RESEARCH REPORT

Creating and Measuring a Healing Environment in the Virginia Department of Corrections

The National Institute of Corrections' Norval Morris Workforce Initiative: Wave 2 Findings

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Introduction

The Norval Morris Project was established by the National Institute of Corrections (NIC) in 2006 with the goals of (1) identifying innovative, research-based approaches to address topics of vital concern to the corrections field, (2) evaluating the potential impact of those approaches on corrections practices and policies, and (3) developing strategies for effective dissemination and application of the knowledge gleaned from testing these innovations in real-world corrections settings (NIC 2010). Creating a healing environment in corrections, which draws from the theory and research on transformational leadership, organizational culture, and workforce development, represents one such innovative strategy selected by the Norval Morris Project to develop, implement, and test. In 2011, the NIC and the Virginia Department of Corrections (VA-DOC) launched a joint workforce transformation initiative to implement operational practices (e.g., leadership development and coaching, dialogue circles, training on evidence-based practices, etc.) to create a "healing environment" throughout the VA-DOC. The Healing Environment Initiative (HEI) is designed to foster positive change and growth for both employees and the people under their custody and supervise, and ultimately promote safer communities.

In September 2010, researchers at the Urban Institute's Justice Policy Center (Urban) entered a cooperative agreement with NIC to measure and assess the influence of the HEI on VA-DOC operations. In Spring 2012 and again in Summer 2013, the research team surveyed VA-DOC employees across the department to examine and explore changes in staff perceptions of the HEI and their attitudes toward the VA-DOC. This report provides a brief overview of the Norval Morris Workforce Transformation Initiative and the ongoing efforts to create a healing environment within the VA-DOC. It also presents early evidence of the influence of the HEI on VA-DOC operations during the first two years of implementation. Urban's efforts to measure and assess the influence of the HEI are also discussed along with the potential implications of early survey findings for corrections practice.

It should be noted that the information presented in this report reflects the status of the VA-DOC's efforts as of May 2014, and resulting in this report's submission to NIC in June 2014. Updates will be provided in subsequent reports available on the Urban Institute and NIC websites.

The Norval Morris Workforce Transformation Initiative

The Norval Morris Project was established in 2006 by the NIC Advisory Board to advance the spirit of Dr. Norval Morris's work and his belief that the fields of criminology and corrections must make more effective use of relevant knowledge derived from empirical research. In the wake of Dr. Morris's passing, the NIC Advisory Board asked the NIC executive staff to develop a program to honor his life and beliefs, including the notion of bridging research and criminal justice policies, practices, and programs.

The vision was to develop processes for discovering and disseminating innovations, knowledge, and ideas that would enable the fields of corrections and human services to enhance the services they provide to clients and communities. To support that vision, leaders and experts from disciplines such as corrections, human services, business, research, large systems change, and criminal justice would be asked to provide guidance and conduct in-depth studies of topics with the potential to achieve far-reaching changes in corrections and related fields. Two big-picture questions drive the Norval Morris Project:

- Can research, as it is currently structured and conducted, be useful to corrections?

- Can corrections, as it is currently structured, ever be evidence based?

Project developers perceived that simply improving the content and availability of research knowledge would not be sufficient to promote its application. Instead, they believed that active strategies were needed to ensure emerging knowledge reached the field in usable forms. As a result, the Norval Morris Project was conceptualized and continues to evolve as research-in-practice.

Since its inception, the Norval Morris Project has evolved into a flexible model that enables NIC, practitioners, and researchers to identify innovative, evidence-based approaches from all fields to address topics of vital concern to the corrections field, evaluate their potential to inform and impact correctional policies and practices, develop and evaluate new strategies for the dissemination and application of this knowledge, and ultimately create opportunities to test such innovations in real-world correctional settings. The core of the Norval Morris Project is a focus on developing and using an incubator approach to help put evidence-based innovations into practice. In doing so, the project

has sought to demonstrate how a "Morris Project" built on innovative policies and practices would be executed from conception through full implementation in correctional settings.

Integral to this problem-solving approach is a supportive, interactive discourse and funding structure that is designed to allow issues and solutions to emerge throughout a multistage process. As the Norval Morris Project has evolved, two topics have been central to its ongoing work: (1) corrections workforce transformation and (2) safely reducing the corrections population by half. [1]

Possible Norval Morris Project products include the following:

- New strategies for disseminating and applying knowledge.

- New strategies for evaluating innovations in the field.

- Research-based innovations in policies and programs.

- Implementation strategies for evidence-based programs and policies.

- Disseminating evaluated programs and policies to the field.

- Research on programs and practices.

- Publications.

Who Was Norval Morris?

Dr. Norval Morris (1923–2004) was instrumental in the creation of the NIC, served as chairman of the NIC Advisory Board, and was a charter member of the board until his death. In addition to his contributions to NIC, Dr. Morris, an internationally recognized expert on the criminal justice system and prison reform, served as Julius Kreeger Professor Emeritus of Law and Criminology, dean of the University of Chicago Law School from 1975 to 1978, and founding director of the school's Center for Studies in Criminal Justice. Dr. Morris was also a close friend and colleague of US Supreme Court Associate

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[1] For more information on workforce transformation, please see "Workforce Transformation," National Institute of Corrections, accessed May 22, 2014, http://nicic.gov/workforcetransformation. For more information on population reduction, see "Safely Reducing the Corrections Population," National Institute of Corrections, accessed May22, 2014, http://nicic.gov/populationreduction.

Justice Harry A. Blackmun and federal district court judge Abner Mikva. The author of numerous influential criminal justice books and articles during an academic career that spanned more than five decades, Dr. Morris's scholarship strongly influenced leading law professors and criminologists such as Albert Alschuler (Northwestern University), James B. Jacobs (New York University), Marc Miller (University of Arizona), Myron Orfield (University of Minnesota), Kevin Reitz (University of Minnesota), Michael Tonry (University of Minnesota), and Franklin E. Zimring (University of California, Berkeley).

Dr. Morris was highly regarded as an advocate for the rights of people housed in prisons and mental hospitals. He hoped to spur more effective use of research and evaluation in correctional policies and practices through improved collaboration in and outside of corrections. His 1974 Thomas M. Cooley Lecture at the University of Michigan and subsequent 1977 book, *The Future of Imprisonment*, presented both a vision of prison reform and a description of how a prison for people convicted of serious crimes might be structured as a therapeutic model for humane confinement.

As Jacobs (2009, 261–64) wrote:

> Morris is renowned as a sentencing theorist, which indeed he was. However, he was also, and perhaps "primarily," a penologist and prison reformer. Actually, he saw sentencing reform and prison reform as two sides of the same coin, arguing in print, public speeches, and behind-the-scenes advocacy with legislators, judges, and corrections officials that both sentencing and sanctions should be as humane as possible.

> His professional efforts were rooted in his belief that state-imposed punishment for crime should be restrained and that criminal defendants and prisoners should be treated with respect and decency, not only because it is humane but also because the moral level of society is raised by treating respectfully even the most vilified members of society. Morris believed that the more humane treatment of prisoners would ultimately lead to a generally better society.

> Morris sought to reduce the "gratuitous suffering" imposed on inmates of prisons and jails. He urged his contemporaries to regard incarcerated offenders as fellow human beings, not as enemies of the state and society. He believed that prison could be made a positive experience, at least for those who wanted to change their lives. He strongly and famously opposed coercing personal reform by linking participation in prison programs to an early release date, but he energetically campaigned for voluntary prison programs that would be of assistance to inmates who wanted to improve their chances of living within the law upon release from prison.

> Morris persistently campaigned for a science of corrections, based on careful evaluation of initiatives and experiments in the United States and abroad. Morris recognized that "prison" included a wide range of practices, institutions, and living conditions and that a prison sentence might be served in horrendous conditions or in relatively comfortable conditions.

> Were he still with us, I think Norval Morris would urge us (1) to make all penal institutions less deprivational; (2) to conduct careful research on the least restrictive prison regime consistent with reasonable safety for staff and inmates; and (3) to consider accelerating the release date of those prisoners who, not on account of prison misconduct, serve time in the worst conditions. At

the very least, scholars and practitioners who are deeply involved in sentencing reform can learn from Morris's ideas and from his example by putting prison conditions on their research and policy agendas.

Implementation of the Norval Morris Project

The Norval Morris Project began by bringing together knowledgeable people from within and outside the corrections field to develop interdisciplinary approaches and draw on professional networks that cross-cut the academic, public, and private sectors. NIC also developed a cooperative agreement with Justice System Assessment and Training (J-SAT), based in Boulder, Colorado, to develop a supportive structure for moving the project forward. The group undertook a broad, systematic effort to gather information and identify a range of issues and promising areas for possible future development; that effort was supplemented by information gleaned from interviews with thought leaders in various professional fields. These respondents were identified using a snowball approach, where each interviewee was asked to identify other potential participants. The process generated a list of more than 120 leading experts in diverse areas related to correctional issues.

The Formation of the Keystone Group

From this original pool, a select group of people was recruited to serve on the project's steering committee. The intent was to create an ongoing forum that would allow diverse experts to analyze current policies, question current practices, and consider new ideas from many disciplines to prevent status quo perspectives from becoming entrenched. This core committee was called the Keystone Group to acknowledge its central role in "kick starting" the search for innovations, a process that was essential to creating and maintaining the project's overarching vision. The initial Keystone Group—consisting of 19 thought leaders, half of whom were corrections practitioners and administrators, as well as criminal justice researchers, NIC senior staff, and J-SAT project staff—met in September 2008 at a retreat designed to be emergent and without preset limits on the group's scope of work, design, or strategy. The group's function was to identify nascent topics and knowledge that could be imported into the corrections field, advise the project on how best to translate this knowledge to inform corrections practice and policy, and assist the project in disseminating the results in innovative ways.

Identification of the Critical Questions

The first meeting used the Open Space technique, an approach to conducting meetings designed to maximize group creativity by allowing committees to self-organize. With this approach, the Keystone Group essentially created the agenda for the meeting on the spot. Out of that process, two overarching questions emerged as the foundation for future Norval Morris efforts:

- How can we transform correctional leadership and the workforce in ways that empower staff to reduce recidivism and promote prevention?

- How can we safely and systematically reduce the correctional population by half?

Development of a Working Group Structure and Action Planning

After the first Keystone Group meeting, invitations were sent to a diverse group of people to solicit volunteers interested in working on strategic issues. Two stand-alone working groups, called topic teams, were formed and structured (much like the Keystone Group) to focus on the two broad topic areas previously identified by the Keystone Group. During most of 2009, the topic teams (a workforce transformation team and a population reduction team) continued to develop, refine, and expand on these themes. In September 2009, the two teams met to finalize their work and pass it along to the Keystone Group.

The two groups used a "Scenario Thinking" approach to select the most promising strategies and develop action plans for each topical area. The workforce transformation team developed three action plans focused on (1) promoting a healing environment within corrections, (2) developing a workforce that is engaged and empowered both internally and externally, and (3) establishing a human resources system based on staff competencies. The population reduction team developed action plans on (1) reducing parole and probation supervision revocations and (2) reducing length of stay and periods of supervision.

A second meeting of the Keystone Group, attended by 16 members, took place on November 20–22, 2009, to follow up on the September topic team meetings and review and prioritize the action plans the two teams developed. This Keystone meeting was intended as a strategic planning session to elicit discourse and discussion between participants on how to use the action plans to achieve the project goals. The group concluded by determining the top five strategies for workforce transformation (e.g., build a knowledge base, identify relevant networks, develop catalyst and owner playbooks, develop

media strategies, and work with selected jurisdictions). The group also determined the top strategies for population reduction (e.g., diversion mechanisms, statutory sentencing reforms, reducing length of stay/supervision, reducing parole and probation supervision/revocations, statutory sentencing reforms and evidence-based sentencing practices, strengthening proactive defense counsel, using effective intervention strategies that produce sustainable recidivism reduction, and increasing system and societal awareness of public safety).

Following that meeting, NIC and project staff once again engaged the field to plan next steps. Based on these consultations, in 2010, NIC outlined a strategy for the project involving an "implementation phase" that would build on the work of the previous four years. This strategy was executed through two separate awards from NIC:

- A cooperative agreement with J-SAT.

- A cooperative agreement with Urban.

The two awards were designed to work in tandem to draw on the strengths of each organization.

The Urban Institute's Role in the Norval Morris Project

Urban's role originally involved the following tasks: attending implementation planning meetings with the Keystone Group and the topic teams, refining the implementation model, helping NIC select two demonstration sites, providing technical assistance to the sites, participating in the evaluation of the implementation phase, and reporting and disseminating project findings. However, after the Urban team participated in a September 2010 Keystone Group meeting, NIC elected to work solely with the VA-DOC to implement a Norval Morris project focused on workforce development to create a healing environment in corrections practice.

Aligned with that objective, Urban began working with NIC, J-SAT, and the VA-DOC on implementation planning specific to the HEI. In this capacity, Urban's role evolved over time as NIC and the VA-DOC interactively developed and implemented strategies aligned with organizational transformation and workforce transformation/development. Generally speaking, Urban researchers focused on (1) documenting the development and implementation of the VA-DOC's strategy, (2) helping the VA-DOC operationalize and develop baseline measures relevant to organizational readiness for change, organizational climate and culture, staff engagement, and operational safety and security indicative of a healing environment, and (3) conducting a department-wide staff survey to measure

employee perceptions of the healing environment strategy and VA-DOC workplace. As the project evolved, Urban's work focused almost exclusively on developing baseline measures, including the staff survey instrument, and administering and analyzing the department-wide staff survey.[2]

Assessment Approach

Urban researchers employed an action research approach that provided stakeholders with frequent and actionable feedback while building capacity for ongoing evaluative efforts by engaging VA-DOC stakeholders as evaluation partners. Central to this effort has been the design and implementation of an annual web-based staff survey to answer two critical and overarching questions:

- Has a healing environment been created?

- Have agency operations improved?

Regular review of operational performance indicators will offer additional evidence of HEI impact on agency operations. Urban researchers worked closely with key VA-DOC staff early in the initiative to identify, refine, and finalize a set of operational measures (performance indicators) indicative of a healing environment. See box 1 for the final set of performance metrics selected by VA-DOC.

BOX 1

VA-DOC Healing Environment Initiative Performance Metrics

If the Norval Morris Project is successful in creating a healing environment in the VA-DOC, stakeholders would expect to see improvements on several organizational performance measures, such as increased staff attendance, fewer sick days, and fewer inmate[3] grievances. VA-DOC selected the following performance metrics to assess the HEI impact on operations:

- Staff attendance, measured by use of sick days
- Staff retention (disaggregated by unit type)
- Staff and inmate grievances
- Staff and inmate injuries (disaggregated by type/victim)

[2] For a detailed account of the VA-DOC's efforts to implement the HEI strategy see Chris Innes' 2015 book *Healing Corrections* (Northeastern University Press)

[3] People housed under the care and custody of the VA-DOC are referred to as inmates and offenders in this chart for the sake of brevity; in general, Urban is committed to using person-first terms in lieu of inmate, offender parolee, and other labels.

- Assaultive behavior by staff and inmates (disaggregated by type/victim)
- Inmate infractions:
  » cell extractions
  » significant incidents
  » use of restraints

- Offender participation in programming, including offender feedback
- Offender employment outcomes:
  » number and percentage employed prerelease
  » number and percentage employed post release

- Staff to offender ratios (disaggregated by facility/field office)
- Community corrections indicators
  » number and percentage of offenders with technical violations
  » number and percentage of offenders who successfully complete supervision
  » number and percentage of offenders rearrested for new crimes while under supervision

- Opportunities for staff development and training

Ultimately, the VA-DOC chose to incorporate these performance metrics along with items from the staff survey into its strategic plan (finalized and adopted June 2013) and performance measurement framework. These metrics would be collected retrospectively, where possible, and then continuously throughout the initiative to monitor performance and guide the department's ongoing workforce transformation and training efforts. As of May 2014, VA-DOC was working to assemble and analyze these performance data.

Collaboration with the Virginia Department of Corrections

Shortly after the September 2010 Keystone Group meeting, NIC took advantage of an opportunity to pilot the Workforce Transformation Initiative of the Norval Morris Project within the state of Virginia. Harold Clarke, who had been previously involved with the Norval Morris Project, became the new director of the VA-DOC and expressed strong interest in working with NIC to develop a project. The project would identify organizational practices and staff behaviors supportive of a "healing environment" within the VA-DOC with the ultimate aim of enhancing public safety in Virginia. The project was designed to reinforce work already under way as part of the state's Adult Reentry

Initiative[4] to help people successfully transition from Virginia correctional facilities back into local communities. In line with NIC's interests, the project includes a focus on sustainability and performance measures to guide the VA-DOC's implementation of a staff development system based on the skills required by the Adult Reentry Initiative.

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[4]As part of the Adult Reentry Initiative, the VA-DOC is implementing improved practices, such as (1) individualized case plans based on risk and needs assessments and (2) programs shown to be effective in preparing offenders for their transition to and stabilization within the community. Additionally, a key objective of the department's reentry plan is to improve collaboration with all stakeholders and develop a strategic and unified approach to prevent crime, minimize victimization, and improve public safety in Virginia.

Virginia's Healing Environment Initiative

The primary focus of the Healing Environment Initiative is to improve public safety in the Commonwealth of Virginia. The HEI was structured to initially focus on VA-DOC leadership and senior management and expand over time to involve and affect the total organization through both top-down and bottom-up strategies. Senior managers are becoming learning coaches to institute an organizational culture that embraces trust, collaboration, enhanced communication, and teamwork. The vision is to have senior managers mentor middle managers, who subsequently mentor line staff, resulting in all employees learning and practicing behaviors and communication skills that support positive behavior change in the people under the VA-DOC's custody and supervision. Ideally, incarcerated people living in the VA-DOC's healing environment would be increasingly exposed to prosocial learning and improve their communication skills such that they achieve greater success both pre-and post-release; ultimately, public safety would be enhanced.

The HEI included three incremental phases: (1) building readiness, (2) re-envisioning the organization, and (3) implementation. NIC and the VA-DOC designed HEI implementation around seven distinct tasks that would build upon one another over several years. Though work advanced around each of these seven tasks (described below), a 360-degree performance evaluation process, NIC Academy leadership training, Dialogue Skills Training, and the Future Search Conference made up the core set of strategies integral to transforming the VA-DOC workforce and its relationship with the people under its custodial care and community-based supervision. Dialogue Skills Training emerged as the central mechanism for applying and advancing the HEI across the VA-DOC workforce.

Task One: Data Collection and Feedback

In fall 2011, the VA-DOC's 28-member executive team, with support from the NIC Academy Division, engaged in a 360-degree performance evaluation process. This process involves both self-assessment and a multiple-rater review structure in which both senior and subordinate staff (i.e., the individual responsible for the participant's performance review and typically three or four "direct reports"), the 360° evaluation participant, and three or four peers assess the participant's professional performance using a formal feedback protocol. The protocol is based on the Leadership Challenge Model© developed

by James Kouzes and Barry Posner (see Task Two) that focuses on five leadership practices. After the performance evaluation, VA-DOC staff also received executive-level coaching at regular intervals (by telephone) from the NIC Academy (personal communication with John Eggers, August 31, 2011) to address weaknesses and build proficiency.

Task Two: Senior and Midlevel Management Staff Coaching and Training in Leadership and Dialogue

Senior VA-DOC staff (i.e., regional operations chiefs, regional administrators, prison wardens and superintendents, and chief probation officers) received training and coaching through the NIC Academy's Correctional Leadership Development course. A 70-hour course based on the Leadership Challenge Model, Correctional Leadership Development addresses five leadership practices: (1) challenging the process, (2) inspiring a shared vision, (3) enabling others to act, (4) modeling the way, and (5) encouraging the heart.[5] Correctional Leadership Development course participants are assessed on these five practices through a 360-degree performance evaluation instrument. Several other well-known assessment tools, including the Myers-Briggs Type Indicator, the Profile of Organizational Influence Strategies, and the Multi-Factor Leadership Questionnaire for Teams, are also used.[6]

Midlevel VA-DOC managers could participate in the NIC Academy's Management Development for the Future series, a 120-hour, 12-month "individual and organizational development series" that features classroom instruction, 360-degree online leadership assessments, reading, online community forums and discussions, individual coaching, and personal leadership development plans.[7] To apply the skills and strategies they learn, participants are required to develop specific leadership plans and "undertake action-based learning projects focused on the relevant issues in their agencies."[8] The objective of the training is to "build organizational capacity and manage organizational change."[9] Two

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[5] "Training Catalog," National Institute of Corrections, accessed May 2014, http://nicic.gov/training/14a5101.

[6] Ibid.

[7] "Want to Develop Your Middle Managers? Check out NIC's MDF Series!" National Institute of Corrections, accessed May 2014, http://community.nicic.gov/blogs/nic/archive/2010/03/09/interested-in-building- your-middle-managers-check-out-nic-s-mdf-series.aspx.

[8] Ibid.

[9] Ibid.

cohorts, spanning November 2011 to January 2013, were planned for each course under the Norval Morris Project.

Dialogue Skills Training, facilitated by Peter Garrett and Jane Ball of the UK-based nonprofit Prison Dialogue,[10] was provided to executive, senior, and midlevel management staff. As described on the Prison Dialogue website, the training introduces participants to basic dialogue engagement skills and helps them "develop skills for using check-ins, Dialogic Modes, Dialogic Actions, Dialogic Practices and check-outs. …It is a simple way to immediately impact the culture and [staff] level of engagement."[11] As of this report, at least three cycles of dialogue training had been conducted in the VA-DOC. The training is expected to reach all 12,000 VA-DOC employees via direct training, training received from other employees who participated in train-the-trainer sessions, or department-wide dissemination, such as the VA-DOC's *Around Corrections* newsletter.[12]

Task Three: Future Search Conference

With assistance from NIC, the VA-DOC conducted a Future Search Conference in December 2011 with a broad cross-section of department staff. The Future Search Conference process is designed to help diverse groups discover common values and purposes, develop a shared vision for organizational or systems change, and identify common ground on which to facilitate collaborative change.[13]

Task Four: Strategic Plan and Practice Model

Following the Future Search Conference, the VA-DOC created a strategic plan and developed a practice model, staff development system, and competency model. With technical assistance and

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[10] http://www.prisondialogue.org

[11] Dialogue Skills Training," Prison Dialogue, accessed May 2014, http://www.prisondialogue.org/dialogue-skills-training.

[12] "What is Dialogue?" *Around Corrections*, February 2013, http://www.prisondialogue.org/files/files/What%20is%20Dialogue%20by%20Peter%20Garrett.pdf; "What is a Safe Container?" *Around Corrections*, June/July 2013, http://www.prisondialogue.org/files/files/What%20is%20a%20Safe%20Container%20by%20Peter%20Garrett.pdf accessed May 2014.

[13] "Implementing Evidence-Based Principles in Community Corrections: Leading Organizational Change and Development," National Institute of Corrections, accessed April 2014, https://www.superiorcourt.maricopa.gov/AdultProbation/docs/EBPOrgChange_Dev.pdf; J-SAT 2011, unpublished document.

support from J-SAT, stakeholders selected by the VA-DOC attended a two-day chartering event in October 2011. Chartering helps an organization advance the shared vision for change that emerges from the Future Search Conference by identifying and forming implementation workgroups and then delineating their roles and responsibilities in the change process. Specifically, chartering "help[s] guide the groups' efforts, provide[s] structure, describe[s] outcomes, clarif[ies] decision-making authority, and codif[ies] organizational and leadership support for the groups' work."[14] The charter was finalized in mid-2012 and the strategic plan released in July 2013.

Task Five: Implementation of the New Practice and Staff Development Models

As the HEI implementation of the previous tasks progresses, VA-DOC is expected to develop and execute an implementation plan for the new practice and staff development models with assistance from NIC staff and technical assistance providers.

Task Six: Institute Staff Hiring, Evaluation, and Incentive Practices Based on Practice/Competency Model

The VA-DOC will institute new practices in staff hiring, performance evaluations, and incentives based on their practice/competency models (not yet begun as of June 2014). NIC staff and technical assistance providers will support the department in this work.

Task Seven: Ongoing Data Collection

NIC staff and technical assistance providers will continue to work with VA-DOC staff to administer 360-degree executive evaluations, conduct surveys, and collect measures of organizational performance to track progress and inform efforts.

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[14] Ibid.

Measuring the HEI

Urban researchers are working with NIC and VA-DOC stakeholders to measure the implementation and influence of the HEI on department operations. These efforts rely primarily on two data sources: (1) an annual, self-administered, department-wide online staff survey and (2) review of selected performance indicators. Administered in March 2012 and again in July 2013, with a third administration planned for September 2014, the survey measures staff perceptions of the VA-DOC, the HEI, and the influence of the HEI on department operations. Repeated survey administration allows researchers to examine change in these areas as the VA-DOC continues to roll out enhanced management and communication practices. The remainder of this report focuses on the staff survey and explores key findings from comparative analyses of Wave 1 and Wave 2 survey data.

VA-DOC Staff Survey

The staff survey measures (1) staff perceptions of what it is like to work for the VA-DOC, (2) workforce knowledge of, involvement in, and support for the HEI, and (3) staff attitudes toward reentry and incarcerated people. Repeated survey administration allows Urban researchers to assess changes in staff attitudes and perceptions, measure the influence of the HEI impact on VA-DOC operations, and generate empirical findings to inform the VA-DOC's workforce transformation efforts.

Survey Design and Measures

The VA-DOC staff survey is a confidential, self-administered online questionnaire consisting of five major sections and roughly 250 items covering 18 distinct measures (see box 2). Respondents use a forced-choice response format, typically a five-point Likert-type scale (strongly agree, agree, disagree, strongly disagree, or don't know). The only open-ended question is located at the end of the survey and allows respondents to share their thoughts about the VA-DOC, the HEI, work life, or the survey itself. Simple instructions, repetitive forced-choice response formats, and clear navigational prompts are basic elements of the online survey's user-friendly design. Respondents access the survey using a unique username and private password assigned by the Urban Institute and sent to each respondent's work email address. Online instructions remind respondents that participation is voluntary and confidential and that they can receive technical or substantive assistance by contacting the research team via a dedicated email address.

BOX 2

VA-DOC Staff Survey

The VA-DOC staff survey is a confidential, self-administered online questionnaire consisting of five sections. Respondents use a unique username and private password assigned by the Urban Institute to log on and complete the survey. The survey and all data reside on Urban Institute servers. Only de-identified aggregate data are shared with the VA-DOC.

Section 1: Background Information (12 items)
- Demographics
- Work unit location
- Current and previous DOC positions
- Tenure in current position and with the VA-DOC
- Supervisor

Section 2: Healing Environment Initiative (four measures, 23 items)
- Knowledge of the HEI
- Support for the HEI
- Involvement with the HEI
- Dialogue practices

Section 3: Impressions of the VA-DOC (nine measures, 150 items)
- Organizational "oneness"
- Transformational leadership
- Cynicism toward change
- Organizational commitment of staff
- Job satisfaction
- Staff orientation toward rehabilitation
- Organizational citizenship/coworker support
- Perceived safety
- Organizational culture

Section 4: Workplace Diversity (three measures, 30 items)
- Diversity policies and procedures
- Discrimination against staff and offenders
- Staff experiences of discrimination

Section 5: Support for Reentry (two measures, 34 items)
- Support for evidence-based practices and programming
- Attitudes toward programming

BOX 3

VA-DOC Staff Survey Measures and Sources

The VA-DOC staff survey drew many of its measures from the literature on organizational change and culture as well as studies of transformational leadership. Below is a list of the survey's key measures and their sources.

Q15. Commitment to healing environment
Urban-generated based on DeCelles's "Commitment to change" (2013).

Q17. Beliefs about oneness
Urban/ VA-DOC-generated measures.

Q18. Ethical leadership
Brown, Trevino, and Harrison (2005).

Q19. Cynicism toward change
Modified from Tesluk and colleagues (1995).

Q20. Perceptions of transformational leadership
DeCelles et al. - this is a shortened version of Podsakoff and colleagues' (1990) measure of transformational leadership that selects items from each dimension of transformational leadership.

Q21. Organizational commitment
Organizational Commitment Scale adapted for public sector employees by Balfour and Wechsler (1996).

Q22. Job satisfaction
Hackman and Oldham (1975).

Q23. Orientation toward crime
DeCelles (2007).

Q26. Antisocial and deviant behaviors among staff members
Adapted from Robinson and O'Leary-Kelly (1998); Aquino, Lewis, and Bradfield (1999); Aquino and colleagues (1999).

Q27. Perceived danger
Adapted from Cullen and colleagues (1985, 1989); Bazemore and Dicker (1994); Hepburn and Crepin (1984).

Q28. Organizational culture
Organizational Change Profile based on O'Reilly, Chatman, and Caldwell (1991); Cable and Judge (1997).

Q29. Diversity policies and procedures
Urban-generated measures.

Q30. Discrimination against staff and offenders
Urban-generated measures.

Q31. Respondent experiences of discrimination
Urban-generated measures.

Q32. Support for reentry goals
Modified from Denver Jail Survey; Urban-generated measures.

Q33. Factors for Program Participation
Modified from Denver Jail Survey; Urban-generated measures.

Q36. Dialogue Practice
NIC/Urban-generated items (added in 2013 for second administration of the survey).

The survey's measures are largely drawn from the research literature on leadership and organizational change and culture (see box 3 for a complete list of measures). Development of the staff survey began in April 2011 in collaboration with the VA-DOC director of research and management, director of human resources, and the selected executive team staff. Initial discussions explored VA-DOC leaders' definitions of a healing environment, baseline measures of interest to the core leadership team, and measures of success. Urban researchers then reviewed relevant studies and surveys to extract potential measures for NIC's and VA-DOC's consideration. [15] See box 4 for more on the theory underlying the HEI and VA-DOC staff survey measures.

With assistance from NIC, Urban researchers collaborated with Dr. Katherine DeCelles of the University of Toronto to select appropriate validated measures and scales (e.g., measures of staff cynicism toward change and their feelings of empowerment and commitment to the organization as well as other measures of staff satisfaction with their jobs, the organization, and its leadership) from her recent study on the effect of transformational leadership styles on staff in a state prison system (DeCelles, Tesluk, and Taxman 2013). A list of core measures and constructs was presented for NIC's review and subsequently discussed with the VA-DOC executive team (see box 3). Together, these groups prioritized constructs and measures for inclusion in the survey, recommended a few additional topics to consider, and reached a consensus that Urban should conduct a limited set of focus groups with staff and incarcerated individuals to capture their perceptions of what a healing environment in corrections would look like. This process concluded in fall 2011, and a final instrument was presented to the VA-DOC and NIC for review in January 2012.

BOX 4

The Theory behind the VA-DOC's Healing Environment Initiative

The theory and research on transformational leadership (see Bass and Avolio 1990, 1994) and positive leadership (Cameron 2008) indicate how a healing environment would be experienced by staff and incarcerated people. Transformational, positive leaders have several special skills that can be learned and used by managers and supervisors at all levels of the organization. Specifically, such leaders behave in ways that allow them to function as role models and to motivate staff, keep them engaged, and inspire them. This style of leadership produces a working environment in which staff are committed to personal

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[15] Examples of other surveys consulted include stakeholder-specific protocols developed for the Criminal Justice Drug Abuse Treatment Study, the National Institute of Corrections' Achieving Performance Excellence Inventory Processing Sheet, metrics from J-SAT's Gradual Realistic Assessment Process Exercises, and a host of other organizational and leadership instruments.

and organizational excellence, are engaged in and committed to the success of the organization, and communicate enthusiasm and optimism about the organization and its mission. This kind of working environment appears in organizations that have created positive climates, relationships, communication, and meaning for the organization.

A recent study on the effect of transformational leadership styles on staff in a state prison system (DeCelles, Tesluk, and Taxman 2013) used an instrument much like the VA-DOC staff survey to measure staff cynicism toward change and their feelings of empowerment and commitment to the organization as well as other measures of satisfaction with their jobs, the organization, and its leadership. Staff perceptions about issues such ethics, professionalism, and the workplace were also measured. The researchers found that cynicism among staff undermined change efforts. Additionally, staff were much more likely to believe change was possible and to be committed to that change when working under a transformational leader.

Understanding staff organizational commitment and optimism for change, as well as cultivating and encouraging transformational leadership, is central to the VA-DOC's HEI.

Data Collection and Analyses

Urban researchers conducted the first administration (Wave 1) of the VA-DOC survey during an eight-week period spanning March 14, 2012, to May 16, 2012—roughly one year after HEI implementation began. All 11,136 full-time VA-DOC employees received e-mail invitations to participate in the survey, and 4,724— nearly 42 percent of those invited—elected to do so. The second administration (Wave 2) spanned a seven-week period from July 17, 2013, to September 6, 2013 and targeted the department's full-time staff, which had grown to 11,583; approximately 37 percent (4,520 employees) responded. Although most survey efforts strive for response rates of 70 percent or higher, the response rates for both waves of the VA-DOC staff survey were respectable compared with rates typically achieved in surveys of corrections staff.[16] For example, the response rate for a survey of 6,606 institutional corrections staff in one mid-Atlantic state's department of corrections was below 30 percent in total and just 18 percent among correctional officers (COs).[17]

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[16] A previous department-wide survey conducted in 2008 by a Washington, DC, university, which featured a random sample of 2,500 staff, yielded a 38 percent response rate.

[17]A scan of the literature suggests VA-DOC survey response rates (42 percent for Wave 1 and 37 percent for Wave 2) are consistent with similar studies, if not slightly better. Taxman and Gordon's (2009, 699) staff survey of one mid-Atlantic state's DOC (N = 6,606) yielded an overall response rate of less than 30 percent and about 18 percent among line staff. Other studies typically targeted a smaller subset of staff (N = 150–300) often recruited from a specific effort (e.g., a staff training or specific institution), which yielded higher response rates (see Haas, Hamilton, and Hanley 2005; Rudes, Lerch, and Taxman 2011).

After each survey wave, Urban researchers briefed the VA-DOC director and his executive team on the findings (the Wave 1 briefing occurred in December 2012 and the Wave 2 briefing in December 2013). Shortly after these briefings, the director and executive team disseminated key findings to the entire staff in the form of memos and newsletters. Department leaders also conducted staff focus groups following the dissemination of Wave 1 results to gauge staff impressions of the results (e.g., if they rang true) and engage staff in an ongoing dialogue about change efforts. The dissemination of results following the Wave 2 briefing provided staff with the opportunity to learn about both the results and the department's initial plans for using the information to guide ongoing systemic improvements.

Who Responded to the Survey?

As table 1 indicates, respondents were a mix of supervisory and line staff who worked in both facility and field office settings as well as regional and headquarters units across the VA-DOC's three regions. Wave 2 respondents also held a variety of positions, from security (38 percent) to community corrections (11 percent), maintenance (3 percent), medical (3 percent), administrative (16 percent), and counseling (7 percent). Female employees were more likely than their male counterparts to take the survey during both waves. Many respondents (54 percent in Wave 1 and 50 percent in Wave 2) were seasoned VA-DOC employees who had been with the VA-DOC for 10 years or longer.

Table 1

Respondent Characteristics

	Wave 1 (2012) **N = 4,724**	**Wave 2 (2013)** **N = 4,250**
Gender	54% female	53% female
Race	61% white, 37% black	60% white, 38% black
Age	47 years (median)	46 years (median)
Region	35% central 30% east 25% west	36% central 28% east 24% west
Work site	54% facility 39% field office 6% headquarters <1% VCE	73% facility 16% field office 8% headquarters <1% VCE
Supervisory	35%	36%
Security	37% (N=1,747; 26% of all COs)	38% (N = 1,690; 23% of all COs)
Tenure at DOC	55% 10 or more years 5% less than 1 year	50% 10 or more years 5% less than 1 year

Note: VCE = Virginia Correctional Enterprises.

Though the demographic, regional, and professional (position and supervisory level) composition of Wave 2 respondents was like Wave 1, it is notable that a larger share of seasoned or "veteran" staff elected to participate in the Wave 2 survey compared with Wave 1.[18]

Approximately 38 percent (N = 1,631) of Wave 2 respondents participated **only** in Wave 2, yet just 14 percent (N = 600) were new to the VA-DOC since Wave 1. This means a sizeable share of "veteran" VA-DOC staff (approximately 1,000 staff or one-quarter of all Wave 2 participants) who responded to the Wave 2 survey had been disinclined to do so during Wave 1; 48 percent (N = 495) had been with the VA-DOC for 10 years or more. Additionally, the share of respondents working in a facility setting increased from Wave 1 (54 percent) to Wave 2 (73 percent), while the share of community corrections staff responding to the survey fell from 39 percent to 16 percent.[19]

The large share of "veteran" staff willing to participate at Wave 2 suggests these staff either felt more comfortable participating in the survey (and were possibly less fearful of repercussions for doing so), were more inclined to believe their voice mattered, or both. As discussed briefly above, themes and findings from the Wave 1 survey were disseminated to the entire VA-DOC staff before Wave 2 administration and may have (1) heightened the visibility and importance of the effort, (2) underscored that the VA-DOC was paying serious attention to the findings and using them to guide ongoing improvements, and (3) supported the notion that the new director and his executive team were committed to empowering supervisors and line staff to provide feedback that could be used to achieve better outcomes for staff as well as incarcerated and formerly incarcerated people. Although it is true that fewer total staff, overall, participated in Wave 2, Urban researchers attribute the reduced response rate to the timing of data collection: Wave 2 took place during the height of the summer vacation season when fewer staff were available to complete the survey.

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[18] Approximately 62 percent of Wave 2 respondents also participated in Wave 1, offering a sizable number of responses (N = 2,619) with which to analyze change over time. Although change between waves can be examined with the general sample, analysis of respondents who participated in both waves provides a more reliable picture.

[19] It is important to note that although every facility and field office unit was represented in both survey samples, neither was represented equally or proportionally. As such, findings are not generalizable to subsets of staff but instead offer possible directions for future inquiry and discussion.

Assessing the Influence of the HEI

Analysis of Wave 2 survey data sought to answer these critical questions:

- Has *awareness* of the HEI increased between Waves 1and 2?

- Has *involvement* in HEI activities increased between Waves 1 and 2?

- Has *support* for the HEI increased?

- Does HEI support *vary* among key groups, as identified below?

    » Respondents who completed both surveys.
    » New employees.
    » "Veteran" employees who participated in Wave 2 only.
    » Field and facility-based staff.
    » Supervisory and nonsupervisory staff.
    » Staff at maximum security facilities and all other facility staff.

- What types of staff demonstrate low support for "commitment to the HEI"?

- How does involvement in HEI activities affect support for HEI?

- How does HEI support correlate with views of leadership, staff cynicism, coworker support and staff antisocial behavior, perceived job safety, and dialogue practices?

The answers to these questions provide important insights about how much traction the HEI has gained within the VA-DOC and its perceived influence on department operations. These analyses also offer VA-DOC leadership actionable information about strengths on which to build and areas for additional outreach, education, and training and technical assistance to staff.

To aid analysis, survey questions were grouped into 18 scales using confirmatory factor analysis.[20] Each scale included multiple items to more efficiently represent complex concepts such as support for the HEI, ethical leadership, cynicism toward change, organizational commitment, and support for

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[20] The reliability of each of these scales is measured by a Cronbach's alpha score, a measure of internal consistency. See "What Does Cronbach's Alpha Mean?" Institute for Digital Research and Education, accessed February 6, 2017, http://www.ats.ucla.edu/stat/spss/faq/alpha.html. General convention holds that the closer the alpha score is to 1, the stronger the reliability of the scale. As such, an alpha score of 0.7 or higher is typically considered acceptable.

reentry. The following sections present and discuss responses to individual items and scale scores as appropriate. Findings focus primarily on changes from Wave 1 to Wave 2.
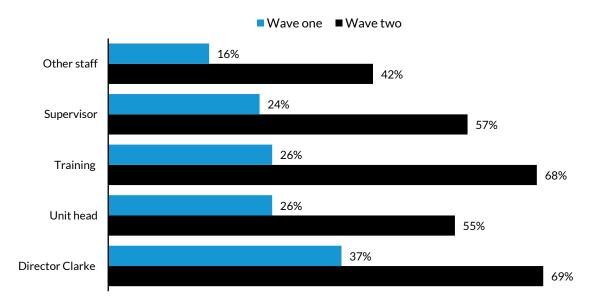
Has Awareness of the HEI Increased?

As described by the VA-DOC, "the Healing Environment Initiative involves an [organizational] culture shift…and is defined as purposefully created by the way we work together and treat each other, encouraging all to use their initiative to make positive, progressive changes to improve lives. It is safe, respectful, and ethical—where people are both supported and challenged to be accountable for their actions." Further the department reports that "specific Healing Environment Initiatives have been developed and implemented by the prisons, probation districts, headquarters, and regional offices to improve the culture of these work environments."[21]

Awareness of the HEI among VA-DOC employees, already widespread during the first administration of the survey, **increased dramatically during Wave 2.** Among Wave 1 respondents, 63 percent had heard about the HEI at the time of survey administration. By Wave 2, 97 percent of survey respondents had heard about the HEI. Importantly, staff responding to Wave 2 had heard about the HEI from a broader array of sources (see figure 1). At Wave 1, approximately 37 percent of respondents had heard about the HEI through any given source; by Wave 2, just four different sources provided 55 percent or more of survey respondents with information about the HEI. Importantly, we see a notable increase in the percentage of staff who heard about the HEI from sources *other than* the VA-DOC director: nearly two-thirds of respondents heard about the HEI from their respective unit heads or supervisors, up from just one-quarter of Wave 1 respondents. Likewise, approximately 42 percent of Wave 2 respondents reported hearing about the HEI *from other staff*, up from just 16 percent at Wave 1. This suggests the HEI is gaining traction at middle management and line staff levels and that staff at these levels are discussing the HEI. This is consistent with the initiative's intent to expand communication and training over time from a largely leadership effort to line staff.

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[21] E-mail correspondence with the VA-DOC executive team, June 23, 2014.

FIGURE 1

How Staff Heard About the HEI

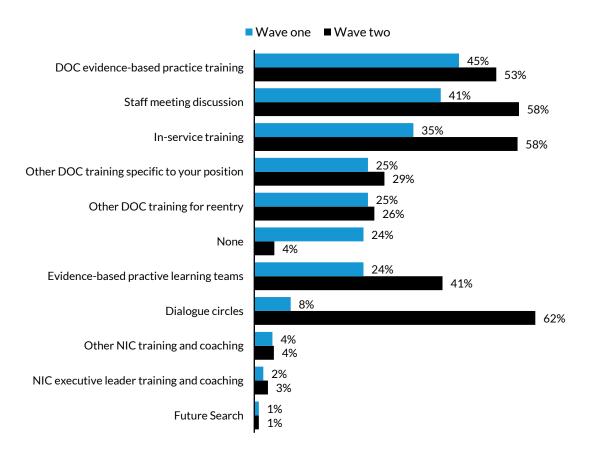
Source: Urban Institute VA-DOC Staff Survey, 2012 & 2013

Has Participation in HEI-Related Activities Increased?

Analyses indicate **an appreciable increase in staff participation in HEI-related activities from Wave 1 to Wave 2** (figure 2). Greater participation in HEI activities is also linked to higher levels of support for the Healing Environment Initiative. Reported participation in Dialogue Circles registered the most dramatic increase: 62 percent (N = 2,625) of Wave 2 respondents reported participating in Dialogue Circles, up from just 8 percent (N = 387) of Wave 1 respondents. This increase mirrors the VA-DOC's efforts to train staff in dialogue skills and encourage the use of these skills in everyday discourse among all levels of staff. As noted earlier, dialogue skills emerged as a foundational mechanism for creating the HEI and advancing related practices. The VA-DOC describes dialogue as "a mode of talking and thinking together that helps people find a common understanding and a common purpose…dialogue requires a set of simple and practical skills that can easily be learned and bettered with practice to reach solutions to a range of complex problems."[22] Other HEI-related activities that saw notable increases in

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[22] Ibid.

participation included staff meeting discussions and evidence-based practice learning teams,[23] which both saw 17 percentage point increases from Wave 1 to Wave 2, and in-service training, which saw a 23 percentage point increase. Again, these increases suggest the HEI is permeating VA-DOC work at all staff levels.

FIGURE 2

Staff Participation in HEI Activities

■ Wave one   ■ Wave two

Activity	Wave one	Wave two
DOC evidence-based practice training	45%	53%
Staff meeting discussion	41%	58%
In-service training	35%	58%
Other DOC training specific to your position	25%	29%
Other DOC training for reentry	25%	26%
None	24%	4%
Evidence-based practive learning teams	24%	41%
Dialogue circles	8%	62%
Other NIC training and coaching	4%	4%
NIC executive leader training and coaching	2%	3%
Future Search	1%	1%

Notes: DOC = Department of Corrections, NIC = National Institute of Corrections.

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[23] According to the VA-DOC, learning teams are designed to improve employee skill development, share information, and conduct case reviews. Learning teams serve to create alignment between the individual employee and the department's mission, vision, and values.

Support for the Healing Environment Initiative Items

To measure staff support for the Healing Environment Initiative, survey participants responded to nine statements using a five-point Likert-type scale ranging from strongly agree to strongly disagree; don't know was also an option.

1. I believe in the value of the Healing Environment Initiative.

2. The Healing Environment Initiative is a good strategy for this organization.

3. The Healing Environment Initiative serves an important purpose.

4. I feel a sense of duty to work toward this change.

5. I would feel guilty about opposing this change.

6. I do not feel any obligation to support this change.

7. The unit I work in is or comes close to being a healing environment.

8. I do not believe a healing environment is possible in my work unit.

9. I do not see how a healing environment will improve offender outcomes.

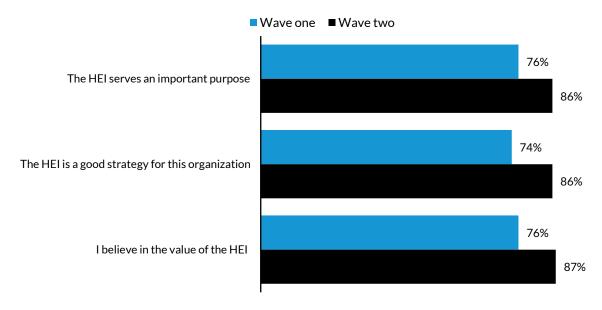# Strong Support for the Healing Environment

Nine items measured support for the HEI (see box 5). Though respondent support for the HEI was generally strong at Wave 1—75 percent reported that they believed in the value of the HEI and viewed it as a good strategy for the VA-DOC—support increased at Wave 2. Figure 3 illustrates this increase in support on selected measures.

Does Support for the HEI Vary Among Staff?

Despite these increases in support, a portion of respondents remained unsure about the HEI. At both survey administrations, about 15 percent of respondents agreed or strongly agreed with the statements "I do not believe a healing environment is possible in my work unit" and "I do not see how a healing environment will improve offender outcomes."

FIGURE 3

Staff Support for the HEI

Note: HEI = Healing Environment Initiative.

Looking across these respondents, facility-based staff, particularly those working in higher security facilities, were more likely to question the feasibility of a healing environment in their work setting; as the security level of a facility increased, skepticism of the HEI's feasibility increased. Likewise, nonsupervisory staff were more likely to believe a healing environment was not possible in their work setting (19 percent) than supervisory staff (12 percent). The same categories of staff—nonsupervisory, facility-based staff in high-security institutions—were more likely to express uncertainty about how a healing environment would improve offender outcomes. This suggests the VA-DOC may need to increase outreach and awareness efforts to staff in its higher security facilities and more proactively engage with these staff and the people housed in those facilities to examine and explore the features of a healing environment in facilities housing high-risk people long-term. A healing environment and the culture change needed in these facilities may be very different from what is needed in a low security facility.
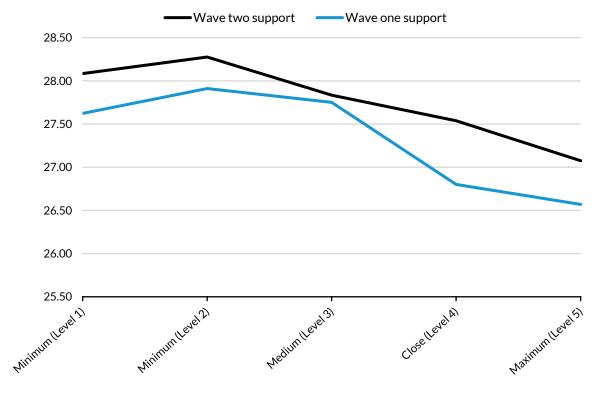
To permit further and more efficient analyses, Urban researchers created an overall measure of support for the Healing Environment Initiative, or HEI Support scale. Respondents registered their level of support for the HEI on nine items using a four-point scale (1 = strongly disagree, 4 = strongly agree). Some items were reverse-coded so that strong agreement indicated less support for the Healing Environment Initiative. The value of these responses was reversed, as needed, so that higher numbers

uniformly equated to greater support across all questions. Responses were added together to generate a total score.

The minimum possible score for this unified measure was 9 and the highest was 36. The higher the score, the more support for the HEI. The midpoint score was 22.5, which would indicate neutral sentiments about the HEI. Scale scores were generated for only those people who responded to *both* waves of the survey (N = 2,619) in order to ground change measures (i.e., did support for the HEI decrease, increase, or stay the same over time? Are new Wave 2 respondents driving change?). In Wave 1, support for the HEI was measured at 27.72, indicating positive sentiments about the HEI. In Wave 2, the scale score stood at 28.42, a noticeable increase. This suggests that support for the HEI increased among respondents at Wave 2.

As discussed in an earlier section of this report, although there was strong overall support for the HEI, there were important variations in that support throughout the VA-DOC, especially variations by the security level of the institution (figure 4).

FIGURE 4

HEI Support by Facility Security Level

Note: HEI = Healing Environment Initiative.

CREATING AND MEASURING A HEALING ENVIRONMENT IN THE VA-DOC

Among facility-based staff, levels of support for the HEI generally decreased as the facility's level of security increased. That is, staff in lower security facilities tended to register higher levels of support for the HEI. Yet, it is notable that support for the HEI increased across *all* facilities from Wave 1 to Wave 2.

There were other important variations in support for the HEI by position and work location/unit type. For example, support for the HEI was strongest among senior leadership positions, specifically wardens, probation chiefs, and executive or regional administrator staff. In general, staff who held supervisory positions expressed higher levels of support for the HEI than nonsupervisory staff. There was also slightly more support for the HEI among VA-DOC respondents working in headquarters and field offices. By job position, support for the HEI was also relatively weak among inmate education staff, maintenance staff, and security staff. Additional outreach and education to these groups regarding the objectives and features of the HEI may be needed.

Does Participation in HEI Activities Affect HEI Support?

Analyses found a **clear link between engagement in HEI-related activities and levels of support for the Healing Environment Initiative**. Respondents who participated in more HEI activities displayed higher levels of HEI support. Conversely, respondents who participated in fewer HEI activities had lower levels of support. The correlation between participation in Dialogue Circles and support for the HEI was particularly strong; likewise, higher levels of HEI support were correlated with more positive views of leadership, stronger organizational commitment, and higher levels of optimism for positive change, though this effect did not hold for staff located in VA-DOC correctional facilities. Findings here suggest that participation in Dialogue Circles may be a valuable strategy for building consensus and buy-in for the HEI and other forms of culture change.

Do Staff Views of the VA-DOC and the VA-DOC Workplace Affect HEI Support?

Optimism for change, organizational citizenship, perceived danger, and experiences of antisocial behavior are all important measures both in and of themselves and because of their relationship to the HEI. The survey measured these concepts and examined their relationship to staff support for the HEI using mean scale scores. Specifically, Urban researchers created scales for ethical leadership, cynicism

toward change, organizational commitment, antisocial staff behavior, and coworker support. (box 6 offers a brief explanation of each of these scales.)

Strong Organizational Commitment and Optimism for Change

Optimism about the potential for positive change[24] within the VA-DOC was high among survey respondents at Wave 1 and showed a small increase in Wave 2; staff cynicism was low. This small but perceptible improvement was noticeable across several survey items. In Wave 1, 70 percent of survey respondents agreed that pursuing changes at their location were worthwhile; 73 percent agreed in Wave 2. Similarly, 62 percent of respondents in Wave 2 made suggestions about how to improve the workplace, up from 60 percent in Wave 1. In Wave 2, 53 percent of respondents agreed that efforts to

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[24] Constructs like "optimism for change" and "organizational citizenship" were created in the same way as measures of support for the Healing Environment Initiative: responses from a series of survey items related to each concept were summed together so that higher values of the concept indicated a greater belief in that item (e.g., a respondent with an optimism for change score of 13.68 is more optimistic about the potential for positive change than one with a score of 12.12).

make improvements in their workplace usually succeeded. Analyses of scale scores reinforced this, as indicated by table 2.

TABLE 2

Mean Scale Scores for Wave 1 and Wave 2 Support Measures

	Wave 1	**Wave 2**
Support for the healing environment	28.02	28.42
Organizational commitment	11.99	12.16
Cynicism toward change	13.44	26.16
Ethical leadership	13.68	26.84

Additionally, midcareer respondents who had been with the VA-DOC for between 5 and 10 years were more likely to be cynical about the department's ability and willingness to change than those who had been with the VA-DOC for more than 10 years. This may suggest that staff with longer tenures had either figured out how to effect change from within the constructs of the department's organization or had the benefit of a long-term perspective and had already witnessed change within the department. Nonsupervisory respondents and respondents who held security positions were more likely to be cynical about change than other respondents.

Perceptions about organizational commitment did not change in any significant way from Wave 1 to Wave 2. However, Wave 1 respondents reported high levels of organizational commitment; comparative analysis suggests these high levels were sustained in Wave 2. Importantly, the analyses found that high levels of optimism (low levels of cynicism toward change) and organizational commitment were linked to high levels of support for the HEI.

How Do Perceptions of Leadership Align with HEI Support?

Overall, VA-DOC survey respondents had a positive impression of their supervisors as measured by 11 dialogue practice questions introduced in Wave 2. More than 70 percent of respondents either agreed or strongly agreed that their supervisors were respectful, supportive, and open-minded toward their employees. The item with the lowest level of agreement was "my supervisor evaluates his/her own views and assumptions rather than being certain he or she is right," a statement for which 60 percent of respondents agreed or strongly agreed. The largest share of respondents (78 percent) agreed or strongly agreed that supervisors expressed themselves in authentic and genuine ways and gave their full attention to understanding staff. Respondents from Virginia Correctional Enterprises were the exception to these trends—they expressed lower levels of approval for supervisors on these measures

than VA-DOC staff working in other settings. It should be noted, however, that formal training on dialogue practices for Virginia Correctional Enterprises personnel was just beginning during the administration of the Wave 2 staff survey.

How Do Perceptions about Workplace Support Align with Support for HEI?

Overall, respondents reported low levels of staff antisocial behavior both at Wave 1 and Wave 2. Analysis indicates a further decline at Wave 2, although how often respondents witnessed antisocial behavior or engaged in it varied across the department. Larger shares of facility-based staff and Virginia Correctional Enterprises staff reported witnessing antisocial behavior. Conversely, employees based in community corrections offices (i.e., field offices) were least likely to report witnessing or engaging in antisocial behavior, such as intentionally damaging or destroying VA-DOC property or belittling or harassing a coworker. Not surprisingly, staff who reported low levels of perceived coworker support were more likely to report witnessing antisocial behavior. These respondents also reported relatively low levels of HEI support.

The survey also measured staff perceptions of workplace safety consistent with the VA-DOC's stance that "the safety of the public, VA-DOC personnel, and the individuals under the department's care and custody is the first goal of the organization's Strategic Plan and closely linked to developing an organizational culture and procedures based on collective thought and internal accountability."[25] Although 75 percent of Wave 2 respondents agreed or strongly agreed that they work in a dangerous environment and upwards of 60 percent of respondents in both waves agreed they stand a good chance of getting hurt on the job, approximately 65 percent reported feeling safe at their jobs and when working among offenders. A notable development at Wave 2 was the decreased share of staff who agreed that changes in VA-DOC operations were making their jobs more dangerous: only 22 percent of Wave 2 respondents agreed or strongly agreed that recent changes at the VA-DOC had increased the danger associated with their jobs, compared with 65 percent in Wave 1. Monitoring staff perceptions of danger may continue to be important given the strong link between perception of danger and support for the HEI: staff who perceived their jobs to be more dangerous also displayed lower levels of HEI support.

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[25] Correspondence from the VA-DOC executive team, June 23, 2014.

Support for Evidence-Based Practices

The Wave 2 survey revealed broad support among respondents for evidence-based practices consistent with Wave 1. More than 80 percent of respondents agreed or strongly agreed that providing incarcerated and justice-involved people with a broad array of services and programs was important, and more than 90 percent of respondents registered support for core evidence-based practices, such as regular risk and needs assessments, cognitive behavioral therapy programs, and discharge planning. Only a very small share of respondents was generally opposed to reentry practices and programming. This finding offers further evidence that there is strong support in the VA-DOC for evidence-based practices.

Summary and Implications

Overall, the analyses found broad support and enthusiasm for the HEI as well as largely positive staff views of the VA-DOC and its operations and culture. The majority of staff also indicated high levels of support for reentry and evidence-based practices. These positive perceptions of the HEI and the VA-DOC were sustained by respondents in Wave 2.

There were only minimal changes on most measures from Wave 1 to Wave 2, consisting primarily of significant increases around staff awareness of the HEI and participation in HEI-related activities. Though findings from Wave 1 indicate that respondents generally held a favorable view of the Initiative, analyses also suggest there are subsets of VA-DOC staff who held less favorable views. Understanding these groups' perceptions of the HEI and developing strategies to increase their understanding and support may be important to sustaining and enhancing the organizational changes made under the HEI.

Importantly, these analyses of the VA-DOC staff survey provide important insights into organizational culture change for correctional leaders and policymakers. Specifically, findings to date suggest that workplace culture matters, that leadership development and effective, open communication techniques can positively impact workplace culture in a correctional setting, and that these techniques appear to empower staff and make them more optimistic about organizational change and their roles in creating a dynamic, ethical, positive workplace that positively impacts staff and possibly the people under their care and custody.

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