



# Community-Based Residential Treatment Facilities

## LEARNING OBJECTIVES

1. Understand the challenges facing jail facilities and the need for jail diversion programs.
2. Know the history of the development of halfway houses in the United States.
3. Be aware of the various types of community residential treatment programs that exist.
4. Understand the benefits of using community residential treatment programs.
5. Be cognizant of the various offender needs and problems that residential facilities may address.

### Introduction

Jail facilities are typically the first point at which an offender is officially classified as being in the correctional component of the criminal justice system. However, this is a bit deceptive since most people are only being detained after they have been arrested. This detainment, or detention, occurs at a local detention facility that is usually administered by the county and operated by the sheriff's office. This detention facility is what is generally thought of when we use the term *jail*.

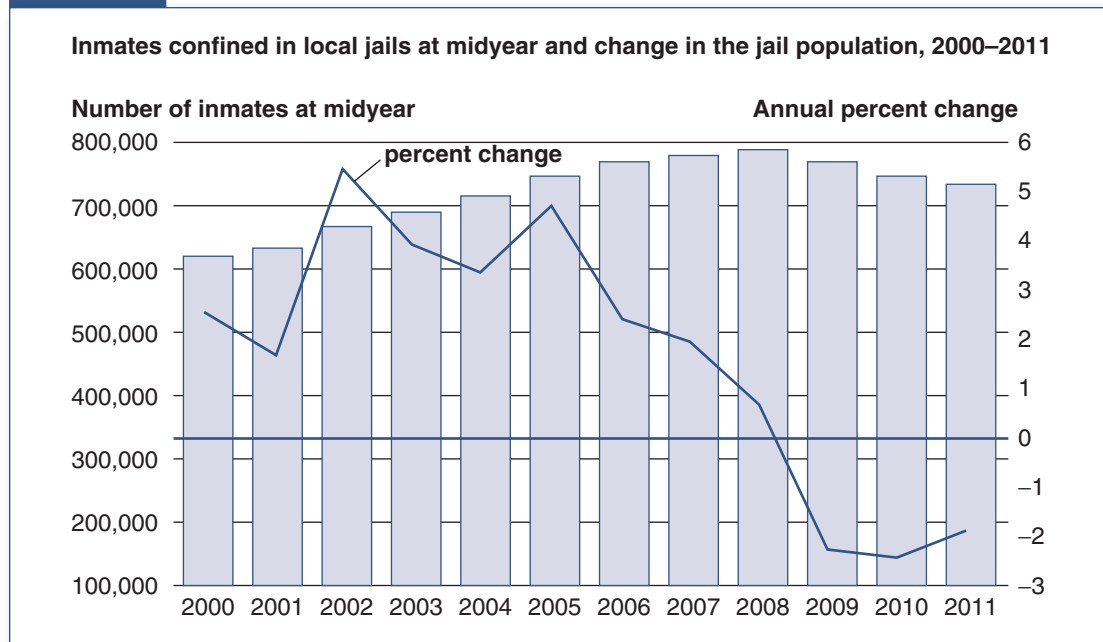
In simple terms, a **jail** is a confinement facility, usually operated and controlled by county-level law enforcement, that is designed to hold persons charged with a crime who are either awaiting adjudication or serving a short sentence of one year or less after the point of adjudication. Similarly, the Bureau of Justice Statistics (2008) defines jails as “locally-operated correctional facilities that confine persons before or after adjudication. Inmates sentenced to jail usually have a sentence of a year or less, but jails also incarcerate persons in a wide variety of other categories.” This means there is quite a bit of flow in and out of a jail facility for

two reasons. First, persons who are arrested are automatically held within the jail facility, but many are released within two or three days due to the placement of bond or a judge releasing the person on his or her own recognizance. Second, offenders who serve jail terms do so for one year or less, as longer sentences are most often reserved for those serving true prison sentences. Thus, even among those serving a jail sentence, the turnover tends to be rapid because most sentences are only for a few months to a year.

### Initial Offender Processing in the Jail Setting

While there is a significant amount of turnover, the jail population is not nearly as large as the population of offenders on community supervision. Though the jail population continues to be significant in terms of sheer numbers, those numbers have declined over the last handful of years. For example, between 2006 and 2011, the jail population decreased to 621,149 from 735,601 jail inmates throughout the United States. While the number of inmates in local jails peaked in June 2008 at 785,533 inmates, the number since then has declined by about 50,000 persons (or 6.4%). The average daily count of persons in jails also declined by about 50,000 inmates during this same three-year period. The jail incarceration rate—the combined population per 100,000 U.S. residents—dropped to 236 in 2011, down from 259 in 2007. The 2011 incarceration rate was the lowest jail incarceration rate since 2002. Figure 10.1 shows both the

Figure 10.1



SOURCE: Bureau of Justice Statistics. (2012). *Jail inmates at midyear 2011—statistical tables*. Washington, DC: U.S. Department of Justice.

total number of inmates confined in jails across the United States, by year (appearing as a gray bar chart), and the percent change in the jail population, from 2000 to 2011.

The jail population is still substantial, but it has, during the past three or four years, declined considerably. Table 10.1 illustrates both the growth in numbers and the increasing rate of offenders who were jailed between 2000 and 2006 as well as the decline that started in 2009. During the year 2011, the vast majority of jail inmates were male, numbering 642,300, while female offenders in jail numbered 93,300. Juvenile offenders in jail facilities consisted of 6,000 total offenders at midyear in 2011. Thus, it is clear that when we talk about jailed offenders, the majority are male and adult. Though the rate of female offenders in jail is higher than that of male offenders, it is still true that males greatly outnumber females in jail facilities.

As mentioned before, there are far fewer people in jail facilities than there are on community supervision, and this might suggest that jails are a minor component of the criminal justice system. This is of course untrue, and it should be noted that the average daily population data on the number of persons in jail does not adequately portray the important role of the jail and its expanded importance to the correctional and judicial arms of the justice system. While the population of jail facilities may be fewer than 800,000 persons nationally on any given day, “between 10 and 15 million persons pass through the jail systems during a calendar year” (Wallenstein, 1999, p. 49). This statistic suggests that jail facilities around the nation essentially process roughly 10 times the number of persons who are reflected in a count taken on any given day of the year. Thus, there is clearly a substantial amount of turnover among the jail population. In many cases, a similar group of offenders may recycle in and out of the jail facility, perhaps going through intake and exit from jail at a variety of points throughout the year. The fact that these inmates recycle through the jail facility creates a number of challenges and difficulties for jail staff who must contend with this constantly changing offender population. This also means that jail facilities have a substantial impact on the public safety of communities that surround them. Therefore, jail administrators have a very big responsibility, both to the jail staff and to the community at large, as the jail agency is pushed and pulled by the ingress and egress of inmates as well as the demands of and concern for the community.

With this ingress and egress of persons in mind, it becomes clear that the most critical area of a jail is the admission point, commonly known as the booking area. There are many potential security risks in the booking areas because so many people enter and exit the jail facility from this point. Persons arrested and brought into the booking area are often under the influence of drugs, alcohol, or both, and this naturally creates health, safety, and security problems. Further, these individuals are likely to be anxious or depressed or have some other form of negative affect (including anger, of course). Kerle (1999) notes that many persons who are first booked are potentially assaultive, willing to strike out at staff who are nearby. In fact, according to Kerle’s research, many jail altercations tend to occur in the booking area.

Jails also book a large number of persons with mental disturbances (see Chapter 13 for more detail), as these are often comorbid with drug and alcohol problems. For this reason, jail facilities should have mental health personnel and substance abuse specialists on staff and available 24 hours a day to diagnose and manage the array of problems with which these offenders may present (Kerle, 1999). The reality is, such services are often only

**Table 10.1** Inmates Confined in Local Jails at Midyear, Average Daily Population, and Incarceration Rates, 2000–2011

Year	Inmates confined at midyear <sup>a</sup>			Average daily population <sup>b</sup>			Jail incarceration rate <sup>c</sup>
	Year-to-year change			Year-to-year change			
	Total	Number	Percent	Total	Number	Percent	
2000	621,149	15,206	2.5%	618,319	10,341	1.7%	220
2001	621,240	10,091	1.6	625,966	7,647	1.2	222
2002	665,475	34,235	5.4	652,082	26,116	4.2	231
2003	691,301	25,826	3.9	680,760	28,678	4.4	238
2004	713,990	22,689	3.3	706,242	25,482	3.7	243
2005	747,529	33,539	4.7	733,442	27,200	3.9	252
2006	765,819	18,290	2.4	755,320	21,878	3.0	256
2007	780,174	14,355	1.9	773,138	17,818	2.4	259
2008	785,533	5,359	0.7	776,573	3,435	0.4	258
2009	767,434	-18,099	-2.3	768,135	-8,438	-1.1	250
2010	748,728	-18,706	-2.4	748,553	-19,582	-2.5	242
2011	735,601	-13,127	-1.8	726,657	-21,896	-2.9	236
<b>Average annual change</b>							
2000–2010			1.9%			1.9%	
2010–2011			-1.8			-2.9	

SOURCE: Bureau of Justice Statistics. (2012). *Jail inmates at midyear 2011—statistical tables*. Washington, DC: U.S. Department of Justice.

\*Number of jail inmates per 100,000 U.S. residents on July 1 of each year.

- a. Number of inmates held on the last weekday in June.
- b. Sum of all inmates in jail each day for a year, divided by the number of days in the year.
- c. Number of inmates confined at midyear per 100,000 U.S. residents.

routinely available in larger jail facilities, with smaller jails in rural areas perhaps having no such staff at all. Even with larger jail facilities, these staff may be so overworked as to hardly be available during times that are not considered peak hours for intake. In cases where such staff are not available, the booking officer must identify unusual behavior, perhaps having been trained through in-service processes to observe sudden shifts in

mood or personality, hallucinations, intense anxiety, paranoia, delusions, and loss of memory (Kerle, 1999). Further, the risk of suicide is greater in jail facilities than in prisons, particularly during the first 48 hours and especially if the person is under the influence of alcohol or drugs. The booking officer and other staff must be quick to screen for potential suicide in all circumstances, noting mental health, substance abuse, or other factors that might exacerbate its likelihood.

As noted earlier, jails may commonly house persons who cycle in and out of their confines. The reason for this is that the bulk of criminal activity is committed by a small group of the overall offender population. These offenders, roughly 10 percent of the total offender population, commit well over half of all the crime in a local jurisdiction (Cullen & Agnew, 2006). While much of this crime may be petty, these repeat offenders tend to cycle in and out of jail in between charges, with no long-term prison sentences due to the low priority of the criminal activity. Further, these offenders tend to know each other. Indeed, many are drug users who may sell, share, or use drugs with one another. Others may be partners in criminal activity, and, even more disturbing, some may be mutual members of a street gang. The point is that there tend to be interconnections among the criminogenic population due to chance meetings that occur on the streets or their periodic contact while in prison. Thus, in many larger jurisdictions, this offender population often maintains contact, both in and out of jail, revolving back and forth from the community to the jail and back again.

Among these petty and small-time offenders may be some who are homeless. The homeless population is a particular problem for larger jurisdictions, with most beat cops knowing these individuals by name, so frequent is their contact with them. Many homeless people have substance abuse issues, problems with trauma and anxiety, or other mental health disturbances. All of these factors are further worsened by an unstable lifestyle that consists of poor nutrition, inadequate health maintenance, and drug or alcohol use. Further still, communicable diseases may be more common among these individuals due to poor personal maintenance and risky lifestyle choices. This is particularly true for female offenders who may resort to prostitution either to pay for their drug habit or to pay for their basic needs. In such cases, these offenders are likely to be “regulars” for police officers in those jurisdictions and for jail staff who will book these nuisance offenders multiple times throughout the course of a year. In fact, it is even common among the homeless population for offenses to coincide with colder months of the year, such persons committing petty crimes so that they may spend the winter indoors within the jail facility rather than outside on the streets during the cold of winter.

## **The Use of Jail Diversion Programs to Alleviate Jail Crowding**

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Jail diversion programs have become a popular type of program when processing many offenders who have already been discussed. The use of such programs helps to prevent overcrowding of a jail system, but this should not be misunderstood—considerations are not made simply based on the population of the jail itself. Rather, jail diversion programs are designed to divert mentally ill offenders from the jail facility. In addition, many jail diversion programs that have emerged are structured for substance abuse treatment. This is important because it underlines

the desire to provide treatment to these troubled populations. Thus, **jail diversion programs** are programs that are designed to divert mentally ill offenders and offenders with drug abuse issues from the jail facility as a means of enhancing therapeutic treatment aspects related to the challenges that face these offenders. In addition, many jail diversion programs have benefited from substantial federal funding, with most grants coming from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Corrections (NIC).

Therefore, jail diversion programs seek to identify those persons who are in need of mental health interventions or substance abuse treatment, the premise being that they will be given superior treatment services in environments other than the jail. Further, the jail facility is able to operate more effectively since it is not bogged down with offenders who have serious mental health problems. Thus, these programs are designed for both the welfare of the jail facility and the offender's own welfare and safety. Likewise, the community stands to benefit since offenders are likely to be given more careful and deliberate supervision while in treatment, and this is more likely to reduce their recidivate behavior.

Before proceeding further, it would be good to define what is meant by the term *diversion*. So far in this chapter, definitions for *jails* and *jail diversion* have been provided, but no clear working definition has been offered for the term *diversion*. Understanding its meaning is important since diversion can occur at many points in the offender's jail experience. In addressing this term, a definition will be adapted from Ronald Jemelka (2000) and his monograph contribution titled *The Mentally Ill in Local Jails: Issues in Admission and Booking*. Jemelka notes that diversion has been used to describe

virtually any contact between a mentally ill person and any member of the criminal justice community, including diversion activities by police, diversion activities at the point of admission and booking into a jail, mental health services offered in jails, programs to facilitate re-entry into the community when a detainee is released from jail, and community-based programs which have as their goal the prevention or reduction of contact with the criminal justice system by mentally ill persons. (p. 35)

In the case of this text, **jail diversion** refers to any process designed to reduce the contact between the criminal justice system and mentally ill or substance-addicted persons, with the



**Photo 10.1** The Caddo Correctional Center is a large jail facility with numerous types of programs for offenders. This facility houses gang offenders, violent offenders, and a number of other types of offenders who are provided different kinds of in-house programming. The Caddo Correctional Center is well integrated with external agencies, including probation and parole offices.

goal being to facilitate reentry of the offender into the community while avoiding risk of public endangerment. Students are encouraged to read Focus Topic 10.1 for an example of an excellent jail diversion program. These programs can consist of both pre-booking and post-booking interventions, so long as the primary nexus of intervention occurs during a time frame when the offender makes contact with the jail facility. With the purpose and parameters of jail diversion set, the question that then remains is whether these types of programs actually “work” better than the current “revolving door” system that exists in many jails. In a study by Steadman and Naples (2005), findings were obtained from six jail diversion programs that were federally funded to serve offenders with co-occurring disorders (having both mental health and substance abuse challenges). After a 12-month period, diverted offenders were compared with nondiverted offenders on self-reported outcomes. Steadman and Naples found that jail diversion does indeed reduce time spent in jail without leading to further public safety risks. In addition, these programs were found to be effective in linking offenders with community-based services. Naturally, this last finding is directly relevant to the main tenets of this text; release to the community can improve offender outcomes, thereby lowering public safety risks in the longest of terms.

The jail diversion programs examined in this study included three pre-booking and three post-booking jail facilities, from a variety of areas in the United States. Specifically, the pre-booking jail diversion programs were from Memphis, Tennessee; Montgomery County, Pennsylvania; and Multnomah County, Oregon, while the post-booking facilities were from Phoenix/Tucson, Arizona; Bridgeport, Connecticut; and Lane County, Oregon. The fact that the study compares both pre-booking and post-booking approaches to jail diversion in programs from diverse geographical areas in the United States ensures that the results of this research are generalizable to other parts of the nation. Further, the study by Steadman and Naples (2005) is important because it is one of the few systematic evaluations of jail diversion programs that exist in the literature. It is also one of the most recent studies to provide such a systematic view of these programs.

Steadman and Naples (2005) found that those selected for diversion were significantly different from those not selected when measured at baseline. According to Steadman and Naples,

Diverted participants were *more likely* to be female; have a primary diagnosis of schizophrenia or a mood disorder with psychotic features; receive Supplemental Security Income or SSDI; have higher Colorado Symptom Inventory scores indicating better mental health; and report higher life satisfaction. The diverted group was *less likely* to live with a spouse or partner; have substance use problems; and have been arrested and spent time in jail. The two groups were similar on measures of physical health, age, race/ethnicity, education level, previous employment, previous treatment/victimization and violent acts. (p. 166)

From the findings just noted, it is clear that those who were diverted tended *not* to be substance abusers and tended predominantly to have mental health issues. Further, the majority were female. The implications are that these agencies were essentially picking those offenders who already had a prognosis for treatment and reintegration that was better than that for those not selected. Indeed, the fact that females were more often selected tends to verify that these agencies diverted less serious offenders who, in most cases, do not commit violent crimes. Also, these female offenders did not seem to (at least at the point of measurement) be entwined in the domestically abusive relationships common to many female offenders

(discussed in detail in Chapter 14). Thus, those female offenders with fewer aggravating family dynamics tended to be selected for diversion; this was likely to skew the outcome in favor of success. Add to this the fact that those with substance abuse problems were less commonly diverted, and this again makes the outcomes of these six diversion programs less applicable (or generalizable) to much of the offender population. Indeed, most offenders have at least some sort of substance abuse problem or experience, and alcohol and drug use is very common among the female offender population. But in the case of the female offenders diverted to these programs, alcohol or drug abuse was *less likely*, thus indicating that these programs were essentially selecting safer candidates for success when diverting them to the community.

Further proof of this skewed selection process is evident when considering that the non-diverted group was found to be significantly more likely to report residential treatment for substance abuse problems. The existence of untreated substance abuse issues further complicates treatment prognoses and therefore makes it less likely that such offenders will succeed in reentry, at least during their first attempt. In addition, the diverted participants were significantly more likely to report receiving three or more counseling sessions, hospitalization, taking prescribed medications, and emergency room visits. This suggests that among those who were diverted, there was a higher likelihood this group would seek out help and would utilize this help. Again, this is a positive attribute that points toward likely success in any treatment program, especially one centered on the diversion of such offenders.

To be clear, the selection processes used by these six agencies may have been a prudent approach. After all, one does not want to release offenders into the community who have a high likelihood of recidivism. Thinking back to Chapter 3, such a means of selecting offenders for diversion is less likely to result in false negatives when predicting who will and who will not reoffend. This is of course important for any jail administrator, since continual release of offenders who continue to reoffend is likely to cause serious community backlash. Thus, the best cases available are selected for diversion because they are the safer bets and they are less likely to end in a negative reflection on the program. This helps to ensure community support of the program, or it at least avoids the possibility of community resistance emerging. So, to some extent, this skewed selection of offenders is understandable and, one might argue, quite prudent on the part of jail facilities. On the other hand, this demonstrates that positive outcomes from such programs need to be observed with a skeptical eye since the argument could be made that those selected for diversion were likely to reform on their own anyway, at some point or another.

### **FOCUS TOPIC 10.1 THE PHOENIX PROJECT: MARYLAND'S JAIL DIVERSION PROGRAM FOR WOMEN WITH CO-OCCURRING DISORDERS**

The Division of Special Populations of the Mental Hygiene Administration of the Maryland Department of Health and Mental Hygiene oversees programs for individuals with mental illness who may also have co-occurring substance abuse disorders, be homeless, have hearing disabilities,

have HIV/AIDS, or be in the criminal justice system. As the number of women in jails has increased nationwide, there has been a corresponding increase in female inmates in the detention centers in Maryland. Although Maryland detention centers have been providing mental

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health services to inmates of both sexes since 1992, female inmates have not been the focus of specialized treatment until recently.

The Maryland Community Criminal Justice Treatment Program (MCCJTP) was begun as a pilot program in four counties in 1992. Since that initial program, the Division of Special Populations has developed the program in 22 of Maryland's 23 counties. In 1995, the Division focused on treatment programs for women in response to the concerns of wardens about the special problems that incarcerated women presented to correctional staffs. These problems included increased suicide threats; reclusive behaviors in which women refused to be involved in activities, resulting in a lack of concern for personal hygiene and medical care; and an inability to cope with their situation as inmates. Many of these behaviors resulted in institutional infractions.

### The Diversion Process

When police respond to a complaint, the Mobile Crisis Unit (MCU) is called if a woman exhibits signs or symptoms of mental illness or a substance abuse disorder. The disposition of the case is a joint effort between the MCU and the police, depending on multiple factors, including the nature and severity of the offense, the mental status of the woman, her criminal history,

and her behavior and conduct. If she is eligible, she is diverted into the Phoenix Project instead of being taken to the detention center.

Women eligible for the services of the Phoenix Project must be 18 or older and have a severe mental illness as evidenced by a *DSM-IV* Axis I clinical diagnosis as well as a substance abuse disorder. The woman must also face arrest for a misdemeanor or a non-violent felony. A woman who is eligible for Phoenix and agrees to participate in the project will at that point be diverted into emergency crisis housing where she will be further evaluated and stabilized, or she will receive intensive case management and clinical interventions in her home. Her children will also be with her. She and the children will be moved to transitional housing as soon as she is ready. In addition, if she is homeless, she will also be eligible to access the Shelter Plus Care rental assistance available through the Division of Special Population's HUD grant. A key component of the services available to the woman is a case manager who specializes in mental health and substance abuse. The case manager provides direct mental health/substance abuse treatment services and brokers other community services for the woman and her children, as needed. With Maryland's entry into a managed public mental health fee-for-service care system, community services are most often reimbursable.

**SOURCE:** Quoted verbatim from Gillece, J. (2000). *The Phoenix Project: Maryland's jail diversion program for women with co-occurring disorders*. Washington, DC: National Institute of Corrections.

When examining the costs associated with jail diversion programs, Steadman and Naples (2005) found that, overall, the diverted group incurred higher community-based treatment costs, and the nondiverted group incurred higher jail costs. In relating outcomes to costs, Steadman and Naples found few statistically significant differences. Of those observed, they noted the following:

In each of the sites, diversion was associated with differences in only one of the outcomes. In Lane County, OR, diversion reduced the probability of drug use by 80 percent at no greater net cost. In Tucson, AZ, diversion raised the Colorado

Symptom Inventory scores by 4.5 points at a cost of \$190 per point of improvement (a non-statistically significant difference). In New York, diversion reduced the odds of nonviolent victimization by nearly 70 percent. In Memphis, TN, diversion raised the Colorado Symptom Inventory scores by 2.4 points at three months at a cost of \$1,236 per point of improvement. (p. 168)

From the above, it is clear that jail diversion programs do not necessarily save money, but they do seem to have at least some effect on overall treatment outcomes. These researchers note that the data taken from these six SAMHSA jail diversion programs suggest the following:

1. Jail diversion does “work,” at least in terms of reducing time spent in jail, with many offenders spending more time in the community than in and out of jail facilities.
2. Jail diversion does not increase public safety risk.
3. Jail diversion programs more effectively link diverted offenders to community-based services.
4. For the most part, jail diversion offenders had lower criminal justice costs, but this was offset by higher treatment costs. In fact, this additional treatment cost is often higher than the criminal justice savings in the short run.

Taken together, results from these six sites provide mounting evidence that jail diversion results in positive outcomes for individuals, systems, and communities (Steadman & Naples, 2005). While these programs are apparently a bit more expensive in the short term, they do seem to “work” when the correct offenders are selected for such programs and when the appropriate services are utilized. The extent to which these outcomes can be sustained on a long-term basis will determine whether these programs are ultimately considered effective. It is clear that these programs select those more likely to succeed. This selection criterion indicates that the emphasis of these programs is on actual likelihood of treatment success rather than simply easing jail population issues related to overcrowding. Naturally, the actual prognosis for treatment is precisely what should be given priority, with budgetary concerns being subordinate (within reason, of course) to decisions to divert or not divert offenders into the community.

## Historical Developments of Halfway Houses

The use of halfway houses has been traced back to the early 1800s in England. In the United States, the first use of a halfway house is thought to have occurred in 1817 when the Massachusetts Prison Commission recommended establishing a temporary residence for offenders who had just been released from prison (Latessa & Allen, 1999). The commission made this recommendation in the belief that offenders would need a supportive environment immediately after release to assist in the process of establishing a prosocial and law-abiding existence. Among other concerns was the fact that the community itself was (especially during the early 1800s) biased and unforgiving toward prior offenders. Even at this time, the difficulty for offenders in finding employment upon release was noted as a specific problem (Cohn, 1973).

During the early 1800s, a type of penal system had been in practice, commonly referred to as the Pennsylvania System. This model of prison management was first established by the Quakers and emphasized the need for prisoners to experience a sense of penitence and reflect on the errors of their ways. In this model of imprisonment, offenders were kept in single cells and were given the Holy Bible to read as they reflected on their sins, transgressions, and crimes. Offenders were held in their cells and not allowed to interact with other offenders who were similarly housed. These inmates did not work, talk, or recreate with one another. It was thought that if inmates were allowed to communicate, they would essentially “contaminate” one another with their various negative influences and learned experiences. Interestingly, this is similar to the beliefs held by many of today’s criminologists that prisons are actually schools of crime, thus lending possible validity to these concerns among prison workers in the early 1800s. As we will see later, in Chapter 15, there is some truth to this, as that chapter will show that the longer offenders are incarcerated, the more likely they are to recidivate upon release.

Unfortunately, recidivism rates were very high in Massachusetts during the early 1800s, and community corrections approaches were not effective in lowering recidivism. Further, the influences of the Pennsylvania model of prison operations impacted the operation of halfway houses in Massachusetts. As a result, the Massachusetts legislature feared that those offenders released to halfway houses might “contaminate” one another if they were allowed to be housed together. This would, it was thought at that time, reverse their prosocial learning and resistance to criminal behavior, thereby making their experience in prison all for naught. As a result, the use of the halfway house was discontinued in that state.

However, the concept did find a warm reception in other correctional systems. For instance, in 1845 the Isaac T. Hopper Home in New York City was opened (also by the Quakers), and it is still in operation today as a home for female offenders seeking reentry into the community (Latessa & Allen, 1999). In 1864, the Temporary Asylum for Discharged Female Prisoners was opened in the Boston area (Champion, 2002; Cromwell, del Carmen, & Alarid, 2002). This halfway house received less community opposition than did homes for men. According to Cromwell et al. (2002), the “reason for this difference was an underlying belief that, unlike male prisoners, women prisoners did not associate for the purpose of talking about criminal activity. Women prisoners were believed to contribute to their own rehabilitation” (p. 258). This is interesting because in many respects, modern treatment providers note that female clients do tend to respond to therapeutic interventions in a more effective, trusting, and genuine manner than do male clients, particularly in the offender population. Though halfway houses during the early 1800s provided no therapeutic services (only basic services such as food and shelter), it is fascinating that observations of differences between the sexes were just as distinct as they are today.

In 1896, Hope Hall was established in New York City by Maud and Ballington Booth. The Hope House design spread to other cities such as Chicago, San Francisco, and New Orleans, being financially funded by philanthropic groups such as Volunteers of America (Latessa & Allen, 1999). Hope House was considered a premier program for its time and was among the first to provide additional services that went beyond food and lodging. Nevertheless, Hope House would not last due to the emergence of parole within many states. The use of parole in the early 1900s was implemented as a “means for controlling and helping ex-inmates after release from prison” (Latessa & Allen, 1999, p. 373). Parole systems across various states reduced or eliminated the need for halfway houses; given that such facilities were underfunded and not given substantive public support, it was only a matter of time until their

demise would be witnessed. Latessa and Allen indicate that as funding became more difficult to obtain during the Great Depression, and as public sentiment toward offenders became more skeptical during such economically hard times, halfway houses began to shut their doors. It was not until the 1950s that the halfway house again emerged in the field of corrections. According to Cromwell et al. (2002), only one halfway house ultimately remained open throughout the Great Depression, namely the Parting of the Ways Home in Pittsburgh. This was a church-based program funded by donations and contributions of religious followers during that time. Otherwise, from about 1930 to the mid-1950s, halfway houses nearly disappeared from the correctional landscape.

In the mid-1950s, growing dissatisfaction with prisons began to occur in the mind of the American public. This was further intensified by findings that parolees faced challenges in the transition from prison to free-world living, and an understanding that supportive services and gradual integration were necessary if recidivism was to be reduced. In 1954, halfway houses began to reappear in various areas of the United States. Further, private religious organizations again surfaced to provide assistance to the offender population. During this “revival” of the halfway house concept, the use of individualized treatment, counseling, employment referral, and substance abuse counseling emerged as part of the services offered (Latessa & Allen, 1999). In 1961, halfway houses received governmental assistance for the very first time when Attorney General Robert F. Kennedy implored Congress to provide funds to open federal-level halfway houses for young offenders (Champion, 2002; Cromwell et al., 2002; Latessa & Allen, 1999). These developments eventually led to the passage of the Prisoner Rehabilitation Act of 1965, which authorized the Federal Bureau of Prisons to establish community-based facilities for the reintegration of young offenders. Further financial support continued due to the emphasis that was placed on reintegration during this period in community corrections history. (Students should refer back to Chapter 1 for specific historical time periods in community corrections.) In 1968, the Law Enforcement Assistance Administration provided additional funding for the establishment of nonfederal halfway houses, and the monetary support for these types of services lasted for over a decade, coming to a close in 1980 (Latessa & Allen, 1999).

Although government funding and support has decreased since the 1980s, private halfway houses continue to emerge as alternatives to prison. More information will follow on the



**Photo 10.2** This residential treatment facility is informal in appearance and is located among other residences in a low-income area of the community. Its décor is fairly relaxing. Also notice the metal stairs that serve as a fire escape. Refurbished facilities such as these must still meet state fire codes and health regulations to remain open.

use of various private organizations and facilities to offer halfway house services. As with the earliest of times in the history of corrections (again, see Chapter 1), religious institutions continue to be instrumental in the role of many halfway house services. It would seem that religious institutions and organizations have been the primary sources of forgiveness and sincere reintegration for those persons transitioning from prison to the community at large. It is then ironic that an emphasis on the separation of church and state became a potential impediment to providing services for offenders and for protecting the public from future increases in recidivism.

The year 1964 witnessed one of the most widespread and important developments in the history of halfway houses—the rise of the International Halfway House Association (IHHA) in Chicago. The fact that this organization is discussed, in detail, in other leading texts on community corrections underscores the importance of this organization within the developmental scheme of the halfway house concept. According to Latessa and Allen (1999), the IHHA was motivated by the absence of state and local support for halfway houses and sought to develop a voluntary and professional organization of halfway house administrators and personnel (p. 374; see also Wilson, 1985). The name of this organization was eventually changed to the **International Association of Residential and Community Alternatives (IARCA)** in 1989, reflecting the ambiguity in definitions of halfway houses and other forms of offender residential programs, the distinctions among these being more a matter of semantics than the actual operational function of such facilities. According to Cromwell et al. (2002), the IARCA represents roughly 250 private agencies operating nearly 1,500 programs around the world. Champion (2002) notes that even though halfway house programs were privately funded from the 1980s onward, the growth in their numbers was quite amazing during the decades that followed. As an example, he points out that (as of 2002) in the United States and Canada, some researchers report that nearly 2,300 halfway house facilities are in operation with over 100,000 beds available.

Regardless of how widespread these types of programs are, two things are for certain: The halfway house concept is alive and well in the field of community corrections, and these facilities are operating exclusive of government support in many cases. Though some of these facilities may obtain governmental grants, they are left to their own devices when stewarding their own future and the particular services that they provide. Though this can cause managerial challenges, it also provides for a great deal of flexibility, as private halfway houses can make their own determinations as to whom they will house. This and other areas of pliability in the decision-making process allow these programs to maximize their service delivery and also fill critical gaps that exist in state- and county-level governmental community corrections programs.

At this point, much discussion has transpired in regard to halfway houses, but no true definition has been offered. This is because these facilities have often defied specification as to what does and does not constitute a halfway house. For this text, a **halfway house** is defined as a residential facility for offenders who are either nearing release from prison or already in the initial stages of return to the community. In addition, halfway houses consist of residential facilities that are designed as an intermediate sentencing option in lieu of prison, typically being applicable to serious probationers. Thus, halfway houses can be defined as being either halfway-out or halfway-in in the scope of their function and operation.

It is this last point of the definition that has not been addressed so far in this chapter. During the last few decades, innovations in the operation of halfway houses have established

such facilities as alternatives to jail or prison incarceration. Thus, it becomes clear that these facilities can actually be tied to jail diversion programs, particularly if the halfway house is designed for substance abuse treatment, co-occurring disorders, or primary diagnoses for mental illness. Indeed, many such facilities do specialize in such interventions, and this leads to further blurring of the distinctions between halfway houses and other residential facilities that house the offender population. In fact, Champion (2002) goes so far as to add that these are sometimes referred to as community residential facilities. The fact that the IHHA changed its name to reflect residential and community alternatives underscores much of the blurring that exists within this component of community corrections. Nevertheless, the distinctions between halfway-in and halfway-out houses is important for students to remember since the severity of criminal behavior is typically different. Where one attempts to prevent further drift into an incarceration environment (halfway-in), the other attempts to increase drift from the incarceration environment and, with corresponding social “pulls and tugs,” back into the community.

## CROSS-NATIONAL PERSPECTIVE

### Canada's Halfway Houses

In 2001, there were approximately 175 halfway houses in Canada. These halfway houses are designed to be a “medium” option between prison incarceration and release into the community. Halfway houses also provide rehabilitation services and reintegration programs to assist an offender's reentry into society. Usually, the offenders are subject to constant supervision while they attempt to find employment, attend school, or engage in other activities necessary for successful reintegration.

Halfway houses may be operated either by the Correctional Service of Canada or by contracted voluntary agencies. Generally, there are four types of halfway houses in Canada: houses that provide only room and board, houses that have minimal intervention by authorities, houses that have a strict schedule of counseling and services, and houses designed to assist those with special needs (mental health, substance abuse, etc.). Every halfway house, regardless of what agency operates the facility, must adhere to minimum standards set by the Correctional Service of Canada. These minimum standards include proper staff training, accurate record of

departures and arrivals of residents, and proper reporting procedures to the Correctional Service of Canada.

Most residents of halfway houses have been granted “day parole,” which allows the resident to engage in most community activities during the daytime hours, subject to certain conditions, and requires that they return to a supervised facility at night. Day parole is usually granted six months before the eligibility date for full parole.

Residents of halfway houses do not enjoy the same privileges as other members in society. Residents may be subject to strict conditions including curfew, reporting regularly to a parole supervisor, remaining drug and alcohol free, mandatory substance abuse counseling or other treatment, and strict adherence to house rules. If residents do not follow the conditions of their release, they may be remanded to custody and subject to serve the remainder of their sentence incarcerated.

Halfway houses and day parole, compared with statutory release and full parole, have proven to be consistently the most successful

*(Continued)*

(Continued)

form of conditional release. Recidivism rates are lowest among those who are gradually released back into society, and of those who

successfully complete a gradual release program, only a small percentage commit a new crime.

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SOURCE: John Howard Society of Alberta. (2001). *Halfway house*. Alberta, Canada: Author. Retrieved from <http://www.johnhoward.ab.ca/pub/halfway.htm>.

### Critical Thinking Question

1. Do you believe that the general conditions of residence at a halfway house are too strict or not strict enough? Explain your answer.

For more information about halfway houses in Canada, visit the website <http://www.johnhoward.ab.ca/pub/halfway.htm>.



## Various Community Residential Treatment Centers

**Community residential treatment centers** are nonconfining residential facilities for adjudicated adults or juveniles who are not appropriate for probation or who need a period of readjustment after imprisonment. Most of these facilities serve the juvenile population, and some may specialize in either a type of offender (e.g., women) or a type of treatment modality. The distinction between a community residential treatment center and a halfway house may not be clear. The main characteristic of residential treatment centers is that they are designed for those who are not good risks for probation, whereas halfway houses (at least *halfway-out* houses) are specifically designed for offenders who are expected to be released to the community. *Halfway-in* houses could be considered community residential treatment centers, but even in these cases the person is still likely to be classified as being on probation.

With respect to community residential treatment centers, many have been created to address drug or alcohol problems. They can be either short- or long-term in nature. Students may recall from Chapter 9 that different types of treatment programs were presented in relation to reentry courts. The use of reentry courts was shown to be integrated with various treatment approaches, particularly in regard to substance abuse issues. Among these treatment approaches was the use of drug treatment programs in short- and long-term residential facilities. This information is provided here in the context of community residential treatment facilities. This is not meant to be redundant but instead is intended to demonstrate the interlocking nature of many community corrections programs and processes. The courts, treatment modality, and type of facility are all interconnected in a means that reflects both treatment and security considerations. The length of term of the residential program, the type of halfway house (i.e., *halfway-in* versus *halfway-out*), and the type of jail program all reflect the seriousness of the offender and his or her prior behavior, this being a security consideration in most cases. Focus Topics 10.2 provides an example of a program that is more on the spectrum of a residential treatment center, and Focus Topic 10.3 provides an example of a program that is operated as a halfway house. In

each instance, some blurring of the roles that they play exists as each has characteristics of both types of programs. The particular type of treatment program used may reflect either clinical issues or the type of offender. For instance, consider the use of diversionary treatment programs for mental health or drug treatment programs (type of clinical issue) versus those designed for sex offenders, female offenders, and juvenile offenders (types of offenders). Thus, a great degree of variability and overlap exists when one takes into account both the security and the treatment aspects of offender processing.

### **FOCUS TOPIC 10.2 SEDGWICK COUNTY'S TEAM CONCEPT FOR RESIDENTIAL PROGRAM MANAGEMENT**

Sedgwick County Community Corrections opened a residential program in Wichita, Kansas, in July 1983. Since then, the program has grown to a capacity of 108 clients and a staff of thirty-six. It is highly structured and emphasizes client supervision, rehabilitative referrals, and accountability. Residents of the program are expected to maintain full-time employment and/or enrollment in an educational or vocational program in the community. Clients must budget their personal income to meet court-ordered and program-related financial obligations, complete therapeutic program goals, and master daily living skills, all toward eventual reintegration in the community. The average length of stay is four months.

For six years, the program operated with rigid divisions of labor and lines of authority. However, in order to improve overall program effectiveness while increasing staff involvement and motivation, the agency has begun to encourage teamwork at all levels. It also is attempting to provide training for all staff in program management and client supervision. Staff then have the opportunity to put that training into practice through a system of self-managing treatment teams.

There are four such treatment teams in the program, each providing day-to-day security and supervision. Each team includes a case manager and five to six corrections technicians. Teams work

under the preexisting management team of a senior case manager, facility manager, and residential supervisor. Under the new system, team members have opportunities for taking on additional responsibilities and for professional growth. The case manager is the designated team leader and supervises five to six corrections technicians.

Specific responsibilities include scheduling shifts, leading weekly team meetings, hiring and training new team personnel, and evaluating technicians' performance. The case manager also performs daily security/control functions while technicians are absent or performing case management functions. Newly assigned team leaders receive training, technical support, and guidance from the management team. Corrections technicians provide twenty-four hour security, document observations and investigations of client behavior, and facilitate client accountability. In addition to being trained in security/control techniques, corrections technicians also receive training in case management.

The traditional corrections model for running a residential facility, in which "security" and "treatment" staff are separated, has been scrapped. Providing corrections technicians and team-leading case managers with greater involvement and autonomy has improved our staff's morale, sense of ownership, and accountability.

*(Continued)*



(Continued)

Contributions of the corrections technicians to client security and supervision have increased dramatically, and the experience, knowledge, and enthusiasm gained by our entire staff have made this challenging approach worthwhile. One of the program's four treatment teams addresses drug and alcohol abuse education and the rehabilitation needs of clients. The team can treat up to twenty-four offenders from the U.S. Department of Justice.

This co-ed program lengthens the active treatment process through pre-treatment, post-treatment, and relapse prevention components. Clients are evaluated upon admission to the residential facility and, if identified as appropriate for the program, are included as space becomes available. The treatment program makes an allowance

for the discharge of clients who are unwilling to recognize and address their substance use disorders during pre-treatment. If discharged from the treatment program, clients are placed in the general residential population for a minimum of thirty days and may reapply for the program after that time. Specific recovery-related treatment tasks are assigned to the client during the interim period. Security, treatment, and reintegration of clients are monitored by a specialized team comprising two certified drug/alcohol counselors, one case manager, and five to six corrections technicians.

For further information, contact Darryl A. Stamp, Interim Director, Sedgwick County Community Corrections, (316) 383-7003, or Mike Yearty, Director, Program Development, Parallax, Inc., (316) 263-5809.

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SOURCE: Stamp, D. A. (1994). *Sedgwick County's team concept for residential program management*. Washington, DC: National Institute of Corrections.

As noted at the beginning of this subsection, many residential treatment facilities have been designed for drug treatment. This is one of the most common uses of residential treatment facilities, though other types exist, particularly for juvenile offenders (see Chapter 12 for these particular types of programs). Since the 1980s, there has been an increased connection between drug courts and many community residential treatment facilities. The connection between these two functions (refer back to Chapter 9) demonstrates how different components of the criminal justice system may work in unison to provide a comprehensive means of processing. In these partnerships, *short-term residential programs* typically offer intensive but relatively brief residential treatment based on a modified 12-step approach. In most cases, offenders are kept in the program for no more than 90 days; often, their stay is for a period that is considerably less lengthy. On the other hand, *long-term residential programs* provide housing in what are typically non-hospital-like settings.

Within the field of addictions treatment, the most widely utilized form of residential treatment is the *therapeutic community*. These programs tend to house drug offenders for anywhere from 6 to 12 months. One example of the use of long-term, residential, therapeutic community treatment would be the Federal Bureau of Prisons Residential Drug Abuse Program, which attempts to identify, confront, and alter the attitudes, values, and thought patterns that lead to criminal behavior and drug or alcohol abuse. This model program consists of three stages. First, there is a unit-based treatment program that exists within the confines of a prison where inmates undergo therapy for up to 12 months. Second, upon completion of the residential

portion, offenders continue treatment for up to 12 months while in the general population of the prison, through monthly group meetings with the drug abuse program staff. In the third phase, inmates are transferred to community-based facilities prior to release from custody and are provided with regularly scheduled group, individual, and family counseling sessions (Inciardi, 1999a).

### **FOCUS TOPIC 10.3 FREEDMEN, INC., HALFWAY HOUSE FOR OFFENDERS RELEASED FROM PRISON**

Freedmen, Inc., is a faith-based organization that works with a variety of organizations in the community to provide offenders with housing, transportation, employment, job skills, spiritual guidance, mental health, and substance abuse assistance. This organization's board of directors includes numerous people who are active in reentry efforts in their community. The House of Healing, as it is called, is the primary home in which offenders are housed, but there are other homes as well.

It is important to understand that most of the efforts of this organization are funded through donations and church-based collaborations. Naturally, this means that there is a strong biblical basis to much of the programming. While this may be problematic to some people,

this program is designed for offenders who desire this type of reentry experience.

Though this program was originally designed for men, there is now a sister program that aids female offenders in reentry. This points toward the growing reentry needs of the community. These women engage in programming that is similar to the programs in which their male counterparts engage; however, they do not stay in the same facility as the male participants.

The author of this text is the president of the board for this organization. This organization is one example of how grassroots efforts in communities can provide services that aid persons trying to rebuild their life after incarceration while, at the same time, making the community safer by offering participants alternatives to crime.

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SOURCE: Author (2012).

It is interesting to note that social reactions to long-term residential treatment centers, including those operating as therapeutic communities, have ranged from negative to positive, with community reactions often being negative. In many cases, communities have expressed concern over having these types of treatment programs within their locale due to the perceived threat that members pose, and due to effects on local real estate value fluctuations. This is unfortunate since it has been made clear throughout this text that the participation of the community itself is critical to the effectiveness of community corrections programs. While it is of course understandable why community members would be averse to having their property values diminished, it is perhaps the negative perception itself that ultimately results in the reduction of value. Though the process may be complicated, work with various local forms of government to ensure that zoning and homeowners' insurance agencies do not penalize communities that work with residential treatment facilities might be one effective



**Photo 10.3** Buildings such as this one demonstrate that residential facilities can be quite large in some cases. Such facilities come in all shapes and sizes, this one being brick and having a much different appearance from that of the facility illustrated in Photo 10.2.

means of offsetting community concerns. Further, employers in the area stand to gain from substantial tax breaks when they hire ex-offenders. These offenders seldom take jobs that would actually displace the nonoffending community member, particularly when considering the stigma that follows them in the hiring process. Thus, such offenders, while at residential facilities or immediately upon release, can fill an employment gap that may exist in a community. The point is that if done in an innovative, comprehensive, and coherent manner, the negative impact of integrating residential facilities into a community can be mitigated, and, in some cases, the introduction of such facilities can even be a boon to that community.

Another type of residential treatment facility is the **restitution center**.

This is a type of facility designed primarily

for first-time offenders and property offenders. These offenders are required to pay victim restitution and/or provide community service as a means of fulfilling their sentence. While restitution centers may network with other treatment agencies, when such services are required for a given offender their primary focus is on employment that allows the offender to provide economic amends to the victims of his or her crimes. This once again demonstrates that residential facilities can provide benefits to the community, especially if the victim is in the very community in which the restitution center exists. In this respect, the offender has to make reparations for the damage that was done to the victim—a much more productive use of the offender's time than sitting in a jail or prison cell. One good example of the use of restitution centers at the state level is provided by the Mississippi Department of Corrections (2007). According to that state's website on restitution centers, the Mississippi Department of Corrections restitution program provides

an alternative to incarceration for minimal risk offenders who are in need of a more structured environment. Residents serving time in a restitution center are referred to as residents. Residents who qualify for the restitution center program are required to work and pay full or partial payments to crime victims. Residents also have to pay room and board fees (\$10 per day), court fees, and establish a savings account. Residents are required to serve a minimum of 40 hours of free community service. (p. 1)

Many of these types of programs exist around the nation, and the above description clearly and succinctly demonstrates that offenders are held accountable to the community.

Currently, the state of Mississippi has four such centers, located in the cities of Jackson, Pascagoula, Greenwood, and Flowood. The example provided from this state illustrates that, when such programs are done with deliberation, economic benefits for the local community and the entire state economy can be realized.

As can be seen, there is much variation among residential facilities. For example, some may be privately operated, whereas others are part of an entire state system. Some residential programs may be privately based but funded by federal or state money. In most cases, residential facilities do receive some type of reimbursement for services at either the local county level or the state level. These facilities naturally tend to work in tandem with the local courthouse and the probation agency, as they are designed for offenders who are not suitable for probation. Residential facilities are also impacted by the region and socioeconomic characteristics of their area. In fact, this can have a very important bearing on how such facilities operate and the services that they provide. In particular, centers may find that they face differing challenges depending on whether they are located in a rural area, a midsized area, or a metropolitan area of the nation. It is with this in mind that we now turn our attention to contrasting the challenges faced by rural and urban residential centers.

## Rural and Urban Residential Centers

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Community residential centers in rural areas often deal with many challenges that are not necessary to consider in most urban areas. The towns have smaller populations, and this means that offenders have fewer educational or vocational options when compared with those in urban areas. Transportation may be a serious impediment, as jobs may be far from the residential facility. The rural nature of these areas often requires that offenders travel greater distances to programs, services, and employment opportunities. Moreover, in small towns, the offender may be known to most of the people in the area. This lack of anonymity can also be an impediment, resulting in further challenges for the offender since stigmatization is more likely. In many cases, the offender may find it very difficult to overcome the obstacles that exist in such areas. Further, these residential facilities tend to be limited by budget, making the provision of comprehensive services even more difficult.

Conversely, urban residential centers have many advantages over those located in rural areas. These facilities will have a much wider array of social services to draw from. This alone serves as a very important benefit since it is the ultimate aim of these programs to reintegrate those offenders who are deemed safe for such approaches. Though offenders in residential treatment facilities are not necessarily appropriate for probation, these offenders do eventually reenter the community, whether this be on probation or on some other form of modified sentence. This means that full casework services are important for these offenders just as they are for those on community supervision. In many cases, all of these services are not available to residential facilities located in rural areas, but they are more frequently available in midsized or metropolitan areas. This results in a distinct advantage that these programs have over smaller, rural-based operations. Further, transportation issues are often dealt with through mass transit availability. This makes various employment opportunities within easier reach of offenders since they have the benefit of more flexible mobility in urban areas.

## Work Release and Study Release Programs

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**Work release programs** are those designed to equip offenders with the opportunity to seek and maintain employment, while also engaging in educational or vocational training, as well as other treatment services that might be available at the facility. These programs are often used to replace jail sentences. They most often provide day and night supervision, job referral services, and counseling for residents (Latessa & Allen, 1999). In many cases, offender unemployment or difficulties in maintaining substantive employment can be major issues behind offender recidivism. Research throughout the United States clearly shows that offender employment tends to reduce recidivism (Champion, 2002; Latessa & Allen, 1999). Because the basic needs of offenders must be met, it is critical that they obtain income that can accommodate those needs. It is this issue, specifically, that work release facilities seek to ameliorate.

The state of Washington has (2007) completed a study of its own work release program, examining a total of 15 work release centers that are operated by the state (see Focus Topic 10.4 for more information on those findings). The fact that Washington has conducted recent research on the effectiveness of these programs is important because it illustrates several points that are germane to this chapter and to this text as a whole. First, these programs have been implemented at the state level, demonstrating that, like community restitution centers in Mississippi (discussed earlier), there is widespread use of community corrections alternatives. Second, these programs are being put to the test with very reliable and competently designed forms of research evaluation. Third, this use of community corrections alternatives and the resulting research evaluations are occurring in the modern day, making the information all the more relevant to an argument on behalf of offender reintegration. These three points demonstrate that community residential programs are not just options utilized by private companies, faith-based groups, and other such independent actors, but are often utilized by state correctional programs themselves. This adds to the credibility of these interventions, particularly if the research indicates recidivism reduction as well as other benefits such as lowered costs.

In the state of Washington, work release centers tend to be used with inmates who have already served some time in either a jail or a prison facility. The work release program in Washington was first implemented in 1967 and was designed to enable selected offenders to serve up to six months of their prison sentence in a residential facility while employed in the community. Currently, Washington has 15 such centers that house roughly 700 offenders throughout the state (Washington State Institute for Public Policy, 2007). While the state has its own criteria as to the types of offenders who may participate in work release, each facility has its own local criteria as well. As an example, some work release facilities may house both male and female offenders, while others are specific to one gender. Likewise, some may be structured as therapeutic communities (as discussed earlier in this chapter) with substance abuse issues being an additional focus beyond employment considerations. Further, this state may allow certain categories of sex offenders to enter work release programs, though specific forms of careful screening are implemented, identifying those who are not at the upper likelihood of recidivism.

### FOCUS TOPIC 10.4 WORK RELEASE PROGRAMS IN THE STATE OF WASHINGTON

Work release facilities enable certain offenders under the jurisdiction of the Washington State Department of Corrections (DOC) to serve up to 6 months of their prison sentence in a residential facility while employed in the community. Today, there are 15 work release facilities that house about 700 offenders statewide.

In 2007, the state legislature began to evaluate whether participation in Washington's work release facilities impacts recidivism. Our time period of study includes offenders who [were] released from DOC between January 1998 [and] July 2003. Findings from the study indicate participation in Washington's work release facilities:

- Lowers total recidivism, by 2.8 percent
- Has a marginal effect on felony recidivism; by 1.8 percent; and
- Has no effect on violent felony recidivism.

Of the 15 facilities operating in 1998 to 2003, the state of Washington found that participation in some facilities was more effective than others in the reduction of recidivism. An economic model was utilized to determine if the marginal benefits of work release outweigh the cost. Based upon the felony recidivism findings, participation in work release generates \$3.82 of benefits per dollar of cost. The benefits (about \$2,300 per work release participant) stem from the future benefits to taxpayers and crime victims from the reduced recidivism.

For more information, please contact Elizabeth Drake at (360) 586-2767 or [kdrake@wsipp.wa.gov](mailto:kdrake@wsipp.wa.gov).

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SOURCE: Washington State Institute for Public Policy. (2007). *Does participation in Washington's work release facilities reduce recidivism?* Olympia, WA: Author. Quoted verbatim from <http://nicic.org/Library/022723>.

Interestingly, this state uses private contractors to provide security for these facilities, as well as food service, maintenance, and clerical functions. The actual state staff will typically consist of the work release supervisor, the case management staff, and their immediate administrative support (Washington State Institute for Public Policy, 2007). Thus, these facilities utilize a fusion between public and private employees to operate at maximal level while ensuring accountability to the state's department of corrections. This results in fiscal advantages while at the same time making sure these facilities are given appropriate public oversight.

While in these facilities, offenders are responsible for finding their own employment and are given roughly 10 days to do so once they arrive in the facility (Washington State Institute for Public Policy, 2007). Offenders are required to work 40 hours a week. In many cases, facilities have established informal agreements with local employers as a means of ensuring that offenders are able to obtain employment. In an effort to provide comprehensive employment services, these facilities sometimes have job specialists among the staff who are tasked with teaching offenders résumé design, interviewing techniques, and job preparation. These specialists often are personnel who come from the state's employment services, or they are

contracted professionals. The point to this is that offenders are given guidance on techniques for obtaining employment. Thus, these facilities link with outside employers while simultaneously providing a series of services that aid offenders in their job search and their ability to acquire a job. Further, employers get federal tax credits for hiring offenders, and, when the employment is appropriate, the community benefits from the offender's work. When combined with restitution programs, this can provide money for specific victims or victim funds that are operated by the state. Thus, the community as a whole and victims throughout the state, as well as the offender, can benefit from these programs when they are run successfully.

As just noted, work release and restitution centers may have simultaneous functions and, in many cases, may be one and the same. This is not always true, however, as some programs may have limited areas of focus; when possible, it is recommended that facilities incorporate as many of these various objectives as possible. An emphasis on employment obviously has a logical connection to the offender's ability to provide restitution. Likewise, it was noted that in the state of Washington, many work release programs provide additional focus on treatment issues, such as with substance abuse recovery. This is important because many of these offenders will have problems with substance abuse, such challenges being extremely common among the offender population. Likewise, an emphasis on female offenders would necessitate services such as child care and even perhaps issues related to hiring disparity between men and women, with additional networking necessary to provide women with suitable employment in some industries. This can be particularly important in rural areas where much of the work may be male dominated or geared toward heavy labor. Thus, challenges facing locales and the type of offender involved can be quite diverse. Because of the variety of challenges that are likely to be encountered, it is probably most appropriate for work release centers to be multivariied in their services. This again demonstrates the overlap that exists within community corrections programs and provides further indication of the blurring in distinctions between one type of program and another. In addition, community reentry programs may be operated by the state or, just as frequently, by nonprofit organizations that house offenders and network with the local and statewide community corrections officials. Focus Topics 10.3 and 10.5 are examples of programs that are owned, managed, and operated by nonprofit organizations that collaborate with community corrections agencies.

### **FOCUS TOPIC 10.5 COMCOR, INC., A PRIVATE, NONPROFIT, COMMUNITY CORRECTIONS PROGRAM IN COLORADO SPRINGS**

ComCor's Transition program provides correctional and treatment services for Colorado Department of Corrections inmates who have served a prison sentence and then been placed in a community corrections program prior to being placed on parole by the State Board of Parole or being released from custody. These individuals are under the jurisdiction of the

Colorado Department of Corrections, Division of Adult Parole, Community Corrections and Youthful Offender System, and the El Paso County Community Corrections Board.

According to the state of Colorado, Division of Criminal Justice, approximately 59 percent of Transition offenders statewide successfully complete their residential placement before

being placed on parole or intensive supervision parole.

Individuals participating in ComCor's Transition program are assigned a case manager, and a thorough assessment process is conducted utilizing the state's Standardized Offender Assessment—Revised assessment battery. A vocational needs screen is conducted on each individual to determine if a more thorough vocational assessment needs to be done. A mental health screen is also conducted on each program participant at the time of admission to identify any immediate mental health issues that need to be addressed.

The case manager collaborates with ComCor's mental health [staff], treatment staff, and vocational staff to develop an individualized supervision plan for each offender, outlining the program outcomes and behavioral expectations for the individual. This supervision plan is based on each individual's unique criminogenic needs and risk factors.

Individuals are required to participate in treatment groups and life skills classes, including vocational classes, while they are at ComCor. Each offender in the Transition program is monitored for alcohol and drug use, utilizing a well-established system of substance abuse testing. Program participants are required to be accountable 24 hours per day, seven days per week, through ComCor's established system of accountability monitoring. Program participants are required to meet regularly with their assigned case manager to discuss progress toward objectives identified in their individualized supervision

plans and to address problems that may be impinging on the individual's reintegration within the community.

Individuals are required to maintain employment while in the Transition program and are responsible for paying restitution, court-ordered costs, child support and other legal obligations along with their program room and board fees. Each participant develops an individualized budget with the case manager that is used to track their employment and financial obligations while in the program.

Individuals will have a thorough orientation process, which gives information on locations of ComCor facilities and programs, mental health, treatment and vocational services available, rules and regulations, accountability requirements (including signing in and out of the facility each time), passes (including work- and job-hunting passes), monitoring and testing requirements for drugs and alcohol, prohibited contraband items, daily facility chores and room inspections, safety procedures, food services system, room and board requirements, employment requirements, personal responsibility for medical care, and other information that is relevant to the individual's participation in ComCor's program.

Individuals are expected to pay \$17 per day for room and board (subsistence fees) plus a one-time assessment and testing fee of \$50. Individuals can bring their own linens or pay a one-time linen fee of \$10. A padlock will be issued and a \$5 deposit will be collected and returned at sentence completion.

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SOURCE: ComCor, Inc. (2007). *Transition facilities*. Colorado Springs, CO. Quoted verbatim from <http://www.comcor.org/correctional/transition.htm>.

A less-known and less-used variant of the work release program is the study release center or program. The **study release program** is similar to a work release program but is designed to allow the offender to pursue educational goals. In fact, some states, such as Arkansas, may classify the criteria and the formal request process for study- and work-release options in the



same category and require the same paperwork. Thus, these two programs work somewhat hand in hand and should be viewed as complementary.

The various types of study release can actually be quite relevant to the offender's ability to ultimately reintegrate effectively and to obtain employment. Study release programs may exist for basic adult education such as high school completion or high school equivalency (GED), technical or vocational education, and even college. Such programs are fairly rare since many prison systems offer similar educational opportunities. Nevertheless, study release may be a service that is offered in tandem with work release functions, thereby providing the offender with even more opportunities within the community.

### **Cost-Effectiveness and Actual Program Effectiveness**

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The general body of evidence clearly demonstrates that halfway houses and other community residential facilities are much more cost-effective than prisons, while also meeting the goals of reintegration by providing offenders with the ability to maintain community ties and to access community resources. Further, recent research from the Washington State Institute for Public Policy (2007) offers one of the most systematic and methodologically sound means of examining community-based residential centers in existence. The institute's researchers conducted a cost-benefit analysis to determine the monetary benefits of offender placement into community residential treatment facilities. They factored into their model of evaluation that crime reductions would result in economic benefits to both the taxpayers and crime victims. Overall, this group found that participation in work release generated \$3.82 of benefits per dollar of cost. While most of this gain was due to future benefits to the community and potential victims from recidivism reductions, it is nonetheless clear that these programs provide an economic incentive for society as a whole. Further, this does not even count the monetary considerations for restitution to victims. Thus, residential centers were shown to provide cost-effective services that are superior to the increased use of prisons.

In regard to recidivism, it would appear that, in most cases, recidivism rates for those in residential treatment facilities are typically no higher than for offenders who remain in prison and are later released directly into society. Latessa and Allen (1999) point out that issues related to determining recidivism are complex to address due to the variety of facilities, the diversity of offenders they service, and the differing regions of the United States (the external community being important to offender outcomes). Because of this variability, it is difficult to develop equivalent comparison groups. Citing 1990s research, Latessa and Allen note that recidivism rates for offenders in residential treatment facilities are low, being from 2 to 17 percent. When considering halfway houses in particular, they note that "on the whole, follow-up recidivism studies indicate that halfway house residents perform no worse than offenders who receive other services" (p. 393).

Even better results were found by more rigorous and more recent research by the Washington State Institute for Public Policy (2007). This group found that in the state of Washington, work release programs reduced overall recidivism (for misdemeanor and felony offenders combined) by about 2.8 percent and reduced recidivism for felony offenders by 1.8 percent. Though these reductions in recidivism are not great, this is still much better

than if recidivism outcomes had gone in the other direction. When taking into consideration that these outcomes were achieved while providing an economic benefit to society, it becomes clear that these programs are superior to pure forms of incarceration and that they do not place the public in jeopardy.

This same research found that these programs did not have any effect on recidivism for violent offenders. This is important for two reasons. First, even with felony offenders, no raising or lowering of recidivism was detected as being statistically significant. Thus, these types of programs do not exacerbate the problem, meaning that primary benefits may come in the way of financial savings rather than reductions in crime. While this is not an ideal outcome, it is still acceptable since violent offending did not increase. Second, this research demonstrates why it is important to appropriately assess and classify offenders before placing them in these programs. It is clear that one would desire to include misdemeanor and felony offenders who are not violent, since these offenders provide the greatest gains in monetary savings as well as slight reductions in recidivism. While violent offenders did not become more serious, they also do not provide the same gains that other offenders do, and therefore should not be considered as candidates for such programs, particularly in agencies that wish to optimize their outcomes and the use of their resources.

Finally, the Washington State Institute for Public Policy (2007) conducted a comparison of research work release programs and recidivism. The institute found that, in general, programs are effective in reducing recidivism. Table 10.2 demonstrates that, overall, these programs have been successful when they have been evaluated based on recidivism. This is determined by the effect size found in each study. The effect size measures the degree to which a program has been shown to change an outcome for program participants relative to the comparison group. A negative effect size indicates a decrease in recidivism, and a positive effect size indicates an increase. While it was determined that three of the four studies found that work release programs reduce recidivism, the fourth study that implemented more rigorous methodological approaches failed to find any significant differences in outcomes. The researchers noted that there is a dearth of current research on these programs and cite the need for further research in this area.

**Table 10.2** Rigorous Studies Evaluating the Impact of Participation in Work Release on Recidivism

	Jeffrey & Woolpert	LeClair & Guarino-Ghezzi	Turner & Petersilia	Waldo & Chiricos
<b>Study Information</b>				
Year published	1974	1991	1996	1977
Research design level <sup>a</sup>	3	3	3	5

(Continued)

**Table 10.2 (Continued)**

Program information				
State	California	Massachusetts	Washington	Florida
Number in work release	109	212	112	188
Number in comparison	92	211	106	93
<b>Adjusted effect size</b>	-0.172	-0.049	-0.049	0.021

SOURCE: Washington State Institute for Public Policy. (2007). *Does participation in Washington's work release facilities reduce recidivism?* Olympia, WA: Author. Retrieved from <http://nicic.org/Library/022723>.

- a. Studies are rated based upon the Maryland scale of rigor: 1 is the lowest quality and 5 is the highest quality, random assignment. In our analysis of the literature we only report findings of studies rated a 3 or higher.

Citations:

1. Jeffrey, R., & Woolpert, S. (1974). Work furlough as an alternative to incarceration. *The Journal of Criminology*, 65(3), 405–415.
2. LeClair, D. P., & Guarino-Ghezzi, S. (1991). Does incapacitation guarantee public safety? Lessons from the Massachusetts furlough and prerelease programs. *Justice Quarterly*, 8(1), 9–36.
3. Turner, S. M., & Petersilia, J. (1996). Work release in Washington: Effects on recidivism and corrections costs. *Prison Journal*, 76(2), 138–164.
4. Waldo, G. P., & Chiricos, T. G. (1977). Work release and recidivism: An empirical evaluation of a social policy. *Evaluation Quarterly*, 1(1), 87–108.

From the comments made by Latessa and Allen (1999) regarding halfway houses and the research by the Washington State Institute for Public Policy on work release, it is clear that states are finding that, in general, community residential centers do “work,” in terms of both saving money and reducing recidivism. Though the reductions in recidivism are often slight, the outcomes are nonetheless improvements that should not be ignored. It cannot be said that “nothing works” in the field of residential treatment, and practitioners that make such claims are simply not educated on current outcomes that exist across the nation. Even when recidivism is not reduced, these programs do not increase recidivism rates. Yet in all cases, there are substantive economic benefits that are realized among these programs, regardless of the impact on recidivism; thus, these programs do indeed work, regardless of what might be otherwise contended by skeptics and laypersons.

## APPLIED THEORY

### Differential Association and Treatment in Residential Facilities

*Differential association* serves as the precursor to many other types of criminological theory based on social learning elements. First postulated by

Edwin Sutherland, this theory was researched, tested, and modified by a number of scholars who followed. In describing this theory, Cullen

and Agnew (2006) provide a clear and effective explanation:

Crime is learned through associations with criminal definitions. Interacting with antisocial peers is a major cause of crime. Criminal behavior will be repeated and become chronic if it is reinforced. When criminal subcultures exist, many individuals can learn to commit crime in one location. (p. 6)

The above notion that criminals teach one another how to engage in criminal activity is an important one in the field of corrections. Indeed, a number of studies have found that the longer an inmate spends in prison, the more likely he or she is to recidivate. The general notion is that prison breeds criminals and does not actually work to rehabilitate them. Thus, our nation's prisons encourage the development of inmate subcultures that ensure that crime will continue. This explains, at least in part, the high recidivism rate among parolees and those released from prison.

It is for this reason that community-based residential treatment facilities are considered a much better option than prison, whenever such options are available and feasible for public safety. These facilities generate definitions that are conducive to treatment, not crime. Further, peers selected for such programs will be in

them for reintegrative purposes, thus diminishing the impact of procriminal peers that one is much more likely to find in prison. The environments associated with residential treatment facilities are designed to specifically counter those associations that are related to criminality. This is the specific charge of any effective treatment program, and staff at such facilities know to look for attitudes and behaviors among residents that might indicate a lack of recovery.

Thus, at their base, residential treatment facilities utilize the concepts of differential association. Indeed, Sutherland contended that procriminal and anticriminal definitions from other persons work to counteract one another. When an excess of procriminal influences exists, the individual is more likely to engage in criminal behavior. Likewise, when an excess of anticriminal definitions exists, the individual will be less likely to engage in criminal acts. This is the precise premise that is used in community-based residential treatment facilities. The offender is given gradual levels of freedom but is also surrounded by a regimen and group of staff and peers who support prosocial activities, eschewing further criminal activity. As has been noted, these programs have been found to be effective, and this is not surprising since differential association and its protégé, social learning theory (by Ronald Akers), have also received a great deal of empirical support.

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SOURCES: Cullen, F. T., & Agnew, R. (2006). *Criminological theory: Past to present* (3rd ed.). Los Angeles: Roxbury; Lilly, J. R., Cullen, F. T., & Ball, R. A. (2007). *Criminological theory: Context and consequences* (4th ed.). Thousand Oaks, CA: Sage Publications.



## Complex Offender Cases in Residential Facilities

Just as there are a variety of community-based residential treatment facilities, there are also a variety of offenders who may be encountered in those facilities. While the types of criminal offenses may vary, it is the recommendation of this author that these facilities should generally exclude those offenders who have committed more than one violent crime. While some offenders may have had an isolated incident where violence occurred,

those with repeat offenses of simple assault, sexual assault, and more serious assaults pose too great a risk to the community to be trusted in such facilities. Further, these types of offenders are likely to have a negative impact on the informal culture and operations within a residential treatment facility, contaminating the positive effects that other offenders might otherwise realize. However, given that offenders in this category make up such a small percentage of the overall offender population, this should not even be an issue. Thus, community-based residential facilities can and should focus their attention on nonviolent, property, and drug-related offenders. While this means ignoring a portion of the offender population, it still leaves a very large offender base that can benefit from such services.

Even though careful selection is warranted, particularly with violent offenders, facilities will still find themselves challenged with a variety of issues associated with complex offender concerns. As noted previously with jail diversion programs, offenders are often selected based on problems with substance abuse or mental health issues. (This is actually a recurring issue in many residential facilities, whether as a result of jail diversion or not.) Some offenders may simply present with serious bouts of depression, and this obviously will affect their motivation levels when employed in the community, and it may affect their ability to follow through with requirements. These offenders are also likely to require some sort of antidepressant medication; unless medical staff are available at the facility, accommodations must be made to allow these offenders to have access to such medications. Naturally, this opens up a whole set of difficulties for the facility, in terms of both the offender's welfare and the security of the drugs within the facility.

Other offenders may present with a variety of personality disorders. These offenders will tend to have a number of intractable thought processes that are maladaptive and difficult to work with. The attitudes and personalities may reflect pervasive problems with adjustment, self-perception, and understanding of the social environment around them. Some offenders may have challenges associated with intelligence—a common occurrence, since offenders in prisons tend to score roughly one standard deviation lower on IQ tests than persons in the general community (Hanser, 2007b). Often, this may be due to a lack of educational access, but it also can be the result of neurological deficits that were inherent or even caused by long-term drug use. In addition, other offenders may have problems with anxiety, trauma, or another disorder. The point is that the variety of mental health challenges can be great, and just as jail staff must be prepared to address these issues, so too should persons working at residential facilities.

Beyond mental health issues, there are a number of other factors related to adjustment and cognitive ability that are relevant. For instance, some offenders may simply have a low tolerance for frustration and ambiguity. This is often a sign of lower cognitive functioning, as ambiguity in social situations is more difficult to work with and interpret, and it also leads to stress. Moreover, offenders coping with new adaptations may find it hard to meet demands placed upon them and may act out in both criminal and noncriminal ways. This is particularly true with substance-abusing offenders who may have depleted neural functioning, damage to their nervous systems, or negative social learning experiences that have affected their ability to deal with stressful and undefined circumstances. As a result, these offenders will likely require more attention from residential staff and will also be prone to social problems within the facility. While these behaviors may not be criminal, they still place burdens on staff and other offenders in the facility.

The age of the offender may also present certain challenges. For instance, juveniles are typically kept in separate programs and facilities, away from adult offenders. These offenders present an array of problems that are unique to adolescence and maturation. (Chapter 12 will focus exclusively on this group of offenders.) On the other hand, offenders may be elderly, and thus may be more prone to needing medical services on a routine basis. Further, occupational options may be limited for these offenders since their health may restrict their ability to perform certain duties. In addition, it is common for elderly offenders to lack a support network since many of the persons to whom they were connected may have since given up on them or moved on in life without the inclusion of the offender who has spent years behind bars; this is particularly true for offenders who are returning to the community after a long stint in prison.

Unlike probation and parole, in residential facilities that house elderly offenders or persons with impediments, it is the facility that must take into account these various needs because the offender is in that facility's custody. Thus, staff in these facilities must attend to day-to-day issues associated with these offenders' livelihoods and well-being. While probation and parole staff may have to consider the challenges associated with such offenders, they typically are not charged with providing for their daily needs; it is not usually within the scope of duty for most community supervision officers. Thus, residential staff must contend with the various complex needs of these and other offenders in a much more personal manner. This is one of the key distinctions between care for specialized offenders in residential facilities and supervising offenders in the community. Students should refer to Chapter 14 for more information on elderly offenders.

Finally, some offenders may have medical challenges that impair their ability to function. Some may be physically disabled, while others may have communicable diseases. Still others may have common medical problems such as hypertension, whereas other offenders may have a variety of health issues due to extensive prior addictions. Indeed, it is commonly true that offenders age more rapidly than persons in the general community due to the ravages of their lifestyle on the streets as well as that experienced when in prison. In fact, prior inmates will often appear as if they were 10 years older than they actually may be chronologically, with their physiological functioning being impacted just as much as their appearances are likely to be. In cases of health impairments, accommodations must be made, and legal issues associated with the Americans with Disabilities Act may emerge as a consideration for residential staff and management.

## Typical Staff in Residential Treatment Facilities

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Typically, within residential facilities, staff will play one of three roles: the security role, the treatment role, or the auxiliary or support role. Each of these areas of operation is critical to residential facility operations. Though all of these individuals act within their own sphere of understanding, their functions may overlap with security or treatment staff fulfilling other functions that are typically associated with auxiliary staff or other personnel. The point is that these facilities often require that staff work in a supportive manner and that the roles and functions may overlap, just as the roles and functions of various community residential treatment programs overlap throughout the United States. Nevertheless, these three types of residential staff are briefly presented in the following

paragraphs to provide students with a general idea of the operations within many community residential treatment facilities.

Among staff, there are typically some who will fulfill a security role with offenders in the facility. As noted earlier, some residential facilities are privately operated while others may be overseen by the state or the county. In either event, the role of the *security staff* will typically be very similar. These staff will often be involved in the intake of new offenders by completing the proper paperwork, conducting inventories of the offender's personal property, and explaining the rules of the facility to new residents. These staff will enforce rules by monitoring offender progress via telephone checks to ensure offender compliance while in the community. These same staff will monitor activities at the facility through physical security checks. These are also the staff who will be tasked with collecting specimens for drug testing, as well as conducting random inspections of offenders and their living quarters to ensure that clients do not have contraband within the facility. In addition, these staff write reports, monitor medications, and perform a sundry array of duties that encompass the day-to-day operations of the facility. These staff positions typically only require a high school diploma or GED, but they also require persons who have good judgment and the ability to work in flexible rotating shifts that are necessary for facility operations.

Other staff might include *correctional treatment staff* or *clinical staff*. Regardless of the specific title that is given to these staff, they typically engage in various forms of case management (as discussed in Chapter 8) and will perform many of the same functions that correctional treatment specialists do (see Chapter 4). These staff will conduct group counseling and individual counseling sessions and will perform a number of other tasks that are clinical in nature. Typically, these individuals will have graduate education at the master's or doctoral level and will be able to complete clinical work such as assessments, evaluations, and a variety of mental health interventions. These individuals may fulfill various functions, providing substance abuse classes, psychoeducational classes, and anger management counseling, as well as individual sessions.

Finally, there are the many auxiliary staff who provide a variety of services such as educational or vocational training, food service, religious programs, transportation, and a wide range of others. Though these staff may not be central to the primary areas of interest in community supervision—security and treatment—they nonetheless provide services that are important and integral to the smooth functioning of the facility. Without their assistance, residential treatment options would likely be impossible to provide.

## CONCLUSION

The term *community residential treatment* includes a variety of facilities that all have differing areas of focus. From this chapter, we have found that these facilities exist at different points on the community corrections spectrum, with jail diversion programs existing at pre-booking and post-booking points of offender processing, halfway houses being categorized as halfway-in and

halfway-out, residential facilities being designed for persons who are not safe enough to release on probation, and other residential facilities being used as integrated treatment operations to transition offenders back into the community. The fact that different types of facilities provide very similar services and perform similar functions results in a blurring of the distinctions

among the different types of programs. In addition, some facilities may be privately operated (as the ComCor example demonstrates), while others may be state run. Some programs may be small in operation, whereas others may be part of an entire state’s network (such as the restitution facilities in Mississippi). Thus, when we talk about community residential treatment, we actually refer to a number of different options that are available for offenders.

From the research that has been presented, it is clear that community residential treatment programs are, at least in a marginal sense, effective in reducing recidivism. Further, it is quite obvious that these options are much less expensive than the building of prison facilities to deal with overcrowding. With these two points in mind, it can then be said that these options are considered generally successful in serving their intended purpose: reintegration of the offender

while avoiding the ravages and criminogenic effects of prison. In addition, much of the research presented in this text is more recent than that which may be found in many other texts and thus is more relevant to programs in operation today. Further, this demonstrates that “something works” in community residential treatment, and that proponents of Martinson’s outdated research are simply that—outdated. The weight of the research illustrates the overall efficacy of these programs. When taken with research that shows prisons to be criminogenic, breeding worse recidivists than community-based programs do, it becomes clear that alternatives to prison facilities just make good sense. It is on this note that we now close as we look toward the spectrum of intermediate sanctions that are available, many of which may dovetail or be used in tandem with the residential programs that have just been discussed.

**KEY TERMS**

Community residential treatment centers	Community Alternatives (IARCA)	Jail diversion programs
Halfway house	Jail	Restitution center
International Association of Residential and	Jail diversion	Study release program
		Work release programs

**END-OF-CHAPTER REVIEW: SHARING YOUR OPINION**

1. What are some key advantages to using jail diversion programs?
2. In your view, what is the chief impetus behind the development of halfway houses in the United States?
3. How would you, if you had to, sell the idea of establishing a community residential treatment program in an area near a neighborhood whose residents were wary of the idea?
4. What are some key advantages to using community residential treatment programs?
5. What are some critical challenges that face residential programs?

**“WHAT WOULD YOU DO?”**

Meet Tom; he is homeless and an alcoholic. He is known by all of the local police who patrol his area of the community because they see him on the streets almost daily. When on the streets, Tom exhibits heightened states of anxiety from time to time and is also a bit paranoid, but

is otherwise considered harmless. Tom is on your supervision caseload as a repeat misdemeanant. It seems that he reoffends each year, engaging in some minor form of criminal behavior that requires his arrest by police. He tends to do this just before the winter months of the year.



Police officers and jailers know that he does this to avoid the harsh cold winters in your city, and as noted before, they all consider him quite harmless, though he is much more crass and mean when detoxifying from the alcohol. It seems that there are several other offenders just like Tom—generally harmless, but nuisances to the public and violators of city ordinances. The police know them all by name and generally ignore them until they begin to commit minor acts that require arrest.

The problem is that multiple offenders like Tom seem to be collecting throughout the city. You have several on

your caseload, and the city jail is getting quite full due to drug sweeps by area police. The mayor has contacted the judges and asked them to work something out to alleviate the problems with the drunken, mentally disordered homeless in your area. You have been appointed to a community panel where you must help to address this issue. You are required to provide a brief proposal outlining your own thoughts on this issue and how it can be resolved for little or no money.

**What would you do?**

## APPLIED EXERCISE

Consider the case of Tom, just presented in the “What Would You Do?” exercise. For this applied exercise, pretend that you are a case manager and Tom is on your caseload. You have been asked to help out with his case by the community supervision agency, some local judges, and the city mayor’s office. This group wants to determine a model case management program for Tom and for others like him. You must explain how you would conduct case management with Tom, making sure to address what you might find from a client needs assessment. You should also correctly identify and classify any mental health issues that affect Tom. (Students may need to refer back to Chapter 9.) In addition, provide a Global Assessment of Functioning scale rating for

Tom, using your own best judgment. Provide a rationale for your rating. In addition, explain if there is a type of residential treatment facility that might work better than jail placement when meeting Tom’s needs.

This assignment will require that you complete outside research on your own. Each response to the questions must be correct and balanced in approach (consisting of realistic possibilities), with anywhere from 300 to 500 words of content being allowed per application.

Students should complete this application exercise as a mini paper that explains the scenario and then addresses each question throughout. Total word count: 1,200 to 2,000 words.

## FOOD FOR THOUGHT

For their seminal work, McCollister and her colleagues (2003) conducted a cost-effectiveness analysis of a postrelease substance abuse work release program compared to standard work release. Located in Delaware, the CREST Outreach Center was designed specifically to address the substance abuse needs of offenders. This program combines prison treatment, work release as a transitional therapeutic community (TC), and outpatient aftercare services. Unlike traditional work release, this program includes an intensive 6-month process designed to address the specific needs of the offender and stop the criminal offending. Because of the extensive nature of a TC, it is essential to examine the overall cost-effectiveness of this community-based intervention. In this study, the authors used a measure of

reduced recidivism to define treatment success 18 months postrelease. A total of 587 CREST participants ( $n = 378$  CREST work release only;  $N = 209$  aftercare participants) and 249 standard work release participants (comparison group) were identified for inclusion in the study. Overall, the study indicated that participation in CREST did reduce reincarceration. However, the cost savings to the state department of corrections (DOC) was minimal. The authors did provide some explanations for this finding. Taken on its face value it may imply that the TC program may not be justified. To this extent, the authors provided some valid arguments why long-term benefits may not yet be realized and why agencies may still consider this option in lieu of standard work release.

## *Post-Release Substance Abuse Treatment for Criminal Offenders*

### *A Cost-Effectiveness Analysis*

Kathryn E. McCollister, Michael T. French, James A. Inciardi,  
Clifford A. Butzin, Steven S. Martin, and Robert M. Hooper

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SOURCE: McCollister, K. E., French, M. T., Inciardi, J. A., Butzin, C. A., Martin, S. S., & Hooper, R. M. (2003). Post-release substance abuse treatment for criminal offenders: A cost-effectiveness analysis. *Journal of Quantitative Criminology*, 19(4), 389–407. Copyright © 2003 by Springer, Netherlands.

### Questions for Thought

1. According to the findings of the McCollister et al. article, a TC work release program only demonstrated minimal cost reductions compared to standard work release. Given these findings, why might the state of Delaware still want to invest in a TC program?
2. Why might measuring treatment failure as any reincarceration confound the effectiveness of the program?
3. Given the economic constraints most states are experiencing at this time, do you believe DOCs should invest in therapeutic communities? Why or why not?