGY

Five sources of information were used to gather material concerning the Blackburn Correctional Complex and the Marion Adjustment Center. These included: surveys completed by (1) corrections staff and (2) offenders; (3) in-depth interviews with the wardens at both Blackburn and Marion; data collected from (4) inmate files and (5) central office statistics.

Central Office statistical data were collected to cover the 15-month period 1/1/87 through 3/31/88. The institution staff and inmate data were collected at Blackburn in June 1988 and at Marion in July, 1988; similar data collection procedures were followed at both facilities.

3.1 DATA COLLECTION

3.1.1 Blackburn Correctional Complex (BCC)

Initially, information concerning the state-managed Blackburn facility was gathered during a structured interview with BCC's warden, who was most cooperative in assisting the project team tasks.

Responses from Blackburn **prisoners** were elicited using a closed-end questionnaire -- Appendix D. The surveys were completed anonymously. To lessen concerns regarding the possibility of answers being seen by BCC's staff, the surveys were administered to small groups of inmates who were monitored by the investigators, not by Blackburn's corrections officers.

Using an interval random sampling technique, 59 inmates were chosen from a roster of the 398 offenders then being housed at Blackburn -- every inmate who had an identification number ending in "0" or "2;" these numbers having been drawn out of a hat by the warden. Seven small groups (consisting of between seven and nine of the randomly selected individuals) completed questionnaires in a quiet, out-of-the-way room during a two-day data collection period. Overall, 54 of the 59 randomly picked offenders finished the survey -- one had been transferred, two did not show up, and two others refused to fill-out the form claiming illiteracy.

Prior to distributing the questionnaires, every group was told the purpose of the study and that the final report would preserve each person's anonymity. Every respondent was given his own survey form and a pencil. Most inmates were able to complete the questionnaire without any difficulty -- averaging about 30 minutes. Approximately 20% of the respondents had questions about specific items; clarifications were provided by the principal investigators.

During the two-day data gathering period, more than a dozen inmates, after competing their survey, volunteered additional information -- comparing BCC's services with similar benefits received at other Corrections Cabinet facilities.

The **staff** survey -- Appendix C -- collected data from Blackburn personnel on an individual basis. The captain's office distributed 30 questionnaires to on-board staff; completed forms were returned in a sealed envelop provided by the researchers. A total of 29 completed surveys were received.

3.1.2 Marion Adjustment Center (MAC)

Marion's director/warden was interviewed on two occasions -- initially, before data collection began and then in an end of the second day close-out session. He, too, was most cooperative in providing information and in assisting the researchers complete their tasks.

The same approach that had been followed at Blackburn was used to randomly select the inmate sample at Marion. Because of MAC's smaller size, over-sampling was employed. The warden picked three numbers out of a hat (2,6,7). All Marion **inmates** in the project sample had an identification number ending in one of those digits.

From a roster of 254[3] names, the random selection procedure identified 79 potential candidates for the Marion survey sample; 12 of these had been transferred or paroled. Of the remaining 67 on-board offenders, a total of 63[4] questionnaires were completed. "No shows" accounted for the missing subjects. The sample inmates were seen (during a two-day period) in five groups of approximately 12 each.

The **staff** survey was distributed to on-duty personnel and correctional officers on all three shifts. They were instructed to return the completed forms in sealed envelopes; 25 forms were received.

3.1.3 Summary

In regard to the data collection, the researchers received excellent cooperation from the Corrections Cabinet headquarters staff, the wardens at both the public- and privately-managed institutions, and both correctional workers and inmates; the inmate response rate was over 90 percent -- 93% at BCC and 96% at MAC.

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[3] A listing of the on-board inmates at MAC on that day.

[4] A 64th survey was not used. In the month between the two data collection periods, a BCC inmate who had filled out the form, was transferred to MAC and again randomly selected.

3.2 DATA ANALYSIS

The major thrust of this aspect of the total project was to identify from a variety of viewpoints, differences in the operation of similar minimum security correctional institutions -- one state-administered and the other privately owned and managed. Cross-comparisons were made between the publicly-managed prison (Blackburn) and Marion, the privately-administered facility. That is, the replies of the Blackburn staff were compared with the responses made by the Marion staff AND Blackburn's prisoners' answers are compared with those provided by Marion's inmates. Significant differences in the results from these type comparisons reflect advantages or disadvantages of public/private prison operations.

SECTION 4

STUDY SAMPLE CHARACTERISTICS

4.1 STAFF DEMOGRAPHICS

Table 1 displays the results of comparisons between Blackburn and Marion staff respondents.

BCC's staff was significantly older, had more education, more time working with their agency, and wider corrections experience than MAC's personnel. The private facility's personnel consisted of a higher proportion of non-white and male staff than Blackburn, but those differences were not statistically significant. The characteristics which significantly differentiate between personnel at the state-administered facility and staff at Marion should aid Blackburn's functioning.

TABLE 1 -- Staff Demographics

	Blackburn	Marion	SIG.
(n)	(29)*	(25)*	
Age (yrs.)			
Average	40.4	32.6	p<.01
High	57	63	
Low	23	22	
Race (n)	(29)	(24)	.50 N.S.*
Black	17%	17%	
White	83%	75%	
Other	0%	8%	
Gender (n)	(28)	(24)	.75 N.S.
Female	21%	16%	
Male	79%	84%	
Education (n)	(29)	(24)	p<.05
H.S.Graduate	28%	71%	
Some College	34%	21%	
AA degree	7%	8%	
Bachelor's degree	31%	0%	
(n)	(29)	(24)	
Time with Agency(mos.)			
Average	84.2	19.8	p<.01
High	372	32	
Low	5	3	
(n)	(29)	(25)	
Other corr. facilities			
No	69	92	p<.05
Yes	21	8	

* Sample sizes vary due to missing data; N.S.= not significant

In summary, the state-administered facility's better educated, more veteran staff would be expected to function with fewer institutional and management problems than the less experienced Marion personnel.

Table 2 shows respondents' job titles at the two facilities.

TABLE 2 -- Job Titles of Staff Samples

	Blackburn		Marion	
	#	(%)	#	(%)
CORRECTIONS:				
Officer	16	(55)	11	(46)
Sergeant	4	(14)	2	(8)
Lieutenant	2	(7)	0	
Captain	1	(3)	1	(4)
PROGRAMS:				
Class./Treat.Staff	3	(10)	0	
Maintenance	0		3	(13)
Program Supervisor	2	(7)	2	(8)
Recreation	1	(3)	0	
Teacher	0		1	(4)
ADMINISTRATIVE:				
Deputy Director	0		1	(4)
Clerical	0		3	(13)

Members of the correctional force constitute 79% of the Blackburn sample and 58% of the Marion sample; this difference was statistically significant ($p<.05$). Consequently, replies from the state-managed institution more heavily reflect the opinions of corrections staff than is true for Marion.

4.2 INMATE DEMOGRAPHICS AND CRIMINAL HISTORY

As displayed below in Tables 3a and 3b, Blackburn's sample population is older and has fewer black inmates; Marion had better educated prisoners. Additionally, in contrast with MAC's population, Blackburn's prisoners spent more time at their facility, but also had a longer average time to serve before their scheduled release date.

The factors of Blackburn's older population with its longer time in confinement at the BCC facility suggest prisoners less inclined to cause problems. Marion's better educated inmates with less time remaining to ser· also suggest a tractable population.

TABLE 3a -- Inmate Demographics (percent)

	Blackburn	Marion	SIG.
(n)	(54)	(63)	-
AGE (yrs.)			
Average	31.5	28.8	p<.01
High	67	48	
Low	19	19	
RACE			p<.05
Black	28%	43%	
White	65%	56%	
Other	7%	0%	
EDUCATION			p<.02
Less than 8th	9	4	
9th	10	8	
10th	18	12	
11th	1	8	
H.S.Grad.	8	22	
Some College	7	6	
AA degree	0	0	
Bachelor's	1	2	
TIME AT FACILITY (mos.)			p<.05
Average	10.6	7.7	
High	37	28	
Low	1	1	
TIME TO RELEASE (mos.)			p<.01
Average	9.8	4.6	
High	27	7	
Low	1	1	

Table I (Appendix A) displays comparative criminal history figures for the two project facilities and places them in the context of the total Kentucky Corrections Cabinet; however, the time frame differs from that of the samples. Chi square statistics were run for the following three comparisons: Blackburn compared with Marion, Blackburn compared with all other Kentucky MINimum security facilities, and Marion compared with all other MINimum institutions:

- BCC vs MAC p<.01
- BCC vs MIN N.S.
- MAC vs MIN p<.01

These findings indicate that Blackburn had significantly more violent prisoners and significantly fewer property offenders when compared with Marion; see Table 3b, below. The distribution of BCC's offense categories did not differ from that of other MINimum securities institutions in Kentucky; which was not the case for Marion. MAC's population was significantly different from the rest of Kentucky's MIN facilities along the same dimensions (factors) that it differed from Blackburn.

Table 3b

Criminal Offense Comparison

January, 22, 1988 -- percent (n)

	BCC (357)	MAC (219)
Offense[a]		
Violent[b]	46	32
Property	41	53
Drug	12	15
Other	1	--

[a] Based on first offense listed in record (not necessarily most serious)

b Includes sex offenses

In summary, except for Blackburn's time-to-release being twice that of Marion, and it having a higher proportion of inmates with violent offenses, other inmate demographics at the state-managed facility suggest it is a less difficult-to-manage population than is the case for the privately-administered institution.

SECTION 5

CONDITIONS OF CONFINEMENT

5.1 SAFETY

One aspect of a well managed institution is the degree to which adequate staffing is available so that both personnel and prisoners feel safe. Table 4 displays survey information regarding staffs' and inmates' views concerning their respective safety at Blackburn and Marion.

5.1.1 Staffing Adequacy

The survey data show that personnel at the two facilities feel differently about the **adequacy of staffing** to provide a safe environment. MAC's ratings indicated that their personnel believe that both staff and inmates were significantly safer at their institution than Blackburn's employees reported. (BCC staff's fears were not supported by Kentucky's Central Office statistics --see Tables III and IV, in Appendix B.)

Staff who indicated they felt unsafe, were asked to state whether their situation ever caused them to consider either resigning or transferring. No staff member at either facility felt their circumstance to be so dangerous that they wanted to leave.

When asked to assess the adequacy of staffing to **protect inmates during the day and at night**, BCC's personnel indicated that the staffing was inadequate, while Marion's staff felt the number of personnel at their facility was adequate to ensure safety. These differences (similar to when staff safety was being considered) were statistically significant.

Responses to survey questions that addressed the adequacy of staffing to **protect personnel during the day and at night**, revealed that BCC employees felt the facility was understaffed while data from private institution personnel demonstrated they did not share this view; differences between the respective response sets were statistically significant.

Inmates at the two facilities did not significantly differ in regard to their feelings about being safe **during the day**; however, at **night** the Marion prisoners indicated they felt safer. This was statistically significant at the $p<.10$ level.

TABLE 4 -- Staffing Adequacy for Staff/Inmate Safety
(percent)

		Very Dangerous	Dangerous	Safe	Very Safe	
Staff responses:						
(n=29)	BCC	0	28	66	7	
Danger for staff					.75	N.S.
(n=24)	MAC	0	21	67	13	
		No	**Yes**	(percent)		
(n=27)	BCC	52	48			
Day staffing safe for staff					p<.05	
(n=24)	MAC	25	75			
(n=27)	BCC	63	37			
Night staffing safe for staff					p<.01	
(n=24)	MAC	21	79			
(n=27)	BCC	56	44			
Day staffing safe for inmates					p<.10	
(n=25)	MAC	32	68			
(n=29)	BCC	55	45			
Night staffing safe for inmates					p<.05	
(n=24)	MAC	25	75			
		No	**Yes**	(percent)		
Inmate responses:						
(n=53)	BCC	34	66			
Day staffing safe for inmates					.5	N.S.
(n=63)	MAC	25	75			
(n=53)	BCC	49	51			
Night staffing safe for inmates					p<.10	
(n=63)	MAC	33	67			

5.1.2 Facility Safety

A more direct item concerning the level of safety at the two facilities was included at a point later in the survey. A four-point scale was used -- from 1=Strongly Disagree to 4=Strongly agree --so that the higher the value, the stronger the endorsement; results are shown in Table 5. Cross-institution comparisons revealed both inmates and staff agree that their respective private and public institutions are: (a) **safe for inmates** -- endorsements of this perception ranged from a low of 70% (MAC) to a high of 96% (BCC); and (b) **safe for staff** -- approval ranged from a low of 83% (BCC) to a high of 96% (MAC).

TABLE 5 -- Safety (percent)

	Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff:					
(n=28) BCC	0	4	82	14	
Facility safe for inmates				.5	N.S.
(n=25) MAC	0	0	76	24	
(n=29) BCC	3	14	76	7	
Facility safe for staff				.25	N.S.
(n=25) MAC	4	0	80	16	
Inmates:					
(n=53) BCC	9	13	62	15	
Facility safe for inmates				.5	N.S.
(n=64) MAC	17	13	62	8	
(n=52) BCC	4	13	67	15	
Facility safe for staff				.99	N.S.
(n=58) MAC	3	12	67	17	

At both the public- and privately-managed facilities, staff members and inmates perceived the environment as being safe for staff and prisoners. One area of disagreement emerged: inmates at the private facility indicated it was more unsafe for them than staff signified.

Thus, some significant differences emerged concerning safety. Blackburn's personnel expressed concern that their facility's safety was undermined by inadequate staffing; whereas MAC's employees felt both staff and inmates were safe at their institution. However, on a direct question concerning safety, staff and inmates at both institutions indicated they felt safe and Central Office data indicated that this was, indeed, the case. Therefore, it does not appear that safety, per se, is the issue. Rather, Blackburn's staff seemed to be expressing their dissatisfaction over what they perceived to be inadequate numbers of on-board personnel.

This finding may result from data gathered prior to the project's "window" -- 1/1/87 through 3/31/88. BCC's inmates had been found guilty of both significantly more, and significantly higher severity rule infractions -- see Tables 6a & 6b, respectively -- than was true for Mac's inmates.

That is, BCC's prisoners had demonstrated their difficult-to-manage behavior in the past, whereas MAC's inmates both in the past and the present continued to be "cream of the crop." BCC's staff's awareness of their inmate's past behavior may have raised the level of concern.

[Table 6b shows the percent of prisoners (at each facility) who received disciplinary reports at each level of severity. Kentucky's rule infractions are graded into six categories.

[Before 1/1/87, 87% of the Marion sample received no disciplinary reports (DRs); this was true for 66% of the BCC sample. Since Marion adopted all of the Kentucky Corrections Cabinet's policies and procedures, it uses the same rules concerning unacceptable inmate behavior as does Blackburn. How the rules are interpreted and applied may differ as a reflection of management philosophy.]

TABLE 6a -- Frequency of Disciplinary Reports

	1/1/87 thru 3/31/88				Prior to 1/1/87			
# DRs	BCC		MAC		BCC		MAC	
	#	%	%	#	#	%	%	#
0	40	74%	59%	37	36	66%	87%	55
1	10	19%	19%	12	6	11%	5%	3
2	3	6%	16%	10	7	13%	3%	2
3	1	2%	3%	2	3	6%	2%	1
4	-	-	2%	1	1	2%	3%	2
5	-	-	-	-	-	-	-	-
6	-	-	2%	1	1	2%	-	-
SIG.	.25 N.S.				p<.10			

TABLE 6b -- Severity of Disciplinary Reports

Severity		1/1/87 thru 3/31/88 BCC #	BCC %	MAC %	MAC #	Prior to 1/1/87 BCC #	BCC %	MAC %	MAC #
lo	I	0	-	6%	3	3	8%	-	0
	II	0	-	10%	5	0	-	5%	1
	III	11	58%	48%	23	18	45%	58%	11
	IV	6	32%	33%	16	19	48%	26%	5
	V	0	-	-	0	0	-	-	0
	VI	2	11%	2%	1	0	-	11%	2
hi	VII	0	-	-	0	0	-	-	0
	SIG.		.25	N.S.			p<.05		

In the area of safety, then, staff at the privately-managed facility felt safer than personnel at the state-administered prison. Marion's staff also indicated that MAC's inmates were safer than Blackburn's.

In summary, differences on three of the cross-institution items were statistically significant. In all three instances the privately-managed institution had the more "favorable" position. For the remaining eight cross-institution measures, on which there were no significant differences between the replies from the two institutions, Marion's position was the more "favorable" in seven instances.

5.2 CROWDEDNESS

Table 7 displays staff and inmates views regarding the degree of **crowdedness** at the two comparison facilities. Both staff and inmates at the publicly-managed institution perceived BCC as being significantly more crowded ($p<.01$) than their counterparts viewed the degree of crowdedness at the privately run facility, which reflects the actual situation in that BCC (as is true for the entire Kentucky corrections system) has less control over the size of its population than does Marion. The contract with the private corporation specifies the number of inmates it will receive and the state controls the number sent there. Blackburn, like the corrections department, itself, it must accept all prisoners sent there.

Additionally, while staff members and prisoners agreed in regard to overcrowding at Blackburn, there was a significant difference concerning this factor between the Marion staff and inmates ($p<.01$). Marion's personnel and prisoners both viewed their institution as not being crowded; however this was much more strongly evident in the staff's responses -- 37% of the prisoners saw MAC as being crowded while only 4% of the staff viewed it that way.

TABLE 7 -- Crowded (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff:					
(n=29)	BCC	3	41	34	21
Facility is crowded					p<.01
(n=25)	MAC	20	76	4	0
Inmates:					
(n=52)	BCC	10	10	38	42
Facility is crowded					p<.01
(n=59)	MAC	5	47	37	10

In summary, the privately-administered institution was in the more "favorable" position -- perceived as being less crowded by both its staff and inmates.

5.3 FACILITY CONDITIONS

The surveys completed by the staff and inmates at both the public- and privately-managed institutions contained questions dealing with five aspects of institution management: Institution "climate," and adequacy of inmate housing, bathroom facilities, food, and level of activity. Where practicable the questionnaires contained similar items for both personnel and prisoners.

As indicated in Table 8a, personnel at both facilities agreed that their **institution** "looks good." Marion's endorsement was 14% higher (statistically significant) than BCC's. No statistically significant difference was found between the responses given by personnel from the two facilities on the item dealing with institution comfort for inmates; however, again, the Marion staff's responses showed a greater level of endorsement.

Inmates at both facilities agreed that if they had to be incarcerated, their current institution was a good place to do time; however, the MAC inmates subscribed to this idea at a statistically significant higher rate than the Blackburn prisoners.

TABLE 8a

Facility "Climate" (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	0	18	82	0	
Facility looks good						p<.01
(n=25)	MAC	0	4	68	28	
Staff response:						
(n=29)	BCC	0	14	83	3	
Comfortable for inmates						.5 N.S.
(n=25)	MAC	0	0	76	24	
Inmate responses:						
(n=52)	BCC	19	29	46	6	
Good place to spend time						p<.05
(n=63)	MAC	14	22	49	14	

Thus, both facilities received high "grades" from their personnel and their inmates regrading each institution's overall **climate**. Marion, the privately-administered prison receiving significantly higher marks.

Cross-institution comparisons (Table 8b) concerning facility "quietness" revealed no significant differences between replies made by personnel or by inmates. In general, both staffs agreed that the institutions were quiet, while their inmates rejected this idea.

TABLE 8b

Facility Generally Quiet (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	0	20	76	3	
Facility generally quiet						.25 N.S.
(n=25)	MAC	0	4	92	4	
Inmate responses:						
(n=52)	BCC	13	42	42	2	
Facility generally quiet						.75 N.S.
(n=63)	MAC	24	33	41	2	

Personnel and inmates at both facilities agreed that their respective prisons were "generally clean" (Table 8c); staffs endorsed this concept more strongly than prisoners.

TABLE 8c

Facility Generally Clean (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=28)	BCC	0	4	93	4	
Facility generally clean					.25	N.S.
(n=25)	MAC	0	8	76	16	
Inmate responses:						
(n=53)	BCC	17	19	64	0	
Facility generally clean					.25	N.S.
(n=63)	MAC	10	30	56	5	

In summary, a total of seven survey items (four for staff and three for inmates) addressed the issue of "facility climate;" in five of these Marion, was in the more "favorable" position.

5.4 INMATE HOUSING

Table 8d displays staff and prisoner replies concerning the adequacy of inmate rooms.

TABLE 8d

Inmate Rooms Look Good (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=28)	BCC	0	21	75	4	
Inmate rooms look good					.95	N.S.
(n=23)	MAC	0	26	70	4	
Inmate responses:						
(n=53)	BCC	11	23	51	15	
Inmate rooms look good					.75	N.S.
(n=63)	MAC	6	22	56	16	

Personnel and prisoners at both facilities agreed (Table 8d) that **inmate rooms** "look good." This opinion was more strongly endorsed in cross-institution comparisons, by: staffs than by inmates, by Blackburn personnel than by Marion staff, and by the MAC inmates as compared to the BCC prisoners. However, none of these differences were statistically significant.

As Table 8e shows, personnel at the public- and privately-managed facilities disagreed concerning the level of **clutter** in inmate rooms.BCC personnel saw significantly more disarray than Marion's staff.

TABLE 8e

Inmate Rooms too Cluttered (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	0	14	55	31	
Inmate rooms cluttered						p<.01
(n=24)	MAC	0	58	29	13	
Inmate responses:						
(n=53)	BCC	23	57	17	4	
Inmate rooms cluttered						.25 N.S.
(n=63)	MAC	11	76	11	2	

Inmates at the two facilities did not significantly differ from each other concerning their views about room clutter; however, they both significantly disagreed with the responses provided by personnel at their respective institutions -- BCC staff endorsed this concept at a rate that was significantly higher than its inmates (p<.01); at Marion both staff and prisoners perceived the situation similarly -- inmate rooms were not cluttered -- nevertheless, the level of endorsement difference was statistically significant (p<.01).

Thus, these data reveal inmate rooms at the privately-managed institution being perceived as more orderly than at Blackburn.

TABLE 8f

Room Good Place to Spend Time (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	0	17	83	0	
Inmate rooms comfortable					.25	N.S.
(n=24)	MAC	0	4	96	0	
Inmate responses:						
(n=53)	BCC	6	45	38	11	
Inmate rooms comfortable					p<.05	
(n=63)	MAC	6	19	56	19	

Personnel at the two institutions agreed that inmate rooms were a good place to spend time. While this was also the perception of the Marion inmates, it was not the view of Blackburn's prisoners; the 26% difference between these groups was statistically significant.

TABLE 8g

Inmate Rooms are Quiet (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	3	41	55	0	
Inmate rooms quiet					p<.10	
(n=23)	MAC	4	13	78	4	
Inmate responses:						
(n=52)	BCC	13	33	42	12	
Inmate rooms quiet					.25	N.S.
(n=62)	MAC	16	16	48	19	

Marion's staff endorsed to a significantly higher level the idea that prisoner **rooms were quiet.** Personnel and inmates at both the public- and privately-run facilities indicated that prisoner rooms were quiet; at both facilities this view was less widely held by the inmates. The privately-administered facility had a higher proportion of replies in the "favorable" direction.

TABLE 8h

Inmate Rooms in Good Repair (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	0	31	69	0	
Rooms in good repair					.25	N.S.
(n=24)	MAC	0	17	83	0	
Inmate responses:						
(n=53)	BCC	17	30	45	8	
Rooms in good repair					.5	N.S.
(n=63)	MAC	11	25	59	5	

A majority of staff and inmates at both the public and private facilities agreed that the prisoners' rooms were in good repair. The inmates were less positive than the personnel; the 16% difference at BCC is statistically significant ($p<.05$). Additionally, the Blackburn prisoners' responses were less favorable than MAC's inmates', but the difference observed was not statistically significant.

In summary, the same five items regarding inmate housing appeared on both staff and inmate questionnaires. In each case the better housing situation existed at the privately-administered facility.

5.4.1 Bathroom Facilities

Two items on the inmate survey permitted cross-institution comparisons concerning the adequacy of bathroom facilities at the two project facilities.

TABLE 8i

Use of Bathroom Facilities (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Inmate response:						
(n=52)	BCC	6	17	60	17	
Use bathroom when want to					.25	N.S.
(n=63)	MAC	6	5	67	22	
(n=53)	BCC	11	15	70	4	
Toilets/showers work					.99	N.S.
(n=62)	MAC	14	16	65	5	

Inmates at both facilities indicated that they **used the bathroom** when they wanted to; Marion's higher endorsement of this item was not statistically significant.

At both the public and private facilities, inmates agreed that **toilets and showers** usually worked; there were no statistically significant differences.

In summary, no significant cross-institution differences were found concerning the adequacy of bathroom facilities. On the two survey items, both facilities were each in the more "favorable" position once; thus, no advantage was found for either the public or private sector.

5.5 FOOD SERVICE

The adequacy of a prison's food service often reflects management's attitude towards inmates and frequently plays a major role in determining the nature of staff/inmate relationships. Data collected concerning this area is displayed in Table 8j.

TABLE 8j

Food Tastes Good (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=27)	BCC	4	15	78	4	
Food tastes good					.75	N.S.
(n=23)	MAC	9	22	70	0	
Inmate responses:						
(n=51)	BCC	27	39	33	0	
Food tastes good					p<.01	
(n=63)	MAC	71	19	10	0	

Personnel at the two project facilities agreed "the **food tastes good;**" this was more strongly endorsed at Blackburn than at MAC, although the difference was not statistically different.

Inmates disagreed with their staffs; from the prisoner's perspective the food did not taste good. This reply was endorsed significantly more strongly by MAC's inmates than BCC's ($p<.01$).

TABLE 8k

Food Portions are Small (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=28)	BCC	7	75	18	0	
Small food portions						p<.02
(n=24)	MAC	0	46	38	17	
Inmate responses:						
(n=52)	BCC	6	27	40	27	
Small food portions						p<.01
(n=62)	MAC	23	0	26	52	

Cross-institution comparisons concerning replies about the **size of food portions** (Table 8k), showed statistically significant differences between the staffs of the public- and the privately-managed facilities, and between the inmates of these institutions.

A majority of Marion's staff agreed, while most of Blackburn's personnel disagreed, that the prisoner's food portions were too small. Among inmates, while a preponderance of both groups agreed the food portions were too small, significantly more of the Marion prisoners gave this reply.

Table 8 l indicates that a great majority of the Blackburn staff felt that there was sufficient **food choices** for inmates, only half of Marion's staff made this reply; the between-staff difference, was statistically significant -- p<.10.

The distribution of responses among the inmates (concerning the adequacy of food choices) was significantly different --a greater proportion of the Marion prisoners gave extreme responses -- at both ends of the scale. Overall, however, the ratings favored the publicly-managed prison.

TABLE 8 1

Sufficiency of Food Choice (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=28)	BCC	7	71	21	0
Not enough food choices					p<.10
(n=24)	MAC	0	50	38	13
Inmate responses:					
(n=52)	BCC	6	17	54	23
Not enough food choices					p<.01
(n=63)	MAC	24	2	16	59

In summary, three items on both the staff and the prisoner questionnaires dealt with institution food. The publicly-managed institution was in the more "favorable" position.

5.6 HEALTH AND MEDICAL SERVICES

Four survey questions asked for inmates' views regarding adequacy of medical services available at their institution. These data are displayed in Table 9; none of the differences between the facilities were statistically significant.

5.6.1 Medical/Health Status

Marion's prisoners rated their **current health** slightly higher than did Blackburn's inmates. Nevertheless, one-third of BCC inmates saw themselves as in being in better health than when they first arrived in contrast to one-fifth of MAC's prisoners. Inmates at MAC were more satisfied with their **medical services** than was the case at Blackburn; however, the latter were more satisfied with their **medical staff** than was true for MAC.

TABLE 9 -- Medical/Health Services (percent)

Inmate responses:		Poor	Fair	Good	Excellent
(n=53)	BCC	9	21	43	26
Current health status					.99 N.S.-
(n=60)	MAC	8	20	41	30

		Worse	Same	Better	
(n=53)	BCC	21	45	34	
Health now vs. initial status					.25 N.S.
(n=61)	MAC	34	42	23	

(n)	(54)	(61)	
	Blackburn	**Marion**	.25 N.S.
Satisfaction with svcs.			
Very satisfied	7	21	
Somewhat satisfied	20	18	
Not sat. nor dissat.	9	16	
Somewhat dissat.	19	15	
Very dissatisfied	44	30	

(n)	(51)	(62)	
	Blackburn	**Marion**	.5 N.S.
Satisfaction with staff:			
Very satisfied	27	24	
Somewhat satisfied	37	31	
Not sat. nor dissat.	12	21	
Somewhat dissat.	12	10	
Very dissatisfied	12	15	

5.6.2 Injury/Accident Reports

Table V (see Appendix B) displays Central Office data concerning the number of inmate injury and accident reports at both BCC and MAC. Marion's unusually high number of accident reports (306) compared to BCC's number (2) suggested that some anomaly had crept into the information. Efforts to obtain clarification from Kentucky's Central Office lead to the understanding that Blackburn listed only their serious injuries while the figures compiled by Marion's staff included "everything"; consequently, these results were excluded from cross-institution comparisons.

5.6.3 Sick-call

Table 10 presents information provided by the Central Office concerning inmates' use of **sick-call**. The data are grouped in three-month periods covering 1/1/87 through 3/31/88. Figures used to generate each facility's average population came from Table II in Appendix B -- 352.8 and 206.4 for Blackburn and Marion, respectively.

TABLE 10 Number Inmates on Sick Call

	BLACKBURN	MARION
1/1/87--3/31/87	398	165
4/1/87--6/30/87	255	205
7/1/87--9/30/87	103	188
10/1/87--12/31/87	301	78
1/1/88--3/31/88	103	130
Avg./Qtr.	**232.0**	**Avg. 153.2**
"Normalized ratio"	**1:1.5**	**Ratio 1:1.3**

When the sick-call averages were interpreted in light of each institution's mean population ("normalized ratio") the differences became minimal -- Blackburn had one sick-call for every 1.5 inmates, while Marion's ratio was 1:1.3.

5.6.4 Hospitalizations

Table 11 depicts the number of **inmates hospitalized.** In terms of each facility's population, Blackburn's ratio of 1:50.4 was better than Marion's 1:38.2. If the average number of inmates using sick-call was used as a base, then at BCC 33.1 sick-calls yielded one hospitalization; at MAC 28.4 sick-call appearances resulted in one hospitalization.

TABLE 11 Number of Inmate Hospitalized

	BLACKBURN	MARION
1/1/87--3/31/87	4	10
4/1/87--6/30/87	7	5
7/1/87--9/30/87	7	2
10/1/87--12/31/87	7	2
1/1/88--3/31/88	10	8
Avg.	**7.0**	**Avg. 5.4**
"Normalized ratio"	**1:50.4**	**Ratio 1:38.2**

5.6.5 Emotional Status

Nine items on the inmates' survey dealt with respondents' emotional state during the week preceding data collection (Table 12). An Emotional Distress "Index" for the inmate population at each of the comparison facilities was also calculated by assigning the following weights to their replies: Never = 3; Once or Twice = 2; Often = 1; and Almost Always = 0.

None of the differences found reached the level of statistical significance. However, on most of the items, Marion inmates reported having slightly more emotional distress than BCC prisoners. Differences in the overall Distress Index were slight with Blackburn's being more "favorable".

TABLE 12

Inmate Emotional Problems (percent)

		Never	Once or Twice	Often	Almost Always	
Inmate responses:						
(n=51)	BCC	82	10	8	0	
1.Fearful or afraid					.25	N.S.
(n=57)	MAC	74	21	5	0	
(n=51)	BCC	22	37	29	12	
2.Sad or depressed					.9	N.S.
(n=60)	MAC	17	45	25	13	
(n=50)	BCC	44	34	16	6	
3.Angry					.25	N.S.
(n=58)	MAC	28	45	17	10	
(n=49)	BCC	45	24	24	6	
4.Mixed-up or confused					.95	N.S.
(n=60)	MAC	40	27	25	8	
(n=52)	BCC	21	38	35	6	
5.Tense					.5	N.S.
(n=58)	MAC	16	36	33	16	
(n=51)	BCC	22	29	35	14	
6.Trouble sleeping					.975	N.S.
(n=61)	MAC	21	28	39	11	
(n=51)	BCC	55	24	16	6	
7.Poor appetite					.5	N.S.
(n=60)	MAC	55	20	10	15	
(n=50)	BCC	54	20	20	6	
8.Indigestion/heartburn					.9	N.S.
(n=60)	MAC	45	23	22	10	
(n=51)	BCC	22	45	22	12	
9.Fatigued/tired					.75	N.S.
(n=60)	MAC	28	32	27	13	
[2.03]	**Blackburn**	42	29	23	8	
*Distress Avg.[INDEX]						
[1.92]	**Marion**	36	31	23	11	

*Average Rating over 9 elements;
Rating Scale: Never=3, Once or Twice=2; Often=1; Almost Always=0

5.6.6 Summary: Health and Medical Services

In summary, no statistically significant differences emerged from the health and medical services data. Most of the comparisons showed the publicly-administered facility being in the more "favorable" position.

5.7 SUMMARY: CONDITIONS OF CONFINEMENT

Chart A
Summary: Conditions of Confinement

	Blackburn	Marion(+)
Safety	---	+
Crowdedness	---	+
Facility Conditions	---	+
Inmate Housing	---	+
Bathroom Facilities	=	=
Food Service	+	---
Health and Medical Services	+	---

SECTION 6

INTERNAL SECURITY & CONTROL

This area deals with the prime mission of every correctional facility: to retain and control the individuals assigned to its care. In assessing this factor six sub-areas were considered: Escapes, Contraband Searches, Freedom of Movement, Choice of Activity, Use of Force, and Disciplinary Problems.

6.1 ESCAPES

Information on **escapes and attempted escapes** (for the data collection period) were obtained from the Corrections Cabinet Central Office. As displayed in Table 13, the ratio of escapes to each facility's average population for the 15-month project period, was: BCC 1:19.6 inmates; MAC 1:51.6 inmates. In other words, Blackburn had two-and-a-half times more escapes or attempted escapes than Marion.

TABLE 13 -- Number of Escapes and Attempted Escapes

	BLACKBURN	MARION
1/1/87--3/31/87	2	2
4/1/87--6/30/87	4	0
7/1/87--9/30/87	5	0
10/1/87--12/31/87	5	2
1/1/88--3/31/88	2	0
TOTAL	18 / 352.8	4 /206.4
"Normalized ratio"	**1:19.6**	**Ratio 1:51.6**

6.2 CONTRABAND SEARCHES

As an indicator of the respective administrations' efforts to control the two facilities, personnel and prisoners were asked to estimate the number of searches that had been conducted in inmate living (housing) units during the past six months, and the number of strip and pat searches that had been conducted on inmates. The results are shown in Table 14.

The private facility's staff estimated that they performed a greater number of **housing unit searches** than indicated by BCC; the difference was not statistically significant.

From the perspective of the inmates at the two institutions, those in the publicly-managed facility estimated undergoing a higher number of housing unit and pat searches; prisoners in the private prison reported experiencing a greater number of strip searches. These differences, were statistically significant at p<.10.

TABLE 14 -- Number of Searches

		(28) Blackburn	(19) Marion	SIG.
Staff estimates:	(n)			
Housing				
	Average	45.25	76.21	.5 N.S.
	High	300	365	
	Low	2	1	
Inmate estimates:		(42)	(54)	
Housing				
	Average	18.12	8.39	p<.10
	High	300	100	
	Low	1	1	
Strip Search		(16)	(29)	
	Average	2.19	6.62	p<.10
	High	8	75	
	Low	1	1	
Pat Search		(30)	(41)	
	Average	6.27	5.24	.5 N.S.
	High	50	21	
	Low	1	1	

In summary, personnel at both the public and private facilities reported a higher number of housing unit searches than their respective inmates; but only at Marion was the difference between staff and inmate estimates statistically significant. BCC's prisoners estimated a higher number of housing searches; while MAC's inmates estimated a greater number of strip searches. Overall, to the degree that all of these estimates reflect actual behavior, efforts to control contraband appeared to be somewhat more of a priority at the privately-managed facility.

6.3 FREEDOM OF MOVEMENT

As an additional indicator of the level of constraints operating at both comparison facilities, staff and inmates were asked to assess the degree to which prisoners were free to move about the institution during the day and at night. In a minimum security institution more freedom of movement during the day than would occur in a more secure prisons would be expected (provided there is no rash of escapes). At night, however, more prudent management would reduce the degree of day-time freedom.

TABLE 15 -- Freedom of Inmate Movement (percent)

		None	Slight	Moderate	Much
Staff responses:					
(n=28)	BCC	0	4	36	61
During day					.75 N.S.
(n=25)	MAC	0	0	48	52
(n=28)	BCC	4	11	29	57
During night					p<.10
(n=23)	MAC	0	17	57	26
Inmate responses:					
(n=53)	BCC	6	23	53	19
During day					p<.01
(n=62)	MAC	0	5	39	56
(n=53)	BCC	4	30	47	19
During night					p<.05
(n=63)	MAC	2	14	40	44

The results, shown above in Table 15, revealed that at both BCC and MAC, staff perceived inmates as having considerable **freedom of movement** during both the day and at night.

Inmates at both BCC and MAC agreed with staff -- they had considerable freedom of movement during both day and night. The Marion prisoners saw themselves as having more freedom of movement during both time periods than did the Blackburn inmates; these differences for both day and night movement were statistically significant.

Prisoners in both the public and private institutions saw themselves as having less freedom of movement during the night than they had during the day; however, neither for Blackburn nor Marion were these day/-night differences statistically significant.

Thus, the degree of **freedom of inmate movement** data (during the day and at night), revealed the following results:

- there was general agreement by both staffs and inmates at the public and private facilities that the prisoners had considerable freedom of movement during both the day and at night -- Marion's inmates saw themselves as having more freedom during the day and night than did the BCC prisoners;

- there was less freedom of movement at night -- this was particularly the view of the Marion staff; and,

- staff perceived the inmates as having more freedom than the prisoners felt was the case -- in particular, this was the situation at BCC.

6.4 CHOICES OF ACTIVITY

Both staff and inmates at the public and private institutions were asked their views concerning how much choice prisoners and personnel had about the activities that the inmates engage in during the day and evening. As was suggested in the previous section on freedom of movement, in a minimum security facility a prisoner would be expected to have more choice concerning daytime activities, this would be less true during evening/night hours. The results are shown for staff in Table 16a and for inmates in Table 16b.

Staff Voice in Choice of Inmate Activities (percent)

		None	Little	Moderate	Much	
Staff responses:						
(n=28)	BCC	0	29	36	36	
During day					.25	N.S.
(n=25)	MAC	0	4	48	48	
(n=28)	BCC	0	25	43	32	
During night					p<.05	
(n=24)	MAC	0	0	63	38	
Inmate responses:						
(n=52)	BCC	8	4	23	65	
During day					p<.01	
(n=62)	MAC	6	29	29	35	
(n=52)	BCC	6	12	23	60	
During night					p<.10	
(n=63)	MAC	10	29	24	38	

TABLE 16b

Inmates' Voice in Choice of Activities (percent)

		None	Little	Moderate	Much	
Staff responses:						
(n=28)	BCC	0	14	68	18	
During day						.25 N.S.
(n=25)	MAC	0	4	84	12	
(n=28)	BCC	0	0	75	25	
During night						.5 N.S.
(n=24)	MAC	0	4	83	13	
Inmate responses:						
(n=53)	BCC	25	45	26	4	
During day						p<.01
(n=63)	MAC	8	19	51	22	
(n=52)	BCC	21	33	38	8	
During night						p<.01
(n=63)	MAC	3	27	48	22	

Whether it concerns **activities during the day or at night**, whether it is staff or inmates, or whether it is the public or the private institution, there was general agreement that each facility's personnel had a considerable voice in deciding the activities in which inmates participated. Cross-institution comparisons revealed, according to staff at Marion, that personnel had a significantly greater voice in deciding inmate activities than was the case at Blackburn.

From the prisoners' point of view, the reverse situation prevailed; that is, a statistically significant greater proportion of the BCC inmates (compared to the Marion population) saw staff having the deciding voice.

Table 16b, below, shows the sample population's views concerning **inmates' voice in deciding on their own activities.**

In cross-institution comparisons, staff at both the public and private facilities agreed, that prisoners were given a fairly large degree of choice. Marion's staff indicated inmates had a greater amount of choice during both day and at night than was true at Blackburn, but these differences were not statistically significant.

Inmate replies, however, revealed a different picture. For both day- and night-time activities more than 70% of the Marion prisoners saw themselves as being able to make choices, while this was the view of approximately 30% (day) and 46% (night) of the Blackburn inmates; these differences were statistically significant.

Thus, compared to the responses from Marion's prisoners, the replies from inmates at the state-managed prison indicated less satisfaction with the degree to which they had a voice in deciding their activities. In summary, staff at the publicly-administered institution seemed less satisfied with the level of control they had over inmate activities than was true for the personnel at the privately-managed facility. However, BCC's inmates saw their staff as having a greater voice in deciding these activities than is indicated in the replies of the Marion prisoners. Overall, the privately-managed facility was in the more "favorable" position in most of the contrasts.

Internal Security & Control	Blackburn	Marion
Choice of Activity:		
Personnel's voice --		
Staff view		
Day	+	---
Night	---	+
Inmate view		
Day	---	+
Night	+	---
Inmates' voice --		
Staff view		
Day	---	+
Night	---	+
Inmate view		
Day	---	+
Night	+	---

6.5 USE OF FORCE BY STAFF

The staff and inmates at both BCC and MAC were asked to estimate the number of times during the past six months that correctional officers were required to use force to maintain control; see Table 17.

TABLE 17 -- Use of Force by Staff
(past six months)

Staff estimates:			
(n)	(29)	(24)	
	Blackburn	**Marion**	SIG.
Average	2.07	1.33	p<.01
High	3	2	
Low	1	1	
Inmate estimates:	(52)	(63)	
Average	1.65	1.32	p<.10
Never [%]	[50]	[71]	
Sometimes [%]	[42]	[27]	
Often [%]	[0]	[0]	
Very Often [%]	[8]	[2]	

Blackburn's staff estimated **using force** significantly more often (during past six months) than personnel at the private institution. Prisoners saw the situation in the same way; however, their between-institution differences were not statistically significant.

In summary, the state-administered prison appeared to have had more difficulty (than Marion) controlling its inmate population.

6.6 DISCIPLINARY PROBLEMS

Staff and inmates at both Blackburn and Marion were asked to estimate the number of fights that occurred at their respective facilities during the past six months.

TABLE 18 -- Inmate/inmate and Inmate/Staff Fights
(during past six months)

Staff estimates:	(n) (29)	(23)	
	Blackburn	**Marion**	SIG.
Inmate/inmate			
Average	5.14	2.48	p<.10
High	35	10	
Low	1	0	
Inmate/Staff	(29)	(25)	
Average	1.41	0.80	p<.01
High	4	2	
Low	0	0	
Inmate estimates:	(52)	(63)	
Inmate/inmate			
Average	3.06	6.63	.5 N.S.
High	50	200	
Low	0	0	
Inmate/Staff	(52)	(63)	
Average	1.69	0.19	p<.05
High	30	4	
Low	0	0	

Comparisons concerning **inmate/inmate** fights (for the past six months) showed no statistically significant differences between the public-and privately-managed facilities in either staff or inmate estimate data. However, BCC staff and inmates estimated there had been a significantly higher number of **inmate/staff** fights than the number reported by staff and inmates at the private institution. In addition to questions concerning the number of fights, the survey asked for estimates of the number of sexual **assaults** that had occurred during the past six months and an estimate of the number of **inmates** who had been sexually assaulted. The results are presented in Table 19.

T-tests involving Marion's staff estimates could not be conducted since all those who responded indicated that no sex assault behavior occurred. Comparisons between inmates at the public- and privately-managed facilities failed to reach statistical significance.

TABLE 19

Sex Assaults and No. Inmates Sexually Assaulted
(during past six months)

Staff estimates:	(n)	(26) **Blackburn**	(23) **Marion**	SIG.
Sex assaults				
Average		6.92	0.00	---
High		180	0	
Low		0	0	
Number Inmates sexually assaulted		(26)	(23)	
Average		0.46	0.00	---
High		12	0	
Low		0	0	
Inmate estimates:		(49)	(52)	
Sex assaults				
Average		0.78	0.90	.8 N.S.
High		20	30	
Low		0	0	
Number Inmates sexually assaulted		(50)	(52)	
Average		0.55	1.05	.5 N.S.
High		10	37	
Low		0	0	

Thus, on most of the survey items that dealt with fight and assault data (as an indicator of disciplinary problems), the privately-run facility was in the more "favorable" position.

6.7 SUMMARY: INTERNAL SECURITY & CONTROL

Chart B
Summary: Internal Security & Control

	Blackburn	Marion(+)
Escapes	---	+
Contraband Searches	+	---
Freedom of Movement	---	+
Choice of Activity	---	+
Use of Force	---	+
Disciplinary Problems	---	+

SECTION 7

SOCIAL ADJUSTMENT

The following sections discuss additional assessment areas dealing with inmates' in-prison Social Adjustment -- Activity Levels and Rehabilitation (Program) Issues.

7.1 ACTIVITY LEVEL

Both public- and privately-managed prison staffs agreed there was too much **inmate idleness**; Blackburn more strongly endorsed this than Marion, but between-facility differences were not statistically significant.

TABLE 20a

Amount of Idle Time (percent)

		Strongly Disagree	Dis-Agree	Agree	Strongly Agree	
Staff responses:						
(n=29)	BCC	0	17	59	24	
A lot of inmate idleness					.25	N.S.
(n=25)	MAC	4	36	48	12	
Inmate responses:						
(n=53)	BCC	13	38	47	2	
A lot of inmate idleness					.25	N.S.
(n=62)	MAC	13	29	44	15	

Inmates at both prisons disagreed with their respective staffs; BCC prisoners reported a lot of idleness while MAC inmates indicated that there was less; however, the difference was not significant.

TABLE 20b

Variety of Recreation (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=29)	BCC	3	24	66	7	
Good recreation variety						p<.05
(n=25)	MAC	0	4	68	28	
Inmate responses:						
(n=53)	BCC	13	51	30	6	
Good recreation variety						p<.01
(n=63)	MAC	24	19	48	10	

Comparisons regarding the **variety of recreation activity** were statistically significant. Although the personnel at the public- and privately-managed facilities agreed that there was sufficient variety in recreation for the prisoners, 23% more of MAC's (than BCC's) staff took this position.

A majority of the Blackburn inmates disagreed that there was enough recreation variety, while the preponderance of Marion's prisoners agreed.

BCC's inmates substantially disagreed with staff about the level of activity; the 37% inmate/staff difference was statistically significant (p<.01). Marion's prisoners agreed more closely with staff (that there was sufficient recreation variety), nevertheless, the 38% difference was statistically significant (p<.01).

In summary,of the significant findings, three-fourths show the privately-managed institution had a better level of inmate activity than BCC.

7.2 INSTITUTIONAL PROGRAMS

This assessment also examined a number of inmate programs at the two comparisons facilities. Eight different program areas were examined: Inmate/Staff Contacts (relationships), Personal Counseling Program, Substance Abuse Counseling, Vocational/Job Counseling, Academic Education, Work Training Program, Chores/Work Assignments, and Visiting Program.

7.2.1 Staff/Inmate Contacts (relationships)

Among the inmate-specific questions, one series dealt with the **number of contacts** during the past six months prisoners at each of the facilities had with staff members (see Table 21).

There were no significant differences between inmate groups at the two facilities regarding amount of staff contact. In all categories, BCC prisoners contacted staff somewhat more often than Marion inmates. At both facilities Correctional Officers were the personnel with whom prisoners most often communicated.

TABLE 21

Inmate/staff Contacts (percent)

		Never	Rarely	Sometimes	Often	
Inmate responses:						
(n=51)	BCC	55	15	23	7	
Soc.Wk., Psychol., Psychiat.					.5	N.S.
(n=61)	MAC	62	18	18	2	
(n=48)	BCC	44	21	31	4	
Correctional staff					.9	N.S.
(n=59)	MAC	51	17	27	5	
(n=50)	BCC	58	8	22	12	
Teachers					.95	N.S.
(n=59)	MAC	58	12	19	12	
(n=47)	BCC	60	15	17	9	
Chaplain					.75	N.S.
(n=60)	MAC	70	8	13	8	

7.2.2 Personal Counseling Programs

Table 22 indicates MAC's inmates averaged more **individual counseling** sessions during the month prior to data collection than BCC (3.2 vs. 2.5), but this difference was not statistically significant. Additionally, more Marion (than BCC) inmates reported being able to see a counselor as often as they wished. More BCC (than MAC) prisoners were in **group counseling**; by a slight majority, they also saw a need for a larger number of **counseling staff**. None of these differences, however, reached a level of statistical significance.

Regarding their level of **satisfaction with the personal counseling** services they received, Blackburn inmates were more satisfied than the Marion prisoners, but this difference was not statistically significant (see Table 22).

TABLE 22 -- Personal Counseling Programs

Inmate responses:				
(n)	(22)	(21)		
	Blackburn	**Marion**		SIG.
Sessions past month:				
Average per inmate	2.5	3.2	.5	N.S.
High	6	12		
Low	1	1		
-percent-	**No**	**Yes**		
(n=53) BCC	49	51		
See counselor when want to			.5	N.S.
(n=62) MAC	40	60		
(n=53) BCC	64	36		
In regular counseling gp.			.5	N.S.
(n=63) MAC	70	30		
(n=53) BCC	21	79		
More counseling staff needed			.9	N.S.
(n=25) MAC	23	77		
(n)	(48)	(57)		
	Blackburn	**Marion**	.5	N.S.
Level of satisfaction:				
Very satisfied	15	25		
Somewhat satisfied	35	25		
Not sat. nor dissatisfied	25	23		
Somewhat dissatisfied	13	9		
Very dissatisfied	13	19		

In summary, none of the five survey items dealing with personal counseling showed significant differences between the responses of inmates at the public- and privately managed institutions.

7.2.3 Substance Abuse Counseling

Prisoners at the project's two institutions were asked to respond to survey items dealing with alcohol and drug abuse programs. Their replies are summarized in Tables 23-a and 23-b.

TABLE 23a -- Alcohol Counseling Program
(percent)

Inmate Responses:		**No**	**Yes**	
(n=49)	BCC	61	39	
In alcohol abuse program				.25 N.S.
(n=61)	MAC	49	51	
(n=28)	BCC	75	25	
Want alcohol abuse program				.75 N.S.
(n=22)	MAC	82	18	
(n)		(19)	(37)	
		Blackburn	**Marion**	.5 N.S.
Level of satisfaction:				
Very satisfied		42	59	
Somewhat satisfied		16	19	
Not sat. nor dissat.		11	8	
Somewhat dissat.		16	3	
Very dissatisfied		16	11	

TABLE 23b -- Drug Counseling Program
(percent)

Inmate Responses:		**No**	**Yes**	
(n=51)	BCC	65	35	
In drug abuse program				.25 N.S.
(n=61)	MAC	57	43	
(n=27)	BCC	85	15	
Want drug abuse program				.75 N.S.
(n=23)	MAC	83	17	
(n)		(18)	(32)	
		Blackburn	**Marion**	.75 N.S.
Level of satisfaction:				
Very satisfied		44	47	
Somewhat satisfied		22	38	
Not sat. nor dissat.		6	3	
Somewhat dissatisfied		11	6	
Very dissatisfied		17	6	

A higher proportion of Marion (than Blackburn) inmates participated in **alcohol and drug counseling programs**; higher proportions of Marion prisoners expressed greater satisfaction with both programs than did Blackburn prisoners. More of the Blackburn inmates wanted to participate in an alcohol program; slightly more of the Marion prisoners expressed an interest in the drug counseling program. None of these differences were statistically significant.

In summary, six survey items dealt with substance abuse programs at the two project institutions. There were no statistically significant differences between the public- and privately-administered facilities. However, on five of the six items there was a higher proportion of "favorable" responses from the Marion inmates than from Blackburn's population.

If the satisfaction figures for both substance abuse programs are combined (yielding 13% vs. 30% of the ratings being in the "somewhat" or "very dissatisfied" categories for BCC and MAC, respectively), a chi square analysis shows a statistically significant result ($p<.05$) in favor of MAC.

7.2.4 Vocational/Job Counseling

In Table 24, a significantly greater proportion of BCC's inmates than MAC's reported receiving **vocational/job counseling**. Prisoners at both facilities were "very satisfied" with the counseling provided in this area; the observed differences between inmate populations at the two prisons was statistically significant at $p<.10$, with BCC being in the more "favorable" position.

TABLE 24 -- Vocational/Job Counseling

		(percent)		
Inmate response:		**No**	**Yes**	
(n=50)	BCC	32	68	
Received voc./job counsel.				p<.01
(n=57)	MAC	74	26	
		(34)	(17)	
		Blackburn	**Marion**	p<.10
Level of satisfaction:				
Very satisfied		62	65	
Somewhat satisfied		32	18	
Not sat. nor dissat.		0	12	
Somewhat dissat.		0	6	
Very dissatisfied		6	0	

Information provided by the Kentucky Correctional Cabinet's Central Office (Table 25), reported the number of **vocational training** programs completed by prisoners at both Blackburn and Marion. The gradual build-up of MAC's figures, according to the warden, is a consequence of the facility's vocational training program becoming operational in late 1986.

TABLE 25 -- Number Vocational Programs Completed

	BLACKBURN	MARION
1/1/87--3/31/87	20	5
4/1/87--6/30/87	17	6
7/1/87--9/30/87	7	8
10/1/87--12/31/87	14	10
1/1/88--3/31/88	19	12
"Normalized ratio"	**1:22.9**	**Ratio 1:25.2**

During the data collection period reported above in Table 25, Blackburn averaged 15.4 program completions for a ratio of 1:22.4 inmates; Marion averaged 8.2 for a ratio of 1:25.2 prisoners.

In summary, a significantly greater number of Blackburn inmates (than MAC's) received vocational and job counseling. Compared to Marion, BCC's inmates completed more vocational programs and were slightly more satisfied with the counseling they received.

7.2.5 Academic Education

Comparative **education** data -- between the public- and privately-managed institutions (Table 26) -- from the inmate survey form did not reach the level of statistical significance, except for the item dealing with post-release education plans which favored MAC. In general, Marion's data was in the more "favorable" direction.

TABLE 26 -- Academic Education Program
(percent)

Inmate response:			**No**	**Yes**	
(n=10)	BCC		60	40	
Completed/enrolled--Basic					.75 N.S.
(n=15)	MAC		67	33	
(n=30)	BCC		60	40	
Completed/enrolled--GED					.75 N.S.
(n=25)	MAC		52	48	
(n)			(19)	(21)	
			Blackburn	**Marion**	SIG.
Hours per week:					
Average			15.9	16.8	.8 N.S.
High			40	40	
Low			2	3	
(n)			(46)	(55)	
			Blackburn	**Marion**	.9 N.S.
Level of satisfaction:					
Very satisfied			30	35	
Somewhat satisfied			26	24	
Not sat. nor dissat.			28	20	
Somewhat dissat.			7	13	
Very dissatisfied			9	9	
			No	**Yes**	
(n=38)	BCC		38	63	
Continue educ. post-release					p<.10
(n=58)	MAC		22	78	

Kentucky's Central Office provided data concerning the number of GEDs earned during the data collection period -- Table 27.

During the data collection period Blackburn produced (on average) one GED for every nine inmates; Marion's ratio of 1:5.3 indicated a rate almost twice as large as BCC's.

TABLE 27 -- Number of GEDs Earned

	BLACKBURN		MARION	
1/1/87--3/31/87	8		12	
4/1/87--6/30/87	3		3	
7/1/87--9/30/87	6		7	
10/1/87--12/31/87	6		7	
1/1/88--3/31/88	16		10	
TOTAL	**39 / 352.8**		**TOTAL**	**39 / 206.4**
"Normalized ratio"	**1:9.0**		**Ratio**	**1:5.3**

In summary, for five of the six areas in which academic education data was gathered, the privately-managed facility out-performed the publicly-administered institution; only one of which was statistically significant.

7.3.6 Work Training Program

Inmates at both facilities were asked about their experiences in their respective institution's **work training programs**. The responses are shown in Table 28.

Significantly more Marion than the BCC prisoners' indicated either completing or being enrolled in work training programs and wanting work programs. However, more BCC (than MAC) prisoners reported being helped to arrange post-release employment. Cross-facility differences on the remaining four items (where BCC's responses were more often in the "favorable" direction) were not statistical significant.

TABLE 28 -- Work Training Program

(percent)

Inmate response:			No	Yes	
	(n=24)	BCC	100	0	
Completed or enrolled					p<.01
	(n=61)	MAC	62	38	
	(n=22)	BCC	55	45	
Want work training					p<.05
	(n=35)	MAC	29	71	
	(n)		(26)	(25)	
			Blackburn	Marion	.75 N.S.
Level of satisfaction:					
Very satisfied			62	60	
Somewhat satisfied			27	16	
Not sat. nor dissat.			4	12	
Somewhat dissat.			0	4	
Very dissatisfied			8	8	
			No	Yes	
	(n=34)	BCC	21	79	
Want similar release job					.75 N.S.
	(n=54)	MAC	24	76	
	(n=34)	BCC	26	74	
Helped to line up release job					p<.10
	(n=52)	MAC	44	56	
	(n=53)	BCC	70	30	
Help make community contacts					.75 N.S.
	(n=63)	MAC	75	25	
	(n=53)	BCC	47	53	
Have release job ready					.95 N.S.
	(n=61)	MAC	46	54	

7.3.7 Chores/Work Assignment

At most prisons, unassigned inmates are usually given **chores or institutional maintenance work assignments.** As shown in Table 29, the Blackburn inmates indicated a significantly higher average number of hours per week during which they participate on chore/work details than was the case at Marion. In terms of satisfaction with these type assignments, MAC's prisoners show a higher level of satisfaction than BCC's inmates, but the difference was not statistically significant.

TABLE 29 -- Chores/Work Assignment

Inmate response:			
(n)	(46)	(55)	
	Blackburn	**Marion**	SIG.
Hours per week:			
Average	30.7	21.9	p<.01
High	60	75	
Low	5	2	
(n)	(51)	(60)	
	Blackburn	**Marion**	.25 N.S.
Level of satisfaction:			
Very satisfied	29	42	
Somewhat satisfied	43	30	
Not sat. nor dissat.	8	17	
Somewhat dissatisfied	10	8	
Very dissatisfied	9	3	

7.3.8 Visiting Program

Prisoners at both public- and privately-managed prisons were asked about their facility's **Visiting Program** (Table 30). The Marion inmates reported a higher average number of visits; however, they also indicated it was more trouble for their family and friends to visit and they were somewhat less satisfied with the visiting program than was the case for the Blackburn prisoners. [Marion is located in a rural part of the state far from any city; Blackburn is situated just outside the city of Lexington.] None of the observed between-institution differences were statistically significant.

TABLE 30 -- Visiting Program

Inmate response:				
(n)	(34)		(42)	
	Blackburn		**Marion**	SIG.
No. Visits past month:				
Average	4.7		15.4	.20 N.S.
High	30		244	
Low	1		1	
(percent)	None	A Little	Some	A lot
(n=54) BCC	31	11	24	33
Trouble for family to visit				.25 N.S.
(n=61) MAC	15	13	23	49
(n)	(51)		(62)	
	Blackburn		**Marion**	.75 N.S.
Level of satisfaction:				
Very satisfied	27		24	
Somewhat satisfied	37		31	
Not sat. nor dissat.	12		21	
Somewhat dissat.	12		10	
Very dissatisfied	12		15	

7.3.9 SUMMARY

Thus, under the sub-section Institutional Programs, eight program areas were examined; i.e., contacts/relationships; personal, substance abuse, and vocational/job counseling; academic education; work training; chores/ work assignments; and visiting. Ten cross-institution comparisons were statistically significant -- five of these favored each of the comparison facilities. For the non-significant findings, more often the publicly-run institution was in the more "favorable" position.

	BCC	MAC
Social Adjustment & Rehabilitation		
Institutional Programs		
Inmate/Staff Contacts	+	---
Personal Counsel.Program	+	---
Substance Abuse Counsel.	---	+
Voc./Job Counseling	+	---
Academic Education	---	+
Work Training Program	---	+
Chores/Work Assignments	+	---
Visiting Program	+	---

7.4 SUMMARY: Social Adjustment & Rehabilitation

As indicated in Chart C, below, both the publicly-managed institution and the privately-administered prison were equally in the more "favorable" position on the two major areas covered under this heading.

Chart C
Summary: Social Adjustment & Rehabilitation

	(=)Blackburn	Marion(=)
Activity Level	---	+
Institutional Programs	+	---

SECTION 8

REHABILITATION

Two general areas were examined regarding the "outputs" of the comparison institutions: pre- and post-release.

8.1 PRE-RELEASE

Pre-Release measures dealt with inmate expectations regarding their likely post-release experience in the community, and the efficiency with which each facility moved its inmates through the incarceration experience.

8.1.1 Expectations

Inmates were asked two questions about their expectations regarding their likely post-release experience in the community. No statistically significant differences were found regarding **post-release expectations**, between prisoners from the public- and privately-managed facilities. As Table 31 indicates, more Marion prisoners (than BCC inmates) thought their program would help them avoid future problems with the law, but this difference was not statistically significant. However, significantly more MAC than BCC prisoners indicated it was "not at all likely" that following release they would have trouble with obeying the law.

TABLE 31 -- Post-release Expectations
(percent)

Inmate response:		**No**	**Yes**
(n=54)	BCC	30	70
Program help stay out of trouble			.5 N.S.
(n=59)	MAC	24	76

		Extremely Likely	Likely	Not Very Likely	Not at all Likely
(n=54)	BCC	2	4	39	56
Post-release crime					p<.10
(n=61)	MAC	6	0	23	71

8.2.2 Length of Stay

The average length of stay and, the number of prisoners released from an institution are both indicators of that facility's efficiency in processing inmates. Central Office data on both of these measures were analyzed for the 15 month data collection "window."

This assessment item combines in-house and outside factors. That is, the court sets each individual's sentence, and subsequently, the Parole Board can adjust this, within statutory limits, depending upon several components among which is the prisoner's behavior, effort, and attitude during the period of confinement.

Thus, there is an interaction between in-house (facility) factors--e.g., the types of programs offered, the institution's physical and social environment, etc. -- and the inmate's ability to demonstrate better control over his/her behavior. This, in combination with the external (sentence, parole date) elements plays a meaningful role in how quickly individuals move through their correctional experience.

Length of stay (number of days from date of admission to date of release) at both facilities was virtually identical; see Table 32. Marion "processed" its inmates slightly more efficiently than Blackburn.

TABLE 32 -- Length of Stay (days)

	BLACKBURN	MARION
1/1/87--3/31/87	167.4	180.7
4/1/87--6/30/87	243.5	266.3
7/1/87--9/30/87	240.7	251.5
10/1/87--12/31/87	251.8	199.3
1/1/88--3/31/88	188.5	188.4
	Avg. 218.4	**Avg. 217.2**

8.1.3 Number of Releasees

The **Number of Releasees** measure complements the previous section's Length of Stay indicator. The former deals with time, the latter with number of individuals. Both are aspects of a facility's efficiency in moving its inmates through a correctional experience.

Prisoners are released either by being paroled or after doing their "flat time," both of these dates are established by agencies outside corrections. Consequently, (as detailed in the length of stay section) an institution's influence on the number of releasees is indirect. Generally, well managed facilities lead to fewer inmate problems which, in turn, increases the likelihood of parole. The more paroles a facility has, the more inmates it can "process."

Corrections Cabinet Central Office information concerning number of releasees is presented below in Table 33.

TABLE 33 -- Inmates Released

	BLACKBURN	MARION
1/1/87--3/31/87	42	29
4/1/87--6/30/87	68	30
7/1/87--9/30/87	51	22
10/1/87--12/31/87	69	40
1/1/88--3/31/88	71	28
Avg.	**60.2**	**Avg. 29.8**
"Normalized ratio"	**1:5.9**	**Ratio 1:6.9**

During the data collection period -- 1/1/87 thru 3/31/88 -- Blackburn averaged twice Marion's number of releasees; however, during this time span, BCC (compared to MAC) averaged more prisoners -- 352.8 to 206.4, respectively. Relative to the size of each institution's population, BCC's release ratio was 1:5.9 inmates, Marion's was 1:6.9 prisoners. Thus, Marion appeared to be moving more inmates through its program than Blackburn.

For prisoners serving time at Blackburn, 8% did their "flat time," compared to 5% for Marion inmates.

Overall, for three of the four questions dealing with pre-release, the privately-run facility was in the more "favorable" position (although the scores on these items were about the same for the two facilities.

8.2 POST-RELEASE

Figures were obtained from the Central Office regarding the number of releasees from the project institutions who were returned to the Kentucky Department of Corrections with a **new offense** during the-15 month period. Both Blackburn and Marion had no released offenders from either facility were returned to the Kentucky Corrections Cabinet for a new offense (see Table IX in Appendix B). Efforts were made to verify that this was indeed the case; no additional data was available.

The recidivism literature indicates that the highest proportion of those who revert to post-release law violative, do so within the first year. Consequently, it is difficult to reconcile the finding that there were no recidivists at either Blackburn or Marion.

In terms of releasees returned to the Kentucky Corrections Cabinet for a **technical violation** (Table 34), Blackburn averaged one returnee for every 15.5 inmates released, while Marion had a 1:24.8 ratio. That is, the return rate of the publicly-managed was 50% higher than that of the privately-administered institution.

TABLE 34 -- Number Technical Violators

	BLACKBURN		MARION
1/1/87--3/31/87	4		3
4/1/87--6/30/87	5		1
7/1/87--9/30/87	0		1
10/1/87--12/31/87	5		1
1/1/88--3/31/88	6		0
Total	**20**	**Total**	**6**
"Normalized ratio"	**1:15.5**	**Ratio**	**1:24.8**

8.3 SUMMARY: REHABILITATION DATA

In comparing Rehabilitation data from the public- and privately-managed institutions, two areas were examined -- pre- and post-release measures. None of the findings were statistically significant; however, the more "favorable" results were obtained for the privately-administered institution- - see Chart D.

Chart D
Summary: Rehabilitation Data

	Blackburn	Marion (+)
Pre-release	---	+
Post-release	---	+

SECTION 9

STAFF/MANAGEMENT ISSUES

9.1 STAFF ISSUES

The staff and inmates at both the public and private facilities were asked to provide their views concerning the adequacy with which corrections personnel performed their duties. Findings are presented in Tables 31 a-k. The small number of responses from BCC's staff resulted from inadvertently omitting a page from a number of survey forms, reducing the number of responses from the sample maximum of 29 to a ceiling of nine.

9.1.1 Staff Performance

TABLE 35a

Adequacy of Staff's Overall Performance (percent)

		Strongly Disagree	Disagree	Agree	Strongly Agree
Staff response:					
(n=8)	BCC	0	25	75	0
Do jobs well					XXX°
(n=25)	MAC	0	4	88	8
Inmate responses:					
(n=54)	BCC	22	20	52	6
Do jobs well					.5 N.S.
(n=63)	MAC	14	29	54	3

XXX° = No. of cases too small (<10) for reliable results.

The statistical significance of staff responses could not be assessed due to the small number of Blackburn personnel answering this question. Both staffs saw themselves as doing their jobs well -- this being the case for a somewhat higher proportion of the personnel at Marion.

While a majority of the inmates at both facilities agreed that **staff do their jobs well**, the number responding in this fashion were much lower than those reported by staff. There were no statistically significant differences between inmates from the public and private facilities.

Comparisons were also made between the replies of staff and inmates at the same facility. Inmates at both the public and private prisons rated personnel's performance lower than did the staff -- a 17% difference at Blackburn and a 39% difference at Marion. Only at Marion could statistical analysis be performed and the observed difference was statistically significant ($p<.01$).

Thus, staff at both the publicly- and privately-managed institutions saw themselves as doing a good job; and the prisoners tended to agree. However, inmate perceptions of staff adequacy were significantly lower at Marion than staff's ratings.

TABLE 35b

Staff is Fair with Inmates (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(9)	BCC	0	11	89	0
Staff fair w. inmates					XXX°
(n=25)	MAC	0	4	84	12
Inmate responses:					
(n=54)	BCC	20	39	41	0
Staff fair w. inmates					p<.10
(n=63)	MAC	16	24	54	6

XXX° = No. of cases too small (<10) for reliable results.

Staff at the two facilities were in substantial agreement that inmates receive **fair treatment** (Table 35b). Statistical significance could not be measured due to the small number of responses from Blackburn.

Inmate replies at both institutions were substantially less positive than the staffs.' Comparing Blackburn's and Marion's prisoners' replies showed that considerably more of MAC's inmates felt their staff was fair with them -- 60% in contrast to 41% at BCC; this difference was statistically significant (p<.10).

Concerning the **facility safety** data in Table 35c, the small number of responses from Blackburn's staff precluded statistical tests being conducted; comparisons between public and private inmates were not statistically different. The majority of personnel and inmates both agreed that the staff keep the facilities safe.

The survey asked both personnel and prisoners two questions concerning staff's role in keeping the facility safe for inmates and preventing inmate fights. As Tables 35c and 35d indicate, both personnel and inmates gave the staff positive ratings.

TABLE 35c

Staff Keep Facility Safe for Inmates (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=9)	BCC	0	33	67	0
Staff keep facility safe					XXX°
(n=25)	MAC	0	4	88	8
Inmate responses:					
(n=52)	BCC	10	8	81	2
Staff keep facility safe					.25 N.S.
(n=63)	MAC	8	16	68	8

XXX° = No. of cases too small (<10) for reliable results.

TABLE 35d

Staff Try to Prevent Inmate Fights (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=9)	BCC	0	0	89	11
Staff prevent fights					XXX°
(n=25)	MAC	0	0	84	16
Inmate responses:					
(n=54)	BCC	13	7	69	11
Staff prevent fights					.75 N.S.
(n=63)	MAC	8	13	68	11

XXX° = No. of cases too small (<10) for reliable results.

Cross-staff comparisons could not be calculated on the Table 35d data concerning **preventing fights** because too few responses were received from the Blackburn personnel. In both the public and private facilities the majority of all staff agreed that an effort was made to try to stop inmate fights.

The preponderance of prisoners at both institutions agreed with personnel's perceptions. There were no statistically significant differences between inmates at the two facilities.

The proportion of Marion inmate respondees agreeing that personnel try to prevent fights was substantially smaller than the replies from MAC's staff; however, the difference was not statistically significant.

TABLE 35e

Staff Give Inmates Conflicting Information (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=9)	BCC	0	33	67	0
Staff information conflicts					XXX°
(n=25)	MAC	8	72	20	0
Inmate responses:					
(n=53)	BCC	15	57	13	15
Staff information conflicts					p<.05
(n=62)	MAC	10	40	35	15

XXX° = No. of cases too small (<10) for reliable results.

A notably higher percent of Blackburn (than Marion) staff --67% vs 20%, respectively -- agreed that personnel gave prisoners **conflicting instructions**; however, the small size of the BCC sample suggests this result may be unreliable. Surprisingly, responses from inmates at both facilities differed widely -- half MAC agreed while only 28% of BCC prisoners assented to the content of this item.

TABLE 35f

Staff Listen to Inmate Complaints (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=9)	BCC	0	0	100	0
Staff listen					XXX°
(n=25)	MAC	0	0	92	8
Inmate responses:					
(n=53)	BCC	25	36	40	0
Staff listen					.75 N.S.
(n=63)	MAC	21	35	41	3

XXX° = No. of cases too small (<10) for reliable results.

Although the small number of replies from BCC staff precluded statistical significance from being calculated, there was general agreement among personnel at both facilities that staff **listened to inmate complaints** (Table 35f).

However, prisoners saw it differently. While there were no significant differences between Blackburn and Marion inmates, at MAC more inmates (than personnel) felt that staff did not listen to their complaints; the 56% difference was statistically significant -- p<.01.

TABLE 35g

Staff Give Inmates Clear Instructions (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=8)	BCC	0	25	75	0
Staff instructions clear					XXX°
(n=25)	MAC	0	12	80	8
Inmate responses:					
(n=53)	BCC	19	23	57	2
Staff instructions clear					.25 N.S.
(n=63)	MAC	8	29	57	6

XXX° = No. of cases too small (>10) for reliable results.

Staffs at both facilities generally agreed they gave inmates **clear instructions**, with MAC's replies reflecting a higher proportion of endorsement. The small sample size at Blackburn prevented further analyses.

Inmates, while less positive than personnel, agreed that staff gave clear instructions. Differences between facilities were not statistically significant, but were in favor of the privately-administered prison.

TABLE 35h

Staff Tell Inmates about Rules (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=9)	BCC	0	11	78	11	
Staff tell inmates rules					XXX°	
(n=25)	MAC	0	4	88	8	
Inmate responses:						
(n=54)	BCC	11	11	65	13	
Staff tell inmates rules					.9	N.S.
(n=62)	MAC	10	18	60	13	

XXX° = No. of cases too small (>10) for reliable results.

Staffs at both facilities strongly agreed that they **tell inmates about the rules** that must be followed (Table 35h). To a lesser extent, inmates acknowledged that this was the case; BCC's proportion of agreement was slightly higher than MAC's. The small number of Blackburn replies precluded conducting some statistical tests.

There was general agreement by both personnel and prisoners at both facilities that **staff let inmates visit** with their friends; prisoners also agreed with this item, however, to a lesser degree than staff (Table 35i). The small number of replies from the Blackburn staff, precluded calculating some statistical tests.

TABLE 35i

Staff Let Inmates Visit Friends (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=9)	BCC	0	33	67	0	
Staff let inmates visit					XXX°	
(n=23)	MAC	4	17	78	0	
Inmate responses:						
(n=53)	BCC	11	32	55	2	
Staff let inmates visit					.75	N.S.
(n=63)	MAC	11	33	51	5	

XXX° = No. of cases too small (>10) for reliable results.

TABLE 35j

Staff Interested in Helping Inmates (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=9)	BCC	0	22	78	0
Staff help inmates					XXX°
(n=24)	MAC	0	13	75	13
Inmate responses:					
(n=53)	BCC	19	57	21	4
Staff help inmates					.75 N.S.
(n=63)	MAC	21	48	29	3

XXX° = No. of cases too small (>10) for reliable results.

The figures in Table 35j indicate that more personnel at both facilities agreed that staff was **interested in helping inmates**; while a majority of the prisoners at both institutions responded that staff was not interested in helping inmates. The small number of staff responses at Blackburn prevent some statistical tests from being performed. Marion's difference between the responses of staff and inmates was statistically significant ($p<.01$).

TABLE 35k

Staff Would Do a Better Job
If They Had More Training (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree
Staff response:					
(n=8)	BCC	0	63	25	13
Staff need training					XXX°
(n=24)	MAC	0	21	50	29
Inmate responses:					
(n=53)	BCC	4	13	57	26
Staff need training					p<.10
(n=62)	MAC	2	10	39	50

XXX° = No. of cases too small (>10) for reliable results.

The data in Table 35k show disagreement regarding their respective personnel's replies concerning **training** needs: BCC, in general, did not see the need for more training, while most of Marion's personnel did. The small number of replies from Blackburn prevent statistical significance being assessed. The meaning of these responses is ambiguous.

From staff's replies it is not clear whether MAC personnel felt they were inadequately trained (in light of their generally short experience in the corrections field), or that they simply believed that more training is always desirable.

Inmates at both facilities agreed that staff would do a better job if they had more training. However, substantially more Marion prisoners (than BCC inmates) strongly agreed that staff training was needed.

9.1.2 Grievances

Both the staff and inmate questionnaires contained items concerning the respondents' experience with filing grievances; Central Office data was also examined. Tables 32 and 33 display information provided by the Central Office, while Table 33 displays staff grievance survey material.

	BLACKBURN	MARION
1/1/87--3/31/87	0	0
4/1/87--6/30/87	0	0
7/1/87--9/30/87	1[a]	0
10/1/87--12/31/87	3[a]	0
1/1/88--3/31/88	0	0

[a] According to BCC's warden, the same staff member filed these EEO complaints to get weekends off.

The number of staff grievances filed from each institution (during the 15 months) for which the Central Office had data (Table 36), was very small. Essentially, both staffs appeared to be satisfied with their jobs.

TABLE 37 - Inmate Grievances

	BLACKBURN	MARION
1/1/87--3/31/87	25	5
4/1/87--6/30/87	34	5
7/1/87--9/30/87	73[a]	17
10/1/87--12/31/87	56	6
1/1/88--3/31/88	58	58[b]
Avg.	**49.2**	**Avg. 18.2**
"Normalized ratio"	**1:7.2**	**Ratio 1:11.3**

[a] BCC's warden stated one inmate filed 35 grievances.

[b] Marion's warden indicated that 56 inmates contested a new policy which restricted food packages.

Table 37 shows BCC averaging almost three times as many **inmate grievances** as Marion. Adjusting for their respective average populations, BCC's ratio is one grievance for every 7.2 inmates compared to Marion's ratio of 1:11.3. Thus, prisoners in the state-administered facility filed many more grievances than was true for the inmates in the privately-managed institution -- 58% more, on average.

[Excluding BCC's "grievance writer," reduces Blackburn's average number of inmate grievances to 42.2 or 8.4 per inmate over the 15 month time span; still about one-third higher than Marion's average. However, if grievance arising from Marion's food package policy were also omitted, then the difference between the two facilities on this survey question would become much larger.]

TABLE 38a

Staff Grievances (percent)

			No	**Yes**
Staff response:				
	(n=29)	BCC	79	21
Ever file grievance				p<.02
	(n=26)	MAC	100	0
Inmate response:				
	(n=49)	BCC	88	12
Ever file grievance				.30 N.S.
	(n=49)	MAC	80	20

A significantly greater number of Blackburn (compared to Marion) staff had filed **grievances** (Table 38a). This may be a consequence of: (1) the significantly longer in-service time of the BCC personnel; (2) the fact that Marion (according to its warden) has no official grievance procedure for its personnel: and/or (3) compared to Marion, BCC staff are more dissatisfied with their job situation.

Of the six BCC staff who filed grievances five (83%) indicated it happened more than a year ago; two/thirds of the grievance filers (i.e., four persons) were "not at all" satisfied with the results, one was "partially," pleased and one was "completely" satisfied.

No statistically significant differences were found regarding the number of inmates at BCC and MAC who had filed grievances.

TABLE 38b

Reason for NOT Filing a Grievance (percent)

	INMATES		STAFF	
(n)	(43) BCC	(39) MAC	(23) BCC	(26) MAC
Never had major complaint	51	46	48	73
Thought it useless	35	33	17	4
Afraid negative conseq.	21	28	4	8
Problem taken care of	7	8	35	15

For BCC 43 inmates provided 49 responses on the survey data reported in Table 38b; 39 MAC prisoners made 47 replies. The most prevalent reason given by both inmates and staff for **not filing a grievance** was that they never had a major complaint. The second highest reason given by inmates was "thought it would be useless," while for staff it was "problem was taken care of." The distribution of replies across prisons showed no significant differences in comparisons between inmates or between staffs.

[Since, Marion had no formal grievance procedure for its staff, the information contained in the table resulted, presumably, from an "informal" grievance process at the privately-administered facility.]

A much higher proportion of Marion's staff than BCC's reported never having filed a major complaint. The percentages for the prisoners was about the same at both facilities.

Additionally, staff at both Blackburn and Marion were asked if they, personally, had a grievance filed against them by an inmate.

TABLE 38c

Grievance Filed by Inmates Against You (percent)

Staff response:				Don't
		No	Yes	Know
(n=29)	BCC	38	38	24
Grievance against you				p<.10
(n=25)	MAC	68	16	16

The distributions of replies in Table 38c indicate a substantially larger proportion of Blackburn's staff (compared to MAC) had **grievances filed against** them by inmates. BCC's higher proportion of staff who had received an inmate grievance is confounded by their longer length of service relative to Marion's personnel (and, grievances could have been filed by a prisoner at the staff member's previous prison assignment).

9.1.3 Staff Work Environment

Table 39 compares staff replies at the public- and privately-managed prisons on 14 items dealing with their reactions to each facility's **work environment.** For all items in Table 39 there was agreement between institutions in the direction of the responses. In four of the questions, the proportion of replies from Marion's personnel was statistically significantly higher than Blackburn's: " told promptly when there is a change," "Management is flexible," "authority is clearly delegated," and, preference is to remain in facility."

For the remaining 10 non-statistically significant items, BCC's staff had a higher proportion in the "favorable" direction on two questions, while Marion had the higher percentage in the "positive" direction on six items. Over all 14 items, the MAC had a higher response rate in the "favorable" direction (10) than was true for BCC (p<.06).

TABLE 39

Work Environment (percent)

Staff response:		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
(n=28)	BCC	21	54	25	0	
1.Unclear who has authority						.25 N.S.
(n=25)	MAC	12	68	12	8	
(n=29)	BCC	0	72	24	3	
2.Can't change things						.5 N.S.
(n=25)	MAC	8	76	16	0	
(n=29)	BCC	7	38	55	0	
3.Kept informed about changes						p<.01
(n=24)	MAC	0	13	63	25	
(n=29)	BCC	3	21	72	3	
4.Have necessary authority						.5 N.S.
(n=23)	MAC	4	9	74	13	
(n=29)	BCC	0	14	86	0	
5.Management is flexible						p<.05
(n=25)	MAC	0	0	88	22	
(n=29)	BCC	0	41	56	0	
6.Authority is clearly delegated						p<.05
(n=25)	MAC	0	16	72	12	
(n=29)	BCC	0	0	83	17	
7.Not afraid to complain						.25 N.S.
(n=25)	MAC	0	8	60	32	
(n=29)	BCC	0	14	79	7	
8.Superv. asks for opinion						.75 N.S.
(n=24)	MAC	0	13	71	16	
(n=29)	BCC	0	7	76	17	
9.Know what is expected						.75 N.S.
(n=25)	MAC	0	16	64	20	
(n=28)	BCC	4	14	75	7	
10.Performance stds. fair						.75 N.S.
(n=25)	MAC	0	20	68	12	

TABLE 39 (continued) -- Work Environment (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff response:						
(n=28)	BCC	25	50	18	7	
11. Looking for new job					.99	N.S.
(n=23)	MAC	17	52	17	13	
(n=26)	BCC	4	19	73	4	
12. Fair performance ratings					.5	N.S.
(n=23)	MAC	9	4	74	13	
(n=28)	BCC	11	68	21	0	
13. Facility not run well					.25	N.S.
(n=24)	MAC	13	79	4	4	
(n=26)	BCC	0	23	50	27	
14. Prefer this facility					p<.10	
(n=24)	MAC	4	0	67	29	

# ITEMS FAVORING EACH FACILITY	**Blackburn**	**Marion**	**Neither**
	2	10	2

9.1.3.1 **REACTIONS TOWARDS WORK:** Staffs at both Blackburn and Marion were asked to indicate their feelings about whether or not their work during the past six months (prior to data collection) had been rewarding.

TABLE 40

Feelings About Effects of Work (percent)

		Never	Rarely	Often	All the Time	
Staff response:						
(n=29)	BCC	7	38	52	3	
Positive influence on inmates					.25	N.S.
(n=25)	MAC	4	24	52	20	
(n=29)	BCC	14	52	28	7	
Work hardens emotions					.95	N.S.
(n=25)	MAC	20	52	24	4	
(n=29)	BCC	14	28	59	0	
Worthwhile accomplishments					p<.05	
(n=25)	MAC	4	16	60	20	
(n=29)	BCC	10	63	21	7	
Being fatigued					.25	N.S.
(n=25)	MAC	36	52	8	4	

In all four instances (in Table 40) the staffs from the two facilities agreed concerning the direction of their response to their **work environment.** On one item, responses from the Marion personnel were statistically significantly higher than from Blackburn. That is, 21% more of MAC's replies (than BCC's) indicated that staff felt they "accomplished many worthwhile things in this job." Results on the three non-significant items "favored" Marion in all instances.

In summary, the data on the work environments at the two project facilities were assessed by 18 items on the staff survey. In most cases, replies from the privately-managed institution were in the more favorable direction.

9.1.4 Achievement of Facility Goals

The last area that the surveys asked staff to respond to concerned their **facility's goals** for inmates. The results are shown in Table 41.

Of the 12 items dealing with facility goals, two showed statistically significant differences between the two staffs -- "maintain control inside the facility" and "prevent escapes." Marion's replies were significantly higher (in the "favorable" direction) than Blackburn's.

TABLE 41 -- Facility Goals		Very Much	Somewhat	A Little	Not at All	
Staff response:						
(n=29)	BCC	17	38	34	10	
1.Prevent escapes						.25 N.S.
(n=25)	MAC	24	60	16	0	
(n=29)	BCC	28	48	24	0	
2.Maintain control						p<.01
(n=25)	MAC	64	36	0	0	
(n=29)	BCC	28	41	28	3	
3.Provide meaningful work experience						.75 N.S.
(n=25)	MAC	40	40	20	0	
(n=28)	BCC	50	36	14	0	
4.Provide vocational trng.						.25 N.S.
(n=25)	MAC	28	44	28	0	
(n=29)	BCC	14	34	31	21	
5.Help inmates find work						.75 N.S.
(n=25)	MAC	20	20	28	32	
(n=29)	BCC	21	41	34	3	
6.Provide personal counseling						.75 N.S.
(n=25)	MAC	28	48	20	4	
(n=29)	BCC	7	48	28	17	
7.Help re-enter society						.25 N.S.
(n=24)	MAC	17	25	25	33	
(n=29)	BCC	31	48	17	3	
8.Provide alcohol counseling						.75 N.S.
(n=25)	MAC	44	44	12	0	
(n=28)	BCC	25	54	19	4	
9.Provide drug counseling						.5 N.S.
(n=25)	MAC	44	44	12	0	
(n=29)	BCC	69	21	3	7	
10.Help get H.S. education						.5 N.S.
(n=25)	MAC	80	20	0	0	
(n=29)	BCC	48	38	3	10	
11.Provide quality education						.5 N.S.
(n=25)	MAC	60	40	0	0	
(n=29)	BCC	41	45	7	7	
12.Provide quality med. svcs.						.5 N.S.
(n=25)	MAC	44	56	0	0	

On the 10 remaining questions, higher proportions of Marion's personnel responded in the favorable direction on six (BCC higher on the other four). More of Blackburn's staff felt their programs helped prisoners get situated in the community and find work. More of Marion's personnel felt their program provided prisoners meaningful work experiences and helped with inmate's eduction.

In summary, of the 12 survey questions dealing with facility goals, in eight instances the privately-administered facility had a higher proportion of responses in the "favorable" direction; staff responses from the publicly-managed institution were in the more favorable direction on the remaining four items.

9.1.5 SUMMARY: STAFF ISSUES

Staff's survey contained 48 items not included on the inmate questionnaire. On the majority of these items the private prison was in the "favorable" position.

9.2 MANAGEMENT ISSUES

This project assessment area involves two major concerns: Personnel Issues and the administrative features of managing a correctional institution.

9.2.1 Personnel Administration

In terms of **staffing ratios**, for the data collection period (1/1/87 thru 3/31/88), Blackburn averaged 81.8 full-time employees (see Table VI in Appendix B), while Marion's staff complement was 56. BCC had a 1:4.3 staff-to-inmate ratio; Marion 1:3.7 (see Appendix B, Table II for average inmate populations: 352.8 and 206.4, respectively). Thus, each staff member at the publicly-managed institution was required to deal with somewhat more inmates per staff member. While this is less desirable from staff's point of view, it may reflect a slightly more efficient use of personnel (all other things being equal).

The issue in dealing with **overtime** concerns management's desire to keep number of hours low.[5] Blackburn did somewhat better than Marion -- an average of 68 hours per BCC staff member versus 77 hours for each of MAC's personnel, for the 15-month data period (Table VII, Appendix B).

Personnel turnover was considered using the data in Table VIII (Appendix B) which was provided by the Central Office. Both facilities lost (terminations and resignations) 20 staff members; this represented a 24% rate for Blackburn and a 36% rate for Marion, for the 15-month data period.

[5] Blackburn pays its staff a per hour rate for overtime; Marion gives compensatory time, i.e., time off.

Overall, in the personnel administrative area the state-managed facility performed better than Marion. In terms of staffing ratio, Blackburn appeared more efficient. This conclusion is also supported by BCC's utilization of less overtime than Marion and by Blackburn's lower turnover rate.

9.2.2 Administrative Issues

Staff were asked questions concerning overall facility management. One question (see upper portion of Table 42) asked both Blackburn and Marion personnel to rate how well their institutions were **organized.** A second question elicited staff (and inmate) responses regarding how **well run** they thought their facility was.

TABLE 42 -- Facility is Well Managed (percent)

		Strongly Disagree	Dis-agree	Agree	Strongly Agree	
Staff:						
(n=29)	BCC	4	41	52	4	
Facility well organized						p<.10
(n=25)	MAC	8	13	9	74	
(n=28)	BCC	0	43	54	4	
Facility well run						p<.10
(n=24)	MAC	0	17	71	13	
Inmates:						
(n=53)	BCC	30	43	23	4	
Facility well run						.5 N.S.
(n=59)	MAC	32	29	36	3	

In cross-institution comparisons a significantly larger proportion of the private facility staff felt their prison was well organized (83%) and well run (84%) than was true for the public institution (56%) and (58%), respectively -- p<.10.

Comparisons based on inmate data agreed with the previous finding--MAC's prisoners (in contrast with BCC's), rated their institution as being "well run." However, the majority of inmates at both the private and public institutions did not agree that their facilities were well run -- 61% and 73%, respectively; the between-inmate-groups difference was not statistically significant.

9.2.3 SUMMARY; MANAGEMENT ISSUES

In summary, three survey items addressed administrative issues, replies from the privately-managed facility were in the "favorable" direction more often.

9.3 SUMMARY: STAFF/MANAGEMENT ISSUES

Seven general areas were examined to compare the relative adequacy with which the public- and privately-managed institutions were managed; MAC's results were more favorable.

As indicated in Chart E, the privately-run institution was significantly superior to the publicly-administered prison in five major areas (Grievances, Work Environment and Reactions towards work, Program Goals, and Institution Climate).

Chart E
Summary: Staff/Management Issues

	Blackburn	Marion (+)
Staff Issues:		
Staff Performance	+	---
Grievances	---	+
Work Environment	---	+
Reactions to work	---	+
Facility Goals	---	+
Management Issues:		
Personnel	+	---
Administrative	---	+

SECTION 10

COST

10.1 SOURCES OF DATA

Direct cost data were collected from financial records maintained at each facility. Indirect costs for BCC were derived from expenditure data maintained by the Kentucky Corrections Cabinet and allocated to Blackburn by the Cabinet's Acting Branch Manager for Planning and Evaluation. Costs presented for the Kentucky Corrections Cabinet's oversight of the Marion contract are based on allocations made by the Cabinet's Department of Community Services and Facilities Management. Data on State expenditures for MAC's inmate medical expenses, inmate wages and inmate gate fees were provided by the Kentucky Corrections Cabinet for the period July 1, 1986 - June 30, 1987.[1]

Marion expenditure data are for Fiscal Year 1987, from January 1 through December 31. During this period, the average daily inmate population of MAC was 204. The Blackburn cost data presented herein are based on expenditures made in Fiscal Year 87/88, from July 1, 1987 through June 30, 1988. During this time period, the average daily inmate population for BCC was 364 inmates.

Financial information reflects actual expenditures rather than budgeted amounts for each facility. Expenditure data present a more accurate portrayal of the financial transactions occurring during the study period than budgetary data. However, the Marion facility maintained accounting records on a cash basis of accounting while Blackburn financial records are maintained on an accrual basis of accounting. This difference in accounting practice had minimal impact on the data collected. Furthermore, total cost data have been rounded off to simplify presentation.

Staffs at each facility were interviewed and personnel were asked to identify and explain expenditures made in various cost centers (e.g., personnel, food costs, training, general operating, insurance). Follow-up telephone interviews were held with administrative personnel at each institution as well as with officials from the Kentucky Corrections Cabinet, which has oversight for both institutions, to clarify the information reported.

[1] Data that coincide with Marion's calendar FY 87 were not available.

10.2 COST COMPARISONS

For Marion's Fiscal Year 1987, the total cost per inmate per day to the Commonwealth of Kentucky for MAC was $30.00, as illustrated below.

YEAR	MAC CONTRACT COST PER INMATE PER DAY	KY.MISC.COSTS.[2] PER INMATE DAY	KY. ADMIN COST FOR MAC PER INMATE DAY	MAC FULL COST TO KY PER INMATE DAY
FY 1987	$25.41	$2.14	$2.13	$30.00

For Fiscal Year 87/88, the cost per inmate per day to the Commonwealth of Kentucky for BCC was $27.00, as illustrated below.

YEAR	BLACKBURN DIRECT COST PER INMATE PER DAY	BLACKBURN INDIRECT COST PER INMATE PER DAY	BLACKBURN FULL COST PER INMATE PER DAY
FY 87/88	$24.50	$2.47	$27.00

10.2.1 Blackburn Cost Analysis

A breakdown of the cost of the Blackburn facility to the Commonwealth of Kentucky in FY 87/88 is as follows:

Average Daily Inmate Population:	364	
Direct Cost:	$3,254,500	
Corrections Cabinet Indirect Costs for BCC:	328,000	
Total Cost:	$3,582,000	
+ Average Daily Inmate Population:	364	
+ Days in Year:	365	
= Full Cost of BCC to State of Kentucky:	$27.00	per inmate per day

The total cost of operating Blackburn for Fiscal Year 87/88 was $3,582,500, or $27.00 per inmate per day, based on an average daily inmate population of 364. Direct BCC expenditures equaled $3,254,500, or $24.50 per inmate per day during this time period.

Indirect costs associated with the Kentucky Corrections Cabinet administration of the Blackburn facility during FY 87/88 were $328,000, or $2.47 per inmate per day. The indirect cost figure reflects BCC's share of expenditures made centrally by the Kentucky Corrections Cabinet that are allocated to each State operated correctional facility. Indirect costs attributable to Blackburn include BCC's *fair share* of expenditures incurred by the Kentucky Corrections Cabinet for overall corrections management. These expenditures include: the Cabinet Secretary's office; fiscal services; general counsel; and, administrative services.

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[2] Expenditures for MAC inmate medical expenses, inmate wages and gate fees paid by the State in FY 86/87. Gate fees are those amounts provided to inmates upon their release.

The amount allocated to each State correctional facility for central Corrections Cabinet expenditures was determined by the Cabinet's Branch Manager for Planning and Evaluation. The allocation methodology required dividing amounts expended in three major budget categories by the average daily inmate population of BCC as a percentage of the total daily inmate population within the Kentucky correctional system. The three budget categories included: Corrections Management (e.g., Secretary's office, finance, administrative services, and general counsel); Adult Institution Operations (e.g., the Commissioner's office); and, Academic Education.

In FY 87/88, the average daily inmate population of Blackburn was 364 or 7.32% of the total universe of inmates within the Kentucky correctional system. Based on this percentage, the amount allocated to Blackburn for indirect costs in FY 87/88 was $328,000 or $2.47 per inmate per day ($328,000÷365 days÷364 average daily inmate population).

10.2.2 Marion Cost Analysis

A breakdown of the cost of the Marion facility to the Commonwealth of Kentucky in FY 87 is as follows:

	Average Daily Inmate Population:	204	
x	Contract Payment Per Inmate Per Day:	$25.41	
x	Days in Year:	365	
=	Total Direct Cost:	$1,892,029	
+	State Paid Inmate Medical, Wages, Gate Fees:	159,500	
+	State Administration of MAC Contract:	$158,514	
	Total Cost:	$2,210,043	
÷	Average Daily Inmate Population:	204	
÷	Days in Year:	365	
=	**Full Cost of MAC to State of Kentucky:**	$30.00	per inmate per day

The full cost to the Commonwealth of Kentucky for MAC, in Marion's FY 87, was $2,210,043 or $30.00 per inmate per day. This amount was based on an average daily inmate population of 204 at Marion. Cost data include the payment the U.S. Corrections Corporation received from the Commonwealth of Kentucky plus the cost incurred by the Kentucky Corrections Cabinet for administering the MAC contract and related inmate medical expenses, wages, and gate fees.

The annual payment received by the U.S. Corrections Corporation for Marion from the Kentucky Corrections Cabinet was based on a per diem of $25.41 per inmate per day in FY 87, or a total of $1,892,029 based on an average daily inmate population of 204. This is a fixed amount per inmate based on the contractual agreement between the Commonwealth of Kentucky and the U.S. Corrections Corporation.

The cost for inmate medical expenses, inmate wages, and gate fees at Marion were paid directly by the Kentucky Corrections Cabinet.

Expenditures for these three categories totaled $159,500 in Kentucky's FY 86/87, as follows:[3]

Medical Expenses:	$96,900
Inmate Wages:	$56,500
Gate Fees:	$ 6,100
Cost Per Inmate Per Day:	**$ 2.14**

($159,500 ÷ 365 days ÷ 204 average daily inmate population)

The cost to the Kentucky Corrections Cabinet for administering the U.S. Corrections Corporation contract equaled $158,514 or $2.13 per inmate per day. Contract management costs are based on the allocation of certain centrally budgeted items within the Cabinet to MAC. The Community Center Program, which is a part of the Cabinet's Department of Community Services and Facilities Management, has overall State responsibility for monitoring MAC.

Presented below is the breakdown of costs allocated to MAC for Corrections Cabinet contract management. This allocation was made by the Department of Community Services and Facilities Management. The amounts presented for the first four categories listed below are based on MAC's *fair share*, 39%, of the costs allocable to the Community Center Program. This percentage equaled MAC's proportionate share of total inmate population under the jurisdiction of the Community Center Program. The basis for the allocations made in the last two categories are presented below.

RESPONSIBILITY AREA	ALLOCATED TO MAC

- Corrections Management — $85,753
  (Expenditures for the Secretary's office, finance, administrative services, and general counsel allocated to MAC.)

- Dep't of Community Services and Facilities Mgmt. — $24,734
  (Expenditures for the Department's administrator allocated to MAC.)

- Division of Local Facilities — $3,823
  (Located under Community Services and Facilities Management, the Division has responsibility for Community Center Program, Jail Inspection, and Controlled Intake.)

- Community Center Program Manager — $29,274
  (Directly responsible for management of the Community Center Program, of which the MAC facility is a part.)

- On-site Parole Officer — $5,800
  (25% of the full cost of an individual located at MAC who spends one-fourth of his time on contract monitoring.)

[3] Data that coincides with the 1987 calendar year were not available.

• Operational Cost $9,130
(Postage, Utilities, Telephone, etc,. Based on 16.66% of total Division of Local Facilities expenditures for these items. Lower percentage used vs. 39% because certain costs included in this category - travel, office space, etc, - not applicable to MAC.)

Total Cabinet Cost Attributable to MAC: $158,514

Cost Per Inmate Per Day to Administer the MAC Contract: $2.13
($158,514 ÷ 365 days ÷ 204 average daily inmate population)

10.3 COST COMPONENTS

This section presents a description of the cost components that comprise the total expenditures for each organization. It is important to note, however, that cost comparisons between the two institutions may not always be possible. Each organization performs unique functions, and maintains different financial and non-financial data. Furthermore, Marion expenditure data did not relate directly to the payment received by the U.S. Corrections Corporation from the State.

10.3.1 Personnel Costs

Personnel costs for Blackburn, including fringe benefits and workmen's compensation, equaled $1,911,294, or 59% of BCC's total FY 87/88 expenditures. Personnel costs per inmate per day at BCC were $14.00 during the time period studied. These costs are based on 94 staff persons at BCC in FY 87/88, or an average personnel cost of $20,333 per staff person.

Marion reported total expenditures of $1,409,234 for FY 87. Personnel expenditures, including fringe benefits and workmen's compensation, were $855,170, or 61% of total direct expenditures reported by Marion. Personnel costs per inmate per day at MAC were $11.00 during the time period studied. These costs are based on 53 full time employees at Marion in FY 87, or an average personnel cost of $16,135 staff person.

Salary levels and fringe benefits for Blackburn employees are subject to Kentucky civil service requirements. Pay scales and fringe benefits for Marion employees are set by the U.S. Corrections Corporation. The starting salary for entry level corrections officers were 7.9% higher at Blackburn than at Marion. An entry level corrections officer at MAC received $11,500 per annum compared to $12,408 for a comparable position at BCC. Furthermore, Blackburn employees received a 5% salary increase after completing a six month probationary period on the job, while Marion employees received a 5% salary increase after completing one year of service. It would also appear that Blackburn's higher per employee personnel cost versus MAC is due, in part, to BCC's greater staff seniority.

Fringe benefits, as a percentage of salary, were higher at Blackburn than at Marion. Fringe benefits at ~~BCC equaled 22.7% of~~ salary versus 15% of salary at Marion. Fringe benefits provided by MAC

included: FICA; health insurance (single coverage only, employee pays additional costs); life insurance ($10,000 compared to $5,000 for the State); Kentucky and federal unemployment insurance; and, workmen's compensation. Beyond FICA, MAC did not contribute to any retirement plan on behalf of its employees.

Because BCC operates under the Kentucky civil service system, Blackburn employee fringe benefits were identical to those benefits provided all State employees. Blackburn employees received: health insurance (single coverage only, employee pays additional costs); $5,000 life insurance coverage; Kentucky and federal unemployment insurance; workmen's compensation; FICA and State retirement. The Kentucky State retirement contribution for its employees was equal to 7.45% of salary.

There was a significant difference between the amount each institution paid for workmen's compensation. MAC workmen's compensation payment to a private insurer for 53 employees was $38,550 or $727.36 per employee. Because Kentucky is self-insured, Blackburn's workmen's compensation payment for its 94 employees was $19,611 in FY 87/88, or $208.63 per employee. On a per employee basis, MAC's cost was 349% greater than the cost incurred by BCC for workmen's compensation.

Marion employees received 80 hours (10 days) of annual leave per year. This amount remained constant regardless of length of employment. Blackburn employees received increased annual leave benefits based on seniority as follows: first 5 years receive 1 day per month; 6 to 10 years receive 1.25 days per month; 11 to 15 years received 1.5 days per month; and, over 15 years received 1.75 days per month. Because many of the BCC employees had been on the job for a period of ten to fifteen years, these individuals earned 15 to 18 days of annual leave per year (the maximum is 21 days per year).

Blackburn supervisory staff were entitled to compensatory time (for which they may be paid after 150 hours of compensatory time have been accrued) while other employees received overtime and holiday pay. Amounts expended for these categories during FY 87/88 equal $40,091 or 2.1% of total personnel costs. MAC did not pay overtime, although it did provide compensatory time to employees. Marion provided 5 days per annum of sick leave compared to 12 days per annum for sick leave provided to BCC employees. Both institutions permitted employees to accrue sick leave. In addition, Blackburn staff received 10 paid holidays per year compared with 7 paid holidays provided to Marion employees.

Blackburn employees earned more annual, sick and holiday leave than Marion employees. BCC employees received from 34 to 43 leave days per annum, depending upon seniority, while Marion employees received 22 days of leave per year regardless of length of service. From a cost perspective, this difference translates into increased staffing costs for Blackburn over MAC to make up the difference created by the greater number of leave days available(note, however, that sick leave becomes a cost only when used or a payment is made for accrued sick leave).

Furthermore, BCC employees have fewer productive days in the work year, wherein productive days may be defined as D = A - (H + V + S).[4]

Fewer productive days not only results in higher staffing levels to accomplish the same output, but also translates into a higher dollar value for the actual time an individual spends performing his or her responsibilities. When viewed from this perspective, the difference between the average personnel cost for MAC and BCC - $16,135 and $20,333 respectively - becomes even greater.

In summary, factors influencing higher personnel costs at Blackburn than at Marion include:

- higher entry level salaries for BCC over MAC ($12,408 vs. $11,500);
- earlier salary increases at BCC than at MAC (5% after 6 months vs. 0%);
- greater fringe benefits for BCC over MAC (22.7% vs. 15%);
- greater staff seniority at BCC and thus higher salary levels than at MAC;
- more annual, holiday and sick leave days in the work year at BCC vs. MAC; and,
- overtime, holiday and "comp time" pay provided by BCC but not MAC.

10.3.2 Meal Costs

In FY 87, MAC spent $238,283 for inmate meals through a sub-contract with a private vendor to provide meals. MAC's cost per inmate per meal was $1.04. However, if over 200 inmates per day were served, the cost per meal was reduced to $1.00. Blackburn, which did not contract out for meal service, provided inmate meals at a cost of $1.06 per inmate per meal, or a total expenditure of $422,164 in FY 87/88.

10.3.3 Education Costs

Both facilities provided an academic education program for inmates. Marion's expenditures for academic education in FY 87 were $39,953 or $196.81 per inmate. Blackburn expended $63,113 for academic education in its FY 87/88 or $173.39 per inmate. On a per inmate basis, MAC's per inmate expenditure for academic education was 13.5% higher than per inmate expenditures made by BCC. The higher expenditure per inmate at Marion compared to Blackburn is consistent with non-financial data that reveals Marion's ratio of inmates receiving a GED to the total inmate population was 1:5.3 versus 1:9 for Blackburn.

[4] D=Productive Days; A=Annual Workdays; H=Holidays; V= Vacation; S=Sick Leave Used.

10.3.4 Utility Costs

There was a significant cost difference between the two facilities with regard to utility costs (except telephone). The utility cost for BCC was $249,823, or $1.88 per inmate per day versus $64,908, or $0.88 per day for MAC. While no specific figures were identified, Blackburn personnel believed that the size and scope of BCC's capital plant added considerably to the utility cost of BCC as compared to Marion.

10.3.5 Insurance Costs

As noted for workmen's compensation, Kentucky is self-insured, and therefore BCC enjoyed considerable savings over Marion with regard to insurance expenses. The cost for property insurance, fire and general liability for Blackburn was $14,508 compared to $32,000 for MAC. Marion's cost was 221% greater than BCC's cost for insurance.

10.3.6 Property Taxes and Performance Bond

Because Marion is owned and operated by a private, for-profit, corporation, property taxes equaling $4,725 were paid for the Marion facility in FY 87. Furthermore, the U.S. Corrections Corporation was required to post a performance bond in accordance with the terms of its contract with the Commonwealth of Kentucky. The cost of the bond was $31,000. These are expenses unique to MAC that were not incurred by BCC.

10.3.7 Capital Costs

Because of the contractual relationship between the Kentucky Corrections Cabinet and the U.S. Corrections Corporation, capital costs associated with the Marion facility are not readily identifiable. One may assume the cost of the Marion capital plant is a part of the $25.41 payment per inmate per day made by the State to the Corporation. The Blackburn physical plant is considered by the State to have been fully depreciated, and no capital cost for the BCC buildings was carried on the Kentucky Corrections Cabinet books.

An important issue is the cost of any future 200 bed facilities to meet further expansion. If it chooses to build and operate such a facility, what costs would the State of Kentucky incur as compared to contracting with a private vendor to provide a comparable facility? To make this comparison, we estimated the cost to the Commonwealth of Kentucky for building its own 200 bed minimum security facility. Cost estimates were derived from Corrections Cabinet FY 87/88 data, which indicated that the cost of building a minimum security facility in FY 87/88 was $40,000 per bed, or $8,000,000 for a 200 bed facility. Using an interest rate of 8.0% and a bond term of 20 years, which was the rate and term of a December 1987 Kentucky bond issue, annual debt service would equal $803,040. Therefore, the cost per inmate per day to the

Commonwealth of Kentucky for constructing a new 200 bed minimum security facility would have been $11.00.[5]

10.4 UNIQUE OCCURRENCES DURING STUDY PERIOD

During the study, Marion officials reported that no unique events occurred except for the temporary addition of 100 inmates from the Jefferson County Jail in August, 1987. These inmates left MAC by November, 1987. Marion officials indicated that this event added little to its cost burden except for minimal increases in meal costs resulting from the increased inmate population.

Blackburn officials indicate that there was an ACA accreditation audit undertaken during the study period. It is estimated that some $10,000 to $15,000 was expended on added maintenance and equipment rentals during the audit review.

10.5 COST ANALYSIS CONCLUSIONS

The overall cost per inmate per day for the two facilities shows a 10% higher cost difference for Marion ($30.00 per inmate per day) as compared with Blackburn ($27.00 per inmate per day).

Eighty-six percent of Marion's total full-cost to Kentucky is represented by a contractual agreement between the Kentucky Corrections Cabinet and the U.S. Corrections Corporation. Regardless of actual expenditures incurred by the U.S. Corrections Corporation for MAC, the cost to Kentucky for private ownership and management of the Marion facility was a fixed payment to the Corporation of $25.41 per inmate per day. Added to this contractual amount were State expenditures for administering the MAC contract, $2.13, and $2.14 for inmate medical expenses, inmate wages and gate fees. Therefore, the full-cost to Kentucky for the Marion facility equaled $30.00 per inmate per day.

For both Marion and Blackburn, it would appear that most costs, with the exception of meal costs, inmate wages, medical expenses and gate fees, do not vary substantially with the number of inmate days. Because of this high *fixed* cost component, the *cost per inmate per day* decreases as the inmate population grows until ultimately the marginal capacity of each facility - in terms of inmate population, staff size and/or physical plant - is reached. Therefore, modest increases in inmate population can be effectuated without a corresponding increase in overall operating costs for either facility. Furthermore, the cost per inmate per day will decrease as the inmate population rises.

While the cost per inmate per day to Kentucky for MAC, $30.00, is 10% higher than its $27.00 expenditure at Blackburn, the data do not

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[5] It should be noted that Kentucky considers the rehabilitation of an existing facility to be a viable option. Rehabilitation costs are based on the nature and condition of the facility to be rehabilitated and therefore could not be estimated. However, the rehabilitation option is likely to be less costly than new construction. This option, however, requires the existence of a facility that could be converted to a prison.

include the added capital cost the State would have incurred had it built and operated a new 200 bed minimum security facility, rather than contracting for it. The added capital cost to Kentucky for constructing a 200 bed minimum security facility was estimated to be $11.00 per inmate per day (based on Corrections Cabinet cost data for constructing a minimum security facility and the terms of a December, 1987 bond issue floated by Kentucky).

When capital construction costs are added to the equation, the cost to the State of Kentucky for a new 200 bed minimum security facility would have equaled $38.00 per inmate per day ($27.00 full cost per inmate per day + $11.00 capital cost per inmate per day). This amount is 28% higher than Kentucky's cost for the privately owned and operated Marion facility during the study period ($38.00 vs. $30.00). Even if only the direct cost are included, assuming that most of the $2.47 indirect cost is fixed, this would still give a cost of $35.50, still 20% higher than private ownership and management.[6]

In summary, Kentucky's contract with the U.S. Corrections Corporation yields a full cost per inmate per day that is 10% higher than that incurred at the publicly administered facility. A State constructed and managed facility would have resulted in an expense to Kentucky that was 20% to 28% higher than the cost of contracting with the U.S. Corrections Corporation.

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[6] Note, however, that the U.S. Corrections Corporation had already purchased the land and an old seminary building which did not require major rehabilitation cost for its use as a minimum security prison. In the future, if an additional facility had to be built by a contractor or the State, capital costs would be substantial for either mode.

SECTION 11

SUMMARY and CONCLUSIONS

The overall intent of this total project is to compare the costs and relative degree of effectiveness of two approaches to the management of correctional institutions. Two minimum security prisons in the State of Kentucky were contrasted --one managed by the state and the other administered by a for-profit private corporation; the Blackburn Correctional Complex (public) and the Marion Adjustment Center (private), respectively. The Blackburn facility was selected as the state-managed facility which most closely paralleled the privately-managed institution. Marion began receiving state inmates in January, 1986.

Five sources of information were used in this analysis: surveys completed by (1) samples of corrections staff and (2) random samples of offenders; (3) in-depth interviews with the wardens of Blackburn and Marion; data collected from (4) inmate files for the sample populations at the two facilities and (5) central office statistics which included all inmates during the specified time span from 1/1/87 through 3/31/88. The institution staff and inmate data were collected at Blackburn in June 1988 and at Marion in July, 1988.

11.1 THE BASIC QUESTION

The prime aim of this in-depth assessment of public- vs. privately-administered correctional institutions is to explore the relative merits of each type of administrative structure. That is, in managing prison what advantages (or disadvantages) does the private sector exhibit when compared with the more traditional (state-run) correctional institution?

Essentially the answer to the basic question requires a close exploration of two general areas: program and financial. Does one management style (public or private) lead to better quality programs and services? Additionally, are there substantially greater cost-benefits following one approach than under the other?

The **Program Analysis** involved an examination of five general areas: Conditions of Confinement, Internal Security and Control, Social Adjustment and Rehabilitation, Staff/Management Issues, and Rehabilitation.

Basically, two types of analyses were conducted. The most direct measure of the relative program effectiveness of public vs. private management of a correctional facility involved cross-institution comparisons. In other words, the performance of Blackburn was compared with that of Marion. Statistical tests were employed to determined whether or not the differences observed were greater than could have occurred by chance alone. (A summary of statistically significant cross-institution findings on the survey questions is listed in Appendix A.)

Tables 43a and 43b summarize the project's direct key findings. In the public/private column the underlined numbers indicate that facility had a statistically significant advantage for that key indicator.

TABLE 43a
Key Performance Indicators

	Public	Private	STATISTICAL SIGNIFICANCE
A. Conditions of Confinement:			
STAFF REPLIES --			
1. Safe for staff	73%	80%	NS*
2. Night staffing safe for staff	37%	<u>79%</u>	p<.01
3. Facility is crowded	55%	<u>4%</u>	p<.01
4. Inmate rooms are quiet	55%	<u>82%</u>	p<.10
INMATE REPLIES --			
5. Night staffing safe for inmates	51%	<u>67%</u>	p<.01
6. Food tastes good	<u>33%</u>	10%	p<.01
7. Toilets/showers work	74%	70%	NS
8. Good place to spend time	52%	<u>63%</u>	p<.05
9. Health worse now	21%	34%	NS
10. Dissatisfied with medical services	63%	45%	NS
11. Emotional distress index (9 items) (Never=3; Almost Always=0)	2.03	1.92	NS
CENTRAL OFFICE DATA --			
12. Sick-call ratio	1:1.5	1:1.3	N/A*
13. Inmates hospitalized/quarter	1:50.4	1:38.2	N/A*

Sub-tally --	**Public**	**Private**	**?***
STAFF	0	3	1
INMATE	1	2	4
CENTRAL OFFICE	0	0	2

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

TABLE 43a (continued)

Key Performance Indicators

	Public	Private	STATISTICAL SIGNIFICANCE
B. Internal Security & Control:			
STAFF REPLIES --			
1. Avg. no. inmate/staff fights (6 mo. estimate)	1.4	0.8	p<.01
2. Avg. no. inmate/inmate fights (6 mo. estimate)	5.1	2.5	p<.01
3. Staff use of force (avg.) (6 mo. estimate)	2.1	1.3	p<.01
INMATE REPLIES --			
4. Avg. no. inmate/staff fights (6 mo. estimate)	1.7	0.2	p<.05
5. Avg. no. inmate/inmate fights (6 mo. estimate)	3.1	6.6	NS
6. Use of Force by staff (avg.) (6 mo. estimate)	1.7	1.3	p<.10
7. Inmates can choose daytime activities	30%	73%	p<.01
CENTRAL OFFICE DATA --			
8. Inmates with one or more disciplinary reports	26%	41%	p<.08
9. Escape & attempted escapes	1:19.6	1:51.6	N/A

Sub-tally --	**Public**	**Private**	**?***
STAFF	0	3	0
INMATE	0	3	1
CENTRAL OFFICE	1	0	1

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

TABLE 43a (continued)

Key Performance Indicators

	Public	Private	STATISTICAL SIGNIFICANCE
C. Social Adjustment & Rehabilitation:			
INMATE REPLIES --			
1. Personal counseling (% dissatisfied)	26%	28%	NS
2. Drug abuse counseling (% dissatisfied)	28%	12%	NS
3. Alcohol abuse counseling (% dissat.)	32%	14%	NS
4. Good recreation variety	36%	58%	p<.01
5. Received vocational/job counseling	68%	26%	p<.01
6. Work training program (% satisfied)	89%	76%	NS
7. Staff helped inmate line-up release job	74%	56%	p<.10
8. Inmates report program helps you stay out of trouble	70%	76%	NS
CENTRAL OFFICE DATA --			
10. GEDs earned ratio	1:9.0	1:5.3	N/A
11. Completed vocational programs ratio	1:22.9	1:25.2	N/A

Sub-tally --	**Public**	**Private**	**?***
STAFF	0	0	0
INMATE	2	1	5
CENTRAL OFFICE	0	0	2

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

TABLE 43a (continued)

Key Performance Indicators

	Public	Private	STATISTICAL SIGNIFICANCE
D. Management Issues:			
STAFF REPLIES --			
1. Did NOT file grievance because useless/afraid	13%	11.5%	NS
2. Of 14 items, no. favoring facility's work environment	2	10	p<.06
3. Worthwhile accomplishments at facility	54%	80%	p<.05
4. Of 12 items favoring facility's accomplishments	4	8	NS
INMATE REPLIES --			
5. Grievances ratio	1:7.2	1:11.3	N/A
6. Staff give conflicting information	28%	50%	p<.05
7. Staff do job well	58%	57%	NS

Sub-tally --	**Public**	**Private**	**?***
STAFF	0	2	2
INMATE	1	0	2
CENTRAL OFFICE	0	0	0

[*NS = Not Significant; N/A = Not Applicable; ? = Same or indeterminable]

E. Cost:		
1. Unit cost/inmate/day	$26.97	$29.68
2. Unit cost/inmate/day (if state would have had to construct a new facility)	$37.97	$29.68

TABLE 43b

Key Performance Indicators -- General Tally Favoring

	State-Operated		Privately-Operated_		?	
	Number	%	Number	%	Number	%
STAFF REPLIES	0	0%	8	20%	3	7%
INMATE REPLIES	4	10%	6	15%	12	29%
CENTRAL OFFICE DATA	1	2%	0	0%	7	17%
TOTAL	5	12%	14	35%	22	53%

Table 43b shows the key indicators strongly favoring the privately-administered institution by a better than two-to-one majority. This was particularly evident in the staff replies -- all of the statistically significant findings had the Marion in the more favorable position.

Table 44 displays the findings for all the performance indicators used in the project. In every one of the four general categories (A thru D), the number of significant finding in favor of the privately-managed facility was higher than that obtained for the publicly-managed institution. In three of the four categories, the magnitude of the proportion of Marion's significant findings more than doubled Blackburn's. This was shown particularly in comparisons involving the staff responses. Thus, the overall, as well as the key, indicators support the conclusion that the privately-managed institution provided better quality programs and services than the publicly-administered prison.

TABLE 44

ALL Performance Indicators -- Total Favoring

	# Indicators	State		Private		?	
		#	%	#	%	#	%
A. Conditions of Confinement							
STAFF REPLIES	20	2	4%	8	15%	10	19%
INMATE REPLIES	30	3	6%	4	8%	23	44%
CENTRAL OFFICE DATA	2	0	0%	0	0%	2	4%
SUB-TOTAL	52	5	10%	12	23%	35	67%
B. Internal Security and Control							
STAFF REPLIES	12	1	3%	4	13%	7	23%
INMATE REPLIES	14	4	13%	6	19%	4	13%
CENTRAL OFFICE DATA	5	0	0%	2	6%	3	10%
SUB-TOTAL	31	5	16%	12	39%	14	46%
C. Social Adjustment and Rehabilitation							
STAFF REPLIES	2	0	0%	1	2%	1	2%
INMATE REPLIES	38	4	9%	5	11%	29	64%
CENTRAL OFFICE DATA	5	0	0%	0	0%	5	11%
SUB-TOTAL	45	4	9%	6	13%	35	77%
D. Management Issues							
STAFF REPLIES	47	0	0%	11	17%	36	57%
INMATE REPLIES	14	2	3%	1	2%	11	17%
CENTRAL OFFICE DATA	2	0	0%	0	0%	2	3%
SUB-TOTAL	63	2	3%	12	19%	49	77%
Overall Totals							
STAFF REPLIES	81	3	2%	24	13%	54	28%
INMATE REPLIES	96	13	7%	16	8%	67	35%
CENTRAL OFFICE DATA	14	0	0%	2	1%	12	6%
TOTALS	191	16	8%	42	22%	133	69%

11.2 STAFF ISSUES

11.2.1 Experience

The survey data indicated that staff at the state-directed institution were significantly older, better educated, had worked at the facility longer, and had wider correctional experience than was the case for personnel at the privately-managed prison. Each of these factors would be expected to contribute towards making the public facility a more smoothly functioning operation:

- Blackburn's veteran staff means that a sorting out process could have had time to operate and through attrition (voluntary or encouraged), individuals less suited for correctional work would have left.

- BCC's better educated personnel should also contribute to making the facility function better and suggests that more innovative programming could be anticipated.

- Both their longer time at the facility and BCC's staff's wider correctional experience should provide a steadying influence on facility operations.

These staff differences between the public- and privately-administered institutions may, in part, be a consequence of the short time that the Marion facility had been operating. While several of MAC's personnel had prior correctional experience, its average staff member had less than two years of correctional experience. Thus, staff background factors favor better performance from the publicly-managed facility.

Counter-balancing the staff situation were differences among the inmates. Blackburn's prisoners' time-to-release was twice as long as Marion's. Additionally, BCC's population had a corrections history which reflected more frequent and more severe disciplinary reports than was true for Marion's prisoners; and, BCC was more crowded. These factors suggest the public institution had to deal with more difficult inmates under more trying circumstances. It may help explain such findings at Blackburn as an escape or attempted escape rate more than twice as high than Marion's.

11.2.2 Safety

Staff safety is one of the prime considerations in managing a correctional facility. Although overall, at both the public- and privately-run facilities, staff and inmates feel safe, both in terms of day- and nighttime staffing patterns, personnel at the state-managed institution felt less safe than staff at the privately-directed prison.

11.3 SOCIAL (INSTITUTION) CLIMATE

Correctional procedures that maintain control over inappropriate inmate behaviors are an important ingredient in establishing a prison's overall social climate. One method for reducing potential sources of trouble is to conduct routine searches and spot-checks for **contraband**. At the privately-administered facility, there was a significant difference between staff and inmate estimates regarding the number of contraband searches conducted; however, this discrepancy was not evident at the state-run prison.

To the degree that personnel and prisoners both view a situation in a similar fashion, there is less staff/inmate friction suggesting that a better institutional climate exists; i.e., the social climate is better at the state-managed institution than at the privately administered institution.

The amount of **freedom of movement** that inmates have in a prison during the day and at night also contributes to a facility's climate. Less inmate movement at night is appropriate. However, it can be anticipated that prisoners will feel that too much of this type control is being exercised by staff. The survey results were in this expected direction reached statistical significance.

A third factor indicative of a prison's institutional climate is the balance established regarding **who decides** what activities prisoners will engage in. While staff must maintain control, there should be provisions which allow prisoners to have some voice in deciding such matters. Significantly more staff at the state-directed institution indicated they had less of a voice concerning decisions regarding night-time activities than at the privately-run facility. The result suggested that Blackburn's staff was significantly less satisfied with this aspect of their level of authority, a factor which lessens an institution's positive social climate. Moreover, this finding is inconsistent with the expectation that BCC's veteran staff would provide a smoother operation than would be found at Marion.

Personnel at both institutions rated the **variety of recreation** higher than their respective inmate populations. Nevertheless, on eleven other survey items Marion's staff ratings, when compared with the replies made by BCC's personnel, reflect a better institutional climate:

- lower estimate of use of **staff force**;
- lower estimate of number of **inmate/staff fights**;
- **"facility looks good"** rated higher;
- greater **variety of recreation**;
- staff filed fewer **grievances**,
- was kept **better informed**,
- view **management as more flexible**,
- have more **delegated authority**,
- **accomplished more** worthwhile things; and
- view **"maintain control"** as a program goal.

11.4 PROGRAM COMPONENTS

Within the publicly-administered institution prisoners rated **idleness** significantly higher than staff; this was not found at Marion. MAC's inmates reported completing or being enrolled in more **work training** programs than BCC's prisoners while the reverse situation was found regarding number of hours per week of **chores**.

In other program areas, more of the inmates at the public-managed institution received **vocational job counseling** than was true for Marion. **Academically**, Marion produced more GEDs relative to its inmate population than was the case for Blackburn.

11.5. INMATE ISSUES

Both facilities received high "grades" from their respective inmate populations; however, Marion's data more often were significantly higher than Blackburn's.

Many of the inmate concerns at both the state-administered and the privately-managed institutions have been address in the previous material. Thus, the general impression of each facility (as assessed by its own prisoners), was that the privately-managed facility rated significantly higher as a **"good place to do time"** than did the state-administered prison. Marion's prisoners graded their **rooms as more desirable** than BCC's inmates and estimated a lower number of **inmate/staff fights** than Blackburn's inmates did. However, the Marion inmates filed significantly more grievances than Blackburn's prisoners.

Inmates at Marion saw themselves as having more **freedom of movement** both during the day and at night than was true for the Blackburn prisoners. In regard to having freedom to **choose their own activities** during the day and at night, Blackburn's inmate saw staff having significantly more of a voice than was the case at Marion.

All aspects of the food services were rated higher by prisoners at the publicly-managed institution than was the case for Marion. The BCC **food tasted good,** and there were **more choices** available.

11.6 REHABILITATION

In terms of the **number of releasees,** Blackburn averaged twice as many as Marion -- 20/month vs 10/month, over a 15-month period. Blackburn averaged one releasee for every six inmates, while Marion's ratio was one for every seven. Thus, there was only a slight difference between the release rates of the two prisons.

Additionally, the **length of stay** of each facility's releasees were compared; Blackburn and Marion differed by 1.2 days. The average length of stay for Blackburn releasees was 218.4 days; for Marion it was 217.2.

These two sets of figures suggest, in terms of the efficiency of each institution to "process" its prisoners, that Marion was somewhat more productive. Of course, a key issue is how well these freed individuals performed in the community.

Data prepared by Kentucky's Corrections Cabinet Central Office indicated that no releasees from either Blackburn or Marion were returned with a **new offense** to the corrections department during the 15-month data collection period.

Twenty of Blackburn's releasees and six of Marion's were **returned for technical violations** of the conditions of their release. That is, BCC averaged one Parole Violator for every 15.1 inmates it freed; for Marion the ratio was 1:24.8 -- the private facility's rate was one-and-a-half times better than that of the state-administered institution.

11.7 COST ANALYSIS FINDINGS

For the **Cost Analysis** expenses were considered on both an overall cost-per-inmate-per-day basis, and on the following seven cost components: Personnel Costs, Meal Costs, Education Costs, Utility Costs, Insurance Costs, Property Taxes/Performance Bond, and Capital Costs.

In general, the analysis of the cost data (Table 44) indicated that the cost per inmate per day for the private facility was 10% higher than the publicly-managed institution -- $29.68 vs. $26.97, respectively. This assumed no capital costs for Blackburn. Presumably for Marion, capital costs (amortized) were included in calculating is charges to the state. This finding is supported by Blackburn's lower Education, Insurance, and Property Tax/Performance Bond expenditures. Countervailing information (in which Marion had the more "favorable" position) was found in MAC's lower Personnel, Meal, and Utility costs; Table 45.

TABLE 45

Summary of Cost Analysis

	Blackburn	Marion
Personnel Costs:		
per inmate day	$14.39	$11.48
per staff member	$20,332.92	$16,135.28
Meal Costs:		
per inmate meal	$1.06	$1.04
Education Costs:		
per inmate	$173.39	$196.81
Utility Costs:		
per inmate day	$1.88	$0.88
Insurance Costs:		
per annum	$14,508.00	$32,000.00
Property Taxes/Performance Bond:		
per annum	------	$35,725.00

Special note should be taken of personnel cost since it is the largest single cost item for each facility -- Blackburn's personnel cost is 26% greater than Marion's. It is assumed that MAC's personnel cost includes a profit margin. A review of the data indicated that, at least up until mid-1988, the profit for the contractor was probably negligible.

The researchers also explored the possibility that the personnel cost differences were, in part, a consequence of comparing a unionized with a non-union institution; however, both BCC and MAC are non-unionized.

A different approach to the cost analysis calculated the expense to the Kentucky Corrections Cabinet if it had opted to develop the needed 200 minimum beds itself, rather than contracting for them with the U.S. Corrections Corporation. Without the Marion beds provided by the private contractor, the state would have constructed a 200-bed minimum security facility. The estimated added cost to the Corrections Cabinet would have been $11.00 per inmate per day. If this amount is added to Kentucky's current per inmate per day expense, it yields $37.97 -- a sum 28% higher than the per inmate per day cost of the Marion contract -- $29.68.

CONCLUSIONS

Comparing a state-administered (Blackburn) facility with a privately-run institution (Marion) was intended to provide additional light on questions concerning the relative advantages of public/private correctional management. Overall, the data reported herein show there were areas in which the public sector outperformed the private company, and vice versa.

On the program side, the private facility generally was better at delivering quality programs and providing basic inmate services; however, there were also areas in which the publicly-managed prison out-shown its corporate counter-part.

The data concerning cost analysis was less clear-cut. In terms of the per inmate per day expense, Kentucky's contract with the U.S. Corrections Corporation cost the Cabinet 10% more than its own per inmate per day expenditure. However, had the state been force to construct and manage a 200-bed facility (rather than contract for this number of beds), the result would have been an expense 28% higher than the contract cost.

Part III

Comparison of State-managed and Privately-administered Youth Secure Programs In Massachusetts

SECTION 1: INTRODUCTION

1.1 INTRODUCTION AND PURPOSE

The Commonwealth of Massachusetts was selected for this study of the costs and quality of service provision of public and private secured juvenile correctional services for several reasons. First, Massachusetts has a long history of using private providers in its youth corrections system. For the past 18 years, since the deinstitutionalization of its juvenile corrections system DYS has "contracted-out" to private, not-for-profit organizations for much of the state's service provision.

Second, virtually all states currently contracting-out corrections programs do so only for minimum security facilities or facilities for transient populations (i.e., illegal aliens). Massachusetts contracts-out for the bulk of its juvenile secure treatment programs. Currently, nine of the thirteen secure treatment programs that house the most violent and troubled 10%-15% of young offenders in the state are administered under the immediate auspices of a private nonprofit vendor. As such, the data obtained from Massachusetts will provide a complementary picture to that obtained from the companion piece of this investigation in which publicly and privately-operated adult minimum security programs in Kentucky were assessed.

Last, the Commissioner of DYS was quite open to an objective investigation of the problems the study was attempting to address, expressing a keen interest in applying the study findings in developing further the nature and quality of service provision in the state. As a result of the Commissioner's enthusiasm and support, study team members were provided with unequivocal support at DYS, the programs, and the administrative headquarters of the not-for-profit organizations included in the study.

1.2 HISTORY

The current structure and nature of the DYS system is the result of almost two decades of change and adaptation. To understand the pivotal role that the DYS Central Office plays in the system of secure care, some historical context is helpful.

It is the DYS Central Office, not the five Regional Offices, which has direct authority over secure detention (eight locked facilities each with 12 to 24 youth), shelter care detention units (seven structured but unlocked programs each with 8 to 28 youth), and secure treatment programs (four operated by DYS and nine run by private vendors each with about 15 to 16 youth). The remaining community-based programs, all of which are contracted, and casework services--including aftercare--are administered through the five regional offices.

The origins of this structure go back to the winter of 1971-72 when DYS--under then Commissioner Jerome Miller--began rapidly to close down (i.e., deinstitutionalize) its five existing large juvenile correctional institutions and to purchase needed services for the majority of juvenile offenders in community based programs. At that time, the issue of what to do with juvenile offenders considered serious or dangerous posed a major problem for the newly established regionalized, purchase-of-care system of residential and nonresidential community-based services. This issue certainly provided to be one of the most vexing problems confronting the reform effort.

Because of strong resistance from various quarters with vested interests in maintaining the entrenched system (including institutional staff, civil service, unions, existing fiscal and personnel arrangements, ideological differences, and public inertia (see Miller, Ohlin and Coates 1977)) the development of the new community-based system was being slowed down and jeopardized. Therefore, the decision was made to quickly close the existing training schools, so that pressure would be generated to transform the old system. Consequently, deinstitutionalization occurred before the alternative system was completely in place and, as a result, a full range of adequate community placements had not been developed.

There was a great deal of administrative and fiscal confusion generated by the speed with which the traditional system of juvenile institutions was dismantled. Left with no institutions, the problem of having no full-fledged secure care units for dangerous delinquents very quickly came to the forefront.

Despite disagreements in the department and fears that small, intensive, secure units might be misused and possibly expanded, the need for some form of secure confinement was apparent. According to Bakal and Polsky (1979), a quick solution was found in a hastily developed contracted program based at the Roslindale Detention Center. In addition to Andros (at Roslindale), the former detention centers at Westfield (contracted to a private firm) and Worcester were used to house secure treatment programs.

Eventually, Andros and the two other secure programs failed. Contributing to these failures was an inadequate intake process to determine which DYS- committed youth required secure treatment; and constant pressure on the programs to take more youths than planned.

The next step in the reform was to develop further the regional community-based correctional system, which included developing programs for the secure end of the continuum. Miller (1979) noted that the special units established under his successor within three detention centers were expected to alleviate tensions between DYS and the juvenile courts. As it turned out, along with the initiation of these secure units within the larger community-based corrections system came enormous controversy, criticism and heated debate (e.g., Vogel and Thibault, 1981; or Calhoun and Wayne, 1981). Each of the five commissioners since Miller has had to grapple in some way with the issue of secure care.

1.3 ADMINISTRATIVE OVERVIEW OF MASSACHUSETTS DEPARTMENT OF YOUTH SERVICES

The Massachusetts Department of Youth Services (DYS) is the state agency responsible for youth corrections in the Commonwealth of Massachusetts. The DYS central office is composed of five divisions, each headed by an Assistant Commissioner or Director who formally reports to the Deputy Commissioner. The Deputy Commissioner, in turn, serves directly under the Commissioner.

The five divisions are each responsible for a particular set of services and activities. Facility Operations is responsible for the classification panel, which has authority to: (1) review and evaluate all commitments referred by Regional Directors of DYS for determination of placement in a secure treatment program or for ordering the case returned to the region for further evaluation and possible placement in a less restrictive program and (2) process all revocations referred by a departmental Hearing Officer for consideration of placement in a secure treatment program. Facility Operations also oversees secure treatment programs, secure detention facilities and shelter care detention units operated by DYS and private vendors and it has authority over seven Facility Administrators who are directly responsible for the development and ongoing provision of program services in keeping with DYS promulgated standards applicable to state-run and contracted programs.

Planning, Research and Systems is responsible for departmental research on programs, the automated information system and program review, which is the periodic program monitoring conducted by the central office. Administrative Services includes fiscal administration, contract administration and personnel management. Support Services has responsibility over education, employment and training, health services and food services. Community Services is in charge of school adjustment counselor programs, contracted community-based program services (including group care, foster care and nonresidential care) and related administrative services.

Community Services also oversees the five Regional Offices where DYS caseworkers are based. The Regional Offices are responsible for managing each youth's case upon commitment, which includes making referrals and recommending placements, providing casework services and treatment, and monitoring community-based programs including aftercare. Each region is allotted funds to purchase services from a variety of different private providers that are available. As noted above, regions also make referrals to the classification panel for administration into the secure treatment system.

1.3.1 The Classification Process

The need for close coordination, cooperation and accountability among central and regional office staff and between DYS staff (both Central Office and Regional Office) and secure care programs is underscored by the stated policies and procedures used to guide (1) referral to the Classification Panel for consideration of secure care placement and (2) the Panel's disposition process. Once a juvenile is committed by the court to DYS, the youth is initially referred to one of the five DYS Regional Offices. At this point, it is the responsibility of the Regional Director to determine whether the juvenile will be referred to the Classification Panel for possible admission to secure treatment. All juveniles committed for murder (first and second degree), attempted murder, manslaughter, homicide by motor vehicle, armed robbery, assault and battery with a dangerous weapon (causing serious bodily injury), arson of a dwelling place, kidnapping, possession of a firearm, possession with intent to distribute a controlled substance, trafficking in a controlled substance, and sexual offenses (involving victim) must be referred to the Panel while juveniles committed for other offenses may be referred to the Panel by the Regional Director. In addition, a Revocation Hearing Officer may refer a juvenile to the Panel for consideration of secure placement. If a case is not referred to the Panel, regional staff are responsible for processing the youth through the regular placement procedures conducted at the regional level.

After a case is referred to the Classification Panel, a hearing is held and the regional caseworker presents and discusses the case history, as well as the presence of any mitigating or aggravating factors. If a juvenile is accepted for secure treatment, the Classification Panel ultimately decides on which secure treatment program is most appropriate for the security and treatment needs of the juvenile and on the associated minimum and maximum time assignment. It is DYS policy that regional caseworkers not only be involved in the classification panel's decisionmaking process regarding admission into secure treatment, but in the selection of an appropriate secure treatment program and the length of time the youth will be confined as well. It is further expected that the assigned caseworker will meet with the youth at least once every month, attend all case conferences, and assume primary responsibility for obtaining and coordinating an aftercare placement.

Given DYS's organizational structure, it is clear that the close cooperation and coordination among the five central office divisions, between the central office and the five regional offices, and between DYS staff and direct service staff in approximately 200 programs is critical. Many youth committed to DYS by the court live at home and receive various services from an array of private agencies and programs under contract to DYS. Other DYS committed youth are placed in foster care, small group homes, or other residential settings. The relatively small percentage of juveniles that make up the remaining DYS

committed youth are placed in secure treatment facilities. While the vast majority of the DYS programs are operated by private agencies, DYS itself currently runs four of the thirteen small, secure (locked) programs for particularly violent or serious repeat juvenile offenders. In keeping with the purchase of care system, the remaining nine secure treatment programs are operated by private vendors.

With secure care programs being run by private vendors, DYS has developed a set of reporting/evaluation procedures to ensure quality and humane care throughout the whole system. The monitoring system exists on both a formal and informal level and at both the regional and central office levels. First, DYS personnel from both central and regional offices visit DYS-operated and contracted programs at scheduled and unscheduled times. All programs file monthly and quarterly reports concerning program activities, incidents and spending. Further, approximately every two years DYS attempts to perform a program review that provides an overall summary of program functioning. Strengths and weaknesses are cited. Lastly, periodic audits of contractors are conducted to ensure accurate cost accounting.

The mix of privately contracted and DYS run secure care programs offers a unique opportunity to analyze privatization through the experiences several state-run and private-run programs that share a number of common features. For example, the DYS Central Office through its Bureau of Facility Operations has direct authority over both the state and private-run secure programs, and thus has direct authority and control over all the secure treatment programs, state-run and private. By contrast, it is the five separate Regional Officers that have direct authority over the contracted community-based services and each region is allotted funds to purchase services from private providers.

Even though the secure care programs remain outside the regionalized administrative structure of DYS, Regional Offices are still vital in the overall continuum of DYS secure care. This is because secure care and regional caseworkers are expected to maintain the caseload for youths who enter secure care. In addition, the caseworkers have the primary responsibility for obtaining and coordinating the aftercare placement. Consequently, central as well as regional administrative authority and management, programmatic issues, and individual case management concerns relate to and affect every part of the DYS correctional system.

During the last decade, both the structure and operation of the DYS secure care system have continued to develop and adjust, as well as react and refocus. In the face of resource limitations, swings in public sentiment, changes in the Massachusetts statehouse, and identified or emerging problems, the secure care system has gone through much reassessment and scrutiny since its inception. As presently constituted, DYS central office has seven facility administrators, five of whom are based at Youth Service Centers. A Youth Service Center (which can include secure detention facilities and in one case a shelter care detention unit as well as secure treatment programs) is a state owned and maintained facility that houses more than one program.

The Youth Service Centers provide a set of core services and core staff that are shared by all programs located in the facility. These services include medical, food service, maintenance, vocational, and recreational services. The two facility administrators not based at a Youth Service Center are responsible for a number of freestanding programs, none of which share a common facility. Two of the five facility administrators based at Youth Service Centers also have the responsibility of overseeing one additional freestanding program.

As Table 1 shows, eight of the secure treatment programs are located in Youth Service Centers and of these, two are run directly by DYS. In addition, five of the secure treatment programs are freestanding and two of these are run directly by DYS. It is important to note that although DYS directly operates four of the

programs, there are particular program components (education) and some positions that are provided through supplementary contracts with private providers. The result is that the DYS-run programs contract out for certain services (and some staff) while handling directly other parts of the program and the overall management of the program. While this kind of arrangement certainly offers a number of advantages that will be discussed shortly, some fairly significant problems arise as well.

TABLE 1

Secure Treatment Programs By Location and Auspices

Location	Auspice	
	Public	Private
Youth Service Center Programs	Connelley Treatment Unit Westboro Secure Treatment Program	Boston Secure Treatment Delaney School Butler Secure Treatment Coolidge School L.E.A.P. Forestry Evaluation Unit
Freestanding Programs	Worcester Secure Treatment Short-term Treatment Pgrm.	Rotenberg School Littleton House R.F. Kennedy School

SECTION 2: PROGRAM DESCRIPTIONS

2.1 THE CONNELLY SECURE TREATMENT PROGRAM

The Connelly Secure Treatment Unit (CTU) is a 16-bed publicly-operated program located in the Judge John J. Connelly Youth Service Center in Roslindale, Massachusetts. CTU shares the Center with the Charlestown Detention Program, a 10-bed publicly-operated program; Boston Secure Treatment (BST), a 15-bed program operated by Justice Resource, Inc. (JRI), a private provider headquartered in Boston; and the Connelly Detention Program, a 16-bed publicly-operated secure detention program (CTD).

In 1986, the Connelly Detention Program was "merged" with the CTU. The purpose of this merger was to provide detainees, many of whom were scheduled to enter CTU, with expanded treatment services while still in detention, thereby expanding actual treatment received as well as acclimating residents to the general philosophy, rules, regulations and CTU treatment staff prior to their final assignment. To accomplish this objective, the same staff are involved in the operation of both CTU and CTD, rotating or sharing their time between the two on a scheduled basis.

2.1.1 Staffing

The Connelly Youth Service Center has 23 core staff including:

- A Facility Administrator,
- Six kitchen staff,
- Five maintenance staff,
- An assistant physical education instructor,
- A nurse practitioner,
- Two security personnel,
- Five support staff,
- A store manager, and
- A transportation officer.

A program director heads CTU. She reports to and coordinates her program activities and budget expenditures with the Facility Administrator--DYS's on-site administrator.

Reporting to the program director are two directors of equal status--a Director of Operations who supervises the direct care staff, deals with personnel issues, scheduling, staff development, etc., and a Director of Client Services who oversees the behavioral management system, the client advocacy system, and special events (e.g., camping or ski trips).

The Director of Operations oversees a direct care staff of 37--six shift supervisors (one/shift/program), eight assistant shift supervisors (two/shift/program), and 23 direct care staff (11-12/program). Again, only half of the direct care staff are on the CTU wing at any time. The other half of the direct care staff work on the detention wing.

The program operates on three shifts 7 a.m.-3 p.m., 3 p.m.-11 p.m. and 11 p.m.-7 a.m. Staff are most heavily concentrated during the first and second shifts. Shifts are selected by workers based on their preferences and seniority.

The combined CTU/CTD program has five clinical positions. The Director of Clinical Services is a DYS employee. She has two DYS and two privately- contracted clinicians (JRI) reporting to her. As do line staff, clinicians have joint responsibilities for the two wings at Connelly.

There are seven educators working at the merged CTU/CTD program. The Director of Educational Services is a JRI employee as are four of the regular classroom teachers. Two additional teachers are provided by a Department of Education private contractor. One of the staff positions is funded through federal Chapter 1 monies. This individual works full-time teaching remedial math and language skills. The other person is funded by the Bureau of Institutional Schools and he/she works with students for whom Individual Educational Plans (IEP's) have been formulated.

2.1.2 Program Philosophy--Treatment and Behavioral Management

Treatment focuses on helping residents work through key socialization issues. Broadly described as a "reparenting" approach derived from object relations theory, CTU requires that both clinicians and line staff share responsibilities helping residents to develop appropriate levels of trust and affectional bonds as well as to take responsibilities for their actions.

The clinicians have approximately five residents each on the secure treatment wing of Connelly for whom they are responsible. Residents receive 45 minutes of individual counseling each week. In addition to individual counseling sessions, special group therapy sessions--held approximately once each week--include the following:

- Family therapy--45 minutes/week for residents whose families can attend;
- General group processes--45 minutes/week;
- Sex offenders--2 hours/week led by a DYS consultant;
- Community group meetings--1 hour, two times each week;
- Substance use; and
- Termination groups beginning three months before a resident's release with focus on developing aftercare plans and providing necessary job search and maintenance skills.

Because of the model of therapy advocated, line and clinical staff have responsibility to "do counseling" 24 hours a day. In part, this is accomplished by an advocacy system in which staff choose a resident or residents to represent at program meetings and case conferences, perform escort services, shop for clothes, serve as sounding board and provide advice. This portion of the program was reported as not

working well. There are some residents for whom no one will serve as advocate. Further, there are line staff who are simply not interested in performing advocacy duties.

One central aspect of the treatment regimen at CTU is a very behaviorally focused step and ladder system of privileges with greater benefits accruing to those exhibiting prescribed pro-social behaviors over time. It is worth noting that the behavioral management system adopted at CTU was initially developed at BST.

In addition to the privilege side of the behavioral management system, CTU has in place a set of punishments contingent upon specific misbehaviors. All aspects of the behavioral management system are explained to staff and residents as well as described in a manual that is given to youths upon entry into the program.

There are no requirements for clinicians to have a set level of experience or academic credentials within DYS. CTU has promoted from within its own ranks. Most frequently this means that clinicians promoted from within CTU were direct care staff.

2.1.3 Education

Educational services are viewed as an essential component of preparing residents for reentry into the community. Education is mandatory for all residents. Residents attend school for approximately six hours each day. There are five 45 minute periods a day in which academic subjects are taught. Four basic substance areas are covered: mathematics, English, reading and social studies. Residents with IEP's are pulled out of classes for specialized instruction depending on their needs. BIS instructors focus on skills development within the domains specified by the IEP's. The Chapter 1 teacher does remedial work with residents in mathematics and language.

Residents also receive one session of physical recreation each day. A vocational education program scheduled for 2 hours a day was suspended from April-November, 1987. It was resumed in December.

2.2 BOSTON SECURE TREATMENT

The Boston Secure Treatment Program is a 15-bed program operated by Justice Resource, Inc. (JRI), a private provider headquartered in Boston. The program is located on the third floor of the Judge John J. Connelly Youth Service Center in Roslindale, Massachusetts. BST shares the Center with the Connelly Secure Treatment Unit (CTU), a 16 bed publicly operated program; the Charlestown Detention Program, a 10 bed publicly operated program; and the Connelly Detention Program, a 16 bed publicly operated secure detention program (CTD).

BST was initiated in 1981. It was the third private program to operate a secure treatment program in the space allocated at the Connelly Youth Center since 1978. BST was the first program in Massachusetts to establish a specialized course of therapy for sex offenders. Program initiation followed the realization that there were increasing numbers of sex offenders filling the ranks of the youth remanded to secure care. Program development was effected by JRI clinical staff and the BST Program Director.

Situated in the Connelly Youth Service Center, BST shares core staff and facility resources with the three other programs. Discussions with the Facility Administrator suggest that core resources are generally divided proportionately on a per resident basis. Discussions with the BST Program Director indicate that while much of the core resources provided are shared in this fashion (e.g., kitchen, maintenance, general

administrative services) other services, such as the use of on-call staff or access to facility supplies are not shared in this manner. Uneven distributions seem to result as much as from the program's choice as from any other set or combination of factors.

2.2.1 Staffing

The Boston Secure Treatment Program shares the 23 core staff working at the Connelly Youth Service Center.

- A Facility Administrator,
- Six kitchen staff,
- Five maintenance staff,
- An assistant physical education instructor,
- A nurse practitioner,
- Two security personnel,
- Five support staff,
- A store manager, and
- A transportation officer.

A Program Director heads BST. She reports directly to a corporate executive at JRI. However, the Corporation allows the Program Director complete authority over the day-to-day operations of the program. Corporate officials will intervene between DYS and the program in cases of emergency or when extraordinary events occur. They also manage program budgets and contract negotiations.

The director must also work with the Facility Administrator, who monitors BST program functioning as DYS's on-site supervisor. However, because BST is a private non-profit provider, the program director and corporate officials view the Facility Administrator as not having a direct "line of authority." Rather, the Facility Administration is treated more in an advisory capacity.

The Program Director has an Administrative Assistant and three Division Directors reporting to her. Each of the Division Directors supervises its own staff. Virtually all staff are JRI employees. This simplifies the line of authority and assignment of responsibilities within programs and the JRI.

The Director of Education supervises three JRI teachers. In addition, one special education teacher is supplied by BIS through its contractor EDCO. The BIS special education teacher works with those residents for whom IEPs have been formulated. Also reporting to the Director of Education is a half-time Chapter 1 teacher who provides remedial instruction in reading and mathematics.

The Director of Clinical Services oversees a staff of two full-time clinicians. All clinical staff are licensed clinical psychologists or social workers, or hold M.S.W. degrees. Each clinician has a caseload of about five residents.

The Director of Residential Services has a staff of 17 including three direct care supervisors (one for each shift--7 a.m.- 3 p.m., 3 p.m.-11 p.m. and 11 p.m.- 7 a.m.); (three assistant supervisors one for each shifts); 11 direct care staff (4 working from 7 a.m. - 3 p.m., 5 working from 3 p.m. - 11 p.m., and 2 working from 11 p.m. - 7 a.m.); and an operations manager whose job it is to ensure all scheduled events occur as planned and staffing is sufficient on all shifts to meet program needs. The Director of Residential Services is also charged with meeting staff development needs including working with clinical staff to develop in-house training agenda. He is additionally responsible for the behavioral management and resident advocacy systems at the program. He is assisted in these activities by the Operations Manager.

2.2.2 Program Philosophy -- Treatment and Behavioral Management

BST attempts to provide a structured therapeutic milieu addressing both the basic behavioral and underlying emotional changes necessary for residents' rehabilitation. The clinical treatment regimen involves intense psychodynamic therapy in which the resident learns to deal with the events and emotions that support his antisocial behaviors. At the same time, the living environment is structured to reinforce valued behaviors--through a point and level incentive system, and punish inappropriate behaviors--set sanctions for behavioral transgressions. Both the point and level system of privileges and the punishment contingencies are clearly delineated in resident and staff handbooks.

Each clinician has a caseload of about five residents. Residents receive about 50 minutes of individual counseling each week. In addition to individual therapy sessions, special group therapy sessions are held approximately once each week. They include:

- Family issues--50 minutes/week;
- Substance abuse counseling--50 minutes/week;
- Sex offenders--3 hours;
- Community group meetings--1 hour, two times each week;
- Family therapy for residents whose families can attend sessions;
- Special topics group for 4-6 residents who have advanced through therapy;
- Small group therapy (two resident groups each meeting twice weekly in 50 minutes/sessions).

2.2.3 Education

The therapeutic milieu which BST provides attempts to place offenders in as "normal" an environment as possible while teaching them to cope with both the behavioral and psychological problems that initially led to their offense and incarceration. As such, education is viewed as an integral part of therapy.

BST separates residents into three educational tracks based on age, previous level of educational attainment, ability and resident preference. Tracks are for lowest functioning youth, high school re-entry, and GED preparation.

At any given time, there are about five residents in the Resource Room which is reserved for the lowest functioning youth. These students are taught by the BIS-provided special education instructor

according to their IEP's. They also receive remedial instruction in mathematics and language skills from the Chapter 1 teacher.

The second track of students are prepared for re-entry into high school after release. There are about five students in this track at any one time.

The third track, also with about five students at any time, provides basic educational services (i.e., regular classes) but focuses on preparing residents to take and pass the GED. The Director of Education feels very strongly that residents stating that they do not wish to return to school should obtain their GED while they are in the program where the necessary social and educational supports are in place. As a result, BST, compared to other programs, has more residents preparing for the GED.

Students in all three tracks are involved in education about six hours a day, 32 hours a week and 52 weeks a year. Students receive classes in history, English, mathematics, science and literature. One JRI instructor teaches four math classes each day. The other two JRI instructors teach double subjects (e.g., history and English) across high school re-entry and GED preparation tracks.

Students also participate in physical and vocational education classes, using the same resources and facilities as do CTU residents but at different times.

2.3 THE DELANEY SCHOOL

The Delaney School (DEL) is a 15-bed secure treatment program operated by the R.F.K. Action Corps, a private provider headquartered in Springfield, Massachusetts. The program operates out of DYS's Western Regional Youth Service Center in Springfield Massachusetts. The Center is situated on a campus previously owned by a religious order. It is adjacent to a large state- operated mental health facility.

The central building in which DEL is located also houses two other juvenile detention/treatment programs operated for DYS by the R.F.K. Action Corps (R.F.K.). In addition to DEL, R.F.K. operates the Coolidge School, a 15-bed secure detention and treatment program for individuals with short time assignments; and, as of 1987, a 13 bed short-term detention and evaluation/assessment program--The Evaluation Center. R.F.K. also operates a 15 bed secure treatment program--The Kennedy School under the jurisdiction of DYS's Western Regional Youth Center. This program is located in a freestanding structure on the grounds of the mental health campus.

Also housed in the main building of the Western Regional Youth Center campus are DYS's Western Regional Administrative offices and the state's Secretary of Human Services audit staff. Moreover, the order from which the campus was obtained maintains separate quarters on the grounds that it uses for dormitory space and a chapel. These properties will remit to the state upon the death of the final member of this closed order.

2.3.1 Staffing

The Western Regional Youth Service Center has 22 core staff including:

- A Facility Administrator,
- Five kitchen staff,

- Six maintenance staff,
- A physician's assistant,
- Four security personnel,
- Three support staff, and
- Two recreation staff.

Because of the unique composition of the programs at the Western Regional Youth Service Center--all programs run by the same private vendor--a special staffing structure has evolved. Here, an R.F.K. Programs Director oversees all program activities at the Center. Similarly, there is an R.F.K. Clinical Coordinator and an R.F.K. School Principal who oversee and coordinate all clinical and educational programs and activities at the Center. In addition, an Education Coordinator is charged with assisting the principal and performing all educational testing and evaluation.

This overarching structure has the joint potential for increasing economy, flexibility, and accountability. Staff may be shared effectively across programs and have been promoted within or between programs, providing a clear opportunity for advancement. In this way, management can provide a coordination and continuity of services of uniform quality for all in its charge. Further, this type of management structure should distribute the responsibility for the program's success and remove the dependency for such success on one or two key individuals. In general, this type of structure seems to come closest to that envisioned in the initial conceptualization of the Youth Service Center.

The R.F.K. Programs Director must work with the Facility Administrator, informing him of special program events, schedules, needs, or problems. While the Facility Administrator still monitors DEL program functioning as DYS's on-site supervisor, his direct "line of authority" is altered in the eyes of R.F.K. administrators. His role is viewed as more of an advisor than a supervisor.

A Residential Director heads DEL. He reports directly to the R.F.K. Programs Director, who in turn, reports to the R.F.K. Director of Operations. The corporation allows the Programs Director substantial authority over the R.F.K. programs. Corporate level officials visit the programs frequently and will intervene between DYS and the program in cases of emergency or when extraordinary events occur. They also manage program budgets and contract negotiations.

The day-to-day operations of the program are managed directly by the Residential Director. He coordinates program activities with the Clinical Director and his staff and the Principal. He also coordinates the newly revised advocacy system with Clinical and Program Coordinators.

A Program Coordinator reports to the Program Director. This individual is responsible for supervising direct care staff. DEL has a staff of 18 full-time equivalent direct care workers including four supervisors (one for each of the 7 a.m.-3 p.m. and 3 p.m.-11 p.m. shifts and two for the 11 p.m.-7 a.m.); two assistant supervisors working on the two daylight shifts; 10 direct care staff each working two of the a.m. and two p.m. daylight shifts each week. Staff on the two daylight shifts rotate between shifts on a scheduled basis. This rotational scheme is thought to provide workers with continuing involvement in the care and treatment of residents by exposing them to all aspects of the residents' lives and therapeutic milieu. In addition, there are one full-time and two part-time direct care staff who work the 11 p.m.-7 a.m. shift.

The Principal supervises two R.F.K. teachers devoted to DEL. Both are certified as special education instructors. She also supervises a special education teacher supplied directly by BIS--a state position, a Chapter 1 teacher, paid through federal grant monies and provided by a private contractor, and a part-time vocational education teacher.

The R.F.K. Clinical Coordinator, a licensed clinical psychologist, oversees a staff of one and one-half full-time equivalent M.S.W.'s. In addition, he is directly involved in providing therapeutic support to the DEL program on about a half-time basis.

2.3.2 Program Philosophy -- Treatment and Behavioral Management

DEL's treatment philosophy is based on a brief treatment model in which an initial evaluation of a resident's strengths and weaknesses, as seen by his family, case worker, clinician and the resident himself, are used to identify his treatment needs and marshal his personal and familial resources to avoid future behavior leading to trouble with the law. The approach focuses on teaching problem solving skills. It is very direct, deriving from the framework of reality therapy and interdisciplinary, involving all staff and residents in the program--those sharing the resident's "life space."

Like other secure treatment programs, the living environment is structured to reinforce valued behaviors--through a point and level incentive system--and punish inappropriate behaviors--by prescribed sanctions for behavioral transgressions. Both the point and level system of privileges and the punishment contingencies are clearly delineated in resident and staff handbooks.

Each clinician has a caseload of about five residents. Residents receive about 45 minutes of individual counseling each week from clinicians. In addition to individual counseling sessions, special group therapy sessions are held approximately once each week. Group work is based upon staffs' perceptions of residents' needs. At the time of the assessment, the following group sessions were being offered:

- Family therapy--45 minutes/week for all families who could attend with their son. This is a particular problem in the Western Region where access is said to be limited because of families' distance from the facility;
- Substance abuse counseling--45 minutes/1-2 times per week;
- Sex offenders--2 hours/week led by the Clinical Coordinator and an M.S.W. for about five residents in need of the specialized therapy;
- Community group meetings--1 hour, five times each week;
- Problem solving--45 minutes/week;
- Relaxation therapy--45 minutes/week; and
- Group dynamics--75-120 minutes/week.

At the time of our assessment, another group counseling program focusing on issues related to sexuality--appropriate ways to deal with primal urges--was well along in planning.

2.3.3 Education

The emphasis of the educational program at DEL is clearly on basic skills development and improvement. Within the DEL therapeutic environment school is viewed as work--a responsibility that must be fulfilled. Residents are viewed as getting the necessary "prostheses" to deal with their problems on behavioral, cognitive and emotional levels from the remainder of program efforts. Public school does not provide that kind of support. DEL's educational approach serves as a sample of the type of environment in which residents may find themselves subsequent to their release when the support provided by the program is removed.

The DEL school day runs from approximately 9 a.m. to 3 p.m., five days a week, 52 weeks/year. Students receive classes in reading, mathematics, science, social studies, life skills and language arts each day in 45 minute periods. They also participate in a vocational education curriculum that focuses on job search and job maintenance skills. This class meets one time each week for approximately one and one-half hours after the regular school day.

The model used for education at DEL has each R.F.K. teacher, all of whom are certified in special education, providing comprehensive educational services to all students assigned to his or her homeroom. This basic instructional format is supplemented by residents being pulled-out of a class, a different class each day, to receive special instruction in reading, language arts or mathematics--from the BIS instructor, or remedial reading from the Chapter 1 instructor. Students receiving assistance from the BIS instructor are selected based on their being in the basic education stream (as opposed to preparing for the GED--all 15 residents at the time of this assessment). All residents with lower than fifth grade math or reading levels--about 5 residents at any time--receive instruction in remedial reading from the Chapter 1 instructor.

2.4 THE WESTBORO SECURE TREATMENT PROGRAM

The Westboro Secure Treatment Program (WES) is a publicly-operated 15-bed facility located 35 miles west of Boston on the grounds of the Westboro State Hospital. WES is one of three programs housed within the Central Youth Service Center building. Besides WES, the Central Youth Service Center building also contains the publicly-run, 15-bed Westboro Detention Unit and the 15 bed, privately-operated (JRI) Butler Center intended for juvenile offenders considered emotionally disturbed. In addition, the DYS central office training division and the BIS administrative offices are located in the building.

WES began operating in the building as the demonstration site for the federally-funded violent juvenile offender initiative. Known then as the Boston Offender Project (BOP), the facility provided initial institutional confinement for juveniles who were subsequently placed in one of two community-based group homes. Since the termination of the federal initiative, WES has functioned in much the same fashion as the other secure treatment programs, meaning among other things that aftercare planning and decisionmaking is left to DYS regional office caseworkers who collaborate to various degrees with program staff.

2.4.1 Staffing

The Western Youth Service Center has 15 core staff including:

- A Facility Administrator and Administrative Assistant,
- Five kitchen staff,

- Five maintenance staff,
- A nurse and a physicians assistant, and
- A vocational education instructor.

There are three senior staff who report to the program director: an assistant director who is responsible for the line supervisors and direct care workers, a clinical director who oversees two clinicians and maintains a small caseload, and an education director who had only recently filled the position after a nine-month vacancy.

The assistant director supervises a direct care staff of 16. The staff includes four shift supervisors and four assistant supervisors, which allows for a doubling up of supervisors on one of the shifts. In addition, eight direct care line staff cover one of three shifts: 8a.m.-4p.m., 4p.m.-12a.m. and 12a.m.-8a.m. A minimum of three direct care line staff cover the morning shift, four cover the day shift and two are on hand overnight.

The clinical director oversees two clinical workers, one of whom is funded through a supplementary contract with Hillside, a private, nonprofit agency. The program also had been using a student intern who ran some groups, though the continued involvement of an intern could not be assured. Each of the two clinicians maintained a caseload of 5-7 youths for individual counseling with the clinical director seeing two residents on a longer-term basis.

The education director position at WES is funded through a supplementary contract with Hillside. The education director does classroom teaching as well as coordinate the education component. In addition, there is a full-time special education teacher supplied through a Bureau of Institutional Schools (BIS) private, nonprofit contractor (EDCO), a full-time Chapter I teacher also provided through EDCO, and three part-time instructors. One part-time teacher provided through BIS directly is responsible for computer instruction; the second instructor, provided through Hillside, teaches arts and crafts; and the third instructor, who does vocational education, is on the staff of the Central Youth Service Center.

2.4.2 Program Philosophy-Treatment and Behavioral Management

WES uses a behaviorally oriented model adapted from reality therapy. The two clinicians meet with their assigned residents for individual counseling at least twice a week. A constant frame of reference is developing and maintaining self-management and understanding the consequences that flow from irresponsible and antisocial behavior. Each clinician also runs a small group every week. One group focused on nonverbal communication, and the other group covered immediate living issues. The student intern also ran a group that looked at social relationships, sexuality and dating. There were two other kinds of groups held. One group, using volunteers from an outside non-profit service provider, that ran a four-week series of presentations on employment preparation issues. The other group involved a 12-week program built around visits to an adult correctional facility.

The behavioral management system, which was formulated by the clinical director, is based on a point and step system. The system consists of five steps in which a minimum of points must be earned to maintain an achieved step and more points must be accumulated to advance a step. It is noteworthy that the current system is the product of collaboration between the clinical director and residents in response to an earlier behavior management system that broke down. To highlight the desire to integrate and coordinate direct care operations with the clinical component, clinicians are required to review all advances and demotions and to renegotiate with the resident the individual contract about behavioral goals that had been

developed. The behavioral management system at WES was regarded by staff as the best feature of the program.

The program also made use of an "advocacy" component, which had met with spotty success. As designed, direct care staff at the program were supposed to select a youth for whom they would act as advocate. Theoretically, the advocate would then develop a "closer" relationship with the resident and meet with him on a weekly basis to discuss most anything the youth wished to talk about. In practice, some direct care supervisors were more vigilant about having staff fulfill this responsibility than other supervisors. In some cases, direct care staff did not feel comfortable being an advocate, and they realized that this part of their responsibility was not being emphasized. In certain other cases, staff who had been acting as advocates, saw that the requirement was not enforced in practice and they stopped. Teachers who had volunteered to act as advocates met with some success. The problems with the advocacy system were widely acknowledged and singled out by a number of senior staff as requiring attention.

2.4.3 Education

The education component at WES had remained understaffed for a period of nine months. The situation had been rectified just prior to the arrival of the site visit team. The duration of the education director vacancy was attributed, in large part, to the state pay scale for the position. An increase in pay for the position was made possible when the position was shifted from the state to a supplementary contract with Hillside.

To simulate the public school system, the residents change rooms to attend their different classes. The full-time BIS-EDCO instructor is responsible for teaching the lower functioning students reading, math, and science, and, teaching higher functioning students social studies and English. The education director teaches the higher functioning students reading, math, and science and teaches social studies and English to the lower functioning students. Eleven out of 15 residents have IEP's and receive remedial instruction in math and English from the Chapter I teacher. Four students at a time are taken out of their regular classes to work with the Chapter I teacher.

Five periods of education are scheduled a day. Except in the summer, when the special education teacher is off, all students receive three classes a week in computer instruction. Each week the students also take one health class with the physician's assistant, one period focused on living skills, two periods of drug education, and two trips to a gymnasium off the grounds. Arts and crafts instruction is provided and students who have attained a particular step in the program are permitted to attend two sessions a week in a vocational class involving wood and metal work.

Most of the students are regarded as too educationally deficient and too young to do GED preparation. Residents who wish to pursue GED preparation are given a pretest to determine appropriateness. Results of the test are discussed with the youth in order to arrive at a mutual decision. Since residents who received GEDs might be ruled ineligible for post-release educational services and certain aftercare placements, staff expressed some reluctance to pursue GED preparation for residents.

SECTION 3: STUDY METHODOLOGY

We selected four programs, two public and two private for this study of the cost and effectiveness of public and private corrections.

3.1 DATA SOURCES AND COLLECTION STRATEGY

Three main data sources were tapped--surveys, review of records, and interviews. Survey instruments were administered to small groups of residents and were provided for self administration to all staff at the four programs studied. DYS, program and facility records were reviewed and pertinent information extracted. Personal interviews were conducted with key program, facility, DYS and corporate personnel to provide a context and more comprehensive understanding of both the data collected and the identified differences between public and private programs in Massachusetts.

3.1.1 Survey Instruments and Administration

Self-administered questionnaires were used to obtain staff perceptions about the quality of services and management of the programs studied. Questionnaires were given to staff, usually by the program director. Instruments were accompanied by a cover letter explaining the purpose of the study and the procedures that were to be followed to maintain respondent anonymity and confidentiality of the data. Survey instruments were also accompanied by a sealable return envelope.

Resident surveys were administered to small groups of respondents (usually eight). Two research team members were present. The study purpose was explained, as were procedures to ensure confidentiality. Then residents read along with one of the researchers while the other researcher provided needed individual assistance to residents who were experiencing difficulties.

Both survey instruments were adapted from offender and staff questionnaires used by the American Correctional Association in a number of evaluation studies and the U.S. Department of Justice, Federal Bureau of Prisons' Survey of Correctional Environments. Copies of our surveys are appended to this report.

In addition, research team members independently rated program and facility environments on a number of security and control measures, as well as environmental quality. A copy of the physical inspection checklist is included in the report as an Appendix.

3.1.2 Data Extraction

Record data were collected concerning all residents who had been incarcerated during the period of 1/1/87 through 3/31/88. An important source for information gathering was the monthly reports that the programs sent to DYS. These reports contained a wealth of information including: disciplinary actions taken (resident name, infraction and punishment); staff openings; changes in staffing status (e.g., promotions, demotions); over-time hours expended; use of on-call shifts to provide coverage for absent staff; training accomplished (staff, hours and type); and inspections and safety drills.

Other sources for secondary information gathering included:

- investigation reports concerning serious incidents at the program (e.g., escapes, sexual assaults, suicide attempts);
- records of inspection reports (Office For Children's licensing inspection, fire inspections);
- program review reports (DYS evaluation of program operations carried out about once every two years);
- special program requests (e.g., extending a resident's period of commitment); and
- program generated documents including program descriptions, staff and resident manuals, organizational charts, etc.

Specific data were also requested from the programs. Program records were the most reliable and accessible source for several items of information including: residents' educational status and standardized test scores (prior to entry and just before release); nature of presenting offense; amount of good-time earned; and time assignment.

Recidivism data were requested from DYS. The DYS central office coordinated its efforts with the regional offices in order to obtain revocation information. Recommitment data were obtained directly from DYS's central computer.

Facility medical staff were asked to report monthly use of medical services by the offenders for each of the four programs. A reporting form was developed with the assistance of a registered nurse at one of the facilities. The form required medical staff to report not only sick calls but also the nature of the call (e.g., injury related, referral, physical ailment).

In addition to these record data, financial information on program operations were extracted. Private program financial data were extracted from current contracts and review of facility administrators' budgets. The data from which the cost of public programs was estimated were obtained from DYS personnel expenditure files, facility administrators' budgets and review of supplementary contracts for educational and clinical services and supplies. Administrative overhead for both public and private programs was estimated based on the results of a survey administered to the Assistant Commissioners of the four DYS divisions involved in overseeing the secure treatment system. These data are described in more detail in a later section of this report.

3.1.3 Personal Interviews

In-depth personal interviews were held with key program staff, DYS administrator, and corporate officials in order to obtain insights into program operations, philosophy, and outcomes. In all, research team members interviewed 36 individuals. Interviews were scheduled so that both research team members could participate. Interviews ranged in length from about one-half hour with medical staff to two hours with program directors. A general interview guide is attached in an Appendix.

Each site visit assessment was scheduled for two to two and one-half consecutive days. Program Directors were interviewed first. Other interviews were scheduled at the convenience of staff. Staff surveys were handed out, usually by the program or residential director on the first day of the site visit. Most surveys were returned before the research team left the site. Survey instruments that had not been collected

on-site were mailed to The Urban Institute. Residents were surveyed usually in two groups of about eight. Survey administration took about one hour.

3.1.4 Data Analysis

Data collected from records and survey instruments were analyzed both within public and private pairs as well as across pairs, as a function of program auspices--public vs. private. The initial sets of comparisons were essential to determine if observed data patterns were primarily program specific. Assuming similar trends across both matched pairs of public-private programs, the broader comparison across programs by auspice was used to identify meaningful public-private differences.

Some of the data collected were categorical. These data were analyzed by calculating Chi-Square statistics (Hays,1973). Statistics were corrected for continuity when there was a single degree of freedom. When cell observations were small, comparisons were made only on the basis of auspices.

Most of the data collected were at least ordinal in nature. Overall analyses of variance were calculated to determine the mean square error term for each measure or constructed index. Orthogonal planned comparisons (Hays, 1973) were used to identify statistically meaningful differences between programs within matched program pairs and across program pairs as a function of auspices.

For all statistical analyses we described results between $.05<p<.10$ as "marginally different" or as a "trend." We reported differences of $p<.05$ as "significantly different." While most differences observed were more extreme than this (e.g., $p<.01$) we viewed this differentiation as adding little information.

In addition to statistical analyses we conducted an in-depth analysis of program costs. Methods used in accomplishing this analysis are detailed later in this chapter.

Lastly, we obtained a wealth of information from interviews with DYS, program and corporate personnel. This information both provided a context within which to understand other data collected and, in its own right, yielded unique information important to identifying differences between public and private program process and impacts.

3.1.5 Sample Selection

During December 1987, project staff began to obtain from DYS's Office of Planning, Research and Systems, information concerning the characteristics of residents at twelve secure treatment facilities for juveniles in the state. (Note that the Evaluation Unit at the Western Regional Youth Center has just opened and was not included as a possible site for assessment.) Data were obtained which described the following characteristics of 1986 and 1987 residents at the eight purchase-of-service (private) and four DYS programs:

- Age;
- Sex;
- Presenting offense(s);
- Minimum and maximum sentences;
- Race/ethnic origin;

- Household income; and
- DYS region of origin.

In general, offender characteristics tend to vary both between years and within years in each program. (Much of these data are described in the next section in which the four programs selected are profiled.) Overall, there were few consistent differences across the sum of the two years of data obtained for the twelve programs. Where differences were noted, they became reasons to exclude a program from sampling consideration.

In addition to data on offender characteristics, project staff also obtained written contracts that had descriptions of types of offenders (e.g., emotionally disturbed) housed in the private programs as well as the treatment milieus employed. Since contracts do not exist for the DYS-operated facilities, similar descriptions had to be obtained directly from DYS central office staff.

The final step taken to make these matches was to get feedback from the DYS central office staff most familiar with the programs and their operations. On January 21, 1988 two project staff met with the Director of Administrative Services; the Assistant Commissioner of Planning, Research and Systems; the Assistant Commissioner of Facility Operations; and the Deputy Assistant Commissioner of Facility Operations--three of the five DYS divisions in charge of operating juvenile secure treatment facilities in the state. The purpose of these meetings was to obtain the perceptions of these knowledgeable individuals regarding the appropriateness of matching specific private and DYS programs as well as to identify sources of data needed to achieve study objectives.

These discussions underscored the importance of the Youth Service Center concept in the secure treatment and detention of juveniles in Massachusetts. These centers became the primary point for deriving a sample for this study effort.

Table 1 presented earlier depicts the location of the thirteen secure treatment programs as a function of their auspice (i.e., public or private) and location. Discussions with DYS staff helped focus selection of sample programs, not only by emphasizing the central importance of the Youth Service Centers to their overall program implementation effort, but by making clear that the freestanding programs generally had special purposes (e.g., DYS's Short-term Treatment Program) or special populations (e.g., Littleton House or Rotenberg Schools for females) for which we would find no comparable match.

3.1.6 The Achieved Matches

The goal of matching private and public programs was two-fold. First, attempts were made to identify public-private program pairs that were as similar as possible on a set of offender characteristics and facility conditions. It was hoped that differences observed between public and private operations would not be attributable to potentially confounding variables. Second, attempts were made to include geographically distributed programs to ensure that findings would be robust across settings.

Efforts to select a sample of programs were quite purposeful. First, because of the central importance of the Youth Service Center concept, contribution to minimizing differences between paired programs, and the special purposes and populations served by the freestanding programs, selection was limited to those programs located in Youth Service Centers. This meant selecting the two DYS operated programs located in Youth Service Centers--The Judge John J. Connelly Secure Treatment Unit (CTU) and the Westboro Secure Treatment Program (WES)--for which private program matches had to be found.

The CTU program is located in the Judge John J. Connelly Youth Center in Roslindale, outside of Boston. The program houses sixteen male juveniles, primarily from the Boston metropolitan area. While the program does not profess to specialize in treating sex offenders, it has been housing about six such offenders at any given time and providing a special sex offenders clinic as part of regular treatment.

The WES is located in the Central Youth Service Center. The program houses fifteen male adolescents. As in most of the Massachusetts secure treatment facilities, presenting charges are mixed, though violent crimes against individuals are prevalent.

Selecting public programs first limited the search for appropriate privately-operated matches to five of the six contracted programs located in Youth Service Centers. Programs too unique in approach, characteristics or population served were culled from the private contractors' sampling frame.

Of the five remaining private programs, one is an outward bound program with security provided primarily by location (L.E.A.P.'s Stephen L. French Forestry Camp). This program also had just made the transition from DYS operated to purchase-of-service. The program was dropped from further consideration in the matching process. A second program, the Butler Center, located in the Central Youth Service Center, was viewed by the vendor (Justice Resources, Inc.) and by DYS staff as dealing primarily with more severe emotionally disturbed offenders. This program was also viewed as not sufficiently comparable to selected DYS programs on these grounds.

These deletions left three programs for consideration:

- Boston Secure Treatment (BST), a fifteen bed program located in the Judge John J. Connelly Youth Center;
- Coolidge School (CS), a fifteen bed program located in the Western Youth Service Center; and
- Stephen B. Delaney School (DEL), a fifteen bed program located in the Western Youth Service Center.

The natural match for CTU was the BST program. Both are located in the Judge John J. Connelly Youth Center, both have high proportions of sex offenders, youths with relatively long minimum sentences (averaging more than seven months), and both programs are racially integrated. The Delaney School Program was matched with the Westboro Secure Treatment Program not only because of the similarity of the composition of the offenders in the program, but also because of the strong consensus of DYS staff that this, while not a perfect match, was a better match than would be provided by the CS. More specifically, the CS program was viewed as having a strong psycho-educational orientation, treating offenders who were to be confined for shorter periods of time than the Delaney School.

While these two pairs of programs appear as acceptably comparable on a number of characteristics, there are no perfect matches. The programs selected for this study represent different geographic areas from which offenders may be assigned (e.g., urban vs. statewide), therapeutic orientations (e.g., psychodynamic vs. reparenting/socialization) and program locations. But these programs were selected not only to resemble each other, but also to provide a certain coverage of characteristics that may be related to program process and performance. Diversity is viewed as a strength. For example, one pair of programs occupy space in the same facility. The major vendors, Justice Resources, Inc., and R.F. Kennedy Action Corps, provide seven of the nine juvenile secure treatment programs in Massachusetts. Also, three of the state's five youth centers--Connelly, Western and Central--are included in the sample.

Because of the nature of the programs selected for assessment in both the public and private sectors, results should be generalizable across circumstances. Additionally, because of the matching process employed, not only can contrasts be made between public and purchase-of-service programs as a whole but also between specific public-purchase of service pairs.

SECTION 4: RESULTS AND DISCUSSION

The purpose of this investigation was to compare public and private secure juvenile treatment providers in Massachusetts on service delivery, short-term outcomes such as perceived quality and usefulness of services provided, as well as revocation and recommitment to DYS facilities and the cost of service provision. This chapter presents findings from the data analysis in conjunction with information obtained from in-person interviews with program, corporate and DYS staff. As noted in the preceding methodology section, data were extracted from program and DYS records and from surveys of current staff and residents. Emphasis is placed on integrating the information obtained from the various sources to provide a cogent picture of program service delivery, environment, outcomes and costs. The chapter begins with a review of staff and resident characteristics at the programs studied.

4.1 SAMPLE CHARACTERISTICS

4.1.1 Personnel Demographics

Staff demographics were collected by means of a self-administered questionnaire. All staff with the exception of the program director and clerical support staff were asked to complete the form. The respondents were also supplied with an envelope in which they were asked to seal their completed form. This procedure was designed to assure respondent anonymity and maintain data confidentiality.

Response rates were generally good, ranging from 64% at DEL to 100% at CTU. Response rates at BST and WES were intermediate (86% and 68% respectively). Overall the response rate for public program staff was 84%. This was not dissimilar to the 75% response rate obtained at private programs.

Overall, data in Table 2 indicate that staff at public as compared to staff at private programs are significantly older ($F(1,75)$-3.93, >.05; M's=33.6 and 30.5 respectively), and have longer tenure both with their current employer ($F(1,80)=4.04$, $p<.05$; M's=27.3 months and 15.2 months respectively) and at the program ($F(1,79)=6.73$, $p<.05$; M's=23.8 months and 13.1 months respectively). Data in Table 3 demonstrate that there are no significant differences between public and private program staff responding to the survey in terms of the number of previous corrections jobs reported (29.6% vs. 30% with one or more previous jobs), gender (31.8% vs. 27.5% female) or race (56.8% vs. 57.5% white).

Taken together, the data on age, tenure with employer, length of time at the current program, and the lack of differences between public private program staff in the number of previous corrections jobs they have had, supports the characterization of public as compared to private corrections workers as older and more senior.

4.1.2 Resident Characteristics

Offenders are referred to programs by a classification panel that considers the security and treatment needs of the youth, the time assignment, youth's region of origin, and the availability of bed space. Clearly, the availability of bed space is a major determinant of placement. Further, neither public nor private programs can refuse to place a youth. As a result, we might expect that there would be few differences in the demographic composition of the youths in the four programs studied.

Overall, only small differences between programs were observed. Table 4 shows selected demographic characteristics for offenders. Much of the data were drawn directly from program records for

all youths in residence during the period January 1, 1987 through March 31, 1988. Additional data were gathered from resident responses to a group administered survey instrument. Virtually all offenders completed these forms (95%) with little variation between programs in residents' response rates.

Survey data (Table 4) indicate the average age of offenders at the programs was virtually equivalent: CTU-16.21; BST-16.31; DEL-16.0; and WES-15.29. No difference between public (15.8) and private (16.2) programs were observed.

It is also worth noting that according to record data (see Table 4) the private programs clients were generally committed to care for significantly longer periods of time ($F(1,74)=9.49, p<.01$) than in either public program (BST-9.4 and DEL-9.8 months vs. CTU-8.9 and WES-8.6 months). This pattern of result was strongest in the DEL-WES pair. This result was also confirmed by survey data in which residents were asked how long they had been at the programs (privates-7.6 months; publics-4.8 months = $F(1,54)=3.84$, $p<.10$)). When residents were further asked how much time they expected to remain in the programs, responses across all four programs were practically identical ranging from an average of 3.2 months at WES to 4.1 months at DEL (see Table 4).

It is important to examine how much "good time" youths entering the programs have accumulated. Good time is earned when youths spend time in detention waiting for space to open in a correctional placement. There's virtually no difference between the public and private programs in this regard. Offenders in both public and private programs have earned an average of 32.1 days of good time. The range of good time earned across programs is 30.4 days at WES to 34.0 days at CTU (see Table 4).

Adding to the differential length of stay is that relative to public programs, private programs--especially BST--petitioned DYS to extend treatment for its clients past the maximum time assignment ($X^2(1)=4.1$; $p<.05$). As shown in Table 5, over the time frame of the study, BST secured 13 extensions (39.4%) of treatment for clients incarcerated between 1/1/87 and 3/31/88. CTU obtained only three extensions (5.6%), WES five extensions (mostly to wait for aftercare placement) (10.0), and DEL asked for none. BST's requests for such extensions are completely consonant with their treatment beliefs, especially as they apply to sex offenders, whom they believe need at least two years of therapy. This is virtually impossible without extending the customary length of commitment ordered by DYS and the courts.

On the opposite side of the coin, we see a statistically significant difference (X^2 (1)=3.88; $p<.05$) in public programs requesting early release for their clients. CTU and WES each obtained four early releases for youth in their program between 1/1/87 and 3/31/88 (7.4% and 8.0% respectively). Together, both private programs obtained only one early release (DEL). Taken together, data concerning length of commitment, early release, good time earned, and number of extensions indicate relatively longer stays for offenders at private programs.

Educational attainment was also examined across programs. There were no significant differences for years of schooling completed or language grade equivalency scores as measured at intake. On average, between 83% and 89% of residents at both public and private programs completed ninth grade or less (Table 5). Given the mean age of residents this represents an average grade deficiency of approximately two years.

On measures of language ability, residents entered public programs with grade equivalent scores averaging 7.0 (see Table 4). Residents entered private programs with an average grade equivalency score of 6.9. These mean scores are not significantly different.

Despite these general similarities in educational attainment, Table 4 shows a public-private difference was observed in mathematics grade equivalency scores at intake ($F(1,73)=6.13; p<.05$). As on the language

battery, the test used at intake was the Informal Screening Assessment (ISA). Here, offenders at private institutions (5.9) outperformed residents at public programs (4.9). However, the difference is primarily attributable to the disparity in measured math abilities between residents within the BST-CTU pair. BST residents clearly scored higher on the math test than did CTU residents (6.2 vs. 4.6 respectively; $F(1,85)= 8.43$, $p<.01$). As such, this difference should not be considered as indicative of consistent public-private differences.

As seen in Table 4, residents in public programs did not live significantly further from their placement than did residents at private programs (46.2 vs 52.7 miles respectively). However, residents served by the Western Youth Service Center, located in the least populus portion of the state, tended to live further from their placement (66.4 miles) than did residents served by the Central (48.0 miles) or the two programs at the Roslindale (Boston) Youth Service Centers -- averaging 41.8 miles.

As can be seen in Table 5, at the time of the survey, public programs tended to house a greater proportion of black (50%) and lower proportion of white (26.9%) offenders than did private programs (29.6% and 48.1% respectively). However, much of this difference seems attributable to regional differences reflected in location of the facilities. Survey data show that DEL, a Western program (57%) had greater concentrations of white offenders (57%) than did WES, a Central program (31%), and the two metro-Boston programs (BST-38% and CTU-23%). Similarly, the Central and Western programs have a greater percentage of Hispanic clients (23% and 29% respectively) while the two Boston area programs both have client populations that include only about 8% Hispanics. These differences generally reflect the area's population composition.

An important consideration in terms of program and public-private comparability is the nature of the incarcerating offense. Here, the issue of "creaming" or referring the easier cases to a specific group of providers is of interest. To investigate this, researchers reviewed program records, extracting presenting offenses for all offenders who were already in custody or remanded to the four programs under study during the period beginning January 1, 1987 and ending March 31, 1988. Data were not available on prior offense history.

The data shown in Table 5 reveal that over this time period there was some indication that private programs were more likely to house offenders that committed crimes against persons (79%) than public programs (52%). However, much of this difference may be attributable to the number/proportion of sex offenders in custody at BST. Almost one of three persons (30%) in custody at BST during this time frame were sex offenders. This proportion is more than twice that for the two public programs. However, at the time of the field assessment, both CTU and BST had eight sex offenders in their care, indicating cyclic variation in offender populations.

A final point of comparison on program populations is family income (Table 5). Almost seven of ten residents in each of the four programs came from homes in which family income was less than or equal to $10,000. There were no differences in household income as a function of the aegis under which the programs operated. Further, there were no clear program specific differences.

TABLE 2

Selected Demographic Characteristics of Staff (Expressed As Averages)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Age (in Years)						
N	23	23	16	17	40	39
M	31.91	32.22	28.50[b]	35.35[b]	33.55[a]	30.51[a]
SD	7.12	9.74	5.57	7.13	8.73	6.53
Length of time with Employer (in months)						
N	23	26	17	18	44	40
M	13.43[b] 29.65[b]	17.67	24.00	27.34[a]	15.23[a]	
SD	11.6529.58	27.34	26.52	28.37	19.89	
Length of time At Programs (in months)						
N	23	26	17	17	43	40
M	13.08[b]	23.73[b]	13.08*	23.94*	23.81[a]	13.08[a]
SD	11.62	18.70	12.89	26.76	22.24	12.18

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group difference at the $p<.10$ level.

TABLE 3

Selected Demographic Characteristics of Staff (Expressed As Percentages)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Prior Jobs						
N	23	26	17	18	44	40
0	78.2	73.1	58.8	61.1	68.2	70.0
1	17.4	15.4	29.4	27.8	20.5	22.5
2 or more 4.3	11.5	11.8	11.1	11.4	7.5	
Gender						
Male (%)	73.9	73.1	70.6	61.1	68.2	72.5
Female (%)	26.1	26.9	29.4	38.9	31.8	27.5
Race						
Native American	0.0	3.8	5.9	5.6	4.5	2.5
Asian	0.0	0.0	0.0	0.0	0.0	0.0
Black (non Hispanic)	43.5	38.5	23.5	22.2	31.8	35.0
White (non Hispanic)	52.2	53.8	64.7	61.1	56.8	57.5
Hispanic	4.3	3.8	5.9	11.1	6.8	5.0

TABLE 4

Selected Demographic Characteristics of Offenders (Expressed As Averages)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Age of Offenders (Survey)						
N	13	14	15	13	27	28
M	16.31	16.21	16.00	15.29	15.77	16.16
SD	1.49	1.47	1.46	.82	1.20	1.47
Length of Commitment in Months (Program Records)						
N	34	54	40	50	104	74
M	9.38	8.93	9.78[b]	8.60[b]	8.77[a]	9.60[a]
SD	1.81	2.00	1.44	1.51	1.78	1.62
Length of Commitment in Months (Survey)						
N	15	15	15	13	28	30
M	9.29[a]	5.43[a]	5.77	4.23	4.87*	7.53*
SD	6.69	3.96	5.83	2.23	3.27	6.27
Time Remaining in Program in Months (Survey)						
N	15	15	14	14	29	29
M	3.93	3.8	4.11	3.23	3.52	4.02
SD	3.25	2.01	2.88	2.10	2.05	3.08

TABLE 4 (Continued)

	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Good Time Earned In Days (Program Records)						
N	32	39	38	42	81	70
M	33.84	34.05	30.66	30.38	32.15	32.14
SD	22.86	24.14	13.20	16.43	27.55	27.37
Language Ability (Mean Grade Equivalent, Program Data)						
N	33	54	40	50	104	73
M	7.52	7.17	6.43	6.85	7.02	6.92
SD	2.51	2.97	2.97	1.94	2.53	2.77
Mathematics Ability (Mean Grade Equivalency, Program Data)						
N	33	54	40	50	104	73
M	6.15[b]	4.56[b]	5.62	5.33	4.93[a]	5.86[a]
SD	4.04	1.57	2.24	1.95	1.78	3.18
Distance from Home in Miles (Survey)						
N	13	14	13	13	27	26
M	38.96	44.46	66.4	47.96	46.15	52.68
SD	45.68	66.41	75.90	18.11	49.44	62.64

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 5

Selected Demographic Characteristics of Offenders (Expressed As Percentages)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Race (Survey)						
(N)	13	13	14	13	26	27
Native American	0.0	7.7	7.1	0.0	3.8	3.7
Asian	0.0	0.0	0.0	7.7	3.8	0.0
Black (non Hispanic)	53.8	61.5	7.1	38.5	50.0	29.6
White (non Hispanic)	38.5	23.1	57.1	30.8	26.9	48.1
Hispanic	7.7	7.7	28.6	23.1	15.4	18.5
Offense Type (Program Records)						
N	34	38	34	33	71	68
Against Persons	85.3	50.0	73.5	54.5	52.1	79.4
Against Property	5.9	31.6	17.6	21.2	26.8	11.8
Drugs	2.9	5.3	2.9	0.0	2.8	2.9
Misc. (e.g., possession of a firearm)	5.9	13.2	5.9	24.2	18.3	5.9

TABLE 5 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	PRIVATE
Presenting Offense Unknown (Revocation, Public Order, etc.)						
# Cases	0	16	6	17	33	6
Extensions Beyond Maximum Commitment (Records)						
N	33	54	40	50	104	73
%	39.4[b]	5.6[b]	0.0	10.0	7.7[a]	17.8[a]
Early Release (Records)						
N	33	54	40	50	104	73
%	0.0	7.4	2.5	8.0	7.7[a]	1.4[a]
Last Grade Completed (Survey)						
N	15	14	15	13	27	30
8th	50.0	33.3	40.0	30.8	33.3	43.3
9th	28.6	53.3	53.3	53.8	55.6	40.0
10th	7.1	6.7	6.7	15.4	11.1	6.7
11th or higher	14.3	6.7	0	0.0	3.7	6.7

TABLE 5 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	PRIVATE
Family Income (Program records for 1986-87)						
N	39	61	48	58	119	87
< $10,000	71.8	73.8	64.6	65.5	69.7	67.8
$10,001 - $15,000	7.7	4.9	8.3	10.3	7.6	8.0
$15,001 - $20,000	19.9	3.3	10.4	13.8	8.4	13.8
$20,000	2.6	18.0	16.7	10.3	14.3	10.3

Matched superscript letters indicate significant group differences at the $p<.05$ level.

4.2 OVERVIEW AND GENERAL DISCUSSION OF THE SERVICE DELIVERY ENVIRONMENT

To understand the nature of service delivery at public and private programs, we first reviewed a number of important programmatic dimensions including:

- Internal Control and Security;
- Victimization;
- Conditions of confinement;
- Social climate;
- Safety and health; and
- Mental health.

4.2.1 Overview of Findings

Both record data and information obtained form in-depth personal interviews indicated that public as compared to private programs were more physically volatile. Relative to private programs, DYS run secure treatment programs evidenced greater numbers of residents running from activities outside the program; greater numbers of residents confined to their rooms for inappropriate behavior; more resident injuries due to physical restraint or fights; greater numbers of fights between residents and between staff and residents, and more instances in which staff physically restrain residents.

As discussed earlier, DYS data concerning presenting offenses indicated private programs were assigned larger proportions of youth committing crimes against persons. Therefore, private programs might be expected to house more difficult to control delinquents. But, this is not the case. We were unable to determine criminal history, so we could not investigate seriousness of prior offenses. Prior offenses might explain this discrepancy.

Another possible explanation for observing more volatility in public programs is the racial disparity of youth assigned to public and private programs. However, this discrepancy existed only in one of the two public-private pairs studied. In this pairing, the private program with the larger percentage of white residents more often used mechanical restraint on residents than did the matched public program. Thus, the racial disparity between public and private programs does not explain the greater volatility observed in the former.

Another difference between public and private programs that might be related to acting-out or out of control behavior revolves around philosophy and staff behavior. Our own in-person interview assessments with program staff indicated that private programs reported trying to support residents more than did public programs. One private program reportedly tried to provide the "prostheses" necessary for the residents to improve their level of behavioral functioning. The other private program attempted through psychodynamic exploration, to assist residents not only in dealing with the behavior that brought them to the program but also the underlying emotions that affect behavior. Both these program approaches require a more clinically-oriented therapeutic environment involving professional staff.

By contrast, the public programs focused more heavily on modifying behavior. At one program, the treatment of residents seemed to focus predominantly on the behavioral management system. At the other, while there seemed a substantial effort to create a more comprehensive therapeutic milieu, most of the responsibility seemed to reside with "lay" counselors.

This brings up a related point of staff credentials. First, private as compared to public programs seemed to make more of an effort to ensure that all clinical and educational staff were credentialled in their field of expertise. This did not appear to be the case in public programs. In public programs, we noted greater emphasis placed on promoting from within, even across position functions. In one case, we observed a director of education hired, via a supplementary contract, to direct a public program's educational effort. His immediate prior experience had been as a direct care supervisor in a secure detention program. We also learned of instances in which direct care workers had been promoted to serve as "lay" counselors/clinicians. While we are in no way disparaging these individuals' talents, developed over the course of time and their hands-on experience with a difficult population, we do note that there is a difference in staffing philosophy between public and private programs and that this difference may affect program environment.

One way to describe this staffing difference focuses not on specific characteristics of treatment regimens, but on developing staff to interact in the most positive and effective way with residents. Historically, civil service occupations have been viewed as fostering "careerism," a system in which government employment assures job security, salary increases and increasing job responsibilities. (Some critics have argued this has been based primarily on seniority and not merit.) For the two public programs we reviewed, civil service positions certainly seemed to foster this type of career progression. Recall that staff at these programs were older, worked for their employer (DYS) longer, and were at the program for longer periods of time than private staff. Further, had the merger of CTU and CTD not been accomplished in 1986, staff there might have been longer tenured than we observed. According to DYS investigation reports and the CTU Program Director's reports, the merger, along with the concomitant change in philosophy--moving from a security and control posture to more of a treatment (i.e., reparenting) stance--caused a great deal of staff dissension among the direct care staff. According to these sources, it took the better part of two years of staff dissension, acts of overt defiance and isolated acts of violence before recalcitrant workers were replaced with those who could support the plan and the newly adopted treatment philosophy.

In contrast, were the reports of private Program Directors who, possessing a much greater latitude in hiring and firing decisions, are in a more authoritative position to recruit and retain a supportive staff. One private Program Director explained that he viewed direct care positions as a two year effort. The post itself produces burn-out in staffers relatively quickly. The nonprofit organization encourages staff in these positions to learn what they can and after two years assume more responsibility in a supervisory or managerial capacity at the program or at one of the organization's other programs or move on. Many staff do choose to leave. This general orientation towards "professionalism" is supported by the organization through training, and as we witnessed in our assessment, opportunity. Several experienced staff at one of the private programs transferred to another recently initiated program, taking on greater levels of responsibility.

The implications of these differing orientations are provocative. While residents at public and private programs generally showed no difference across measures of perceived program quality, service delivery or outcomes (i.e., usefulness of service), staff at private programs were consistently more positive about their employer, the services they provided and how helpful these services were to residents. For example, in general, residents viewed the conditions of confinement similarly across programs. Yet, staff at private programs viewed both residents' rooms and the program appearance more positively than did staff at public

programs. This was true in spite of the relatively equal appearances of rooms and program environment as rated by the research team. While data from the state licensing agency (Office For Children) indicated more frequent noncompliance among public as compared to private programs, most areas of noncompliance cited focused on reporting and training requirements and not on the quality of the environment.

Similarly, staff at private programs reported being more fair with residents than did staff at public programs. Moreover, staff at private facilities reported feeling safer at their place of work than did staff at public programs. Once again, such differences were not found in the reports of residents at public and private programs.

Interestingly, even though youths in the public programs report more fights between residents, between residents and staff, and staff use of force in restraining residents compared to those residing in private programs, there were no differences in residents' perceptions of staff trying to keep the program safe for residents, safe for staff or staff trying to prevent fights. The observation that residents did not directly blame staff for violence at the programs may say more about their expectations of living in a secure correctional facility with other offenders than their views on staff's effectiveness in dealing with residents' disruptive behavior.

Overall, public-private program differences related to conditions of confinement, perceived safety, security and control, and living conditions are generally found in staff attitudes and perceptions but not in the views of residents. These data seem to indicate that while conditions may not objectively differ dramatically, staff at private programs are more enthusiastic about their work and surroundings.

Data presented later in this report will demonstrate that staff at private programs--relative to their publicly employed colleagues--are more engaged in their work, like what they are doing, perceive their organizational structure more favorably, and say they are accomplishing more.

That few such differences were detected between residents in the public and private programs may in part be an indication of the youths' overall reaction to their perceptions of being locked up in a restrictive environment. The greater volatility found in the public programs was evidently not interpreted as differing from expectations by residents as any more negative than what residents in private programs experienced.

It is interesting to note that residents in both public and private programs tended to rate conditions as above average as dictated by the response scales. It is also true that resident responses were consistently less favorable than were the responses of staff. Whether or not the longer run impact of the public and private programs differ in terms of the youths' future conduct and recidivism is not answerable from these data. More immediate short-term effects are discussed in following sections. Immediately below we present detailed data to support the observations made thus far.

4.2.2 Detailed Findings

4.2.2.1 Internal Security and Control

The first set of indicators of the level of security maintained by programs included: the number of escapes from the program; runs while out on an activity, and residents who have gone AWOL while on a pass. These data were assessed for the period 1/1/87 through 3/31/88 from program records, investigative reports and DYS-wide summaries of such events.

Data in Table 6 indicate a strong public-private difference in the total number of such events that occurred over the period of study ($X^2(1)=3.98$, $p<.05$). The public programs evidenced 13 such events

(PUBLIC 1=7, PUBLIC 2=6) while among the private programs only PRIVATE 2 experienced any such events (2). It is worth noting that 10 of the 13 incidents recorded were runs occurring while residents were involved in some outside group activity and may therefore reflect as much differential opportunity to run as significant breaches in maintaining security.

On the whole, these data are paralleled by system-wide data collected over the 1987 calendar year. Here, 12 incidents were recorded for the eight private secure treatment facilities in the system during this time period, compared to 23 such incidents for the four public programs (see Table 7). There were twice as many runs and three times as many escapes from the public compared to the private programs even though public programs represent only one-third of all secure care facilities.

While differences were observed in the actual number of combined escapes, runs and AWOLS, staff surveyed at public and private programs were generally equally likely to report that they did a good job in preventing escapes (Table 8). However, PUBLIC 1 staff were least likely to report staff accomplished escape prevention. These data tend to support the notion that differences in actual incidents observed in the four programs studied may be as much a function of opportunities provided to "run" as breaches in maintaining security in the facility.

When asked about their ability to maintain control inside the program ("1"=greater control and "4"=no control) staff at both public facilities (M=1.37) reported significantly less ability ($F(1,82)=4.73, p<.05$) to maintain control inside the program than did staff at both private programs (M=1.07). Again this difference is primarily attributable to the relatively low ratings given by staff at PUBLIC 1 (M=1.56) compared to staff at the other three programs (PRIVATE 1=1.13, PRIVATE 2=1.0, and PUBLIC 2=1.06). Data are presented in Table 8.

One way to look at the level of control maintained at a program is to review their use of specific methods to enforce tolerable resident behavior. The most salient forms of behavior control used in all three programs are the behavioral management--step-and-privilege system/token economy, use of room confinements for unacceptable behavior, and use of mechanical constraints for "out-of-control" behavior. Comparative assessments cannot directly be made of the behavioral management systems. However, the use of various disciplinary practices can be assessed.

The proportion of youth who were confined to their rooms between 1/1/87 and 3/31/88 for inappropriate behavior is significantly greater($X^2(1)=24.6, p<.01$) at public (73%) as compared to private programs (36%). In terms of prevalence of such practices (number of youth with infractions/total youth) across programs, we see strong parallel differences within each public-private pair. The proportion of youth with room confinements at PRIVATE 1 was 39.4% compared to 72.0% at PUBLIC 1. Similarly, 32.0% of PRIVATE 2's residents experienced room confinements compared to 74.0% at PUBLIC 2. Data are presented in Table 9.

Though public programs were more likely than private programs to use room confinement as a contingency for inappropriate behavior, the length of time residents were confined varied with programs. While a significant public-private difference emerged on the average length of time of room confinements given ($F(1,98)=8.0, p<.01$) the effect was due to the extended periods of room confinement time assigned to residents at PUBLIC 1. Further, the reversal in the average time allocated for individual transgressors between public-private pairs (PRIVATE 1=77 minutes vs. PUBLIC 1=553 minutes; PRIVATE 2=329 minutes vs. PUBLIC 2=259 minutes) observed indicates clearly that the difference in length of time residents were confined to their rooms stemmed from program specific practices and not from general public-private differences.

There were no significant public-private differences observed on two related measures of behavior control--use of mechanical restraints to quell "out-of-control" behavior and length of time for which mechanical restraints were applied. While the percentage of residents in private programs on whom mechanical restraints were used (17.8%) was marginally different ($X^2(1)=3.24$, $p<.10$) from that in public programs, (8.7%) the trend was wholly attributable to the relatively frequent use of mechanical restraints at PRIVATE 2 (22.5%) and is indicative of program rather than systematic public-private differences. In point of fact, when analyzing the individual matched public-private pairs, there is a reversal in terms of both the proportion of residents on whom mechanical restraints were used and the length of time for which a resident was restrained. One private program exceeded its match, while in the other pairing the public program exceeded the private. Because of small sample sizes and large variances, statistical differences were wholly absent.

4.2.2.2 Victimization and Violence

Another means of assessing level of security and control is to examine data concerning victimization and violence. Review of investigative reports filed between 1/1/87 and 3/31/88 revealed no differences in terms of the number of assaults on both staff and residents or sexual assaults on residents (Table 10). However, investigative reports are filed for only the most severe instances of assaults.

An additional set of measures of violence were obtained through our survey of staff and residents. Both were asked about their perceptions concerning the general level of physical violence in their programs over the past six months. Clear (i.e., significant) and consistent programmatic differences emerged on both staff's and residents' perceptions of the number of fights occurring between residents, the number of occasions staff physically fight with residents and the number of occasions in which staff use force to restrain residents. On each of these measures, PUBLIC 1 is clearly perceived as having the single most physically volatile environment (Table 11).

Program specific differences contribute heavily to overall public-private program differences. Still, on each of these measures, mean differences within both public-private pairs is uniform and consistent indicating that overall, public programs are perceived by both staff and residents as significantly more volatile than private programs.

On a related measure of victimization--the number of residents who have been sexually assaulted--there is a statistically significant public-private difference ($F(1,57)=4.16$, $p<.05$) among residents' responses, which is wholly attributable to a program specific difference. PRIVATE 1 data reflect reports of sexual abuse recorded in the DYS program investigations. Data are presented in Table 11.

4.2.2.3 Conditions of Confinement

An important set of comparisons made between public and private programs focused on the quality of the general living conditions for residents. Of interest was whether or not public and private programs fostered differentially acceptable physical environments.

For both staff and residents, three additive scales were created from the surveys to measure different aspects of the programs' living conditions. The first scale focused on residents' rooms and combined perceptions on the overall look of the room, its comfort, noise level and state of repair. The second scale collapsed the same four dimensions with a focus on the entire program. The third scale combined two measures that asked about access to and conditions of the sanitary facilities. For each index, higher scores indicate greater satisfaction. A single measure was used to examine the amount of resident idle time.

As shown in Table 12, while some program specific differences emerged from residents' ratings on measures of quality of general living conditions (e.g., residents rated the room conditions at Public 2 as poor compared to residents at the other three programs and Private 2 residents viewed their program conditions as better than residents in the other programs), no statistically significant differences ($p<.05$) were observed on any of the four indicators of general living conditions for public as compared to private programs. Marginal differences that emerged were clearly attributable to the variation within one of the two matched pairs of public and private programs.

Alternatively, staff responses indicated clear public-private program differences on indicators measuring both quality of residents' rooms ($F(1,85)=6.60$, $p<.05$) and overall program conditions ($F(1,87)=5.20$, $p<.05$). On both of these indicators staff at private facilities thought more highly of the conditions at their programs than did their counterparts at public programs. These results were consistent across both matched pairs.

It is noteworthy that the research team's assessment of the physical conditions of the four programs did not reveal differences between public and private programs (Table 13). In fact, the programs appeared virtually identical in terms of the quality of the living environment provided. Therefore, the differences observed in staff ratings of resident and program environments may actually reflect an enthusiasm for program goals and content or lack of a comparative perspective. Both of these possibilities may be associated with private program staff being comparatively young and on-the-job for a shorter period of time when compared to public program employees.

4.2.2.4 Program Crowding

Data on program crowding were collected from program records (1/1/87-3/31/88) as well as from surveys administered to staff and residents. Program data (Table 14) indicated that there was absolutely no overcrowding and virtually no underutilization of bed space. Overcrowding does not occur because offenders waiting for placement in secure treatment facilities are held in detention units until a bed becomes available. The small number of beds in the secure treatment programs which were not used during the time period under study were empty because of escapes, runs or AWOLs. Beds stay empty only for very short periods of time.

Survey data from staff and residents (Table 15) also demonstrated no statistically significant differences in perceived crowding between public and private programs. There was a tendency for residents at public programs to view the facilities as more crowded than residents at private programs but the difference was only marginally significant (i.e., $p<.10$).

4.2.2.5 Inspections

The secure treatment programs are licensed by the Massachusetts Office for Children (OFC). Licensing inspections are conducted by OFC at two year intervals. The research team reviewed the last available inspection reports and categorized citations for noncompliance into eight areas: record keeping and reporting, safety, training, security, administration and supervision, resident rights, repair and maintenance, and other.

Data (Table 16) indicated that public programs were cited more frequently for noncompliance than were the private programs (49 vs. 21 citations respectively). Moreover, the citations for public programs cut across a greater number of categories (7) than did those for their private counterparts (4).

In addition to OFC inspections, researchers tried to locate recent records of health and safety (e.g., fire) inspections at both the programs and DYS central office. Virtually no such records could be obtained.

Another indicator of safety consciousness focuses on the number of fire drills reported in monthly reports from the programs to DYS over the study period (Table 17). There are no public-private differences in the number of months in which fire drills were held.

4.2.2.6 Perceptions of Safety

Several measures were obtained to ascertain staff and resident perceptions about safety in the program. These included:

- Perceptions of resident safety;
- Perceptions of staff safety;
- Presence of sufficient staff to ensure resident safety; and
- Perceptions that staff keep the program safe and prevent fights (an summative index of two measures in which higher scores indicate greater perceptions of safety.

Based on the responses in Table 18 obtained from residents in the programs, there were no statistically significant ($p<.05$) differences between the views of youth at public and private programs. By contrast, staff at private programs were significantly more likely to report feeling that: the program was safe for staff ($F(1,80)=17.2$, $p<.01$) and residents ($F(1,80) = 17.2$, $p<.01$); there were enough staff to provide for the safety of residents ($X^2(1)=9.5$, $p<.01$) and staff ($X^2(1)=9.4$, $p<.01$) both day and night; there were enough staff to provide for the safety of staff day and night ($X^2(1)=7.8$ $p<.01$); the program was safe for staff who have the most contact with inmates ($F(1,78)=4.9$ $p<.05$); and that the staff kept the facility safe and prevent fights ($F(1,78)=6.6$ $p<.01$). In addition, 63.6% (n=11) of the staff at public programs who reported that the program was dangerous or very dangerous for workers having close contact with residents, indicated that they had considered resigning or transferring because of this situation. Only 12.5% (n=8) of staff at private programs who felt endangered considered resigning or transferring. These data are presented in Tables 19, 20 and 21.

In every case in which a significant difference was observed we found a consistent pattern of differences within the matched program pairs. However, the largest differences, those contributing most to the statistical significance, were found in one public-private pairing. PRIVATE 2 staff invariably rated conditions at their program more favorably than did staff at any of the other three programs.

4.2.2.7 Health

The data presented in Table 22 were obtained from health records kept at the programs. Reasons for sick-call visits were recorded by the medical staff at each program according to a categorization scheme developed by the research team in collaboration with a registered nurse at one facility.

Initial review of the data indicated large differences in the use of health care services between residents at public and private programs. However, differences emerged in only one of the two pairings (PRIVATE 2-PUBLIC 2). When differences emerged in the other pair (PRIVATE 1-PUBLIC 1), they were consistently in a direction opposite that of the first pair suggesting the greater influence of programmatic variation.

When reasons for sick call were disaggregated, one consistent public- private difference was in the average number of injuries resulting from fights or restraints ($F(1,58)=13.8, p<.01$). Here, residents at Public programs made a greater number of injury-related sick calls (M=2.96) than did private program residents (M=1.06). The difference observed is also consistent with staff and resident perceptions of public programs being more volatile.

4.2.2.8 Mental Health

Data were collected from monthly reports on the number of suicide attempts at each program. Over the 15 month study period, there was only one month in which any program reported suicide attempts in monthly statistical reports to DYS. In this one month, PUBLIC 2 reported having eight youths with suicidal tendencies, four of whom were deemed actively suicidal and who were transferred to other social service agencies for assessment.

Another measure of mental health status was derived from resident responses to nine questionnaire items comprising the Denver Psychological Well-Being Scale. An additive index was created by summing over the nine items with higher scores indicating better mental health. As can be seen from Table 23 no statistically significant ($p<.05$) programmatic or public-private differences were detected. Interestingly, clients at the two private programs fall at either end of the observed psychological well-being spectrum. Here, PRIVATE 1 clients score lowest (23.21) and PRIVATE 2 clients highest (27.33).

4.2.2.9 Social Climate

The social climate at programs was assessed through interviews with senior program staff, as well as by data obtained from a survey instrument administered to all line staff and residents. General social climate measures focused on freedom of residents to move about the program, staff and resident decisionmaking responsibilities regarding the types of activities in which residents engaged, and fairness of staff with residents. For each indicator of climate, a scale was constructed from two or more related measures. Additive scales were constructed so that higher scores indicated a greater level of the measured construct.

In making these comparisons, few public-private differences emerged. Residents at public facilities reported less freedom to move about the program (M=4.5) than did their counterparts at private programs (M=6.2; $F(1,56)=20.7$, $p<.01$). As seen in Table 24, the magnitude of the observed difference is primarily attributable to a very low rating, indicating low levels of perceived freedom among PUBLIC 2 residents (M=3.39) compared to others (PRIVATE 1=5.87, PUBLIC 1=5.47, and PRIVATE 2=6.53). However, within both matched pairs, the means of private program residents exceed those of public program residents. The difference between responses of public and private staff (7.7 vs 7.38 respectively) were not significant (Table 25). No significant differences emerged in staff or resident views of staff say over residents' activities during the day or evening (Tables 24 and 25).

Another important component of social climate in the programs involves perceptions of staff fairness, competence and helpfulness. Comparisons of an indicator constructed to reflect these staff characteristics (see Table 25) revealed that while residents saw no difference between public and private staff, the staff of public and private programs perceived themselves differently ($F(1,89)=12.62$, $p<.01$). Staff at private facilities saw themselves as more helpful, competent and fair with residents (M=10.28) than do staff at public programs (M=8.84). While this pattern of means is consistent across pairings it is largest within the PRIVATE 2 (M=10.86) PUBLIC 2 (M=8.87) pair.

TABLE 6

Escapes, Runs, AWOLS

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Unduplicated Counts 1/1987-3/1988						
Escapes	0	2	2	0	2	2
Runs*	0	5	0	5	10	0
AWOLS	0	0	0	1	1	0
	0	7	2	6	13	2
Duplicated Counts						
Escapes	0	3	2	0	3	2
Runs*	0	7	0	5	12	0
AWOLS	0	0	0	1	1	0
Total	0	10	2	6	16	2

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* Combines attempted and successful

TABLE 7

Total Public-Private Escapes, Runs, Awols

Total (1987)

SYSTEM-WIDE

	PRIVATE	PUBLIC
Escapes	4	13
Runs*	4	8
Awols	4	2
Total	12	23

---

* Combines attempted and successful

TABLE 8

Security and Control (Staff Survey)

					COMBINED	
Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	PRIVATE
Staff Prevent Escapes (1= greater prevention, 4= less prevention)						
N	23	27	17	17	44	40
M	1.26[a]	1.68[a]	1.06	1.06	1.44	1.18
SD	.68	.86	.24	.24	.69	.54
Staff Maintain Control Inside Program (1=greater control, 4=less control)						
N	1.13[b]	1.56[b]	1.00	1.06	1.37[a]	1.07[a]
SD	.34	.79	0.0	.24	.64	.26

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 9

Room Confinements and Mechanical Restraints

					COMBINED	
Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	PRIVATE
Room Confinements						
Base	33	54	40	50	104	73
Total Number of Residents with Infractions						
	13	39	13	37	76	26
Total Number of Incidents						
	66	118	29	162	280	95
% of residents with infractions						
	39.4[b]	72.2[b]	32.5[c]	74.0[c]	73.1[a]	35.6[a]
Average Length of Time (in minutes)						
Mean	77[b]	553[b]	329	259	383[a]	154[a]
SD	106	421	262	225		
Incidents/Transgressor						
	5	3.03	2.22	4.38	3.68	3.65
Prevalence (number of Transgressors/Base)						
	.39	.72	.32	.74	.73	.366
Incidence (number of incidents/Base)						
	2.00	2.19	.725	3.24	2.69	1.30

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 9 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Mechanical Restraints						
Base	33	54	40	50	104	73
Total Number of Residents With Infractions	4	8	9	1	9	13
Total Number of Incidents	13	11	19	1	12	32
% Residents with infractions (Prevalence)	12.1	14.8	22.5	2.0	8.7*	17.8*
Average length of time (in minutes)	130.46[a]	15.36[a]	61.89	90.00	21.58	89.75
S.D. (in minutes)	183.37	11.12	87.015	--		
Incidents/Transgressor	3.25	1.38	2.11	1.0	1.33	2.46

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 10

Investigation Reports (1/87-3/88)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Escapes	0	1	1	1	2	1
Total Assaults on Residents	1	1	0	1	2	1
Sex Assaults	1	0	0	0	0	1
Total Assaults on Staff	0	2	0	0	2	0
By Residents	0	1	0	0	1	0
By Staff	0	1	0	0	1	0
Administrative (Dereliction of Duty)	0	3	0	0	3	0
Total	1	7	1	2	11	4
Show Cause	0	0	0	3	3	0
Total Investigations (Items 1-5)	1	7	1	5	12	2

TABLE 11

Survey Responses on the Issues of Victimization and Violence

Staff Question

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Number of physical Fights Between Residents						
N	23	25	17	18	43	40
M	1.60[b]	13.16[b]	2.29	3.17	8.98[a]	1.89[a]
SD	2.19	12.68	3.80	1.38		
Number of physical fights between residents and staff						
N	23	24	17	18	42	40
M	.56[b]	4.29[b]	.23	1.17	2.95[a]	.42[a]
SD	.77	6.18	.72	1.17		
Number of Residents assaulted sexually						
N	22	23	17	17	40	39
M	.68	.43	.05	0	.25	.41
SD	1.06	1.40	.22	--		
Frequency of Staff using force to restrain residents (1 = never, 4 = very often)						
N	22	25	17	18	43	39
M	2.04[b]	2.6[b]	1.88[c]	2.11[c]	2.39[a]	1.97[a]
SD	.23	.86	.32	.81		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 11 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	PRIVATE
Residents						
Physical fights between residents						
N	14	15	15	13	28	29
M	1.29	5.00	1.00*	6.92*	5.89[a]	1.14[a]
SD	2.58	13.44	1.51	7.80		
Physical fights between residents and staff						
N	14	15	15	13	28	29
M	2.07	5.33	.60	3.08	4.29*	1.31*
SD	2.68	10.99	1.25	2.76		
Number of residents assaulted sexually						
N	15	15	14	13	28	29
M	1.89[b]	0[b]	0	.38	.18[a]	.98[a]
SD	2.31	--	--	1.33		
Frequency of staff using force to restrain residents						
N	15	15	14	13	28	29
M	1.93	2.33	1.71[b]	2.38[b]	2.35[a]	1.82[a]
SD	.85	.70	.80	.84		

Matched superscript letters indicate a significant group differences at the $p<.05$ level.

TABLE 12

Staff and Resident Views on Living Conditions

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Staff						
Room Conditions						
N	23	24	20	21	45	43
M	12.70	11.75	13.36[b]	11.87[b]	11.81[a]	13.01[a]
SD	1.04	1.45	3.08	2.66		
Program Conditions						
N	23	26	20	21	47	43
M	12.78[b]	11.38[b]	13.53*	12.18*	11.74[a]	13.13[a]
SD	1.35	1.00	3.12	2.85		
Access & Conditions of Toilets						
N	--[1]	--[1]	20	21	20	21
M	--[1]	--[1]	6.92	6.50	6.92	6.50
SD	--[1]	--[1]	2.45	2.36	2.45	2.36
Residents						
Room Conditions						
N	15	15	15	13	28	30
M	11.80	11.80	11.73[a]	9.38[a]	10.68*	11.76*
SD	2.57	2.14	2.55	2.50		
Program Conditions						
N	15	15	15	13	28	30
M	8.33	9.00	10.47	9.31	9.14	9.40
SD	3.04	2.39	2.64	2.06		

TABLE 12 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Access To and Condition of Toilets						
N	15	15	15	13	28	30
M	5.53	5.87	6.27	5.70	5.79	5.9
SD	2.00	1.41	1.28	1.49		
Idle Time						
N	15	15	15	13	28	30
M	2.53	2.53	2.27[a]	3.15[a]	2.82*	2.40*
SD	1.09	.72	.77	.95		

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1 Data not available
Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 13

Results of Physical Inspection of Programs

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Physical Plant (4 characteristics rated "1" Poor -- "5" Excellent)						
Mean Rating	4.5	4.8	4.8	4.5	4.6	4.6
Institutional Climate (7 characteristics rated "1" Poor -- "5" Excellent)						
Mean Rating	3.5	3.5	4.7	4.5	3.9	4.2
Staff Inmate Interaction (3 characteristics rated "1" Poor -- "5" Excellent)						
Mean Rating	4.0	3.7	5.0	4.3	4.0	4.5
Overall Conditions of Confinement (Rated as "1" Poor -- "5" Excellent)						
	5.0	5.0	5.0	5.0	5.0	5.0

TABLE 14

Crowding/Open Bed Space

(Actual Bed Days/Total Bed Days Possible)

Program: PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Months 15	15	15	15	30	30
Number of months under 100%					
2	0	2	5	5	4
Number of months at 100%					
13	15	12	10	25	25
Number of months over 100%					
0	0	1	0	0	1
Average of Total Actual Bed Days/Total Capacity for Months					
99.86%	100.00%	99.91%	98.66%	99.33	99.88

TABLE 15

Perceived Crowding: The Facility is Crowded

(1 = Strongly Disagree, 4 = Strongly Agree)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	COMBINED PRIVATE
Staff						
N	22	26	17	18	44	39
M	1.92	2.23	1.52	1.61	1.98	1.76
SD	.62	.82	.84	.49		
Residents						
N	15	15	15	13	28	30
M	1.87	2.33	2.07	2.46	2.39*	1.97*
SD	.96	.87	.77	.85		

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* indicates significant group differences at the $p<.10$ level.

TABLE 16

Office for Children's Licensing
Areas of Noncompliance (1/87-3/88)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Reporting	9	16	7	8	24	16
Safety	1	1	2	5	6	3
Training	0	3	0	2	5	0
Security	0	0	0	0	0	0
Administration/Supervision	1	1	0	1	2	1
Resident's Rights	0	1	0	1	2	0
Repair & Maintenance	0	0	0	6	6	0
Other	0	0	1	4	4	1
Total	11	22	10	27	49	21

TABLE 17

Fire Drills and Other Inspections (1/87-3/88)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Number of Months with Fire Drills						
	13	14	7	6	20	20
Number of Fire Drills						
	24	14	9	6	20	33
Other Inspections						
Fire	0	0	0	2	2	0
Health	0	0	1	0	0	1
Expirations	0	0	0	1	1	0
Total	0	0	1	3	3	1

TABLE 18

Resident Perception of Safety

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
The program is safe for residents (1 = strongly disagree, 4 = strongly agree)						
N	15	15	15	13	28	30
M	2.27	2.73	3.20	3.00	2.86	2.74
SD	1.12	.68	.54	.56		
The program is safe for staff (1 = strongly disagree, 4 = strongly agree)						
N	15	14	15	13	27	30
M	2.47	2.79	3.20	3.00	2.89	2.84
SD	1.09	.67	.54	.68		
Staff keep the program safe and try to prevent fights (lower scores indicate greater disagreement)						
N	15	15	15	13	28	30
M	5.33	5.93	6.67*	5.85*	5.89	6.00
SD	1.34	1.62	.90	.90		

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* indicates significant group differences at the $p<.10$ level.

TABLE 19

Are There Enough Staff to Provide for the Safety of Residents

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Total numbers of staff responses	30	29	30	26	55	60
%Yes	36.7	69.0	96.7	61.5	65.4	66.7

TABLE 20

Staff Perceptions of Safety

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	COMBINED PRIVATE
The program is safe for residents (1 = strongly disagree, 4 = strongly agree)						
N	23	26	17	18	44	40
M	3.34*	3.00*	4.00[b]	3.22[b]	3.09[a]	3.62[a]
SD	.46	.78	0.0	.71		
The program is safe for staff (1 = strongly disagree, 4 = strongly agree)						
N	23	26	17	18	44	40
M	3.00	2.80	3.88[b]	3.17[b]	2.95[a]	3.37[a]
SD						
How safe is the facility for staff with a lot of contact with residents? (1 = very safe, 4 = very dangerous)						
N	23	25	17	15	40	40
M	2.22	2.20	1.29[b]	1.93[b]	2.10[a]	1.82[a]
AD	.52	.73	.49	.57		
Staff keep program safe and try to prevent fights (lower scores indicate greater disagreement)						
N	23	26	20	21	47	43
M	6.78	6.12	7.72[b]	6.48[b]	6.28[a]	7.22[a]
SD	.83	.85	2.34	2.35		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 21

Staff Views on Program Safety

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC-	COMBINED PRIVATE
There are enough staff to provide for residents safety						
Total Responses	46	48	32	36	84	78
% Yes	80.4[b]	56.2[b]	100.0[c]	86.1[c]	69.0[a]	88.8[a]
There are enough staff to provide for staff safety						
Total Responses						
N	46	48	31	34	82	77
% Yes	82.6[b]	54.2[b]	100.0[c]	88.2[c]	69.5[a]	87.5[a]
Has the level of safety ever caused you to consider resigning or transferring? (Those who felt some danger)						
N	5	6	3	5	11	8
% Yes	20.00	100.0	0.0	20.0	63.6[a]	12.5[a]
(Total Respondents)						
N	23	25	17	15	42	40
% Yes	4.3[b]	24.0[b]	0.0	6.7	16.7[a]	2.5[a]

Matched superscripted letters indicate significant group differences ($p<.05$) level.

Note that Chi square statistics were not calculated within matched pairs on the second from the last item because of the small proportion of respondents answering the questions

TABLE 22

Residents Average Monthly Use of Health Care

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
N (months)	15	15	15	15	30	30
Total Sick Calls						
M	54.93*	69.00*	88.47[b]	8.87[b]	38.94[a]	71.70[a]
SD	15.43	37.23	14.10	2.85		
Number of calls for (diagnosed):						
Psychosomatic Ailments						
M	4.71[a]	7.71[a]	3.93[b]	.73[b]	4.22	4.32
SD	3.29	4.58	5.28	1.03		
Physical Ailment						
M	19.47	21.27	68.4[b]	3.2[b]	12.24[a]	43.94[a]
SD	5.14	9.65	11.12	2.01		
Fight/Restraint/Injury						
M	2.13[b]	4.60[b]	0	1.33	2.96[a]	1.06[a]
SD	1.73	3.27	--	.98		
Referrals						
M	9.73[b]	17.47[b]	24.87[c]	.60[c]	9.04[a]	17.3[a]
SD	4.20	8.87	3.8	.83		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 23

Residents Psychological Well-Being
(Lower scores indicate more somatization)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
N	14	15	15	13	28	29
M	23.21	26.60	27.33	24.38	25.57	25.34
SD	4.66	5.63	5.39	6.22		

TABLE 24

Residents Views on Selected Aspects of Social Climate

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
N	15	15	15	13	28	30
Residents are free to move about program (lower scores indicate less freedom)						
M	5.87	5.47	6.53[b]	3.39[b]	4.50[a]	6.20[a]
SD	1.59	1.31	1.63	1.08		
Resident say over activities (lower scores indicate less say)						
M	4.33	4.47	3.73	3.92	4.21	4.03
SD	1.53	1.41	1.61	1.38		
Staff say over resident activities (lower scores indicate less say)						
M	6.93	7.13	6.53	7.38	7.27	6.73
SD	1.24	1.20	2.00	1.33		
Staff do their jobs well (lower scores indicate poorer rated performance)						
M	6.27	6.60	9.03[a]	7.20[a]	6.88	7.65
SD	2.08	1.78	1.77	1.90		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 25

Staff Views on Selected Aspects of Social Climate

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Residents are free to move about the program (lower scores indicate less freedom)						
N	23	27	20	21	48	43
M	8.57	8.00	6.70	6.58	7.38	7.70
SD	1.56	1.41	2.74	2.53		
Staff say over resident activities (lower scores indicate less say)						
N	22	26	20	21	47	42
M	7.23[a]	5.19[a]	5.96	6.83	5.92	6.63
SD	.85	1.66	2.66	2.39		
Staff do their jobs well (lower scores indicate poorer rated performance)						
N	23	27	20	21	48	43
M	9.78*	8.81*	10.86[b]	8.87[b]	8.84[a]	10.28[a]
SD	.98	1.33	2.58	2.53		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

4.2.3 Management Issues

4.2.3.1 Overview

We have noted that there were clear differences between the staff at public and private programs, and that these differences were most noticeable in terms of how respondents viewed their organization, its structure, and their level of satisfaction with their jobs.

Compared to staff at public programs, staff at private programs reported that they:

- Communicated more clearly;
- Knew who had decision-making authority;
- Had sufficient authority to accomplish their work objectives;
- Were asked by supervisors for their opinions in solving work-related problems;
- Viewed management as more flexible and adaptive; and
- Viewed their function as effective in helping residents.

Conversely, no significant differences between public and private staff were found with regard to:

- Perceived fairness of performance standards;
- Reported supervisory expectations regarding job performance;
- Use of sick days; and
- Overall job satisfaction as measured by possibility of making job changes and satisfaction with last performance evaluation.

What is clear from these data is that staff at public and private programs were equally likely to say that they knew what was expected of them and that the standards used to evaluate them were fair and that overall, they were equally satisfied with their jobs. Where public and private staff differed was with how they saw their role and function within the work environment.

These data may highlight the different orientations toward administrative practice and organizational climate prevalent in public and private work environments. It may be that programs attract and maintain workers who seek out organizational climates compatible with their own views. Alternatively, it may be that, over time, workers acclimate to the management and work environment in which they are employed. In either case, the data support the notion that both public and private workers feel comfortable with their respective organizational climates and administrative practices.

Another way to look at these data is to determine the number of times staff at private programs rated administrative practices and organizational climate more favorably (regardless of statistical significance) than did staff at public programs. The ten measures described above yield twenty comparisons across matched public-private pairs. Staff at private programs rate administrative practices and organizational climate more positively than do their public counterparts on eighteen of twenty (90%) comparisons. The

probability of this pattern occurring by chance is less than two times out of a thousand. Looked at in this way, these data more clearly support the notion that staff employed at private programs are more satisfied with the administrative process and organizational climate than their counterparts at public programs.

Again, while public-private differences were observed on staff ratings concerning interaction with residents, the youths in the public and private programs did not follow suit. Public and private program residents were equally likely to consider staff interaction and compentencies to fall in the middle of the scale--i.e., neutrally. The lack of differentiation evidenced between public and private program residents may indicate a simple propensity for response which is neither negative (they believe their situation is far from abhorrent), nor overly positive (their behavior is quite restricted). At best they may be ambivalent, and at worst quite resentful about their incarceration. It would therefore seem plausible from the residents' point of view that when it comes to perceptions of communication with staff; staff doing there jobs well; staff listening to complaints; staff say over activities; and residents' ability to move around the program as they choose, there are no public-private differences. Detailed analyses of the data are presented below.

4.2.3.2 Detailed Management Analyses

4.2.3.2.1 Communication

An important aspect of management and administration in an organization is the level of communication--both upward and downward--allowed between line workers, supervisors, and administrators. Survey data from residents and staff were analyzed to identify perceived strengths and shortcomings in communication at each program.

A summative index on the nature and clarity of communication for both staff and residents was developed based on responses to four separate items:

- Staff give residents conflicting information (item scores were reversed)
- Staff listen to residents' complaints
- Staff give residents clear instructions
- Staff tell residents about rules they have to follow.

Higher scores on this index indicate increased agreement that communications reflect these measures.

Although survey data obtained from residents demonstrated no differences between program types, staff responses indicated a public-private difference ($F1,88)=6.39$, $p<.05$). This statistical difference was heavily weighted by the results of one public-private pairing though the same tendency can be found in the other pair as well. Data are presented in Table 26.

4.2.3.2.2 Line of authority

Line of authority refers not only to staff understanding who has the authority to make decisions but also the extent to which delegation of authority is clear and the extent to which it is adequate. Survey questions attempted to assess staff perceptions on these issues by asking directly the extent to which respondents agreed with the statements:

"It is often unclear who has the authority to make a formal decision;" and

A summative index composed of "I have the authority to accomplish my work objectives" and "In this program, authority is clearly delegated."

As Table 27 shows, on both these indices significant public-private program differences emerged. Public program staff reported that it was significantly less clear as to who had authority to make decisions ($F(1,79)=11.76$, $p<.01$) than did their private counterparts (M's = 2.19 and 1.53, respectively). This held for both public-private pairings.

Similarly, private program staff (M=6.58) reported having clearly delegated and sufficient authority ($F(1,88)=3.58$, $p<.10$) to accomplish their work objectives as compared to public program staff (M=5.84).

4.2.3.2.3 Participatory decision-making

An additional item focused on staff-supervisor collaboration in problem solving. Staff at public programs (M=2.91) were somewhat more likely ($F(1,78)=3.11$, $p<.10$) than were staff at private programs (M=3.23) to agree that their supervisors asked for their opinion when a problem arose on the job.

4.2.3.2.4 Organizational flexibility

A summative index was created to measure organizational flexibility from responses to two items: "It's really not possible to change things in this program" (scores for this item were reversed) and "Management in this program is flexible enough to make changes when necessary." Higher scores indicate greater flexibility.

Consistent with the other items measuring management approach and style, there is again a clear difference in the way staff at public and private programs perceived the adaptiveness of the management structure. Staff at private programs (M=6.75) were significantly more likely than staff at public programs (M=5.66) to view their management as flexible and adaptive ($F(1,87)=6.87$, $p<.01$).

4.2.4 Staffing Issues

One issue frequently mentioned in discussions about privatization focuses on staffing benefits and drawbacks. It is often framed in terms of the pros and cons associated with using civil service employees working in a unionized environment.

To explore some of the issues revolving around the nature of the workforce, we reviewed staff development, job satisfaction, turnover, vacancies posted, amount of overtime paid, use of DYS on-call staff to cover for program staff shortfalls, and grievances filed both by staff and against staff at the programs. Findings for each of these items are summarized below.

4.2.4.1 Training

Both staff and residents were asked if they thought staff would do a better job if they had more training. As data in Table 28 indicate, there were no manifest differences in the ratings provided by public and private staff or residents.

When staff and residents at public programs were asked if staff would do a better job if they had more training, no differences were observed in the responses of residents and staff in the public and private programs. Interestingly, while residents at both public and private programs were neutral on this issue, staff at both public and private programs agreed, at least somewhat, that they would do a better job if they had more training.

Actual hours of training reported by programs in monthly reports (Table 29) indicate that public (M=3.54) as compared to private (M=1.52) staff get significantly ($F(1,54)=18.13$, $p<.05$) more specialized training per staff person per month.

These data may represent an artifact and not indicate at all the actual training received by staff. First, training reported to DYS seemed to focus on events that occur outside the facility, or in the facility but provided by an outside agent obtained by DYS. Private program administrative and corporate staff reported more extensive reliance on in-service training led by a program member and on-the-job training than did public program administrators. Virtually all training conducted at public programs seemed to be conducted by DYS.

Also, private programs may opt not to make full use of DYS provided training opportunities. At one of the two private programs we studied we found that staff only participated in the first week of a two week training provided by DYS (offered to all public and private program staff) because the second week of training espoused a philosophy of treatment and interaction style at odds with that adopted by the program.

4.2.4.2 Job Satisfaction

One measure of job satisfaction focused on the extent to which job performance is engaging. Four items were used to tap level of engagement: "I positively influence residents' lives;" "I accomplish worthwhile things;" "I have become emotionally hardened" (reversed); and "I often feel fatigued before coming to work" (reversed). A summative index of these four measures was created so that higher scores indicated greater levels of reported engagement. Data in Table 30 indicate that, on average, staff at private programs expressed greater levels of engagement in their job on this measure (M=11.68) than did staff at public programs (M=10.62)--$F(1,87)=5.2$, $p<.05$. While this pattern held true across both matched pairs of programs, it was clearly the difference between one pair that contributed most to the observed public-private difference. These two programs occupied the two extremes on this dimension of job satisfaction.

4.2.4.3 Performance Evaluation

Another aspect of job satisfaction measured was the extent to which staff felt that the standards used to evaluate their performance were fair and objective. No significant differences between public and private programs were found. Similarly, there were no public-private differences found on the measure of the extent to which staff reported knowing what their supervisor expected of them (Table 30).

Another measure often used to indicate level of job satisfaction is the number of sick days used by staff over a specified period of time. All other things equal, less satisfied staff are more likely to use all of the sick time allocated to them either because the job makes them more susceptible to illness--real or imagined--or because they take any time away from the job they can get. Staff who are more satisfied with their positions use sick leave only when they are sick.

Data on sick days were obtained from monthly reports filed by programs with DYS. In terms of the average number of sick days used by month per staff, no overall public-private differences emerged. Here, programmatic variation obscures any possibility of such a difference emerging. As indicated in Table 30,

within each matched public private pair, one program's staff use significantly more sick days than its comparison. However, across pairs, the staff using the most sick days flips from public to private program.

An overall index of job satisfaction as measured by a three-item summative scale containing two items concerning the possibility of making future job changes and expressed satisfaction in terms of the fairness and accuracy of respondent's last job appraisal was analyzed (Table 30). Data indicated no overall public-private program differences. The variation exhibited is program specific with matched public-private program pairs demonstrating opposite (and nonsignificant) patterns.

4.2.4.4 Turnover

There were no differences either in the rate of turnover or the rate of terminations evidenced by public and private programs. The greatest level of turnover (resignation+terminations/total staff positions) was observed at a private program (79.3%), while the other private program showed the second lowest turnover rate (31.4%). The two public programs had turnover rates of 27.3% and 57.4% respectively. The net result was that in one pairing the private program had a greater turnover rate than its public counterpart, while the reverse occurred in the second pairing. Overall, the turnover rates observed for public-private programs (42.21% vs. 55.32%) were not statistically different. Data are presented in Table 31.

As data in Table 31 indicate, the difference between public (12.5%) and private programs (23.3%) in termination rates was not significant. Further, termination rates followed general turnover patterns rather than public-private differences. Terminations were higher where overall turnover was higher.

Still, in conversations with program directors and DYS officials we heard repeatedly that the nonunion environment present in the private programs allowed them greater latitude in hiring and firing decisions as well as in granting promotions.

Perhaps nowhere was the reported discretionary powers of hiring and firing among private as compared to public programs more clearly portrayed than in instances of treating staff who had committed a disciplinary infraction. At both public programs, administrators and senior staff complained about the documentation, standards of proof, set levels and progression of disciplinary actions prescribed by the union, and administrative procedures that had to be worked through to discipline or terminate a union worker. In one case described to us, it took the commission of a crime before a senior level staff person could be terminated. By contrast, hiring and firing within private programs had reportedly few constraints.

Despite these clearly perceived differences, there were no differences in staff turnover or terminations. This may best be explained by all administrative staffs' and workers' mutual preference to end a working relationship on the basis of the staff person's resignation rather than on the basis of his/her termination.

4.2.4.5 Vacancies

Data regarding vacancies were obtained from program records 1/1/87-3/31/88 (Table 32). Data are reported here as effective staffing percentages which were calculated by subtracting the monthly average number of slots advertised/vacant divided by the total number of staff positions at the program.

The data here mirror those reported for turnover rates. Public programs were slightly better staffed (92.0%) than private programs (89.9%), though this difference was not significant. Again, the lowest staffing rate was at a private program (87.5%) and the highest at its paired public program (92.3%).

In conversations with DYS and program administrators and senior program staff, it became clear that certain types of vacancies had more adverse effects on program operation and service delivery than others. For example, it was easier to obtain alternate coverage for open direct care positions than for educational or clinical vacancies. In some cases, supervisors were able to pick up the slack, and, in other instances, line staff could be reassigned, work overtime or gain compensatory (comp) time. Because they can also provide compensatory time, the private programs seemed to have greater leeway in coverage when direct care lines are open. In contrast, public programs are technically prohibited from using compensatory time, and therefore must use overtime as their primary option to ensure coverage.

One result of differential ability of public and private staff to use compensatory time is that public programs evidenced significantly greater use of overtime than did private programs. In addition to compensatory time, private staff, especially in the case of staff at one private program which is proximal to three other programs run by the same vendor, can readily move or share staff between programs to cover periodic shortfalls. Staff sharing fits within this vendor's general philosophy of wanting to make sure that a core group of people at their program are fully aware of their treatment regimen and procedures. They have been able to capitalize on running several programs under one roof.

Private programs' general desire to have knowledgeable staff, fully versed in the philosophy and procedures used at their programs was reflected in their relatively infrequent use of the DYS on-call team. On-call DYS employees can be made available to cover temporary staffing shortfalls (when staff are in training sessions, absent, etc.) at any program that requests their presence in advance. Again, data from DYS reports clearly demonstrated the far greater level of use of an on-call team by public than by private providers.

Across programs, there were also fewer educational and clinical than direct care personnel on staff, so that the loss of a clinician or instructor had an immediate impact on programming. Moreover, it was far more difficult to substitute or reassign other staff to educational and clinical vacancies than to direct care positions. In general, direct care staff were not inclined or able to handle educational or clinical responsibilities. In the case of one of the public programs, the use of line staff to temporarily fill an educational vacancy was regarded as a rather dismal failure in terms of actual provision of educational services.

It was also apparent that filling educational and clinical staff vacancies was much more difficult than filling direct care openings. Particularly when it came to teachers, the salary level and the year-round working requirement made it difficult for the correctional programs to compete with regular teaching positions. The public programs were especially constrained in this regard since there were no job slots in the DYS budget specifically dedicated to teaching positions. As a result, slots in the public programs relating to direct care positions were used for teachers and this tended to keep teacher salaries noncompetitive. Since the private programs directly control salary rates and benefit packages, they were reported to have a greater ability to attract applicants, and therefore a greater latitude of choice among qualified applicants.

The public programs had found that through the use of supplementary contracts with nonprofit organizations they could go outside the state system for their provision of educational services. In fact, educational staff in each of the public programs was funded in several different ways. While this mechanism certainly provided an ingenious means for the public programs to overcome the constraints imposed on education positions by the state, it led to other problems associated with having divided lines of authority, differential pay scales and benefit packages (including holidays and vacation time), and inconsistent, and often times redundant, reporting requirements.

It is interesting to note that the state level teaching positions were lost when deinstitutionalization had gained momentum in the early 1970's. At that time, the view was that educational emphasis was not of substantial importance due to the new emphasis on short-term incarceration and programming. An unfortunate consequence of this early decision is that DYS is still wrestling with a solution to providing consistent and high quality educational services for its residents, who, on average, are required to spend eight to ten months in a secure placement.

4.2.4.6 Grievances

Staff at public programs (20.5%) were significantly more likely to file grievances with management than staff at private programs (0.0% -- $X^2(1) = 9.4$, $p<.01$). Data in Table 33 indicate that most private program staff (76% and 78% at the two private programs) said they did not file a grievance because they had no major complaint.

There are several reasons that may help to explain this fact. One is that staff at the private programs may actually have few complaints. Additional collected data tend to support this observation. When staff who did not file any grievances were asked for reasons why this was the case, a large majority indicated they had no complaints.

The second possibility is that staff at private programs may feel it is possible to resolve disputes or grievances in an informal manner. In general, the private programs appeared far less bureaucratic and formal than their public counterparts.

Third, staff at private programs may be less inclined to file a formal grievance fearing that such an action might in some way jeopardize their standing in the program. This is not inconsistent with the observation that a majority of those who had not filed grievances at private programs had no complaints. Rather, it may be that staff with complaints choose to leave the program or are not retained by management. Conversely, in an unionized environment in which grievances procedures are an accepted part of the organizational environment, there may be no qualms on the part of staff to file formal grievances. In fact, union staff filing a formal complaint may lay the groundwork needed either to mount a case against management or to challenge allegations concerning their own behavior made by management.

Another set of questions focused on procedures for residents to file grievances against staff. Virtually all staff at public (93%) and private (95%) programs indicated that such procedures exist. Further, there were no differences in public and private staff reports that grievances had been filed against them specifically by residents (19.0% and 20.5% respectively). Similarly there were no differences in the proportion of clients at public and private programs reporting filing grievances against staff (25.0% and 20.7% respectively).

Supporting this observation, there were no differences observed between public and private program staff reporting that grievances had been filed against them by residents.

4.2.4.7 Overtime and Use of On-Call Staff

Average overtime hours paid each month were calculated by dividing the number of staff overtime hours reported by each program between 1/1/87-3/31/88 by the number of direct care and support staff at the program (Table 34). There was a significant difference in the average overtime recorded for public (13.67) as compared to private (8.21) program staff ($F(1,56)=14.38$, $p<.01$). This difference was primarily attributable to the difference in hours used within one public-private pair (M's= 17.4 vs. 10.2, respectively). Nonetheless, a similar pattern was observed for the other pairing as well (M's = 9.3 and 6.5, respectively).

On-call staff can be accessed by any program through the Facility Administrator or directly through DYS. These staff will report to a program and provide support, especially child care, while a program is understaffed. Data in Table 35 indicate a clear public-private program difference ($F(1,56)=16.87$, $p<.01$) in the use of on-call staff with public programs having relied on assistance ($M=4.8$ shifts/month) significantly more than private programs ($M=.76$). This finding reflects a belief maintained by the private programs that it is better to use their own staff on a compensatory-time basis than to rely on outside program support who have little background on or knowledge of program philosophy and approach. Further, granting compensatory time for line level public employees is prohibited. Unions require that their members be paid overtime for work over the requirements of their contract.

TABLE 26

Staff Communication

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Staff listen well and communicate clearly (higher scores indicate more positive ratings)						
Residents						
N	15	15	15	13	28	30
M	9.40	10.13	10.97	11.38	10.71	10.18
SD	2.47	1.30	2.42	1.70		
Staff						
N	23	27	20	20	47	43
M	12.43	11.70	13.69[b]	11.97[b]	11.82[a]	13.02[a]
SD	1.28	1.46	3.14	2.79		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 27

Line of Authority

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Often unclear who has formal authority to make a decision (1 = strongly disagree, 4 = strongly agree)						
N	23	27	17	16	43	40
M	1.73[b]	2.26[b]	1.29[c]	2.06[c]	2.19[a]	1.53[a]
SD	.69	.89	.77	.93		
Management delegates enough authority so one can do one's job (lower score indicate more disagreement)						
N	23	27	20	20	47	43
M	6.22	5.70	6.99	6.04	5.84*	6.38*
SD	.88	.97	2.43	2.48		
Supervisor solicits opinions to solve work related problems (1 = strongly disagree, 4 = strongly agree)						
N	23	26	17	16	42	40
M	3.00	2.73	3.53	3.19	2.91*	3.23*
SD	.64	.94	.80	.40		
Program management is adaptive and flexible (lower scores indicate more disagreement)						
N	23	27	20	21	48	43
M	6.30	5.41	7.25	5.99	5.66[a]	6.75[a]
SD	1.08	1.55	2.41	2.43		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 28

Staff Would Do A Better Job If They Had More Training

(1 = strongly disagree, 4 = strongly agree)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Staff						
N	23	27	17	17	44	40
M	3.30	3.22	3.06	2.82	3.07	3.20
SD	.58	.79	.66	.78		
Residents						
N	15	15	14	13	28	29
M	2.73	2.40	2.57	2.46	2.43	2.65
SD	1.06	.88	.90	1.01		

TABLE 29

Average Hours of Staff Training Month (1/1/87-3/31/88)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Number of MONTHS	15	14	14	15	29	29
STAFF SIZE	27.75	44	25.5	21	63	53.25
Total Person Hours of Training	678[a]	2534[a]	502[b]	940[b]	3474[c]	1180[c]
Average Staff Training hrs/mo/staff (PH/MOS/STAFF)	1.63[a] hrs./mo	4.11[a]	1.41[b]	2.98[b]	3.54[c]	1.52[c]
S.D.	1.41	2.42	1.34	1.74		

To compute differences in average staff training/month we assumed:

1. In-Service = 2 hours
2. For "all staff sessions" used all staff 2 hours (1 day) or 4 hours (2 days)
3. Calculated Training person hours (denominator or months reports) over 15 months. Took M and S.D. and/by staff size to get number of hours/staff/months

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 30

Job Satisfaction and Evaluation Criteria

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Job engagement (higher scores = more satisfaction)						
N	23	27	20	21	48	43
M	11.22	10.89	12.21[b]	10.28[b]	10.62[a]	11.68[a]
SD	1.35	1.83	2.93	2.90		
Standards used to evaluate performance are clear and objective (1 = strongly disagree, 4 = strongly agree)						
N	23	25	16	16	41	39
M	3.08	3.00	3.38	3.00	3.00	3.20
SD	.68	.57	.81	.63		
I know exactly what my supervisor expects of me (1 = strongly disagree, 4 = strongly agree)						
N	23	27	17	17	44	40
M	3.00	2.93	3.53	3.12	3.00	3.23
SD	.77	.77	.62	.60		
Job Satisfaction Index (lower scores = less satisfaction)						
N	23	27	20	21	48	43
M	8.26	8.41	8.96	8.44	8.59	8.42
SD	1.77	1.16	2.61	2.54		

TABLE 30 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Average Number of Sick Days/Staff/Month (1/1/87-3/31/88)						
Months	15	14	14	15	29	29
Staff	27.75	44	25.5	21	63	53.25
Mean	.51[a]	.37[a]	.51[b]	.66[b]	.46	.51
S.D.	.28	.11	.27	.31		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 31

Staff Turnover - Resignations & Terminations

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Total Staff	27.75	44*	25.5	21	65.5*	53.75
Total Resignations and Terminations	22	12	8	12	24	30
Turnover Rate (Resignation and Terminations)/Total Number of Lines	79.28	27.27	31.37	57.14	42.21	55.32
Standardized for Year	63.34	21.82	25.10	45.71	33.76	44.28
Percent Terminated of those who left	27.27	8.33	12.50	16.67	12.50	23.30

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* Note only half of Direct Care Staff are on Treatment wing at any single point in time. The number of staff used for calculations were adjusted for this.

TABLE 32

Vacancies Advertised
(Total Numbers of Positions Advertised/Staff Lines)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
A. Total Staff	27.75	44*	25.5	21	55*	53.25
B. Total Number Position Advertised over 15 month period	52	51	30	26	77	82
C. Monthly Vacancies	3.47	3.40	2.0	1.73	2.56	2.74
D. Vacancy as (Staff Size)	12.49%	7.73%	7.8%	8.25%	8.00%	10.24%
Effective FTE	87.51%	92.27%	92.2%	91.75%	92.01%	89.86%

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* PUBLIC 1 staff at secure treatment program is one-half this at any moment. For calculations, staff size was appropriately adjusted.

TABLE 33

Grievances

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Staff						
Have you ever filed a grievance with management						
N	23	26	27	18	44	40
% Yes	0.0%[b]	26.9%[b]	0.0%	11.11%	20.5%[a]	0.0%[a]
Why not?						
N	23	19	17	16	35	40
% saying:						
No grievance procedure	0.0	10.5	5.9	0.0	5.7	2.5
No Complaint	78.2	10.5	5.9	0.0	5.7	2.5
Useless	8.7	21.1	5.9	12.5	17.1	7.5
Afraid of reprisals	4.3	5.3	5.9	0.0	2.9	5.0
Problems remedied without grievance	4.3	26.3	5.9	12.5	20.0	5.0
Other	0.0	0.0	0.0	6.2	2.9	0.0
No response	4.3	0.0	0.0	0.0	0.0	2.5

TABLE 33 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Is there a procedure for residents to file grievances?						
N	22	26	17	16	42	39
% Yes	96.00	100.00	94.12	81.25	92.90	94.87
Has a grievance ever been filed against you?						
N	22	26	17	16	42	39
% Yes	18.19	23.08	23.53	12.50	19.05	20.51
Residents						
Have you ever filed a grievance with management?						
N	15	15	14	13	28	29
% Yes	20.00	26.67	21.43	23.08	25.00	20.69

Matched superscript letters indicate significant group differences at the $p<.5$ level.

TABLE 34

Average Overtime/Month

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Number of DC & SUP Staff						
	18	37*	20.5	16	53	38.5
Overtime						
Average of overtime hours/DC Staff/monthly						
	10.20[b]	17.43[b]	6.47	9.32	13.67[a]	8.21[a]
SD	3.19	7.91	3.98	3.22	6.19	3.63

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* Only one-half of these staff are on the secure treatment wing at any time; 18.5 staff were used in calculations.

Matched superscript letters indicate significant group differences at the $p<.5$ level.

TABLE 35

Average Number of Shifts Covered by On-Call Staff/Month

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Months	15	15	15	15	30	30
M	1.53[b]	6.28[b]	0[c]	3.33[c]	4.81[a]	0.76[a]
SD	3.83	4.41	--	4.48	4.44	2.71

Matched superscript letters indicate significant group differences at the $p<.05$ level.

4.3 SERVICE DELIVERY, QUALITY, ADJUSTMENT AND REHABILITATION

4.3.1 Service Delivery: Components and Features

Overview

Assessment of program components and features was accomplished primarily through the use of survey instruments. Here, both resident and staff perceptions of the type of service provided at the program were obtained for five general categories of service: personal counseling, job training and vocational counseling, substance abuse counseling/programs, educational services, and recreational activities. Additional program features assessed included: visitation policies, food service, and medical assistance.

The focus of these initial measures was on who received services and in what amount. While some of these measures are also evaluative in nature, they are reported here simply as descriptors of level of services delivered. More purely evaluative questions will be described in a subsequent section of this report.

Information concerning program integration was obtained primarily through interviews with program staff and from information extracted from previous program review documents. These data are also discussed below.

Overall, there were few differences in the way residents or staff at public and private programs viewed the availability of or their participation in various program services. Those few differences observed indicated that residents at public programs felt more could be done for them. Residents at public as compared to private programs were more likely to feel that more counseling help was needed. Similarly, they reported less often having been involved in an alcohol counseling program. For both alcohol and drug abuse program services, those residents at public programs who had not participated were more likely to say they wished to participate than their counterparts at private programs. For staff, there were two key program components on which public-private differences emerged---provision of personal counseling and educational services.

While no differences between residents at public and private programs emerged on measures concerning number of individual clinical sessions, access to clinicians, or frequency of discussing personal problems with staff, residents at public as compared to private programs felt that more counseling was needed. This observation may be a reflection of the more clinically oriented, professionalized atmosphere observed at the two private programs. As a result, residents at both private programs may have been more likely than residents at public programs to at least pay lip service to, if not understand and acknowledge the importance of, the clinical orientation promulgated by the program and not perceive the need for further counseling.

By contrast, residents at the two public programs may have reported a greater need for counseling because they were less likely to regard the clinical services they received as formal counseling. At one public program, much of the clinical work is accomplished in brief but regular encounters between clinician and resident. At the other public program, the clear emphasis of the therapeutic model is on behavioral control and modification. The extent to which such an approach may be perceived by residents as working out their problems is unclear and may be reflected in their perceived need for more counseling help.

Though both public and private administrative and staff reports indicated the presence of substance abuse or separate alcohol and drug abuse education programs, residents in private programs were much more likely than residents at public programs to say they had been through an alcohol education program. A similar trend was evidenced for drug programming.

Among residents at both types of programs who reported not participating in such services, those at public programs were significantly more likely to express an interest in receiving such services. It may be that private programs are more explicit with residents concerning the nature and purpose of the alcohol and drug counseling services they provide. This is consistent with our observation that the private programs studied place a greater emphasis on clinically oriented problem solving than the public programs reviewed.

Also consistent with the view of increased emphases on clinical solutions to problems in private as compared to public programs is that staff at private programs were significantly more likely than their public counterparts to believe that necessary personal counseling is provided.

Staff at private programs were also more likely to say that they helped residents get high school diplomas or GEDs. This data, supported by ratings of educational quality reported later, indicates that staff at private programs feel they are providing more and better educational services than staff at public programs. The differences observed between public and private program staff in their perceptions of educational and clinical service may be a result of a combination of factors, including recent experiences in having key staff positions open for protracted periods of time; having persons who lack experience, training or certification serving as a member of a professional team; and simply integrating private contract workers into public programs (both education and clinical services in the two public programs involve contract workers). The program integration section will delve more deeply into the subject of internal program coordination and continuity.

4.3.1.1 Detailed Analyses of Service Delivery Data

Characteristics of five different program components were assessed through resident and staff responses to the questionnaire administered by the research team. Questions were asked about recreational activities, counseling activities, vocational related activities, education, and drug and alcohol programs. Evaluation of these services will be discussed separately in a later section.

4.3.1.2 Recreational Activities

Staff and residents were asked about the availability of good recreational activities for residents. As Tables 36 and 38 show, neither staff nor residents at public or private programs differed significantly in their responses to this question. Programmatic differences within each program pair were greater than overall public-private differences.

4.3.1.3 Personal Counseling Services

Residents were asked how often they had individual counseling sessions, whether they saw a counselor for individual sessions as often as they wanted, whether they thought more counseling help was needed at the program, and the frequency with which they talked to a variety of staff persons about personal problems over the past month. As can be seen in Tables 36 and 37, with one exception, there were no statistically significant differences between the views of residents at public and private programs. The one exception concerned the residents' belief that more counseling help was needed. On this single measure 68% of residents in public programs, compared to 26% of residents at private programs, stated that more counseling help was needed ($X^2(1)=10.4, p<.05$). The observed difference, which was consistent within both pairs (PRIVATE 1-21% vs. PUBLIC 1-60%; PRIVATE 2-29% vs. PUBLIC 2-77%), may indicate the greater emphasis on professional counseling provided by private programs as compared to the more general or lay counseling offered by the public programs. While we did not obtain data concerning liscensure of clinicians at the programs, both private providers require clinicians working in their program to be licensed LSWs, MSWs or counseling psychologists. This was not so at the public programs.

Staff were also asked a general question concerning their belief that the program provided necessary personal counseling services (Table 38). Overall, staff at private programs felt that such counseling was provided (M=1.15) compared to those at public programs (M=1.77; F(1,80)=10.54, p<.01). While the public-private difference was observed in both matched program pairs, the PRIVATE 1-PUBLIC 1 difference contributed most heavily to the observed level of significance.

4.3.1.4 Vocational Counseling Work Training

Youths were asked five questions about their experience with vocational training and job counseling at the programs: whether they received any vocational or job counseling at the programs, if they completed or were enrolled in a work training program, if they would like to be in a work training program, if they received help in making contacts about getting a job when released, and if they already had a job lined up when released. Not a single difference emerged on any of these measures (Table 37).

Staff were asked two general questions about whether their program provided meaningful work experience and quality vocational training. Based on the responses to these two questions, a summative index was created in which higher scores indicate lower levels of achievement. As Table 38 shows, differences between public and private programs on this measure were negligible (M's=4.12 and 4.45 respectively).

4.3.1.5 Alcohol and Drug Counseling Services

For both alcohol and drug counseling services, residents were asked whether they were currently involved in a program, and if not, whether they would like to be involved in such services. As indicated in Table 37, residents at public (36%) as compared to private (53%) programs were less likely to say that they were enrolled or had completed an alcohol counseling program or service ($X^2(1)=4.16$, $p<.05$). Residents at public programs who had not participated in alcohol counseling were somewhat more likely than their counterparts at private programs to say that they would like to take part in such a program or service ($X^2(1)=3.13$, $p<.10$; 89% vs. 60% respectively).

While public and private program residents were not significantly different in their reports of being currently enrolled in or having participated in a drug counseling program or service (33% vs 50% respectively), residents at public programs who had not participated were significantly more likely than their counterparts at private programs to say they wanted to participate in such a program ($X^2(1)=4.76$, $p<.05$; 94% vs. 64% respectively).

Staff perceptions concerning the extent to which their program provided alcohol counseling and drug counseling revealed no public-private differences. These data are presented in Table 38.

4.3.1.6 Educational Services

Residents were asked whether they were in the basic education or GED track, and whether they intended to continue their education after being released. While no public-private differences were found in the education enrollment pattern (Table 37), a significant difference between public and private program residents emerged on residents' plans to continue their education subsequent to release ($X^2(1)=4.40$, $p<.05$). However, the observed difference is attributable to the extremely high proportion of students at PRIVATE 1 (79%) who said they plan to continue their education relative to residents at the other three programs (PRIVATE 2=15%, PUBLIC 1=27% and PUBLIC 2=15%).

While no consistent differences were found between residents of public and private programs regarding educational status and aspirations (see Table 37), staff at private programs were significantly more likely to say that their program helps residents get high school diplomas or GEDs in comparison with public program staff (M's=1.05 & 1.81 respectively; $F(1,79)=29.57, p<.01$). Further, both PRIVATE 1 and PRIVATE 2 staff endorsed this argument (M=1.04, 1.06) significantly more ($p<.05$) than did their matched counterparts at PUBLIC 1 and PUBLIC 2 (M=2.04, 1.47). These data are presented in Table 38.

4.3.1.7 Visitation policies/practices

Staff and resident perceptions about visitation policies and practices were assessed by means of the self-administered survey instrument (Table 39). For both staff and residents, program specific differences were observed on the item "Program staff let residents have visits from family and friends." Across both respondent groups, PRIVATE 2 was rated as most open in terms of visitation practices/policies. While among residents, program variation obscured the emergence of a public-private difference, the consistently higher ratings by staff at private programs (PRIVATE 1=3.47, PRIVATE 2=3.28) compared to their counterparts at matched public programs (PUBLIC 1=3.33, PUBLIC 2=3.28) yielded a significant public-private difference ($F(1,81)=5.56, p<.05$).

Residents were also asked to estimate the number of visits they had received from family and friends over the past month, and how difficult it was for family to visit the facility at which they were incarcerated. No public-private differences emerged on either of these measures. Further, while programs' geographic location was clearly related to the number of visits residents reported, it was not related to the reported difficulty family members or friends might have to overcome to visit.

4.3.2 Integration and Evaluation of Program Components, Adjustment and Rehabilitation Integration

4.3.2.1 Integration of Program Components

It is important to note that although DYS directly operates two of the four programs studied, there are particular components (i.e., education) and some positions that are provided through supplementary contracts with private providers. In the approximately twenty years since deinstitutionalization, the nonprofit organizations have had a major role in the provision of DYS-funded correctional programs, in general, and secure care programs in particular. There has been a close working relationship from the outset between the nonprofit organizations and DYS officials. In part, this was institutionalized when former DYS Commissioner Murphy established a Provider Advisory Board. The board, still meeting today under Commissioner Loughran, is comprised of CEO's from the private, nonprofit organizations operating programs funded by DYS. Monthly meetings are held and used to both inform and solicit input from the nonprofits regarding DYS policy initiatives.

Purchase of secure care has mainly involved the same two large nonprofit vendors, each operating in different parts of the state. These two vendors operate nine private secure treatment units across Massachusetts. The remaining four programs are maintained by DYS as a safeguard against total reliance on a purchase of care system. The presence of both provider and state-run secure treatment units was also said to provide a "creative tension" between the two, thereby ensuring the overall health of the system. The partnership between DYS and the two nonprofit vendors has been described as fairly productive. Parenthetically, it should be noted that one of the two major providers is directed by an ex-DYS official.

DYS operation of small secure treatment units following deinstitutionalization was largely preceded by the private, nonprofit operation of the programs. A greater direct DYS role in running some of the programs resulted from a string of failures that took place in privately-run operations.

One effect of the dismantling of the old institutional system was the loss of state positions for education within the DYS line item budget. All education within secure treatment programs was left to the contracted nonprofit provider. Once DYS got back into the day-to-day operation of several secure treatment programs, they found themselves in the position of having either to employ teachers in lower paying group care positions, to use group care workers as teachers, or to contract out for educational services. In the two public programs studied, we found that contracting out for educational services was the primary means employed to solve this problem. We also observed to a limited extent the use of individuals having been promoted from direct care positions to teaching positions.

Not only are private vendors involved in the educational component of the publicly-run programs, but there is also the presence of directly-supplied state (BIS) teachers, contracted teachers supplied by BIS, and federally underwritten (Chapter 1) instructors. Each of these different teacher types has their own reporting requirements, chain of command, salary levels and benefits, and prescribed responsibilities and activities. As a result, the DYS run programs suffer from problems of integrating the educational component not found among the private programs.

While the private programs also use BIS and Chapter 1 teachers, they have been much more aggressive in establishing a direct line of authority and ground rules for on-site supervision. One of the private programs has decided not to renew their Chapter 1 teacher as his reporting requirements and narrow job description were perceived as an impediment, rather than a facilitator, to providing educational services. At the other private program, the Director of Educational Services has negotiated with BIS to be named as the BIS-provided teachers on-site supervisor, thus minimizing some of the potential integration and coordination problems.

The clinical services component in the two public programs similarly included some contracted workers. This was used as a means for the public programs to augment the salaries and the number of state positions at the programs. Again, differential salary levels and lines of authority pose potential problems. Problems observed in integrating the clinical component, however, were small compared to those observed in the integration of the educational component. Much of this stems from the relative standardization of work schedules and case loads maintained by clinicians, as well as the relative autonomy clinicians have in performing their work. Also, among clinicians, supervision/line of authority was more clearly laid out with immediate responsibility falling directly to the Director of Clinical Services.

In addition to coordinating efforts of a variety of principal actors within program component, programs must integrate efforts across components. While both public and private programs shared many of the same problems of integration, there were some problems unique to the publicly operated programs, many of which may originate in the style and tone set by the individual program directors.

Both public and private programs faced difficulties in coordinating activities that required the input of education, clinical and child care staff. For example, while all four programs reported that an advocacy program was important, none of the four reported that they were satisfied with the level of integration accomplished or the status of the system.

Every program had at least some difficulty in integrating clinical and child care staff efforts as well as educational and child care staff efforts. Because of supplementary contracts and the resulting organizational complexity, this problem seemed deeper and more pervasive at the public programs. Also, the child care workers at the public programs by clinical and educational staff as promoting a "we-them" dichotomy in which the "we" were viewed as nonprofessionals and the "them" were viewed as professionals. This distinction may generate a self-perpetuating system in which staff functions grow further apart.

Further contributing to the larger, more pervasive integration problems observed in public programs is that they reportedly lack the control and authority possessed by private contractors in implementing program initiatives. The integration problem is only exacerbated by the fact that public program control over contracted employees can be unclear and inadequate.

Contrary to the research teams' expectations that DYS Central Office staff would spend more of their time involved in monitoring and administration with private providers, just the reverse was found. Monitoring procedures for public and private programs were reportedly equivalent. All programs are required to file the same reports at the same time intervals. Further, competitive procurement for private programs occurs only once every three years for existing programs, and only as needed for new program initiation. As a result, secure care contract management requires relatively little time. In contrast, senior-level DYS staff said that they spent substantial time dealing with union issues, including show-cause hearings, public employee complaints and grievances, and budget management of public programs.

4.3.2.2 Program Evaluation

Much of the evaluative information collected was obtained from questionnaires self-administered by staff and group-administered to residents at the four programs studied. These data focus specifically on level of reported satisfaction with or perceived adequacy of the various services and additional program features provided. Evaluative data also were obtained from DYS records regarding recommitment and revocation of residents.

We found residents, in both public and private programs, evaluate services similarly--on the positive side of neutral. Residents at public and private programs do not see their programs as being significantly different.

In contrast to resident evaluations, staff at the private programs consistently rate program services higher than do staff at public programs. More specifically, staff at private programs rated themselves more positively than staff at public programs on the following measures:

Program staff are more competent;
The program provides necessary personal counseling;
Staff help residents find jobs and get reacclimated;
The program provides quality education; and
The program is well run and organized.

These data are quite consistent with the earlier findings described concerning management issues and organizational structure. Staff at private programs were significantly more likely than staff at public programs to report feeling that they had the authority to do their jobs, that the organization was flexible and adaptive, involved them in decisionmaking, and that they communicated clearly with residents. These staff ratings were also clearly reflected in our discussion of these issues with directors and senior staff at the programs. Taken together, these data all seem to indicate that the organization and management of private programs is superior to that of the public programs studied.

A key question is the effect that administrative and organizational factors have on program impact. DYS data were available on revocation and recommitment--two important measures of short-run outcomes. On neither of these measures did we find any differential effects attributable to program auspices. This lack of differential effectiveness was also reflected in statewide DYS data regarding recommitments and revocations.

One important aspect of these data we cannot address is the seriousness of both the subsequent offense and the violation of conditional liberty for which the youth had been revocated. These data can be important in helping to better understand and gauge program effectiveness.

We also looked at the immediate effects of programs on residents by asking residents about the likelihood that they would get into trouble with the law subsequent to their release from the program. While we could not detect actual differences in short-term recidivism, we found substantial differences in residents' self-perceptions. Residents at private programs were significantly less likely than their public counterparts to think that they would get into trouble with the law after their release from the program.

This self-report data may indicate two possible levels of change. First, the self-reports may reflect a change in terms of youth learning how to respond in a socially desirable manner. For these youths, this may represent an important addition to their behavioral repertoire if they are to advance to the next stage of rehabilitation. Alternatively, this response may indicate a more basic change in the way the individual views the world--he may actually believe what he says. This change in self-perception is the next step in rehabilitation.

4.3.3 Detailed Data Analyses on Staff and Resident Evaluations

4.3.3.1 Resident Evaluations

Residents and staff were asked to respond to a series of survey items requesting their evaluations of a wide variety of program services/features. Residents were asked to indicate how satisfied they were with:

Personal counseling services;
Vocational and job counseling;
Job training;
Educational services;
Alcohol education/counseling;
Drug abuse education/counseling;
Visitation policies/practices, and
Food quality.

Note that only respondents who had participated or were currently participating in some of the services (e.g., job training) provided ratings. The results of resident ratings are presented in Tables 40-42.

Across these measures, there is not a single statistically significant difference between the ratings given by residents at public and private programs. As in many other instances reported here, there are some program specific differences, however. Much of the variation observed comes from the consistent and relatively high ratings of program components/services given by residents at PRIVATE 2 and the relatively low ratings shared by its matched public program--PUBLIC 2.

A second way to analyze the data was to count up the number of times the means within matched pairs favored one or the other type of program. Analyzed in this manner, Tables 40-42 show that private program services are rated better than public programs nine of twenty times. The binomial probability attached to observing such an outcome or one more extreme (assuming p=q) is .39. When means are averaged over program auspices, private programs are rated as better in six of ten evaluative areas (p=.38). Thus, it is clear that while program variation exists (each program was rated as having discernable strengths and weaknesses), there were no significant public-private differences to report.

Table 43 presents data from residents concerning their health, their evaluations of the medical services they have received while in residence, and their level of satisfaction with the medical staff caring for them. Recall that program records revealed few consistent differences between public and private programs in terms of use of the health care services or, in general, for the type of care received. When residents were asked about the current state of their health and whether it had changed since their entry into secure care (for the better or worse), we found no differences in the patterns of response between residents at public as compared to private programs. Interestingly, we found some program specific differences on the measure of current health with PRIVATE 1 residents describing themselves as less healthy than residents at other programs.

PRIVATE 1 residents are a little more pleased than residents at the other facilities with the medical services they have received. When their relatively positive evaluation is lumped in with that of the other private program--PRIVATE 2, a significant public-private difference emerged ($F(1,53)=7.09$, $p<.05$). However, as can be seen in Table 43, this public-private differences emerged on the strength of the relatively negative rating given by PUBLIC 2 residents to the medical services they received rather than on the overall positivity of the private participant ratings. No differences emerged on the item concerning satisfaction with medical staff.

When the two measures of satisfaction with medical services and medical staff are included with the previous ten evaluative measures, the binomial probability that public programs' residents differ in their evaluations from residents at private programs decreased from .38 to .50. Using data from matched public-private pairs, the probability that the observed data pattern concerning program features within the pairs obtained by chance alone, similarly drops from .39 to .50

4.3.3.2 Staff Evaluations

Staff were asked to rate the extent to which they agreed that their program accomplished the following:

- Provides necessary personal counseling;
- Provides meaningful work experience and vocational training;
- Help residents find work and get settled after they are released;
- Provides quality education programs;
- Provides alcohol counseling;
- Provides drug abuse counseling; and
- Provides quality medical services.

While some of these measures have been discussed before in terms of program features, they are also instructive in terms of evaluation of program components and services. Further, these measures should be reviewed to see if they converge or diverge with resident evaluations. Whereas residents evidenced differences in evaluations as a function of program auspices on only one measure--satisfaction with medical services--for staff this measure did not yield a public-private difference (Table 44).

Staff at private programs were significantly more likely than staff at public programs to say that their programs were: providing necessary personal counseling ($F(1,80)=10.54$, $p<.01$); helping residents get reacclimated and find a job after release ($F(1,87=7.05$, $p<.01$); and providing quality education programs ($F(1,79)=17.3$, $p<.01$). For each of these three indices/measures, differences are consistent within each public-private pair. These data are in Table 44.

It is interesting to note that despite private programs' staff rating their education component higher than their public counterparts, we saw little in the way of public-private differences in the number of residents achieving a GED. In fact, GED attainment for secure residents had become a point of controversy within DYS programs. Because, by obtaining a GED, a secure care resident might be barred from accessing special, needed educational services and aftercare placements.

Another set of educational attainment measures obtained was average grade level improvement in mathematics and language skills over the course of a resident's stay. Informal Screening Assessments (ISAs) are given to each offender prior to his classification/assignment to a program. Two of the four programs--one public and one private--also gave similar tests just prior to offenders' release. While these data may be informative, they are far from authoritative because they were obtained from only two of the four programs, the forms of the pre- and post-tests differed, and there was no way to control for length of confinement or previous educational attainment in the initial measures of ability. Noting these limitations, we calculated change scores for individuals in the two programs between 1/1/87 and 3/31/88 (Table 45). We found that while the public and private programs did not differ at all in terms of the change evidenced in mathematics abilities, the residents in the public program demonstrated a significant gain ($F(1,65)=4.38$, $p<.05$) in language abilities relative to private program residents ($M=1.51$ and 1.10 respectively).

In spite of these equivocal outcome data and the fact that virtually all education staff in the public and private programs are maintained under contract, staff ratings on providing quality education were significantly higher at private than public programs. This difference may by attributable to the level of integration of the education staff at the various programs and/or the organizational environment at the programs.

For example, most educators at PRIVATE 1 are employed by a single nonprofit organization. However, teachers working on a supplementary contract to provide educational services at PUBLIC 1 were not well integrated into the staff. Salary level and benefit differences among educational staff at public programs and the extent to which the teachers are viewed by direct care workers as distant and condescending were mentioned by several DYS and program administrators as potential problems possibly accounting for these differential ratings.

Shown in the bottom of Table 44, staff at private programs rated themselves as more competent than did staff at public programs ($F(1,86)=13.2$; $p<.01$). They also viewed their programs as better run ($F(1,79)=29.8$; $p<.01$). A less stringent test of the data was to count the number of times across program pairs that private as compared to public program staff rated their programs better. Here, staff at private programs rated their provision of services higher than did staff at public programs on twelve of fourteen opportunities. The probability attached to such an outcome is less than 0.01. When we looked at the overall pattern of public-private differences (summed across matched pairs), we found staff at private programs gave higher ratings than did staff at public programs on seven of seven occasions ($p<.02$).

Recidivism

Recidivism data for juveniles are difficult to obtain in a study whose primary focus is not on gauging or better understanding the antecedents or concomitants of recidivism. There are several reasons obtaining this data are so difficult including:

> Juveniles are often 17 years old or older by the time they are released from secure care. Therefore, new charges are likely handled by Department of Corrections rather than by DYS. Different record-keeping systems, each with its own set of unique identifiers, makes it difficult to track youth;
>
> Information on youth who recidivate out-of-state is very difficult to track; and
>
> Even in DYS, while recent commitment information resides at the Central Office, other information pertaining to a youth subsequent to his release from secure care (such as technical violations of parole) rests with DYS' Regional Offices. This separation, while facilitating local casework, may hamper prompt and comprehensive reporting/recordkeeping.

Despite these problems, DYS Central staff were able to provide information on the number of youth who were in one of the four secure treatment units under study during the period 1/1/87-3/31/88 and who were either recommitted to a DYS facility or who were revocated for a violation of their conditional liberty or commission of a new crime but not recommitted to a DYS program. These data are presented in Table 46. There were neither significant programmatic nor public-private differences observable in these data.

Unlike the actual recidivism data obtained from DYS files, residents reported that their stay in private as compared to public programs would keep them out of trouble subsequent to their release. When asked if their stay in the program will help keep them out of trouble after release, 86.2% of residents in private programs agreed compared to 57.7% of residents in public programs ($X^2(1)=4.42$, $p<.05$). Further, residents in private programs (10.3%) were far less likely than residents at public programs (35.7%) to report that they will get into trouble with the law after their release ($X^2(1)=3.86$, $p<.05$). As can be seen in Table 47, residents at PUBLIC 2 are by far and away the most pessimistic about their future accounting for much of the observed public-private differences.

TABLE 36

Resident Views of Program Components
(Expressed as Averages)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Recreation						
There is a good variety of recreational activities (1 = strongly disagree, 4 = strongly agree)						
N	15	15	15	13	28	30
M	1.73*	2.27*	3.40[a]	2.62[a]	2.43	2.56
SD	.85	.77	.49	.92		
Personal Counseling						
Individual sessions with a clinician in the past month						
N	13	12	14	13	25	27
M	5.77	5.17	5.71	2.62	3.84	5.74
SD	5.49	4.10	6.89	2.37		
Frequency of discussing personal problems with various program staff (lowers scores = higher frequencies)						
N	13	12	15	13	25	28
M	9.62	10.87	12.27	12.23	11.58	11.04
SD	3.05	3.14	2.46	1.86		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 37

Resident Views of Program Components (Expressed as Proportions)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Personal Counseling						
Have you been able to see a clinician as often as you wanted?						
N	14	15	15	13	28	29
%Yes	42.9	33.3	53.3	69.2	50.0	48.3
Is more counseling help needed at this program?						
N	14	15	14	13	28	28
%Yes	21.4	60.0	28.6	76.9	67.9[a]	25.0[a]
Vocational/Job Counseling & Training						
Have you received vocational or job counseling?						
N	15	15	13	13	28	28
%Yes	53.3	60.0	30.8	46.2	53.7	42.9
Have you completed or enrolled in a work training program?						
N	15	15	14	13	28	29
%YES	33.3	53.3	21.4	23.1	39.7	27.6
Would you like to be in the work training program?						
N	15	15	14	13	28	29
%YES	85.7	87.5	18.2	37.5	62.5	44.4
Have you received help in making job contacts in community?						
N	7	8	11	8	16	18
%Yes	37.7	53.3	73.3	766.9	64.3	55.2
Do you have a specific job lined up for after your release?						
N	14	15	15	12	27	29
%YES	21.4	26.7	46.7	25.0	25.9	34.5

TABLE 37 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Education						
N	15	12	14	11	23	29
Percent in: Basic Education Program	53.3	50.0	78.6	81.8	65.2	65.5
GED preparation	60.0	50.0	21.4	18.2	34.8	41.4
Will you continue your education after you leave?						
N	14	15	13	13	28	27
%Yes	78.6	26.7	15.4	15.4	21.4[a]	48.1[a]
Substance Abuse						
In alcohol program?						
N	13	15	14	13	28	27
%Yes	69.2	26.7	57.1	46.2	35.7[a]	53.0[a]
Desire to be in alcohol program?						
N	4	11	6	7	18	10
%Yes	50.0	90.9	66.7	85.7	88.9*	60.0*
In drug program?						
N	15	14	15	13	27	30
%Yes	61.5	21.4	40.0	46.2	33.3	50.0
Desire to be in drug program?						
N	5	11	9	7	18	14
%Yes	60.0	100.00	66.7	85.7	94.4[a]	64.3[a]

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 38

Staff Views of Program Components

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Recreation						
There is a good variety of recreational activities (1 = strongly disagree, 4 = strongly agree)						
N	23	27	17	18	45	40
M	2.65	2.89	3.53	3.28	3.02	3.05
SD	.52	.63	.62	.56		
Vocational Training & Work Experiences						
Staff provide meaningful work experiences and quality vocational training (lower scores indicate better services)						
N	23	27	20	20	47	43
M	3.91	4.52	4.36	4.36	4.12	4.45
SD	1.21	1.32	2.99	2.82		
Personal Counseling						
Staff provide necessary personal counseling (lower scores indicate better services)						
N	23	27	17	17	44	40
M	1.21[b]	2.11[b]	1.06	1.24	1.77[a]	1.15[a]
SD	.58	1.10	.24	.44		

TABLE 38 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Alcohol and Drug Programs						
Staff provide Alcohol Counseling? (lower scores indicate better services)						
N	23	26	15	17	43	38
M	1.30[a]	1.81[a]	1.33	1.24	1.31	1.58
SD	.58	.83	.49	.56		
Staff provide Drug Counseling? (lower scores indicate better services)						
N	23	26	16	17	39	43
M	1.34[a]	1.85[a]	1.44	1.24	1.38	1.61
SD	.52	.77	.63	.56		
Education						
Staff help residents get High School Diplomas/GED's (lower scores indicate better services)						
N	23	26	17	17	43	40
M	1.04[b]	2.04[b]	1.06[c]	1.47[c]	1.81[a]	1.05[a]
SD	.28	.76	.24	.72		
Food Quality (Low score = good quality)						
N	23	27	20	21	48	43
M	8.26	8.67	6.05	6.05	7.52	7.23
SD	1.26	2.02	2.74	2.62		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 39

Program Features

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Residents						
Staff let residents have visits with friends and family (1 = strongly disagree, 4 = strongly agree)						
N	15	15	15	13	28	30
M	2.73	3.20	3.47	3.08	3.14	3.10
SD	1.06	.83	.62	.83		
Number of visits in past month						
N	14	12	15	13	25	29
M	10.29	16.17	3.47	4.69	10.20	6.76
SD	13.09	21.31	4.11	3.10		
Difficulty for family to visit (1 = none, 4 = A lot)						
N	14	15	15	13	28	29
M	2.57	1.93	2.20	2.31	2.10	2.38
SD	1.35	1.06	1.22	1.14		
Staff						
Staff let residents have visits with family and friends (1 = strongly disagree, 4 = strongly agree)						
N	23	27	17	18	45	40
M	3.47	3.33	3.65^{b}	3.28^{b}	3.31^{a}	3.55^{a}
SD	.50	47	.49	.45		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 40

Resident Evaluation for Program Features
(For each measure 1 = very satisfied, 5 = very dissatisfied)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Feature						
Personal Counseling						
N	14	15	15	13	28	29
M	2.57	2.33	1.87[a]	3.08[a]	2.68	2.21
SD	1.40	1.23	1.02	1.33		
Vocational/Job Counseling						
N	8	9	4	7	16	12
M	3.13	2.22	1.75*	2.43*	2.31	2.67
SD	1.45	.79	1.30	1.29		
Job Training						
N	5	7	3	3	10	8
M	2.60	2.14	1.33*	3.00*	2.40	2.12
SD	1.2	.99	.47	.82		
Educational Services						
N	14	15	14	13	28	28
M	2.36	2.27	2.14*	3.08*	2.64	2.25
SD	1.31	1.24	1.25	1.49		
Alcohol Programs						
N	9	5	7	6	11	16
M	3.06	2.80	2.29	1.83	2.27	2.73
SD	1.07	1.33	1.03	1.21		

TABLE 40 (Continued)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Drug Programs						
N	8	4	6	6	10	14
M	3.19	3.00	2.33	1.67	2.20	2.82
SD	1.27	1.58	1.11	.94		
Visitation Policy						
N	14	14	15	13	27	29
M	3.00	2.93	2.93	3.62	3.62	2.96
SD	1.56	1.53	1.61	1.44		
Food Quality (Low score - good quality)						
N	15	15	15	13	28	30
M	9.80	8.80	7.93	7.40	8.15	8.87
SD	1.90	2.37	2.25	2.20		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 41

Youth Attitudes About Job Content & Job Placement Potential

PROGRAM:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
After your release would you like to work in a job that uses what you've learned in the training program?						
N	5	8	3	3	11	8
%	80.0	87.5	100.0	66.7	81.8	87.5
Do you think the work training you have done here will help you line up a job?						
N	5	8	3	3	11	8
%	80.0	75.0	100.0	66.7	72.7	87.5

TABLE 42

Perceived Staff Competence

(lower scores = Poorer performance; higher scores = better performance)

PROGRAM:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Residents						
N	15	15	15	13	28	30
M	6.27	6.60	9.03[a]	7.20[a]	6.88	7.65
SD	2.08	1.78	1.77	1.90		
Staff						
N	23	27	20	21	48	43
M	9.78*	8.81*	10.86[b]	8.87[b]	8.84[a]	10.28[a]
SD	.98	1.33	2.58	2.53		

Matched superscript letters indicate significant group differences at the $p<.05$ level.
* indicates significant group differences at the $p<.10$ level.

TABLE 43

Resident Evaluation of Medical Services

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Item						
Overall Health (1 = Excellent, 4 = Poor)						
N	14	15	15	13	28	29
M	2.00[a]	1.47[a]	1.40	1.69	1.57	1.69
SD	.88	.72	.49	.61		
Change in Health since entry to program (1 = Better, 3 = Worse)						
N	14	15	15	13	28	29
M	1.71	1.93	1.80	1.92	1.93	1.76
SD	.80	.77	.65	.83		
Satisfaction with Medical Services (1 = very satisfied, 5 = very dissatisfied)						
N	14	15	15	13	28	29
M	1.93	2.33	2.00[b]	3.46[b]	2.85[a]	1.97[a]
SD	.80	1.44	1.17	1.55		
Satisfaction with medical staff (1 = very satisfied, 5 = very dissatisfied)						
N	14	15	15	13	28	29
M	2.14	2.07	2.13	3.15	2.57	2.13
SD	1.12	1.06	1.26	1.41		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 44

Staff Evaluation of Program Features

(1 = Very, 4 = Not at all on individual measures; on summative measure multiples of 1 and 4 = very and not at all respectively)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Item						
The program provided necessary personal counseling						
N	23	27	17	17	44	40
M	1.21[b]	2.11[b]	1.06	1.24	1.77[a]	1.15[a]
SD	.58	1.10	.24	.44		
The program provides meaningful work experiences and quality vocational training						
N	23	27	20	21	48	43
M	3.91	4.52	4.36	4.36	4.45	4.12
SD	1.21	1.32	2.99	2.82		
Program staff help residents find work when they are released and get acclimated						
N	23	27	20	21	48	43
M	4.48	5.56	3.68[b]	5.41[b]	5.49[a]	4.08[a]
SD	.37	.79	.24	.61		
The program provides quality education programs						
N	23	26	17	17	43	40
M	1.17[b]	1.81[b]	1.06[c]	1.50[c]	1.69[a]	1.12[a]
SD	.58	.83	.49	.56		

TABLE 44 (Continued)

(1 = Very, 4 = Not at all on individual measures; on summative measure multiples of 1 and 4 = very and not at all respectively)

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
The program provides drug abuse counseling						
N	23	26	16	17	43	39
M	1.34[a]	1.85[a]	1.33	1.24	1.61	1.38
SD	.52	.77	.63	.56		
The program provides drug abuse counseling						
N	23	26	16	17	43	39
M	1.34[a]	1.85[a]	1.44	1.24	1.61	1.38
SD	.52	.77	.63	.56		
The program provides quality medical services						
N	23	26	17	17	43	40
M	1.21[a]	1.54[a]	1.00	1.24	1.42	1.12
SD	.41	.63	0.0	.44		
Program is well run and organized						
N	23	27	17	17	44	40
M	9.65[b]	7.52[b]	11.18[c]	9.12[c]	8.14[a]	10.30[a]
SD	1.58	1.83	1.20	1.96		

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 45

Grade Level Changes in Residents' Education Performance
(1/1/87-3/31/88)
Program and Affiliation

	Delaney-Private	Westboro-Public
Grade Level Language Change Scores		
N	34	35
M	1.10[a]	1.51[a]
SD	.84	.74
Grade Level Mathematics Change Scores		
N	34	35
M	2.04	2.22
SD	1.30	1.04

Matched superscript letters indicate significant group differences at the $p<.05$ level.

TABLE 46

Recommitment/Revocations

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Revocated but not recommended to DYS (DYS Records 1/1/87-3/31/88)						
Base	33	54	40	50	104	73
Number of individuals revocated	4	7	6	9	16	10
Number of instances	6	8	10	9	17	16
Average length of time from release to decision to recommit (days)	145	109	127	151	131.24	133.75
% Revocated (Revocations/Base)	12.1	13.0	15.0	18.0	15.4	13.7

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	PUBLIC	PRIVATE	SYSTEM WIDE PUBLIC	SYSTEM WIDE PRIVATE
Recommitments to DYS Secure Treatment Facilities								
Base	18	31	24	32	63	42	64	122
Number of Individuals Recommitted	1	2	2	6	8	3	13	22
% Recommitted	5.6	6.5	8.3	18.8	12.7	7.1	20.3	18.0

TABLE 47

Expectations About Trouble With the Law Subsequent to Release

Program	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Residents think that their stay in the program will help them stay out of trouble after release						
N	14	13	15	13	26	29
% Yes	78.6	76.9	93.3	38.5	57.7[a]	86.2[a]
Residents think that after release they will get in trouble with the law						
N	14	15	15	13	28	29
% Yes	14.3	26.7	6.7	46.2	35.7[a]	10.3[a]

Matched superscript letters indicate significant gr differences at the p<.05 level.

4.4 THE COST OF PUBLIC AND PRIVATE PRISONS

We investigated the operational costs associated with two public and two private not-for-profit secure treatment (correctional) facilities for juveniles in the Commonwealth of Massachusetts. It is important to note that all four programs reviewed were located in State/DYS-owned Youth Service Center. These Centers house between three and four separate programs in one building. This arrangement has the potential to allow the state to experience some "economy of scale" provided through use of a "core" staff charged with maintenance, general/perimeter security, food service, reception and monitoring/quality control.

Further, we would expect that "economies of scale" also benefit from having one vendor or the state run all programs at a specific Youth Service Center. Such a situation should provide the program director(s) with increased flexibility in staffing and monitoring program functions. The Delaney School provided us with the opportunity to observe a "homogeneous" youth service center. The Springfield center, in which the program was located, housed two other R.F.K.-operated programs.

It is worth noting that because the state owns and operates these facilities, costs of program operations focused solely on the direct and indirect costs incurred in program operation. These costs were aggregated over three levels of organizational structure--the program, the facility, and the DYS central office in Table 48.

TABLE 48

Components of Cost

1. Program Costs
   a. Labor and finge
   b. Other direct costs including transportation, clothing allowances, supplies, etc.
   c. Indirect/overhead costs
2. Facility Costs
   a. Core staff--labor and fringe
   b. Other direct costs for maintenance of physical plant (e.g., repairs, utilities, etc.) food, transportation, etc.
3. DYS Central Administrative Overhead
   a. Proportion of general administrative budget (labor, fringe and other direct costs) expanded on these four secure care programs allocated between the programs.

4.4.1 The Contracting Process

DYS issues RFP's as the need for secure care programs becomes evident either because a new program is desired or an existing contract nears its termination date. Legal statutes require that only nonprofit providers can hold DYS contracts. Contracts are issued for three year periods.

Any nonprofit provider may respond to an RFP. Historically, two providers have predominated in the area of secure care. JRI runs two secure care programs and the RFK Action Corps operates five secure programs. These two primary providers operate in different parts of the state, each respecting the other's "territory" in responding to RFP's. Overall, the secure care contracting process, while theoretically open, is far from truly competitive in practice.

4.4.2 Data Sources for Estimating the Cost of Program Operations

4.4.2.1 Program Specific Costs

Several sources of information were tapped in order to generate the estimates of total operational program cost. Initially, the DYS Director of Administrative Services and her Director of Contract Administration were interviewed to describe: accounting/contract administration procedures, the contracts of the two private programs selected for the study, the subcontracts DYS-run programs had let for support services at the two public programs selected into the study, and public staffing patterns, salaries, and budgets for two public programs selected for study. Appropriate program data were extracted from contracts or DYS personnel/salary reports for fiscal year 1988. (Note: fiscal years cover the same time periods across programs.) Negotiated rates were used on contracts to determine program costs. This strategy seemed reasonable since negotiated rates represent the actual (i.e., fixed) dollars contractors receive.

4.4.2.2 Facility Costs

The Director of Administrative Services and her Director of Contract Administration reviewed core staffing patterns, wages, and other direct cost budgets for the four Youth Service Centers housing the four programs studied with the research team. Again, the focus of this review was on current expenditures (fiscal year 1988).

While at the program sites, Facility Administrators were asked to review facility expenditures and to apportion the costs of core staff and other direct program costs between the various programs at the Center. This approach was deemed the most reasonable since Facility Administrators have direct oversight responsibilities for the distribution and monitoring of Center budgets. Again, dollars expended and actual staff salaries were used to assess core facility and staff costs.

4.4.2.3 DYS Administrative Costs

In addition to labor and other direct program costs, we attempted to factor into our estimates of the cost of program operation the administrative overhead incurred by DYS in monitoring and ensuring the smooth running of public and private programs. Since clear differences should be expected between public and private programs in the amount of time and effort the state must devote to several aspects of program operation, ranging from contract management (high for privates, low for publics) to personnel issues (high for publics, low for privates), we felt that DYS administrative overhead might contribute quite substantially to differences observed between public and private programs total operating costs.

In estimating the cost of administrative overhead we focused only on the costs of DYS and not the state in general. Our interest here was in generating defensible estimates of the costs readily attributable to program operations rather than in estimating the total cost of program operations. As such, a number of state-provided functions are omitted from the overhead calculations. For example, the cost of inspections by health and fire departments are not included. Similarly, the cost of the licensing study performed biannually by the Office For Children is not included. These functions are performed uniformly across programs and while contributing to overall program cost, do not help to differentiate between the cost of public and private programs.

This is not to say that we did not include non-DYS state costs directly involved in program operations in our estimates of program costs. We included such costs at the level at which they were incurred. For example, we included the costs of Bureau of Institutional Schools (BIS) personnel in program operating budgets. Further, we attributed appropriate levels of burden (i.e., fringe) to the costs incurred for using such personnel. However, we did not include in our estimates of program costs any additional overhead that might accrue to the Department of Education in their management of the six BIS teachers dispatched to the programs we reviewed. First, the amount would be small. Second, BIS teachers were employed roughly equally in publicly (4) and privately (2) sponsored programs.

4.4.2.4 DYS Overhead Cost Allocation

In order to estimate DYS administrative overhead, the total Central Office Administrative expenditures for FY 1988 ($3,521,481) was distributed across the approximately 1500 youth served annually by DYS. The resultant per client administrative costs was $2,347.65. This per client cost was then multiplied by 61 -- the number of clients in the four programs reviewed. In this way we arrived at a total administrative overhead budget of $143,228 that was allocated for the four programs studied. The question then became: "How do we allocate this money between the programs?"

Allocation on a per client basis was not deemed satisfactory since, as already indicated, contract management and personnel administration differ for public and private programs. As a result, a two-question survey was constructed, administered to and completed by each of the Assistant Commissioners or Directors heading the four DYS divisions directly involved in program operations. The first question required that the Assistant Commissioners/Directors identify the percent of their time and their staffs' time spent on each of the four programs. Estimates added up to 100% across the four programs. Secondly, each respondent was asked to rank from 1 (highest) to 4 (lowest) the amount of time s/he and his/her staff spent on each of the four programs relative to the other three DYS divisions surveyed.

While there appeared to be reasonable variability in reports of the amount of time and effort staff expended on the four programs within DYS division, there was little variability in the order of relative level of effort the different DYS divisions were perceived to spend with the programs. Results of this brief survey are presented below. (Table 49)

To create weights for allocating administrative overhead to the programs, the rankings obtained had to be translated into percentage estimates indicating the level of effort/time of each DYS division relative to the others. Assignment of relative percentages of time were made after consultations with Administrative Services staff. These values are indicated in the final line of the exhibit below. (Table 50)

TABLE 49

Amount of Time Staff Spends on Programs

DYS DIVISION

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2
Operations	30	5	17	30
Administrative	30	25	35	30
Support	15	25	17	15
Research	15	25	31	25

TABLE 50

Average Ranking of Relative Effort on Programs

	Average Ranking			
PRIVATE 1	1	4	3	2.25
PUBLIC 1	1	4	2.75	2.25
PRIVATE 2	1	4	2.5	2.5
PUBLIC 2	1	4	3	2.25
Summary	4	16	11.25	9.25
Overall Rank	1	4	3	2
Weight (%)	50.0	10.0	17.5	22.5

Overhead was then allocated by multiplying the level of effort expended by each division by the weight derived for each program for that division. Results of this operation were then summed across DYS operating divisions resulting in the following distribution of overhead:

PUBLIC 1 --	32.82%
PRIVATE 1 --	28.47%
PRIVATE 2 --	17.62%
PUBLIC 2 --	21.09%
TOTAL --	100.00%

In calculations of program cost presented below, we compared the results of using estimates of administrative costs based on the weighting formula to an equal weighting formulation of each DYS division's effort, and to an allocation on a per-bed basis. Differences were negligible. The difference in administrative costs between public and private programs is at most 2% of the average program contract amount and an average across programs of 1% of the average contract amount.

4.4.3 Cost Comparisons

As shown in Table 51, the overall cost of public and private programs were similar. The average full cost of a bed for a year in a public program was $71,956 while a bed-year in a private program averaged $72,493 (a difference equal to 0.7% of the smaller budget). The cost differential was small and does not indicate a clear or consistent public-private difference. The cost differential between the combined average public cost versus combined average private cost was $8,043 a year for a fifteen-bed program in favor of the publicly administered programs.

Comparing total program costs we saw little variation within the matched pairs. DYS's PUBLIC 1 budget of $1,173,371 translates to $73,335 per bed year, somewhat lower than PRIVATE 1's contracted budget of $77,072 per bed year (overall budget $1,156,087)-- a difference equal to 1.5% of the smaller program budget. Alternatively, in the second pair of programs compared, the private program was slightly less costly than the public. Here, PRIVATE 2's contracted budget of $1,018,694 is equivalent to a bed year cost of $67,913 while DYS's PUBLIC 2 program budget of $1,057,254 equals a bed year cost of $70,484--a difference equal to 3.8% of the smaller program budget.

Annual costs of 15-bed public and private programs increased only slightly--from $8,043 to $12,374 when state administrative overhead was excluded from the cost calculations (Table 51). The State's average administrative costs for public programs ($38,719) were somewhat higher (18%) than for private programs ($32,714) largely because of the need for labor management. This need stems, in part, from the DYS's responsibilities for public employees who operate in a civil service environment. By contrast, private vendors are responsible for their own personnel management and accounting, thus lessening DYS's day to day responsibilities for these aspects of administration. This difference in administrative costs was consistent across both matched pairs of programs.

When DYS overhead was excluded from the total cost, the average total program cost for public programs was estimated at $1,078,466 while that of private programs was estimated at $1,054,676--a difference of 2.6%. Translating this to bed day rates we found that public programs offered space at $2.26 less per bed day than did privates. Annualized, this difference equalled $12,374 for a fifteen bed program (see Table 51). Again, reversals in the cost of public and private programs within matched pairs makes it difficult to view this small difference in cost as representing a true public-private difference.

Based on reports of how much time DYS divisions expend on programs, (as reflected in the derived weighting scheme), we see that while DYS central office administrative overhead was consistently higher for public as compared to private programs, the data also showed that programs' proximity to DYS's central office was related to the level of overhead expenditures. This was explained as a matter of mutual access between the DYS Central Office and the programs. Barring particular problems or incidents that might require direct DYS-program contact, program proximity appears directly related to the frequency of contact and interchange between programs and DYS.

4.4.4 Cost Components

Data thus far presented indicate little "bottom-line" cost difference between public and private programs. However, it is also important to examine differences in the way in which dollars were expended.

Table 52 presents staffing patterns for the four programs studied. Full-time equivalents were counted by category of job function regardless of whether the staff person was a permanent program employee or working at the program on subcontract. The differences in staffing patterns between public and private programs were small. Nevertheless, program staff (excluding administrative and support personnel)-to-client ratios indicate that private contractors consistently maintained a slightly higher staff/client ratio (1.72/1) than did public programs (1.58/1). More specifically, private programs make somewhat greater use of line and supervisory line staff as indicated by staff-to-client ratios as compared to public programs (1.28/1 vs. 1.18/1). Again, these differences were small. Also, staff/client ratios fell near the 2:1 ratio targeted by DYS as optimal.

This lack of difference in staffing patterns is particularly noteworthy since one might expect that staffing would be directly tied to program philosophy or approach, but we saw little evidence in the data to support this kind of connection. For example, one might think that a private program's psychodynamic orientation would require a greater number of clinicians to provide for the treatment of its clients than more behaviorally oriented programs or one of the public program's reparenting effort. However, neither private-public differences nor variations in program philosophy and approach were reflected in staffing patterns.

Labor costs for all program staff (i.e., staff employed directly by the program, as well as state teachers and contract personnel who work in the program) showed no consistent public-private difference (Table 53). There was no difference in the percent of total budget expended on these personnel in one of the public-private pairs. Both programs allocated 66.5% of their total budget toward fully loaded labor costs. In the other matched pair, the percentage of total budget spent on labor in the DYS-run program (74.2%) exceeded that of the privately-run program (63.9%). This difference may be attributable, in part, to the gains from the economies of scale the private experiences from being situated in a Youth Service Center with two other programs run by the same vendor.

Review of average base salaries (Table 54) revealed that employees of public programs (civil service and subcontract) earned more money in every position except education than those in private programs. Further, this result held across both public-private matched pairs. The average wage paid in private programs was $19,076 (PRIVATE 1 $19,974; PRIVATE 2 $18,170) while the average public wage was $22,289 (PUBLIC 1 $22,042; PUBLIC 2 $22,566).

Employees at public programs earned, on average, 14.4% more than employees working at private programs. When fringe benefits alone were added to the base salary, the difference in wages between public and private employees dropped to 13.2%.

Like fringe benefits, adding administrative overhead to salaries further decreased the discrepancy. When overhead was added to base wages and fringe, we found that workers in public programs earned an average of $27,347, 10.2% more than workers at private programs ($24,821). In part this decrease is due to loading on overhead upon fringe. Yet, administrative overhead does get spent on staff development activities as well as program improvements and general administration and thus, represents a benefit or a perquisite to staff.

There are several possible reasons why staff at the public programs are earning more than staff at contracted programs. First, staff at the public programs, on average, have been working longer than staff at

the private programs and should be expected to earn more money. Recall that 61% of employees working at public programs compared to 44% of those working at private programs have been working for their current employer--not necessarily at the same program--for at least one year. Even more striking is the fact that 63% of public program employees compared to only 33% of those at private programs have worked at least one year at the same program. Given that there were also no differences in the number of previous employers reported, it seems likely that the data concerning tenure on the current job reflects overall seniority and should be directly related to base wages.

Second, wages for most public employees, especially child care workers, are reportedly higher than those for privately employed persons. Differences in public and private pay scales were reported as being responsible for the frequent movement of personnel from private contractors to public programs which characterized early privatization efforts in Massachusetts. This has stopped, at least in part, because of a conscious effort by private contractors to reach parity in compensation packages.

Differences in total personnel costs are offset by a slightly greater number of staff employed by the private programs compared to the public programs (57.25 vs. 55.5 total). Furthermore, nonpersonnel costs are greater at private than public programs. (Table 55).

In summary, the public and private programs we studied, while differing somewhat in the way they allocated or were allotted their funds, differed little in the total amount of money they required to provide service to a client. Program differences rather than strict public vs. private differences are viewed as important determinants of the way programs were budgeted.

TABLE 51

Program Costs

	Private[1] BST	Public[1] CTU	Private[2] DEL	Public[2] WES	Average Public*	Average Private
Total beds	15	16	15	15	15	15
Direct Annual Budget (Excludes DYS Administrative OH)	1,115,671	1,126,420	993,681	1,027,315	1,078,466	1,054,676
Direct Person Bed Day	203.78	192.94	181.49	187.64	190.38	192.64
Direct Person Day Year 2X	74,378	70,424	66,245	68,488	69,487	70,312
DYS Administrative Costs 2X	40,416	46,951	25,013	29,939	38,719	32,718
Total Program Cost	1,156,087	1,173,371	1,018,694	1,057,254	1,079,347	1,087,390
Total Person Bed Day	211.16	200.92	186.06	193.11	197.14	198.61
Total Person Bed Year	77,072	73,336	67.913	70,484	71,956	72,493

*Standardized for 15 bed programs

TABLE 52

Number of Staff

Program	PRIVATE 1	PUBLIC 1*	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC	COMBINED PRIVATE
Administration	3	2.5	2.5	4	6.5	5.5
Clinic	3	2.5	2	3	5.5	5
DC Supervisor	6	7	7	8	15	13
DC Line	12	11.5	13.5	9	20.5	25.5
Education	4.75	3.5	3.5	4.5	8	8.25
Total	28.75	27	28.5	28.5	55.5	57.25
Client Ratio	1.72:1	1.53:1	1.73:1	1.63:1	1.58:1	1.72:1

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* Since staff of Public 1 have joint responsibilities for secure treatment and detention wings, half of the actual lines available to the programs were used for comparison in this table.

TABLE 53

Loaded Program Staff Labor As A Percent of Total Budget

Program:	PRIVATE 1	PUBLIC 1	PRIVATE 2	PUBLIC 2	COMBINED PUBLIC*	COMBINED PRIVATE
Labor	76.8939	78.0485	65.0637	78.4402	156.4887	141.9576
Budget	115.6087	117.3371	101.8694	105.7254	223.0625	217.4781
%	66.5	66.5	63.9	74.2	70.2	65.3

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* Includes all program, other state personnel and contract personnel. Excludes core staff.

Table 54

Average Worker Salaries Operation by Function/Category[1]

Program	Public CTU				Public WES[3]				Private BST				Private[2] DEL			
Cost Category	N	Avg. Base Cost	Base & Fringe	Fully Loaded	N	Avg. Base Cost	Base & Fringe	Fully Loaded	N	Avg. Base Cost	Base & Fringe	Fully Loaded	N	Avg. Base Cost	Base & Fringe	Fully Loaded
Administration & Support	2.5	31,360	39,860	40,542	4	28,884	36,356	36,356	3	25,207	31,237	33,778	2.5	23,862	27,393	30,066
Clinical	2.5	29,714	37,419	38,912	2	26,702	34,178	34,178	3	23,931	29,674	32,068	2	22,626	25,974	28,508
Direct Care Supervisory	7	22,746	29,115	29,115	8	22,878	29,284	29,284	6	18,953	23,502	25,398	7	19,299	22,155	24,317
Direct Care Line Staff	11.5	17,915	22,931	22,931	8	17,454	22,341	22,341	12	16,273	20,179	21,806	13.5	14,775	16,963	18,617
Educational	3.5	22,057	27,637	29,083	2	25,000	32,000	32,000	4.75	24,8,811	30,976	32,931	3.5	22,394	26,651	28,359
Total Average Salary	27	22,042	28,054	28,442	24[4]	22,566	26,116	26,116	28.75	19,974	21,881	26,714	28.5	18,170	20,975	22,912

1. Each program cost category includes all employees performing that function--whether public or contract employees. Given that state employees and contract employees work under different fringe and overhead recovery systems, differences in percent over base will not be consistent across categories or across programs.

2. Excludes 4.5 contract personnel from WES for whom salaries were not disaggregated in the contract agreement.

3. Ibid.

4. Ibid.

TABLE 55

Other Direct Cost (Avg.)*

Program:	PUBLIC 1	PUBLIC 2*	COMBINED	PRIVATE 1	PRIVATE 2	COMBINED
Other Direct Program Costs	0	0	0	3207	2432	2819
Other Direct Core Costs	6184	5513	5860	6111	5956	6034
Other Direct Contracted Costs	1762	1485	1773	0	0	0
Total other Direct Costs	7946	6998	7633	9318	8388	8853

* Unburdened

SECTION 5: SUMMARY AND CONCLUSIONS

The purpose of this investigation was to compare two pairs of Massachusetts DYS public and private providers on service delivery, short-term outcomes, such as perceived quality and usefulness of services provided, as well as revocation and recommitment to DYS facilities, and the cost of service provision.

5.1 SUMMARY OF THE DATA

The first question inevitably asked by administrators and public policymakers about private service provision is: "How much cheaper is it than similar services provided by the public?" At the four programs assessed in Massachusetts, secure care for juvenile offenders cost about the same amount whether provided by public or private personnel, $197 vs. $199 per bed day.

Without a clear cost advantage, the question becomes: Are vendors providing different or better services than public providers? In other words, is the government getting more for its dollar from a purchase-of-care arrangement than if it provided the service itself?

We reviewed a number of performance indicators across four categories of service delivery--conditions of confinement, internal security and control, social adjustment and rehabilitation, and management and staffing. We also looked at the source of the performance indicators reviewed--whether information was obtained from surveys of residents or staff or from publicly maintained (DYS) record data. Summaries of selected indicators appear in Tables 56 and 57. Table 58 presents a count of all the performance indicators described in the text.

As can be seen in these tables, results from both staff surveys and record data are relatively consistent across all four areas of service delivery. Staff and record data indicate, overall, that the service delivery environment is better in private programs as compared to public ones, in terms of conditions of confinement, internal security and control, and management and staffing. While staff at private programs report providing better services designed to promote resident social adjustment and rehabilitation compared to staff at public programs, record data is far less persuasive. Here, only one of five indicators demonstrated a significant difference between public and private program performance, and this difference favored public programs.

Performance indicators obtained from residents were more equivocal. Only in the area of internal security and control did residents rate performance between public and private vendors as consistently and significantly different. Here, private program performance was found to be superior to public performance. While resident data consistently favored private as compared to public programs in the areas of conditions of confinement, social adjustment and rehabilitation, and management and staffing issues, differences were small.

Taken together, these data paint a picture of private performance as exceeding that of public programs in most areas of service delivery. More specifically:

Internal Security and Control

- Data indicate that the public as compared to private programs were more physically volatile, evidencing greater numbers of residents running from activities outside the program; greater numbers of residents confined to their rooms for inappropriate behavior; more resident injuries

due to physical restraint or fights; and both staff and resident reports of greater number of fights between residents, fights between staff and residents and occasions in which staff physically restrain residents. However, there was no difference between the perceptions of residents at public and private programs regarding staff keeping the program safe for residents, safe for staff, or staff trying to prevent fights.

Conditions of Confinement

- Our data indicate that while conditions may not have objectively differed dramatically, staff at private programs were more enthusiastic about their work and surroundings. Public-private program differences related to conditions of confinement, perceived safety, security and control, and living conditions were generally found in staff attitudes and perceptions, but not consistently in the views of residents.

Social Adjustment and Rehabilitation

- Residents at public and private programs generally gave similar ratings to program quality and outcomes (i.e., perceived quality and usefulness of service) while staff at private programs were consistently more positive about their employer, the services they provided and how helpful they felt the services they provided were for residents.

- Overall, there were few differences in the way residents at public and private programs or the staff working at the programs viewed the availability of, or participation in, various program services. Those few differences that were observed indicate that residents at public programs felt more could be done for them. For example, residents at public as compared to private programs were more likely to feel that more counseling help was needed. Similarly, they less often reported having been involved in an alcohol counseling program.

- For staff, there were two key program components on which public-private differences emerged--provision of personal counseling and educational services. Staff at private programs were significantly more likely than their public counterparts to believe that necessary personal counseling was provided. They were also more likely to say that they helped residents get high school diplomas or GEDs.

- Residents in both public and private programs evaluated services as falling to the positive side of neutral. Residents at public and private programs did not see their programs as being significantly different in terms of the quality of most services provided.

- In contrast to resident evaluations, staff at the private programs consistently rated program services higher than did staff at public programs. More specifically, relative to staff at public programs, staff at private programs said:

  -- Program staff are more competent;
  -- The program provides necessary personal counseling;
  -- Staff help residents find jobs and get reacclimated;
  -- The program provides quality education; and
  -- The program is well run and organized.

- DYS data on revocations and recommitments over a 15-month period-- important measures of outcomes--showed no statistical difference attributable to program auspices.

Management and Staffing

- Compared to staff at public programs, staff at private programs reported that they: communicated with supervisors more clearly; knew who had decision-making authority; had sufficient authority to accomplish their work objectives; were asked by supervisors for their opinions in solving work-related problems; viewed management as more flexible and adaptive; and viewed themselves as effective in helping residents.

- When we explored staffing issues (i.e., staff turnover, vacancies posted, amount of overtime paid, use of DYS on-call staff to cover for program staff shortfalls, formal training received by staff, and grievances filed by staff and against staff at the programs), we found no significant differences either in the rate of turnover or the rate of terminations evidenced by public and private programs. Further, the lack of differences in turnover rates between public and private programs was paralleled in vacancy rates.

- Private programs' general desire to have knowledgeable staff fully schooled in the philosophy and procedures used at their programs was reflected in their relatively infrequent use of the DYS on-call team. This in part was attributable to the differential ability of public and private staff to use compensatory time.

- Staff at public programs were more likely to file grievances with management than staff at private programs. However, there were no differences in the number of grievances filed by residents against staff in public and private programs.

In addition to these findings, our observations and interview assessments revealed important public-private program differences in the way in which program components were integrated. Integration consists of continuity among and coordination between different program components, features and processes. The smooth integration of program functions should facilitate effective program operations.

Historically, purchase of secure care has mainly involved the same two large nonprofit vendors, each operating in different parts of the state. These two vendors operated nine private secure treatment units across Massachusetts. The two private programs in the study both expressed a strong commitment to professionalized clinical and educational service provision and to creating a comprehensive therapeutic milieu.

There were four programs maintained by DYS as a safeguard against total reliance on a purchase of care system. The two public programs in the study had a heavier emphasis on more immediate behavior control and use of nonprofessionals among clinical and educational staff.

In the DYS run secure treatment programs (whether operated by public or private staff), educational services were obtained through supplemental contracts with private nonprofit service providers. Not only were private vendors involved in the educational component of the publicly run programs, but there was also the presence of directly supplied state (BIS) teachers, contracted teachers supplied by BIS, and federally underwritten instructors. The problem is that each different kinds of teacher has his own reporting requirements, chain of command, salary levels and benefits, and prescribed job responsibilities and activities. The DYS run programs suffered from problems of integrating the educational component not

found among the private programs. While the private programs also used BIS and federally underwritten teachers, they had been much more aggressive in establishing direct line of authority and explicit ground rules for on-site supervision.

The clinical services component in the two public programs similarly involved contract workers. Here, contracting was used as a means of augmenting clinicians' salaries as well as to add necessary staff.

In addition to coordinating efforts of a variety of principal actors within program components, programs must integrate efforts across components. This resulted in difficulties for both public and private programs in coordinating activities that required the input of education, clinical and child care staff. For example, while all four programs reported that an advocacy program was important, none of the four reported that they were satisfied with the level of integration accomplished or the status of the system.

All four programs had at least some difficulty in integrating clinical and child care staff efforts and educational and child care staff efforts. Because of the variety of actors involved, supplementary contracts, and the resulting organizational complexity, this problem seemed deeper and more pervasive at the public programs.

Further contributing to the larger, more pervasive integration problems observed in public programs, was that public programs lacked the control and authority possessed by private contractors.

In summary, we have assessed the structure, operation and impact of publicly and privately run secure treatment programs in terms of cost; in-program characteristics such as conditions of confinement, nature of control and security and program content; overall programmatic integration; and short-term outcomes such as recommitment and revocation. Overall, differences observed consistently favored private providers. However, no significant differences were found with respect to cost and short-term recidivism.

By contrast, in-program characteristics were found to differ considerably in the public and private programs, principally with regard to goals and philosophy, organizational structure, management, and administration. Similar differences emerged when program integration was assessed. These differences were consistently reflected in staff assessments, senior staff interviews and offically reported data. Relative to the public programs, the ability of the private programs to better integrate program components; to have more control over staffing; to involve staff in the decisionmaking structure of the program; and to maintain control over in-program violence are clear assets that can't help but add to a positive program atmosphere and the value of the services purchased. The public programs are clearly hampered in their ability to be adaptive and flexible in their staffing decisions, which in turn produces impediments to making desired changes, philosophical or otherwise. Further, the presence of contracted workers at public programs makes it difficult to accomplish program integration and to achieve unified lines of authority.

Despite the apparent advantages for private programs, residents in both the public and private programs tend to view their environment and services similarly and somewhat positively. This may be interpreted as testimony to the value of having secure correctional facilities that are small, intensively staffed, humane, and offer highly structured program activities. At the same time, the fewer differences observed between residents at public and private programs may be attributable to the common reactions the youths have to the restrictive nature of the closed environment in which they are confined.

Though we see clear advantages for providing secure care through private, nonprofit service providers, the short-term outcome data presented does not reflect major differential effectiveness between public and private programs. This may due, in part, to the narrowness and generally limited quality of the available data. What is required to better delineate the relative effectiveness of public and private programs is

obtaining multiple, unambiguous indicators of program impacts, both short and long-term including: change in educational and vocational achievement over program participation, educational and vocational progress subsequent to release, severity of post-program offenses and system response; adult criminal justice system involvement; and overall social adjustment.

TABLE 56

Massachusetts Performance Indicators[1]

Indicator	Public	Private	Statistical Probability
I. Conditions of Confinement			
A. Crowdedness: Percent of Capacity/ month mean capacity	99.9	99.3	NS
B. Mean Ratings of Room Conditions (index of 4 measures, 4=poor, 16= excellent)			
1. Staff ratings	11.8	13.0	<.05
2. Residents' ratings	10.7	11.8	<.10[2]
C. Mean Ratings of Facility Conditions (index of 4 measures: 4=poor, 16=excellent)			
1. Staff ratings	11.7	13.1	<.05
2. Residents' ratings	9.1	9.4	NS
D. Physical Inspection of Conditions of Confinement by Research Team (Index of average ratings given on four subscales of visual inspection checklist, 1=poor, 7=excellent)			
Mean ratings	5.0	5.0	NS
E. Number of Areas of Noncompliance in Most Recent OFC Licensing Review			
Number	49	21	NA

1 These are based on comparisons of two pairs of DYS secure treatment programs. One member of each pair is operated by the state, the other by private nonprofit organizations. Underlined numbers indicate advantage on the performance indicator (p<.10). "NS" is used to indicate no statistical advantage and "NA" to indicate that statistical analysis of the data element was not appropriate.

2 The difference observed obtains primarily from ratings in one of the two public private pairs.

TABLE 56 (Continued)

Indicator	Public	Private	Statistical Probability
F. Health Care			
1. Average number of Doctor Visits/month	38.9	71.7	<.05[2]
2. Average number of Doctors Visits because of injury or restraint/month	3.0	1.0	<.05
3. Resident health has changed since entry to the program (1=better, 3=worse)	1.9	1.8	NS
4. Average resident satisfaction with health care services (1=very satisfied, 5=very dissatisfied)	2.8	2.0	p<.05[2]
5. Emotional Distress (9 item index: 9=more somantization, 36=No somatization)	25.6	25.3	NS
6. Average number of sick days for staff/month	.5	.5	NS
G. Perceptions of Safety			
1. Ratings of program being safe for residents (1=strongly disagree, 4=strongly agree)			
a. Staff ratings	3.1	3.6	<.05
b. Residents ratings	2.9	2.7	NS
2. Ratings of program being safe for staff (1=strongly disagree, 4=strongly agree)			
a. Staff ratings	3.0	3.4	<.05
b. Resident ratings	2.9	2.8	NS
II. Internal Security and Control			
1. Number of escapes/attempts/awols in 15 months	13	2	<.05

TABLE 56 (Continued)

Indicator	Public	Private	Statistical Probability
2. Staff ratings of their ability to maintain control and safety (1=greater control, 4=no control)	1.4	1.1	<.05[2]
3. Room confinements			
a. Percent of youth confined	73.1	35.6	<.05
b. Average length of confinement (in minutes)	383	154	<.05[2]
4. Use of mechanical restraints			
a. Percent of youth restrained	8.7	17.8	<.10[2]
5. Investigative reports filed over 15 months	12	2	NA
6. Residents' views on freedom of movement about the program (3 item index: 3= no freedom, 12=complete freedom)	4.5	6.2	<.05
7. Victimization and violence			
a. Average number of physical fights between staff and residents in last six months			
1. Staff estimates	3.0	.4	<.05
2. Residents' estimates	4.3	1.3	<.10
b. Staff use force to restrain youth (1=never, 4=very often)			
1. Staff ratings	2.4	2.0	<.05
2. Residents' ratings	2.4	1.8	<.05

TABLE 56 (Continued)

Indicator	Public	Private	Statistical Probability
III. Social Adjustment and Rehabilitation			
A. Adequacy of personal counseling			
1. Percent of residents saying:			
a. They see a clinician as often as they want	50.0	48.3	NS
b. More counseling help is needed at the program	67.9	25.0	<.05
c. Resident ratings of personal counseling quality (1=very satisfied, 5=very dissatisfied)	2.7	2.2	NS
2. Staff provide necessary personal counseling (1=very much, 4=not at all)			
a. Staff ratings	1.8	1.2	<.05*
B. Vocational & Job Counseling			
1. Percent of residents receiving vocational education	54	43	NS
2. Percent of residents receiving work training	40	28	NS
3. Resident ratings of job/vocational education counseling (1=very satisfied, 5=very dissatisfied)	2.3	2.7	NS
4. Staff reporting they help residents find work and get reacclaimated after their release (2-item index: 2=very much, 8 not at all)	5.5	4.1	<.05
5. Percent of residents reporting they received help in making job contacts in the community	64.3	55.2	NS
6. Percent of residents reporting they had a job lined up after their release	25.9	34.5	NS

TABLE 56 (Continued)

Indicator	Public	Private	Statistical Probability
C. Education			
1. Percent in basic education track	65.2	65.5	NS
2. Percent in GED preparation	34.8	41.4	NS
3. Resident ratings of educational services quality (1=very satisfied, 5=very dissatisfied)	2.6	2.2	NS
4. Percent of residents saying they will continue their education after their release	21.4	48.1	<.05[2]
5. Staff ratings that program provides quality educational services (1=very much, 4=not at all)	1.7	1.1	<.05
6. Staff reporting that they help residents get high school diplomas or GEDs (1=very much, 4=not at all)	1.8	1.0	<.05
D. Residents' ratings of the variety of recreational activities (1=strongly disagree that there is a good variety, 4=strongly agree)	2.4	2.6	NS
E. Percent of residents in drug program	33	50	NS
1. Residents' rating of drug program (1=very satisfied, 5=very dissatisfied)	2.2	2.8	NS
F. Percent of residents in alcohol program	36	53	p<.10
2. Residents' ratings of alcohol program (1=very satisfied, 5 very dissatisfied)	2.3	2.7	NS

TABLE 56 (Continued)

Indicator	Public	Private	Statistical Probability
G. Staff Quality			
1. Perceived staff competence (Index of three measures: 3=lower rated competence, 12= extremely positive rated competence)			
a. Residents' ratings	6.9	7.6	NS
b. Staff ratings	8.8	10.3	<.05
H. Good time earned while in detention Average number of days	3.5	4.0	NS
I. Percent of youth extended beyond maximum commitment	7.7	17.8	<.05[2]
J. Percent of youth released early	7.7	1.4	<.05
K. Recidivism of residents 1/1/87-3/31/88			
1. Percent of youth recommited to secure care over 15 months	12.7	7.1	NS
2. Percent of youth revocated but not recommited over 15 months	15.4	13.7	NS
L. Percent of residents saying they will probably get into trouble with the law after their release	35.7	10.3	<.05
IV. Management Issues (Staff Ratings)			
A. Program management is adaptive and flexible (Index of 2 items, 2=inflexible, 8=very flexible)	5.7	6.8	<.05
B. Job Satisfaction Index/Actualization (4 measures, 4=None, 16=Extreme satisfaction)	10.6	11.7	<.05[2]
C. Resident ratings-staff do their job well (Index of 3 items: 3=poor performance 12=excellent performance)	6.9	7.7	NS

TABLE 56 (Continued)

Indicator	Public	Private	Statistical Probability
D. Morale/Plans to leave job/corrections (3 measures, 3=poor morale, 12=great morale)	8.6	8.4	NS
E. Turnover (resignations and terminations) annual rate of turnover (total resignations and terminations)/number of permanent lines	33.8	44.3	NA
F. Average overtime/month (hours/ staff person)	13.7	8.2	<.05
G. Average number of shifts/month covered by on-call staff	4.8	.8	<.05
H. Percent of Staff who have filed grievances against management	20.5	0.0	<.05
I. Percent of those not filing because they felt it was useless or were afraid or reprisals	20.0	12.5	NS
J. Percent of Residents who have filed grievances against staff	25.0	20.7	NS
V. Cost (in dollars)			
A. Average cost/bed day	197	199	NA
B. Average cost/bed year	71,956	72,493	NA
C. Average cost/15 bed program/year	1,079,347	1,087,390	NA

TABLE 57

Key Performance Indicator Summary
Massachusetts

Performance Area		Total # Indicators	Number of Significant Differences Favoring: Public	Private	Non Significant Differences
I.	Conditions of Confinement				
	A. Resident Surveys	7	1	0	6
	B. Staff Surveys	5	0	4	1
	C. Record Data	4	0	2	2
Total		16	1	6	9
II.	Internal Security and Control				
	A. Resident Surveys	3	0	3	0
	B. Staff Surveys	2	0	2	0
	C. Record Data	4	1	3	0
Total		9	1	8	0
III.	Social Adjustment and Rehabilitation				
	A. Resident Surveys	19	0	3	16
	B. Staff Surveys	6	0	5	1
	C. Record Data	5	1	0	4
Total		30	1	8	21
IV.	Management and Staffing				
	A. Resident Surveys	2	0	2	0
	B. Staff Surveys	5	0	2	3
	C. Record Data	3	0	2	1
Total		10	0	6	4
Totals		65	3	28	34
Percent		100.0	4.6	43.1	52.3
			Percent of Indicators		
	Residents	31	3.2	25.8	71.0
	Staff	18	0.0	72.2	27.8
	Records	16	12.5	43.8	43.8

TABLE 58

Overall Performance Indicator Summary
Massachusetts

Performance Area		Total # Indicators	Number of Significant Differences Favoring: Public	Private	Non Significant Differences
I.	Conditions of Confinement				
	A. Resident Surveys	22	2	5	15
	B. Staff Surveys	12	0	7	5
	C. Record Data	6	0	2	4
Total		40	2	14	24
II.	Internal Security and Control				
	A. Residents Survey	4	0	4	0
	B. Staff Surveys	10	0	8	2
	C. Record Data	5	1	3	1
Total		19	1	15	3
III.	Social Adjustment and Rehabilitation				
	A. Resident Surveys	27	0	4	23
	B. Staff Surveys	12	0	6	6
	C. Record Data	5	1	0	4
Total		44	1	10	33
IV.	Management and Staffing				
	A. Resident Surveys	5	0	2	3
	B. Staff Surveys	16	1	6	9
	C. Record Data	7	1	3	3
Total		23	2	11	15
Total		131	4.6	38.2	57.3
			Percent of Indicators		
	Residents	58	3.4	25.9	70.7
	Staff	50	2.0	54.0	44.0
	Records	23	13.0	34.8	52.2

APPENDICES

APPENDIX A

Listing of Significant Finding on Kentucky Survey Items

Appendix A

LISTING OF SIGNIFICANT FINDINGS ON SURVEY ITEMS

BLACKBURN	MARION
Staff	**Staff**
Older	Younger
Better educated	Less well educated
Worked at facility longer	At facility less time
Has wider corr. experience	Less broad corr. exper.
Night shift under-staffed for inmate safety	Adequate night shift staff for inmate safety
Under-staffed day and night for staff safety	No staff safety problems re day/night staffing
No differences in estimates between staff/inmates re number of contraband searches	Staff estimate on number of contraband searches higher than inmates'
No staff/inmate differences re amount of inmate freedom of movement during day and night	Inmates have less freedom of movement at night than during day
Have less voice in choosing inmate night activities than at Marion	Have greater voice in selecting inmate night activities than at Blackburn
BCC Inmates have less voice in selecting inmates' day and night activities than BCC personnel	MAC Inmates have less voice in choosing inmates' day & night activities than MAC personnel

Significant Survey Findings (continued)

BLACKBURN	MARION
Staff	**Staff**
Estimate using force more often than at Marion	Estimate using force less often than at Blackburn
Estimate higher number inmate/staff fights than MAC staff	Estimate a lower number of inmate/staff fights than did Blackburn personnel
Rated "facility looks good" lower than did MAC staff	Rated "facility looks good" higher than BCC personnel
Rated variety of recreation lower than did MAC staff	Rated variety of recreation higher than BCC personnel
Rated variety of recreation higher than Blackburn inmates	Rated variety of recreation higher than Marion inmates
Inmate idleness rated lower than did Blackburn prisoners	Inmate idleness not rated differently than MAC inmates
Filed more grievances than did Marion personnel	Filed fewer grievances than did Blackburn staff
Kept less well informed than Marion's staff	Kept better informed that Blackburn's personnel
Management seen as less flexible than at Marion	Management viewed as more flexible than at Blackburn
Viewed as having less delegated authority than at Marion	Viewed as having more delegated authority than at Blackburn
Fewer felt they accomplished worthwhile things on the job than was the case for Marion	More felt they accomplished worthwhile things than was the case at Blackburn
Fewer felt that "maintain control inside facility" was a program goal than did Marion personnel	More felt "maintain control" was a program goal than did Blackburn staff

Significant Survey Findings (continued)

BLACKBURN	MARION
Inmates	**Inmates**
Older	Younger
More time at facility	Less time at facility
Longer time to release	Shorter time to release
More whites	More blacks
Less well educated	Better educated
No difference between inmate/ staff views re inmate safety	See facility less safe for inmates than do staff
Have less freedom of movement during day and night than at Marion	Have more freedom of move- during day and night than at Blackburn
Have less freedom of movement than as viewed by BCC staff	No difference between views of inmates and MAC staff re freedom of movement
Staff have greater voice in choosing inmate day activities than at Marion	Staff have less voice in selecting inmate day activities than at BCC
Inmates have less voice in selecting their own day and night activities than at Marion	Inmates have greater voice in choosing own day and night activities than @ BCC
Inmates have less voice in selecting their own day and night activities than BCC staff	Inmates have less voice in choosing own day and night activities than MAC staff
Estimate higher number inmate/ staff fights than MAC inmates	Estimate a lower number of inmate/staff fights than did Blackburn prisoners
Staff's ability to "do job well" could not be analyzed due to sample size too small	Rated MAC staff less at "do job well" than did MAC personnel
Staff being "fair with inmates" could not be analyzed due to sample size too small	Rated MAC personnel less at "fair to inmates" than did MAC staff

Significant Survey Findings (continued)

BLACKBURN	MARION
Inmates	**Inmates**
Staff "give conflicting information" could not be analyzed due to sample size too small	Rated MAC staff higher at "give conflicting information" than did MAC staff
Staff "listen to inmate complaints" could not be analyzed due to sample size too small	Rated MAC staff lower at "listens" than did Marion personnel
Staff "interested in helping inmates" could not be analyzed due to sample size too small	Rated MAC staff lower at "interested in helping" than did MAC personnel
Rated BCC lower as "good place to do time" than Marion inmates rated MAC	Rated MAC higher as "good place to do time" than BCC inmates rated Blackburn
Rated BCC lower on "quiet" than did Blackburn personnel	Rated MAC lower on "quiet" than did Marion personnel
Rated BCC lower on "generally clean" than did BCC staff	Rated MAC lower on being clean than did MAC staff
Rated BCC lower on clutter in rooms than did BCC staff	Rated MAC lower on room clutter than MAC staff
Rooms less desirable place to spend time than at Marion	Rooms more desirable place to spend time than at BCC
View rooms as being less comfortable than do BCC personnel	View rooms as being less comfortable than do MAC personnel
View rooms as being in less good repair than BCC personnel	View rooms no differently than MAC staff re being in good repair
Rate food taste higher than Marion inmates	Taste of food rated lower than BCC prisoners
Rate food lower than Blackburn personnel	Taste of food rated lower than Marion staff

Significant Survey Findings (continued)

BLACKBURN	MARION
Inmates	**Inmates**
Availability of food choices higher than at Marion	Food choice availability rated lower than at BCC
Availability of food choices rated lower than BCC staff	Food choice availability rated lower than MAC staff
Filed fewer grievances than did Marion prisoners	Filed more grievances than did Blackburn inmates
Staff "listen to inmate complaints" could not be analyzed due to sample size too small	Rated MAC staff lower at "listens" than did Marion personnel
More have received vocational/job counseling than did MAC prisoners	Fewer have received vocation/job counseling than did Blackburn prisoners
Fewer completed or are enrolled in work training programs than is the case for Marion inmates	More completed or are enrolled in work training than did Blackburn inmates
Higher average number of hours per week doing chores than is the case for Marion prisoners	Fewer average number of hours/wk doing chores than did Blackburn prisoners

APPENDIX B

Additional Kentucky Tables

Appendix B

T A B L E I

PROFILE KENTUCKY INSTITUTIONAL POPULATION
January, 22, 1988 -- percentages (n)

	ALL (5606)	MIN. (1466)	BCC (357)	MAC (219)
Race				
White	68	64	63	60
Black	32	36	37	40
Offense[1]				
Violent[2]	62	48	46	32
Property	31	40	41	53
Drug	6	11	12	15
Other	1	1	1	--
Type Admission				
New[3]	63	71	67	78
Return PV	10	9	9	7
" New Sent.	17	13	16	6
Other	10	7	8	9
County				
Jefferson	32	35	33	44
Fayette	10	11	21	7
Kenton	4	2	3	--
Warren	3	2	--	3
Campbell	3	2	3	--
McCracken	3	3	--	2
Christian	2	4	--	5
Other	43	40	39	39
Years to Serve				
1 - 3	7	11	12	8
4 - 5	13	20	20	27
6 - 9	10	14	13	24
10	13	16	17	19
11 - 14	6	6	4	4
15	6	6	6	8
16 - 20	13	12	13	7
20+	21	12	12	3
Life	8	3	2	--
Death	1	--	--	--
[Median][4]	[11]	[10]	[10]	[7]

T A B L E I (continued)

PROFILE KENTUCKY INSTITUTIONAL POPULATION
January, 22, 1988 -- percentages (n)

	ALL	MIN.	BCC	MAC
Age				
Under 21	1	5	2	2
21 - 25	20	24	23	35
26 - 30	26	23	21	31
31 - 35	20	18	18	14
36 - 40	14	13	15	9
41 - 45	8	6	6	5
over 45	10	10	15	2
(Median)[4]	[31]	[30]	[32]	[27]

Footnotes:

1. Based on first offense listed in record (not necessarily most serious)
2. Includes sex offenses
3. Does not imply first offender
4. Excludes life and death sentences

T A B L E II

AVG. INMATE POPULATION	BLACKBURN	MARION
1/1/87--3/31/87	348	201
4/1/87--6/30/87	339	206
7/1/87--9/30/87	347	207
10/1/87--12/31/87	364	204
1/1/88--3/31/88	366	214
	Avg. 352.8	**Avg. 206.4**

T A B L E III

# STAFF INJURIES	BLACKBURN	MARION
1/1/87--3/31/87	0	0
4/1/87--6/30/87	0	0
7/1/87--9/30/87	0	0
10/1/87--12/31/87	0	0
1/1/88--3/31/88	0	0

T A B L E IV

# ASSAULTS ON STAFF	BLACKBURN	MARION
1/1/87--3/31/87	0	0
4/1/87--6/30/87	0	0
7/1/87--9/30/87	0	0
10/1/87--12/31/87	0	0
1/1/88--3/31/88	0	0

T A B L E V

# INMATE INJURY/ [ACCIDENT] REPORTS	BLACKBURN	MARION
1/1/87--3/31/87	0 [0]	[0] 30
4/1/87--6/30/87	1 [1]	[0] 42
7/1/87--9/30/87	1 [1]	[0] 79
10/1/87--12/31/87	0 [0]	[0] 82
1/1/88--3/31/88	0 [0]	[0] 73

T A B L E VI

# ON-BOARD STAFF FULL- [PART-] TIME	BLACKBURN	MARION
1/1/87--3/31/87	81 [ ]	[1] 56
4/1/87--6/30/87	81 [ ]	[1] 56
7/1/87--9/30/87	81 [ ]	[2] 56
10/1/87--12/31/87	81 [ ]	[2] 56
1/1/88--3/31/88	85 [ ]	[2] 56

T A B L E VII

# OVERTIME HOURS	BLACKBURN	MARION
1/1/87--3/31/87	1101.5	414.5
4/1/87--6/30/87	779.8	837
7/1/87--9/30/87	768.8	1558.5
10/1/87--12/31/87	2011.3	1080
1/1/88--3/31/88	901.5	497

T A B L E VIII

# STAFF TERMINATIONS + RESIGNATIONS	BLACKBURN	MARION
1/1/87--3/31/87	6	2
4/1/87--6/30/87	4	6
7/1/87--9/30/87	2	6
10/1/87--12/31/87	6	1
1/1/88--3/31/88	2	5

T A B L E IX

# RELEASEES RETURNED TO KY-DOC (NEW OFFENSE)	BLACKBURN	MARION
1/1/87--3/31/87	0	0
4/1/87--6/30/87	0	0
7/1/87--9/30/87	0	0
10/1/87--12/31/87	0	0
1/1/88--3/31/88	0	0

APPENDIX C

Staff Questionnaire

Institution:_____ Date:___/___/88

Staff Survey

GENERAL INSTRUCTIONS: The purpose of this survey is to learn about your general impressions of this facility. We are interested in your concerns about safety, living conditions, quality of services provided to residents, and how you see the institution as a place to work. If you cannot give an exact answer to a question, please make your best guess. On questions asking for your opinion, select the one answer that best represents your view.

Some questions ask for information over the last six months. If you have not worked at this facility for six months, answer these items for the time you have been here.

For each question either enter the number requested or place a check mark (X) in the space provided.

Your responses will be kept completely confidential. Data will be reported only in group form.

Thank you for your cooperation!

1. How long have you been working for your current employer?

   _____ Years _____ Months

2. How long have you been working at this facility?

   _____ Years _____ Months

3. How many other correctional facilities have you worked in before this one? (If this is the only facility you have worked in, put a zero (0) on the line.

   _____

4. What is your job title and major responsibilities?

The following questions focus on your overall view of this facility and, more specifically, on its level of safety for inmates and staff.

5. How much do you agree or disagree with the following statements about the current situation at this institution? For each item place <u>one</u> check mark (X) that shows your current view.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The facility is safe for the inmates.	____	____	____	____
b. The facility is safe for staff.	____	____	____	____
c. The facility is well organized.	____	____	____	____
d. The facility is crowded.	____	____	____	____
e. The facility is well run	____	____	____	____

6. In the LAST SIX MONTHS (or if you have been here less than six months, since you've been here) tell us how much of the following has occurred.

a. How many physical fights have there been between <u>inmates</u>?

_____ (write in your best estimate)
Number

b. How many physical fights have there been between <u>inmates and staff</u>?

_____ (write in your best estimate)
Number

c. How many times have inmates been sexually assaulted?

_____ (write in your best estimate)
Number

d. How many inmates have been sexually assaulted?

_____ (write in your best estimate)
Number

7. In the PAST SIX MONTHS, how often have staff members had to use force to restrain inmates? Place <u>one</u> (X).

____Never ___ Sometimes ____ Often ____ Very Often

8. How safe or dangerous do you think this facility is for staff who have a lot of contact with inmates? Place one (X).

_____ Very Dangerous (ANSWER #8a)

_____ Dangerous (ANSWER #8a)

_____ Safe (SKIP TO #9)

_____ Very Safe (SKIP TO #9)

a. Has this condition ever caused you to consider either resigning or transferring to another facility? Place one (X).

_____No Yes _____

9. Not counting routine inspections, how many searches of living quarters have been done at this facility during the LAST SIX MONTHS?

_____ (write your best estimate)
Number

10. In general, are there enough staff here to provide for the safety of the inmates?

a. during the day shift? (Place one (X).)

_____ No Yes _____

b. during the night shift? (Place one (X).)

_____ No Yes _____

11. In general, are there enough staff here to provide for the safety of the staff members?

a. during the day shift? (Place one (X).)

_____ No Yes _____

b. during the night shift? (Place one (X).)

_____ No Yes _____

12. In general, how free are the inmates to move about this institution during their free time during the day? (Place one (X).)

____Not at all ____Slightly ____Moderately ____Very

13. In general, how free are the inmates to move about this institution during their free time during the evening? (Place one (X).)

____Not at all ____Slightly ____Moderately ____Very

14. How much say do inmates have about what activities they do here during the day? (Place one (X).)

____None at all ____A moderate amount

____Very little ____A great deal

15. How much say do inmates have about what activities they do here during the evening? (Place one (X).)

____None at all ____A moderate amount

____Very little ____A great deal

16. How much say do staff have over what activities inmates do here during the day? (Place one (X).)

____None at all ____A moderate amount

____Very little ____A great deal

17. How much say do staff have over what activities inmates do here during the evening? (Place one (X).)

____None at all ____A moderate amount

____Very little ____A great deal

18. How much do you agree or disagree with the following statements about the current situation at this institution? For each item place <u>one</u> check mark (X) that shows your current view.

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	Inmates' rooms look good.	____	____	____	____
b.	Inmates have too many things in their room.	____	____	____	____
c.	Inmates' rooms are comfortable places.	____	____	____	____
d.	Inmates' rooms are quiet	____	____	____	____
e.	Inmate rooms are kept in repair.	____	____	____	____
f.	Overall, the facility looks good.	____	____	____	____
g.	Overall, the facility is comfortable for the inmates.	____	____	____	____
h.	Generally, the facility is quiet.	____	____	____	____
i.	Overall, the facility is clean.	____	____	____	____
j.	The food tastes good.	____	____	____	____
k.	The food portions are too small.	____	____	____	____
l.	There is not enough choice in the food served here.	____	____	____	____
m.	There is a good variety of recreational activities for inmates.	____	____	____	____
n.	Inmates have a lot of idle time on their hands	____	____	____	____

19. How much do you agree or disagree with the following statements about STAFF at this institution? For each item place one check mark (X) that shows your current view.

Would you say STAFF:	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Do their jobs well.	____	____	____	____
b. Are fair with inmates.	____	____	____	____
c. Keep the facility safe.	____	____	____	____
d. Try to prevent fights between inmates.	____	____	____	____
e. Give inmates conflicting information.	____	____	____	____
f. Listen to inmate complaints.	____	____	____	____
g. Give inmates clear instructions.	____	____	____	____
h. Tell inmates about rules they have to follow.	____	____	____	____
i. Let inmates visit with friends.	____	____	____	____
j. Are really interested in helping inmates.	____	____	____	____
k. Would do a better job if they had more training.	____	____	____	____

The following items ask about your experience with the facility's grievance procedures.

20. Have you ever filed a grievance against management?

____ No (SKIP TO #21)

____ Yes (ANSWER #20a and 20b on next page)

20a. When was the last time you filed a grievance against management? (Place one (X).)

_____ More than a year ago
_____ In the past year
_____ In the past six months
_____ In the past month
_____ In the past week
_____ This week

20b. In general, have the problems that made you file the grievance(s) been taken care of to your satisfaction?

_____ Not at all
_____ Partially (Place one (X).)
_____ Completely

21. If you have NOT filed a grievance against management, place one (X) which best describes why you have not.

_____ No grievance procedure
_____ I have never had any major complaints
_____ I thought it would be useless
_____ I was afraid of negative consequences from management
_____ The problem(s) have been taken care of informally
_____ Other (fill in)_____

22. Is there a system or procedure for inmates to make their grievances or complaints known to management?

_____ No (SKIP TO #23) (Place one (X).)
_____ Yes (ANSWER #22a)

22a. Has an inmate ever filed a grievance against you?

_____ No
_____ Yes (Place one (X).)
_____ No knowledge

23. How much do you agree or disagree with the following statements about your work environment DURING THE PAST SIX MONTHS? For each item place one check mark (X) that shows your current view.

In the PAST SIX MONTHS, I have felt that:	Strongly Disagree	Disagree	Agree	Strongly Agree
a. It is often unclear who has the formal authority to make a decision.	____	____	____	____

In the PAST SIX MONTHS, I have felt that:	Strongly Disagree	Disagree	Agree	Strongly Agree
b. It's really not possible to change things in this facility.	____	____	____	____
c. I am told promptly when there is a change in policy, rules, or regulations that affect me.	____	____	____	____
d. I have the authority I need to accomplish my work objectives.	____	____	____	____
e. Management at this facility is flexible enough to make changes when necessary.	____	____	____	____
f. In this facility, authority is clearly delegated.	____	____	____	____
g. I am not afraid to inform supervisors about things I find wrong with this facility.	____	____	____	____
h. My supervisor asks my opinion when a work-related problem arises.	____	____	____	____
i. On my job I know exactly what my supervisor expects of me.	____	____	____	____
j. The standards used to evaluate my performance have been fair and objective.	____	____	____	____
k. In the not too distant future, I will probably look for or get a new job.	____	____	____	____

In the PAST SIX MONTHS, I have felt that:	Strongly Disagree	Disagree	Agree	Strongly Agree
l. My last annual performance rating was a fair and accurate picture of my actual job performance.	____	____	____	____
m. Most of the time this facility is not run very well.	____	____	____	____
n. If I stay in corrections I would prefer to remain in this facility.	____	____	____	____

25. During the PAST SIX MONTHS, how often have you experienced: (Place one (X) for each item.)

	Never	Rarely	Often	All the time
a. A feeling that you are positively influencing the inmates' lives through your work.	____	____	____	____
b. A feeling of worry that this job is hardening you emotionally.	____	____	____	____
c. A feeling that you have accomplished many worthwhile things in this job.	____	____	____	____
d. A feeling of being fatigued when you get up in the morning and have to face another day on the job.	____	____	____	____

26. For each of the following items, rate the extent to which you feel this facility's programs are able to accomplish each of the following: (Place one (X) for each item.)

	Very	Somewhat	A little	Not at all
a. Prevent escapes from the facility.	____	____	____	____
b. Maintain control inside the facility.	____	____	____	____

(Place one (X) for each item.)

	Very	Somewhat	A little	Not at all
c. Provide meaningful work experiences for inmates.	____	____	____	____
d. Provide quality vocational training.	____	____	____	____
e. Help inmates find work when they are released.	____	____	____	____
f. Provide necessary personal counseling services.	____	____	____	____
g. Help inmates get situated when they reenter society.	____	____	____	____
h. Provide alcohol counseling.	____	____	____	____
i. Provide drug abuse counseling.	____	____	____	____
j. Help inmates get high school diplomas/ GED.	____	____	____	____
k. Provide quality educational programs.	____	____	____	____
l. Provide quality medical services.	____	____	____	____

27. Do you have any other comments concerning the safety, living conditions, working environment, or quality of services provided to inmates, which you would like to make?

The following questions are asked for the purpose of checking whether the staff members who have responded to this survey are like all other staff working in this institution.

A. How old were you as of your last birthday?

_____ Years

B. What was the highest grade you completed in school?

_____ Less than 8th grade (Place one (X).)
_____ Some High School
_____ High school or vocational school graduate
_____ Some college
_____ AA degree
_____ Bachelor's degree
_____ Post-graduate work
_____ Post-graduate degree

C. Are you: (Place one (X).)

_____ Asian or Pacific Islander

_____ Black (non Hispanic)

_____ White (non Hispanic)

_____ Hispanic

_____ Native American, Eskimo, or Aleut

D. What is your sex? (Place one (X).)

_____ Male

_____ Female

Again, thank you for your cooperation!

APPENDIX D

Inmate Questionnaire

Institution:_____ Date:___/___/88

Offender Survey

GENERAL INSTRUCTIONS: This survey asks questions about how you view this facility. Your individual responses will be kept completely confidential.

Some questions ask for information over the last six months. If you have not been here for six months, answer for the time you have been here. If you cannot give an exact answer to a question, please make your best guess. On questions asking for your opinion, select the one answer that best represents your view. On questions asking for numbers, give your best estimate.

Thank you for your cooperation!

1. How long have you been at this facility?

_____ Years _____ Months

2. How much longer do you think it will be before you are released?

_____ Less than 1 month
_____ 1 month
_____ 2-3 months
_____ 4-6 months (Place one (X).)
_____ 7-9 months
_____ 10-12 months
_____ 1 year or more

3. How much do you agree or disagree with the following statements about the current situation at this institution? For each item place one check mark (X) that shows your current view.

This facility is:	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Safe for inmates.	____	____	____	____
b. Safe for staff.	____	____	____	____
c. Crowded.	____	____	____	____
d. Well run.	____	____	____	____

4. In the LAST SIX MONTHS (or if you have been here less than six months, since you've been here) tell us how much of the following has occurred.

   a. How many physical fights have there been between <u>inmates</u>?

   _____ (write in your best estimate)
   Number

   b. How many physical fights have there been between <u>inmates and staff</u>?

   _____ (write in your best estimate)
   Number

   c. How many <u>times</u> have inmates been sexually assaulted?

   _____ (write in your best estimate)
   Number

   d. How many <u>inmates</u> have been sexually assaulted?

   _____ (write in your best estimate)
   Number

5. Not counting routine inspections, how many searches have there been in your housing unit during the LAST SIX MONTHS?

   _____ (write your best estimate)
   Number

6. How many strip or pat searches have <u>YOU</u> had during the LAST SIX MONTHS? (<u>not including</u> those required when you have visitors)

   a. _____ STRIP SEARCHES (write your best estimate)
   Number

   b. _____ PAT SEARCHES (write your best estimate)
   Number

7. In the PAST SIX MONTHS, how often have staff members had to use force to restrain inmates? Place <u>one</u> (X).

   ____Never ___ Sometimes ____ Often ____ Very Often

8. In your opinion, are there enough staff here to provide for the safety of the inmates?

   a. during the day shift? (Place one (X).)

   ____ No Yes ____

   b. during the night shift? (Place one (X).)

   ____ No Yes ____

9. How free are the inmates to move about this institution during their free time during the day? (Place one (X).)

   ____Not at all ____Slightly ____Moderately ____Very

10. How free are the inmates to move about this institution during their free time during the evening? (Place one (X).)

   ____Not at all ____Slightly ____Moderately ____Very

11. How much say do inmates have about what activities they do here during the day? (Place one (X).)

   ____None at all ____A moderate amount

   ____Very little ____A great deal

12. How much say do inmates have about what activities they do here during the evening? (Place one (X).)

   ____None at all ____A moderate amount

   ____Very little ____A great deal

13. How much say do staff have over what activities inmates do here during the day? (Place one (X).)

   ____None at all ____A moderate amount

   ____Very little ____A great deal

14. How much say do staff have over what activities inmates do here during the evening? (Place one (X).)

   ____None at all ____A moderate amount

   ____Very little ____A great deal

15. How much do you agree or disagree with the following statements about STAFF at this institution? For each item place <u>one</u> check mark (X) that shows your current view.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Would you say STAFF:				
a. Do their jobs well.	____	____	____	____
b. Are fair with inmates.	____	____	____	____
c. Keep the facility safe.	____	____	____	____
d. Try to prevent fights between inmates.	____	____	____	____
e. Give inmates conflicting information.	____	____	____	____
f. Listen to inmate complaints.	____	____	____	____
g. Give inmates clear instructions.	____	____	____	____
h. Tell inmates about rules they have to follow.	____	____	____	____
i. Let inmates visit with friends.	____	____	____	____
j. Are really interested in helping inmates.	____	____	____	____
k. Would do a better job if they had more training.	____	____	____	____

16. How much do you agree or disagree with the following statements about the current situation at this institution? For each item place one check mark (X) that shows your current view.

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	My room looks good.	____	____	____	____
b.	My room has too many things in it.	____	____	____	____
c.	My room is a good place to spend time.	____	____	____	____
d.	My room is quiet.	____	____	____	____
e.	My room was in good shape when I got here.	____	____	____	____
f.	Since I have to be here, this facility is a good place to spend time.	____	____	____	____
g.	Generally, the facility is quiet.	____	____	____	____
h.	Overall, the facility is clean.	____	____	____	____
i.	The food tastes good.	____	____	____	____
j.	The food portions are too small.	____	____	____	____
k.	There is not enough choice in the food served here.	____	____	____	____
l.	A good variety of recreation is available.	____	____	____	____
m.	I can use the bathroom when I want to.	____	____	____	____
n.	Toilets and showers usually work right.	____	____	____	____
o.	There is a lot of time when I do nothing.	____	____	____	____

17. Have you ever filed a grievance with your unit director?

____ No

a. Why? (Check (X) all that apply)

___ I have never had any major complaints
___ I thought it would be useless
___ I was afraid of trouble from staff
___ The problems have been taken care of without filing a complaint
___ Other (fill in) _____

____ Yes

b. Generally, were the problems that led you to make your complaint taken care of to your satisfaction?

___ Not at all
___ Partially (Place one (X).)
___ Completely

The next series of questions ask about your experiences with programs at this facility.

18. In the PAST SIX MONTHS (or if you've been here for less than six months, since you have been here) how frequently have you talked with each of the following staff about personal problems you might be having? (Place an (X) for each letter.)

	Never	Rarely	Sometimes	Often
a. Social Worker, Psychologist, Psychiatrist	____	____	____	____
b. Correctional Staff	____	____	____	____
c. Teachers	____	____	____	____
d. Chaplain	____	____	____	____
e. Other staff members	____	____	____	____

19. How often have you had an individual session with a counselor during the PAST MONTH? (If you have been here less than a month, since you arrived?)

_____ Number of times

20. Have you been able to see a counselor as often as you want to?

____ No Yes ____ (Place one (X).)

21. Are you in a counseling group that meets regularly?

____ No Yes ____ (Place one (X).)

22. Do you think more counseling help is needed at this facility?

____ No Yes ____ (Place one (X).)

23. How satisfied are you with the counseling services you received?

____ Very satisfied (Place one (X).)
____ Somewhat satisfied
____ Neither satisfied nor dissatisfied
____ Somewhat dissatisfied
____ Very dissatisfied

24. Have you received vocational or job counseling at this facility?

____ No

a. Why? _____

____ Yes

b. How satisfied are you with the vocational or job counseling you received?

____ Very satisfied (Place one (X).)
____ Somewhat satisfied
____ Neither satisfied nor dissatisfied
____ Somewhat dissatisfied
____ Very dissatisfied

25. Have you completed (or are you now in) a work training program here?

_____ No

a. Would you like to be in a work training program?

_____ No Yes _____ (Place one (X).)

_____ Yes

b. How satisfied are you with the work training program?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

c. When you are released, would you like to work in a job that uses what you have learned in the training program?

_____ No Yes _____ (Place one (X).)

d. Do you think the work training you have done here will help you line up a job?

_____ No Yes _____ (Place one (X).)

26. Have you received any help in making contact with people in the community about getting a job when you are released?

_____ No Yes _____ (Place one (X).)

27. Do you have a specific job lined up when you get out?

_____ No Yes _____ (Place one (X).)

28. Which of the following education programs are you currently in or have you completed, while you've been here?

	Currently enrolled	Completed
Basic education courses	_____	_____
G. E. D.	_____	_____

a. If you are CURRENTLY ENROLLED, about how many hours a week do you spend in classes?

_____ _____ Hours per week

29. How satisfied are you with the education programs here?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

30. Do you think you will continue your education after leaving here?

_____ No Yes _____ (Place one (X).)

31. About how many hour a week do you spend on chores or work assignments?

_____ _____ Hours per week

32. How satisfied are you with the chores or work assignments that you have to do here?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

33. Are you taking part in any program or counseling service about alcohol abuse?

_____ No

a. Would you like to be in such a program?

_____ No Yes _____ (Place one (X).)

_____ Yes

b. How satisfied are you with the alcohol program here?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

34. Are you taking part in any program or counseling service about drug abuse?

_____ No

a. Would you like to be in such a program?

_____ No Yes _____ (Place one (X).)

_____ Yes

b. How satisfied are you with the drug program here?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

35. In the PAST MONTH (or if you've been here for less than a month, since you have been here) how many different times have you had visitors?

_____ _____ Number of visits in past month

36. How much trouble is it for your family and friends to come and visit you here?

_____ No trouble at all
_____ A little trouble (Place one (X).)
_____ Some trouble
_____ A lot of trouble

37. How satisfied are you with the rules on having visits from family or friends?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

38. How would you rate you own health? Would you say your health is:

_____Poor _____Fair _____Good _____Excellent

39. Compared to when I first came here, my health is now:

_____Worse _____Same _____Better

40. How satisfied are you with the medical services at this facility?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

41. How satisfied are you with the medical staff at this facility?

_____ Very satisfied (Place one (X).)
_____ Somewhat satisfied
_____ Neither satisfied nor dissatisfied
_____ Somewhat dissatisfied
_____ Very dissatisfied

42. This next question concerns how you have been feeling this PAST WEEK. Think back over the past week and place an (X) for each letter.

	Never	Once or Twice	Often	Almost Always
a. Fearful or afraid	_____	_____	_____	_____
b. Sad or depressed	_____	_____	_____	_____
c. Angry	_____	_____	_____	_____
d. Mixed-up or confused	_____	_____	_____	_____
e. Tense	_____	_____	_____	_____
f. Had trouble sleeping	_____	_____	_____	_____
g. Had trouble with a poor appetite	_____	_____	_____	_____
h. Had trouble with indigestion or heartburn	_____	_____	_____	_____
i. Fatigued or tired	_____	_____	_____	_____

43. Do you think being in this program at this facility is going to help you stay out of trouble after your release?

_____ No Yes _____ (Place one (X).)

44. How likely is it that, after your release, you will get into trouble with the law?

_____ Extremely likely
_____ Likely (Place one (X).)
_____ Not very likely
_____ Not at all likely

45. How far away is your home from here?

_____ Miles

46. Do you consider yourself:

_____ Asian or Pacific Islander
_____ Black (non Hispanic)
_____ White (non Hispanic)
_____ Hispanic
_____ Native American, Eskimo or Aleut

47. Before you got here, what was the highest grade you completed in school?

_____ Less than 8th grade
_____ 9th grade (Place one (X).)
_____10th grade
_____11th grade
_____ High school or vocational school graduate
_____ Some college
_____ AA degree
_____ Bachelor's degree
_____ Post-graduate work
_____ Post-graduate degree

48. How old were you on your last birthday?

_____ Years

Thank you!

APPENDIX E

Facility Visual Inspection Checklist

VISUAL INSPECTION CHECKLIST

Physical Plant:	poor	fair	good	excellent
1. GROUNDS AND BUILDING EXTERIORS LOOK----	p	f	g	e
2. COMMON AREAS INSIDE BUILDINGS LOOK-----	p	f	g	e
3. KITCHEN, DINNING AREA LOOK----------	p	f	g	e
4. BATHROOM AND SHOWER AREAS LOOK --------	p	f	g	e

[**Poor** rating assigned when location is dirty, trash strewn, smelly, rust- and/or water-stained, no seats on toilets; **Excellent** rating when location is clean-looking, fresh smelling, spotless, tidy; a place YOU would not mind staying in (as at a hotel).]

COMMENTS RE. PHYSICAL PLANT_____

_____(OVER)

Institutional "Climate":	poor	fair	good	excellent
1. LIGHTING IN THE INSTITUTION IS --------	p	f	g	e
2. NOISE LEVEL IN INMATE LIVING AREAS ----	p	f	g	e
3. ABILITY TO CONTROL TEMPERATURE IS -----	p	f	g	e
4. FOOD SERVED TO INMATES LOOKED ---------	p	f	g	e
5. APPEARANCE OF STAFF'S UNIFORM/CLOTHING	p	f	g	e
6. QUALITY OF INMATE'S CLOTHING WAS ------	p	f	g	e
7. HANDLING OF OVERCROWDING PROBLEM WAS --	p	f	g	e

[**Poor** rating if institution/dorms/rooms are dark; if noise level is so high have to shout to be heard; if too cold in winter, too hot in summer (is there air conditioning, if needed?); **Excellent** if food looks appetizing (would YOU want to eat it?); both staff and prisoners should be well groomed, wearing clean, pressed uniforms/clothing.]

COMMENTS RE. INSTITUTIONAL CLIMATE_____

_____(OVER)

[Below, rate staff/inmate relationships **poor** if prisoners called or referred to in derogatory, slang terms; if inmates wont look you in the eye; if inmate's reaction to visitors (YOU) is to "put on a show;" **Excellent** if inmates/staff interact in a friendly manner (e.g., note how they great each other, generally)].

Staff/Inmate Interaction:	poor	fair	good	excellent
1. APPROPRIATENESS OF STAFF'S VOICE TONE -	p	f	g	e
2. APPROPRIATENESS OF INMATES' VOICE TONE	p	f	g	e
3. INMATES' REACTION TO VISITORS (YOU) ---	p	f	g	e

COMMENT RE. STAFF/INMATE INTERACTIONS_____

_____(OVER)

[Below, rate Overall Quality of Life as **poor** if living conditions are shoddy; if staff is overly punitive or "doesn't give a damn;" if inmates are surely, sullen, menacing. Rate as **Excellent** if facility functions like a well run summer camp.

Quality of Life:	poor	fair	good	excellent
1. OVERALL CONDITIONS OF CONFINEMENT ARE	p	f	g	e

COMMENTS RE. GENERAL QUALITY OF LIFE AT FACILITY_____

_____

_____

_____

APPENDIX F

Selected Bibliography

APPENDIX F

Selected Bibliography

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