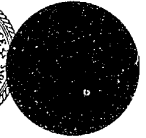


U.S. Department of Justice
National Institute of Corrections



Residential Community Corrections Facilities: Current Practice and Policy Issues

144054

National Institute of Corrections

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**U.S. Department of Justice
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**RESIDENTIAL COMMUNITY CORRECTIONS FACILITIES:
CURRENT PRACTICE AND POLICY ISSUES**

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August 1992

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SEP 14 1993

ACQUISITIONS

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PREFACE AND ACKNOWLEDGEMENTS

The purpose of this project was to analyze a database previously assembled by NIC during the course of a survey of residential community corrections facilities, to supplement the survey with case studies of a limited number of residential community corrections facilities, to review pertinent literature, and to synthesize the results of these activities in a single document that would present information and frame policy issues regarding residential community corrections facilities.

Reanalysis of 647 completed surveys and the eight case studies revealed that residential community corrections facilities are quite diverse in terms of population, organizational base, size, and mission. Despite this diversity, the facilities appear to serve one or more of three typical roles in the criminal justice system. They serve clients at the "front door" of the system as a direct sentence option, or one directly accessed through probation. They serve as transition facilities for inmates exiting prison at the "back door" of the system. They also increasingly serve the function of jail release for offenders ending their time in jail. Key policy issues include the need to target this relatively costly and limited residential capacity to achieve specific and realistic objectives.

The authors of this report would like to acknowledge the assistance and information provided by the staff of residential community corrections facilities included as case studies in this report. Their insights have greatly enriched the information and understanding drawn from the survey data that is the other basis of this report. We would also like to thank Neil Tilow, Executive Director of Talbert House, who served as technical reviewer to the project. Neil provided valuable assistance in reviewing the study design, case study protocol, and final report.

Finally, we would like to acknowledge the support of George Keiser, Chief of NIC's Community Corrections Division, as well as the assistance of Anne McDiarmid and Laura Schmitt who served as NIC's project monitors.

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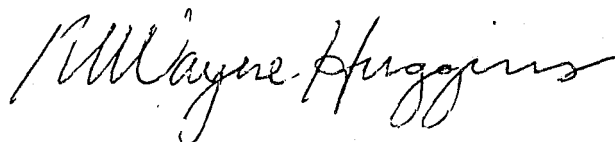
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FOREWORD

As the American criminal justice system moves into what some have called an era of intermediate sanctions, it becomes critical to define more clearly what is meant by that term. It becomes increasingly important to understand the resources already in place in our communities that might begin to provide a continuum of sanctions.

This document provides a major step forward in understanding one important segment of the continuum of sanctions--those resources we have come to call residential community corrections facilities. It represents a reanalysis of a major survey of these facilities, supplemented by case study information on a limited number of them. The findings of the analysis are presented and augmented by a discussion of policy issues.

We hope the information and insights provided in this document will be useful to policymakers at all levels as they plan the role residential community corrections facilities will play in the future of American corrections.

A handwritten signature in cursive script, reading "M. Wayne Huggins".

M. Wayne Huggins, Director
National Institute of Corrections
August 1992

INTRODUCTION

The survey and case studies upon which this report is based were chartered by the National Institute of Corrections (NIC) because of an increasing interest within the corrections community regarding residential community corrections facilities.

The general knowledge regarding residential community corrections programs has been extremely limited. Even a cursory review of the literature reveals little in the way of comprehensive information about what types of programs fall under the general rubric of residential community corrections facilities. Descriptions or evaluations of individual programs tend to be extremely weak methodologically (Latessa and Travis 1991). Existing surveys tend to focus only on halfway houses and are very dated (Seiter et al. 1977). Perhaps some of the most useful information from a policy perspective is that coming out of states such as Colorado as they begin the process of examining their own initiatives in the community corrections area (English and Mande 1991). However, this work focuses upon the experience of a single state.

A good description is needed as a foundation for policy analysis and direction. We need to understand what types of programs fall under the general category of residential community corrections facilities. How many facilities are there? Whom do they serve? What services do they provide, at what cost, and over what period of time?

Residential community corrections facilities are attractive sanctioning options because they are perceived to provide high levels of both surveillance and treatment. Both of these features are direct results of their residential component. The fact of twenty-four-hour residency makes these facilities the community sanction closest to the total institutional setting of a prison or jail. While most residential community corrections facilities lack secure perimeters and therefore are not strictly incapacitative, the movements, behavior, and mood of residents can be continuously monitored. Because of the relatively high ratio of staff to residents, close monitoring can be coupled with timely intervention. Some programs, such as in-depth therapeutic communities, can only be established in a residential setting.

The cost of residential community corrections programs reflects that high level of surveillance and service. Their appeal coupled with their cost suggests that these programs will continue to be a valued, if limited, resource for the criminal justice system. As with all costly and limited resources, it is important to discuss issues of access and use.

BASIS FOR THIS REPORT

Survey Data. This report is based upon a reanalysis of survey data on residential community corrections facilities collected in 1989 and upon case studies of eight residential facilities conducted in 1991. The original work is published as Survey of Residential Community Corrections Facilities in the United States by Mary Foote and June Sivilli and has a companion document, Directory of Residential Community Corrections Facilities in the United States. For purposes of this survey, a residential community corrections facility was defined as a facility 1) housing adult offenders; 2) with at least 70% of its residents placed by federal, state, or local criminal justice authorities; 3) operated independently from the detention operation of a jail, prison, or other corrections institution; and 4) that permitted clients to leave the premises during the day for work, education, or community programs. The 1989 study attempted to survey the population of residential community corrections facilities in operation at that time. Responses were obtained from 647 of the 839 facilities identified as serving primarily adult corrections populations. We have reanalyzed

the data collected in that earlier study and supplemented that analysis with case studies of eight programs.

There are four significant limitations regarding the survey data. First, the survey was conducted in 1989 and therefore **the information is dated**. Second, the **response rate for the survey was 77%**, resulting in 647 completed surveys. While 77% is a respectable response rate for some sampling methodologies, that response rate is problematic for research involving a clearly defined and limited population of cases. Facilities that chose to respond might not be representative of the sizable number of facilities that did not respond. A third limitation is that the **reliability and validity of this self-reported survey data were not adequately verified**. There was no independent verification that services reported are actually provided or whether facilities interpreted the provision of services similarly. The fourth and major limitation of the data set is that much of **the survey data collected are aggregate, or summary, data**. These limitations are substantial, and we have been sensitive to those limitations in our reanalysis of the data. A more extensive discussion of these limitations and the original survey design, implementation, and analysis is included in Appendix A.

Perhaps the most distinctive aspect of the survey data at first glance is that they reveal substantial diversity among the universe of residential community corrections facilities. Residential community corrections facilities are found in both the public and private sectors and, within the public sector, at all levels of government and as creatures of special purpose agencies created to provide community corrections services. Figure 1 illustrates their distribution by operating agency. The largest number of programs are operated by private non-profit corporations. The next largest group is run by state government, followed by county government, profit-making corporations, and "other." Almost as many residential community corrections facilities are operated by private sector agencies as are operated by governmental entities.

Any stereotype regarding the size of community corrections facilities is quickly dispelled by the data as well. They range in size from fewer than 10 beds to more than 200 beds. As indicated in Figure 2, just over half (51%) are small, reporting fewer than 50 beds. Another 28% of the facilities are classified as medium in size, reporting 50 to 100 beds, while 20% are large, reporting over 100 beds.

The population served by residential community corrections agencies is also diverse in terms of gender and age. As illustrated in Figure 3, the programs responding to the survey indicated that 52% serve only men, 8% serve only women, while 40% serve both men and women.

A dimension of great interest to policymakers is the method by which offenders are placed or channeled into residential community corrections facilities. The survey data indicate that the point of access to such programs from the criminal justice system is also quite diverse. Access can come at pre-trial, pre-sentence, direct sentence, probation, pre-release from prison or jail, or after conditional release from prison and violation of conditions. This means that access to such programs is influenced by numerous and diverse decisionmakers including sentencing judges, probation officers, community corrections boards, jail administrators, state departments of corrections, paroling authorities, and offenders themselves. Figure 4 illustrates the distribution of programs represented in the survey data according to their primary source of referrals. "Front door" (147 facilities) indicates that the majority of referrals to the program came from probation or the court. "Jail" (62 facilities) indicates that the majority of referrals to the program came from a local

institution. "Prison" indicates that the majority of referrals to the program came from a state (272 facilities) or federal (54 facilities) institution or a majority of referrals came from a parole board (38 facilities). "Mixed" (74 facilities) indicates that the facility's referral sources varied so widely that no single type of referral source is primary.

Figure 1
Operating Agency

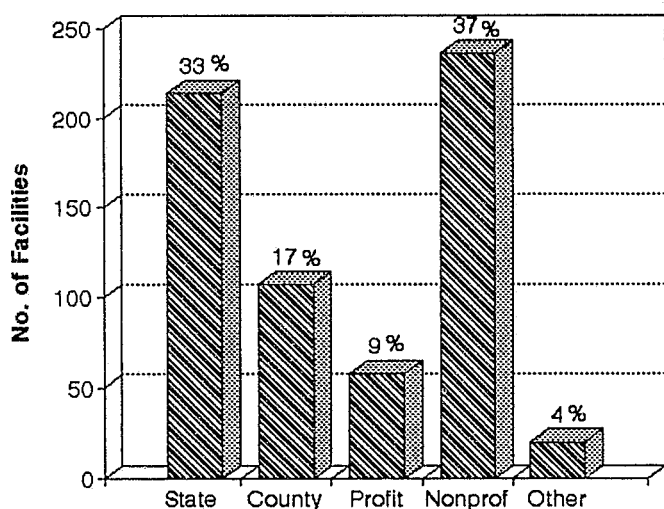


Figure 2
Facility Size

Under 51, 50 to 100, Over 100 Beds

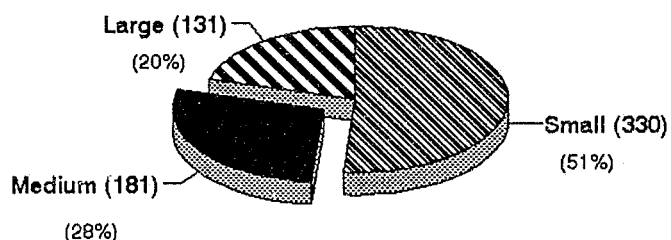


Figure 3
Facility Population
Gender

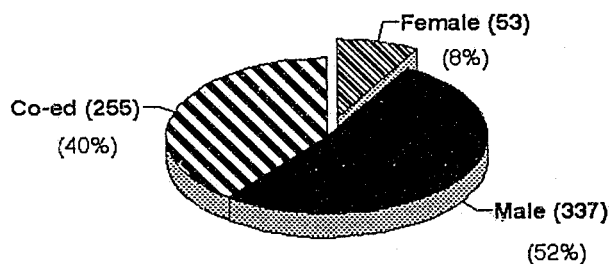
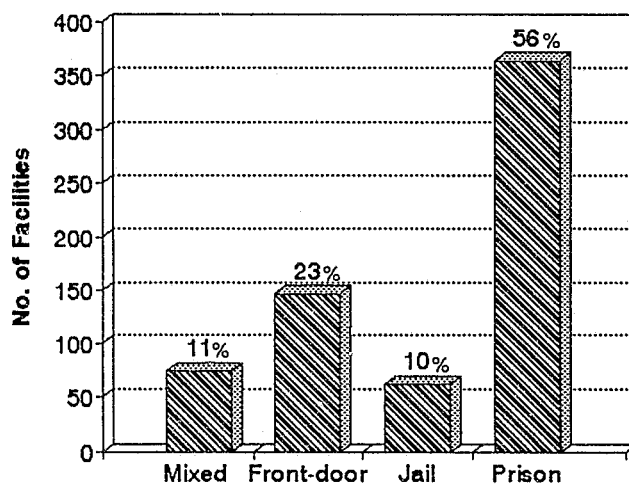


Figure 4
Role in Criminal Justice System
Primary Source of Referrals



Case Studies. In addition to the reanalysis of the survey data, we conducted case studies of eight residential community corrections facilities. The eight programs selected for case study are listed in Figure 5. Arrayed along with the names of the programs are four of the characteristics considered in their selection. One significant factor is the type of operating agency (public - state or local, private - for-profit or non-profit) as displayed in Figure 1. A second factor is the size of the facility, displayed in Figure 2. Another factor is the gender of clients in facilities, shown in Figure 3. A fourth factor is whether the facility primarily serves front-door or back-door clients as displayed in Figure 4. In addition, we looked at the geographical diversity of the case studies and whether an advisory board provided oversight to the facility.

Figure 5
Case Study Sites

	<i>Primary Referral Source</i>	<i>Operating Agency</i>	<i>Size</i>	<i>Gender</i>
<i>Blue Ridge Work/Pre-Release Center (South Carolina)</i>	Prison	State	Large	Male
<i>Cedar Rapids Community Corrections Center (Iowa)</i>	Court	Public Local	Small	Males & Females
<i>Fairfax Pre-Release Center (Virginia)</i>	Jail	County	Large	Males & Females
<i>Longmont Community Treatment Center (Colorado)</i>	Mixed	Private for-profit	Small	Male
<i>Reentry Metro (Minnesota)</i>	Court	Private Non-profit	Small	Female
<i>Schwert AODA Treatment Center (Wisconsin)</i>	Mixed	Private Non-profit	Small	Male
<i>Southern Arizona Correctional Release Center (Arizona)</i>	Prison	State	Large	Male
<i>Volunteers of America, Sacramento (California)</i>	Mixed	Private Non-profit	Medium	Males & Females

Our goal in selecting these programs was to capture as much diversity as possible along these dimensions and to ensure a broad geographic distribution as well. The case studies were not intended to be representative in any statistical sense of the larger population of residential community corrections facilities. However, they do provide diversity along the cited dimensions, selected because of their relevance to policymakers.

We conducted the case studies to help overcome one of the limitations inherent in a large-scale survey, which is the limited understanding such a survey provides of the personality or character of programs. The case studies assist in developing a feel for the range and diversity of programs included in the universe of residential community corrections programs. What do these programs look like? What is the daily routine for offenders who reside in them on a day-to-day basis? How are services delivered and funded? How is security handled? What about relationships with the community? What are some of the issues their staff confront in working with offenders? What policy issues do their staff see emerging from current practice? These were some of the questions raised and answered in the course of completing case studies of eight residential community corrections facilities. Seven of the eight case studies were conducted through on-site interviews and observations of the programs. The eighth was completed through telephone interviews. Summaries of the case studies are contained in Appendix B.

ISSUES FOR ANALYSIS

The survey and case study data on residential community corrections facilities can be used to inform a discussion on five key issues regarding the use of residential community corrections facilities. The selection and organization of the issues in this report are dictated by the data available for analysis from the original survey. One key issue is their ***role in the criminal justice system***. Some placements in residential facilities result from pre-trial placements from jail. Some offenders are sentenced directly to residential community corrections facilities by the court. Still others are placed in a facility after sentencing as part of a probationary sentence or in response to probation violations. In addition to these "front-door" placements, residential community corrections facilities are used for "back-door" placements. Offenders are placed in these facilities from prison or jail, often retaining their inmate status. Offenders are also released from prison into residential community corrections facilities as a condition of parole or administrative release.

Other issues involve ***geographical and structural variation***. Are there regional differences of interest? Do programs operating in community corrections act states differ from those in states without acts? Another issue involves type of ***operating agency***. Do privately run facilities differ in other ways from publicly run facilities? Are there differences between private facilities that are run for-profit and those that are non-profit? Another important area is ***funding and financial issues***. There is a great diversity from state to state on the funding structures that have developed over time. Do the various funding structures affect facility operation and organization in identifiable ways?

Another key issue is ***gender***. Do female offenders have access to these programs? Do programs designed for women differ from those designed for men or those designed for co-corrections use? Finally, ***policy issues and directions for the future*** are discussed.

The following sections of this report will address each of these issues, both in the context of the survey data, and with case studies that provide relevant illustrations of these issues.

ROLE IN THE CRIMINAL JUSTICE SYSTEM

The first cut at facilities is to differentiate the roles these programs play in the criminal justice system. The two primary roles played by residential community corrections facilities in the sentencing process are as ***front-door sanctioning options*** and as ***back-door***

sanctioning options. From a criminal justice system perspective, this is an important distinction. We will examine front-door and back-door programs with respect to target populations, facility size, operating agency, staffing, and age of the program.

Front-door referrals of sentenced offenders generally occur in one of two ways. In the first, the judge sentences the offender to a residential community corrections facility directly from the court, usually as a condition of probation. In the second, a post-conviction referral is made, often by a probation officer or other corrections administrator. Case Summary 1 describes the Community Corrections Center in Cedar Rapids, Iowa. This summary, found in Appendix B, illustrates a program primarily used for front-door sanctioning.

For those programs utilized as direct sentencing options or as a condition of probation, the apparent focus is on **stabilization**. The typical client of such a program, as reported by program staff interviewed during the course of the case studies, has had some criminal involvement, perhaps an earlier failure on probation, an unstable employment history, and drug or alcohol involvement. Stabilization, therefore, focuses heavily upon working or participating in some sort of training, establishing responsible patterns in accounting for whereabouts, developing financial stability by saving, budgeting, and accepting responsibility for some of the costs of their residence in the program.

The majority of offenders in 23% of the 647 facilities (147 facilities) are referred via the front door. In 61 of the 147 facilities, all of the participants result from front-door referrals. Figure 4 above displays the primary referral sources for the 647 facilities.

Back-door referrals also generally occur in one of two ways. The first is release from state prison to a residential community corrections facility by prison administrators. The second is release from state prison to a facility by a parole board. The legal status of offenders might vary with the two types of referrals. With the first type of referral, the offender is often still classified as an inmate. In the latter type of referral, the offender is generally classified as a parolee.

Residential community corrections facilities at what we have termed the "back door" of the system--those servicing offenders being released from prison--are primarily focused upon easing **transition**. This means a major focus is on finding and securing a residence and employment. It also means establishing acceptable patterns of work, financial responsibility, and life skills. Various levels of security and control are directed at ensuring community safety while transition occurs. These programs may be particularly susceptible to conditions of prison crowding since decisions about admission criteria, length of stay, and so forth are often under the direct control of prison authorities.

The majority of offenders in almost half of the facilities (310 facilities) are referred via the back door from state prison by corrections administrators (272 facilities) or parole boards (38 facilities). In 219 of the 310 facilities, all of the offenders in the facility were back-door referrals. Case Summary 2 describes the Southern Arizona Correctional Release Center, a facility in Tucson, Arizona, used for offenders released from state prison.

An additional 54 facilities were primarily populated through back-door referrals from federal prison. Added to the 310 facilities with a majority of back-door referrals from state prisons, 364 of the facilities (56% of all facilities) had a majority of offenders exiting from prison.

While these 364 facilities are similar in that they serve offenders leaving prison, there are substantial differences among facilities that serve state prison referrals as compared to facilities serving federal or parole referrals. Facilities serving state prison referrals are often

run by state departments of corrections rather than by private providers. Those facilities also tend to be much larger than facilities serving federal or parole referrals. Because facilities serving back-door populations predominantly serve state prison referrals, and because those facilities differ in important respects from facilities serving federal or parole populations, we will often focus exclusively on back-door facilities serving referrals from state prison, rather than grouping all back-door facilities together.

There is a third, increasing role played by residential community corrections facilities in the sentencing process, which is as a ***jail release mechanism***. This is similar to the back-door referrals noted above in that an offender is released from a local jail to a residential community corrections facility. It differs from prison back-door referrals in that the referral itself is generally made by local officials (including judges) rather than state corrections and parole officials. It also differs from prison back-door referrals in that referrals from jail are generally funded by local government either through county run programs or through services bought from privately run facilities. A third difference is that the jail terms are often short, and the focus tends to be on *stabilization* as well as *transition*. The majority of offenders in 10% of the facilities (62 facilities) were referred from local jail. The Fairfax Pre-Release Center in Virginia, described in Case Summary 3 in Appendix B, illustrates this type of program.

The remaining 74 facilities received a mixture of offenders in which neither front-door nor back-door referrals predominated. Some of these facilities include a considerable number of referrals from pre-trial status. Others included referrals from non-criminal justice sources and self-referrals. One concern expressed in Iowa by state officials trying to develop some beds for probation/parole violators was having mixed populations--different rules for different populations. These data indicate that such mixing is fairly standard. Many jurisdictions obviously have accommodated this. Case Summary 4 describes Volunteers of America in Sacramento, California, a facility with a mixed population.

The various roles that these programs play in the criminal justice system is their most basic feature. We will continue with our examination of front-door and back-door programs along a number of dimensions, the most important of which is the target population.

Target Populations. The survey data do not specifically address the make-up of the offender populations in the programs. However, several items in the survey indicate exclusionary criteria for program participation. These items relate to the nature of the offense, habitual offender status, drug and alcohol abuse, mental and physical disabilities, and illness.

Before reviewing the survey information on offender types excluded from the programs, a brief discussion of issues related to targeting offenders for these programs is in order. Targeting is the process--achieved through specific policy guidance or through standard practice--of matching specific offenders with specific programs in order to achieve specific criminal justice or sanctioning objectives. Hence, targeting begins with a program's ***mission***. The specific mission that each residential community corrections facility has with its clients is, among the case study programs, fairly clear. For the back-door programs--those serving individuals on their way back to the community after a jail or prison term--the mission involves easing the transition by securing employment and residence, and by establishing acceptable patterns of family support and financial savings, all within the context of ensuring public safety.

For those programs at the front end of the system, that is, those that are direct sentencing options or those that serve as conditions of probation, the mission often involves stabilizing an offender who has had more than one encounter with the criminal justice system and who has an uneven employment or drug use history. Many such programs also play the role of brokers--referring offenders to other, more specialized services in the community. These might include mental health or drug treatment services.

From a systems perspective, it is difficult to find evidence of much targeting. On the program level, there is a clear sense of mission. Among service providers and program staff, that sense of mission involves a commitment to the notion of community residential facilities as a less-intrusive, more rehabilitative resource for offenders. From a policy and funding perspective, however, the mission that seems to emerge is the need to deal with prison crowding and the need to create lower-cost alternatives in the community that are acceptable to those concerned about community safety. This pressure creates a certain coherence to the legislative and funding structures that has contributed to the growth of residential community corrections facilities. This alliance between funding bodies in search of lower-cost, safe alternatives and service providers in search of "better" services for offenders may actually militate against clear targeting of offenders. By focusing attention on the areas of agreement--more residential community corrections facilities--the two groups can avoid the more fractious issues--who really belongs in such facilities and how we can assure ourselves that the resources are targeted to those offenders for whom they are most appropriate.

Acknowledging this pressure, however, it would seem sensible for the criminal justice system, through the choices of individual decisionmakers, to **target** those offenders most appropriate for each community alternative--especially the relatively more costly and scarce residential beds available in the community. With the possible exception of Schwert AODA, none of the case study programs reported explicit, written criteria used by the court, by probation/parole officers, or by the department of corrections specifying exactly what type of offender the program and/or its services was designed to serve and to what end. Nor did we find any explicit statements of the specific sanctioning purposes that such programs are expected to serve by the sentencing process (e.g., punishment, incapacitation, deterrence, or rehabilitation). There is little evidence of such targeting in the form of policy guiding or advising decisionmakers. As individual decisionmakers make choices that affect what offenders are placed in residential community corrections facilities, there is little evidence of implicit policy. How are offenders placed in such facilities, who makes the decision, what goals does the system wish to achieve overall by such placements? In fact, the placement decisions are made or are influenced by a large number of decisionmakers, with widely varying information. This variation is accompanied by strong pressure on providers to fill beds. It is hard to conclude that decisions so numerous made by such divergent decisionmakers are made with explicit, shared goals in mind.

Targeting by criminal justice decisionmakers should be distinguished from program or **admission criteria**. All facilities in the case studies reported admission criteria. And the lack of articulated targeting policy should not be interpreted to mean that placements are not carefully scrutinized. They are. The scrutiny takes several forms. In Colorado, for instance, a sub-committee of the county corrections board (required by state law to be a representative of the criminal justice system and the community at large) reviews all admissions recommendations, and the vendor who operates the program has ultimate authority to accept or not to accept any offender recommended to the program. Such review is handled on an individual decisionmaking basis, however, guided by individual

judgment. Except for rather broad categories of eligible offenders, the process is not guided by any over-arching policy or explicit consensus among decisionmakers about precisely what offenders the program is best suited to serve.

Such practice raises several serious problems. First, it confirms a lack of targeting of these resources. Residential community corrections facilities are among the most costly community resources for corrections populations. In spite of the fact that community facilities are often considered to be less expensive than prisons or jail, per-day costs for community facilities often extend into the range of per-day costs for prisons and jails. If these resources are being allocated by individual decisionmakers, unguided by specific policy, and uninformed by sound information about what programs are appropriate for what kinds of offenders, then our most costly community corrections resource is being expended--and expanded--without focus or direction.

Targeting - Drug and Alcohol Abuse. When we look at the survey data on criteria used to exclude offenders from programs, we find a great deal of consistency. The most consistent and predictable finding across all types of programs is that alcohol and drug abuse does *not* exclude offenders from residential community corrections programs. Only 3% of programs exclude those who abuse drugs and 2% exclude offenders who abuse alcohol. Almost 90% of the programs provide alcohol and/or drug abuse services. There is only a slight difference between front-door programs (91%) and back-door programs serving state prison referrals (86%).

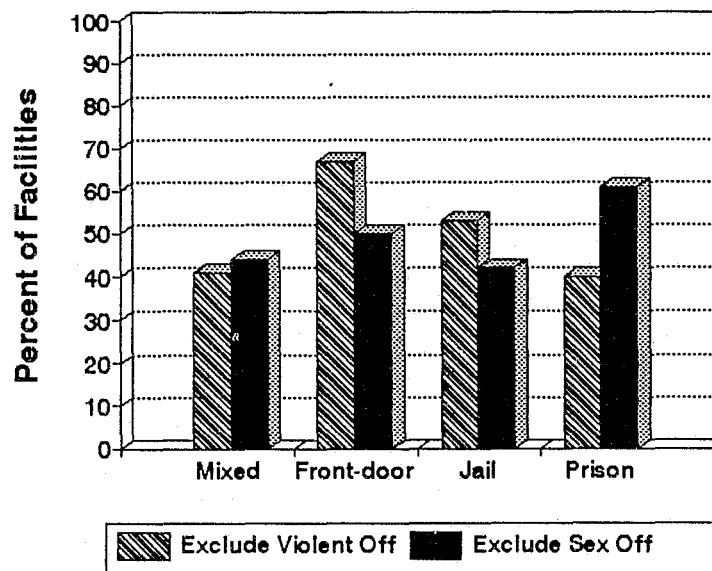
The case studies reinforce these findings. Residential community corrections facilities are responding to the **widespread drug and alcohol involvement** of offenders referred to the programs. These programs typically address these problems with four tools. The first is the establishment of a drug-free living environment. The second is the use of selective or comprehensive drug and alcohol screening. The third is education or counseling provided within the facility itself. This counseling may be part of the general counseling support which involves life skill development, developing individual case plans, and some group counseling. A fourth is referral to more specialized drug and alcohol treatment programs elsewhere in the community. Although one might expect to find a great deal of therapeutic specialization--directed at offenders with special problems who cannot successfully be handled in a non-residential setting, but who do not require the security of a prison--such is not the case. Survey data, case study interviews, literature reviews, and interviews with experienced practitioners indicate that this intense therapeutic program design is characteristic of only a small percentage of residential community corrections facilities. Schwert AODA Treatment Center in Wisconsin, which is described in Case Summary 5, is an exception to this general approach to dealing with drug and alcohol involvement. The entire program at Schwert AODA is designed to provide an intensive, residential, therapeutic environment for drug-involved offenders. The other seven case summaries are more typical of the ways in which programs provide drug treatment services to offenders.

Targeting - Violent and Sex Offenders. Almost half of the programs exclude violent offenders. Programs primarily serving front-door clients are particularly prone to exclude violent offenders--67% of those programs exclude violent offenders. Back-door programs serving state prison referrals are less likely to exclude violent offenders (40%). "Violent offender" is an ambiguous concept and it is not clear what reference programs might have been using when responding to that query. This is illustrated when we examine exclusion policies for specific offense types. While 67% of the programs serving front-door clients report that they exclude violent offenders, only 50% of the front-door programs

report that they exclude sex offenders. This is contrasted with back-door facilities where the opposite pattern prevails. While 40% of the programs serving offenders referred by state administrators report that they exclude violent offenders, 61% of these back-door programs report that they exclude sex offenders.

This pattern is repeated among programs exclusively serving front-door and back-door populations. Over 77% of the programs used exclusively for front-door populations report that they exclude violent offenders and 66% of those same programs report that they exclude sex offenders. Just under 39% of the programs used exclusively for back-door state prison referrals report that they exclude violent offenders, but 71% of those same programs report that they exclude sex offenders. Figure 6 displays the targeting practices of programs in their exclusion of violent and sex offenders.

Figure 6
Targeting Offenders
Violent and Sex Offenders Excluded



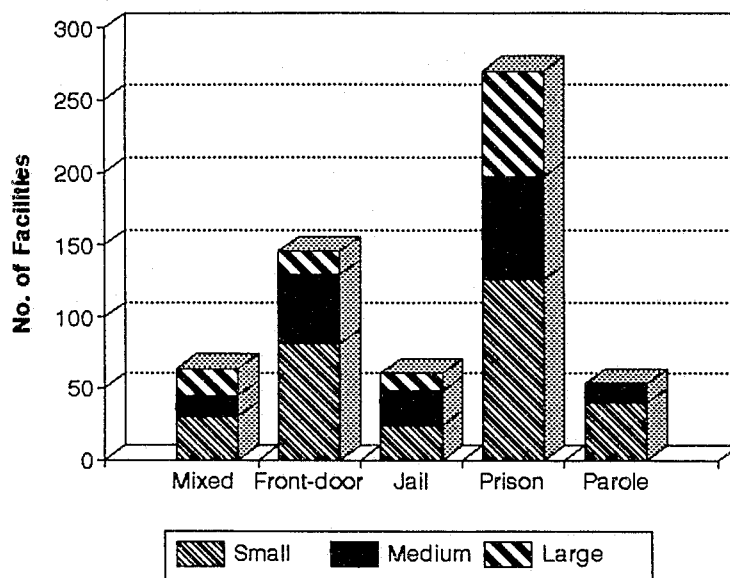
It appears that programs serving the front of the sentencing system use considerably different referents for "violent" and "sex" offenders than programs serving the back of the sentencing system. The referent for sex offenders at the front is probably an incest or molestation case and the referent for sex offenders at the back is probably a stranger rape. The violence inherent in each type of case takes a very different form.

Targeting - Race. Because the survey data regarding race are aggregate in nature, we are limited in the kind of analysis that we can do regarding this important variable. Minority offenders are overwhelmingly over-represented in prisons relative to their numbers in the general population. Despite this, most front-door programs actually were predominantly white. Indeed, in a front-door program, it was twice as likely that the population would be 75% or more white than it was that it would be 75% or more minority. Similarly, programs serving jail populations were 3 times more likely to be 75% or more white than to be 75% or more minority.

In contrast, a minority (albeit, a narrow one) of prison release programs were dominated by minorities, and the percentage of such programs with a 75% or more white population was just slightly more than the percentage with a 75% or more minority population.

Facility Size. Not only are twice as many residential community corrections facilities used predominantly for back-door rather than for front-door placements, but the facilities used primarily for back-door placements tend to be larger than those for front-door placements. This is particularly true for facilities primarily serving state prison offenders referred by prison administrators. Of the 272 such facilities, 73 (27%) have 100 or more beds. Only 11% (16 of 147) of the facilities primarily serving front-door referrals have 100 or more beds. Not only are there fewer large facilities among front-door oriented programs, there are more small facilities. Of the 147 front-door facilities, 81 (55%) have less than 50 beds. Among the 272 back-door facilities, 126 (46%) have less than 50 beds. Facilities without a predominant front- or back-door orientation closely resemble back-door facilities. Almost 30% are large facilities (100 or more beds), perhaps reflecting the larger target population from which mixed facilities draw (although many of the predominantly front-door and back-door facilities also draw from a wider target population). Figure 7 displays various referral sources by facility size.

Figure 7
Referral Source
Facility Size



Facilities used primarily for placements from federal prisons tend to be small. Almost 75% (40 of 54) of those facilities have fewer than 50 beds. Only one has 100 or more beds.

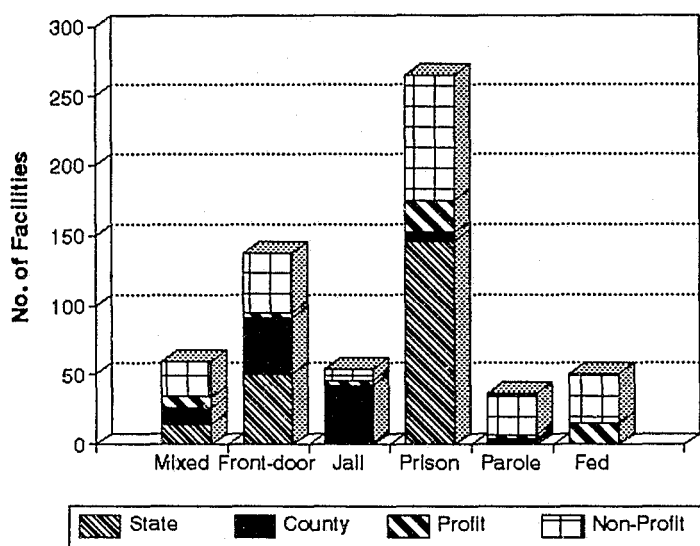
Facilities used primarily for placements from local jails are more likely to be medium in size (50 to 99 beds) than facilities serving prison populations. Almost 40% of the 62 facilities primarily serving clientele from local jails are of medium size. An equal proportion are small, and just over 20% are large.

When we separate out facilities that are used exclusively for front-door placements, back-door state prison placement, or placement from local jail, the findings are similar. Almost 36% of facilities used exclusively for back-door placements from state prison are large (100 or more beds), compared to 13% of facilities used exclusively for front-door placements. Approximately 17% of the facilities used exclusively for placements from local jails are large.

Operating Agencies. Facilities that are used primarily for front-door placements are almost equally likely to be operated by the state (34%), the county (29%), or a private non-profit organization (29%).

Facilities used primarily for placements from state prison by prison administrators are more likely to be operated by the state (54%) than by a private non-profit (34%). Several indicators suggest that state run facilities for back-door placements have a lot in common with traditional, albeit minimum security, institutions. As noted above, state run facilities tend to be relatively large. Over 70% of the state run back-door facilities have 50 or more beds--42% have 100 or more beds. The operating state agency also runs prisons in 90% of these cases. To further indicate the institutional setting out of which these facilities come, the operating state agencies operate additional non-residential community programs in only 22% of the cases. Figure 8 shows the various operating agencies for each of the predominant types of referral source.

Figure 8
Referral Source
Operating Agencies



Security is strongly emphasized in these state run back-door programs. In almost 70% of these facilities, a majority of staff serve security functions. By contrast, across all facilities, only 43% have a majority of staff serving security functions. When we look at privately run facilities serving back-door state prison populations, just over 40% of the facilities dedicate a majority of their staffs to security functions. The security orientation of state run back-door facilities is not just a function of running larger facilities. The security orientation of small and medium size state run back-door facilities is even stronger than for

large state run facilities. Almost 90% of small facilities dedicate a majority of staff to security and 72% of medium size facilities assign a majority of the staff to security functions.

Most facilities that are used primarily for back-door parole placements are private non-profits (79%). That is true also for facilities used primarily for back-door placements from federal prisons, 67% of which are operated by private non-profit organizations and 28% of which are operated by private for-profit organizations.

Facilities used primarily for back-door placements from local jails tend to be operated by the county (66%). Just under 10% of the jail placement facilities are operated by the city, 7% by private for-profit organizations, and 15% by private non-profit organizations.

Facilities that serve mixed clientele are most likely to be operated by private non-profit organizations (41%). Approximately 20% of facilities serving mixed clientele are operated by the state and 20% are operated by the county, with 13% operated by private for-profit organizations.

Age of Programs. The oldest residential community corrections programs are those currently serving primarily back-door placements from state prison by prison administrators. Of the six programs begun prior to 1961, five serve primarily placements from state prison, with the sixth program serving a mixed clientele. We do not know whether these programs have consistently served the same clientele over the years.

Thirty-one programs that are still operating were added during the 1960's. The 1970's saw a great growth in programs that are still in operation. Almost half (130) of the programs serving offenders released from state prison by prison administrators were started in the 1970's (130 of 270 programs). Case Summary 6 describes the Blue Ridge Work/Pre-Release Center, a state run back-door program started in the 1970's.

Almost half of the programs with mixed clientele (30 of 64), federal prison placements (29 of 54), and parole placements (17 of 38) were also started in the 1970's. About a third of programs serving front-door placements (48 of 147) and of those serving local jails (22 of 62) were started in the 1970's. There were obviously many other facilities begun during that decade that are no longer operating.

The 1980's witnessed another surge in residential community corrections facilities. Growth was particularly strong for programs primarily serving front-door placements (96 of the 147 programs). It was also strong for programs serving offenders released from local jail (34 of 61 programs). In fact, almost half (17 out of 40 facilities) of the county run facilities that primarily serve offenders in jail were started between 1985 and 1989.

The 1980's also saw a growth in programs serving offenders released from prison via parole (20 of 38). While the absolute number of programs primarily serving placements from state prison that were started in the 1980's was relatively large (112 facilities), that number represents only 41% of the 272 facilities serving primarily referrals from state prison. This is similar to the growth pattern for facilities serving offenders released from federal prison. Of the 54 facilities serving primarily federal offenders, 25 or 46% were started in the 1980's.

Staffing. A key issue relating to service delivery and also relating to cost is the ratio of staff to offenders. Unfortunately, it is difficult to relate data on staff to the client population with the survey data. The staffs of some programs (such as some Salvation Army facilities and programs run by the county jail) work with both residential and non-residential or institutionalized clients. The entire program staff, whether residential or not, was

obviously reported in the survey for some of these programs, which significantly distorted the staff to client ratio in these programs. We attempted to eliminate those programs from the staffing analysis of the survey data, but it was not always easy to determine when that had occurred. The resulting analysis indicates that private non-profit operating agencies had higher ratios of staff to clients than other types of operating agencies. In addition, small facilities had significantly higher ratios of staff to clients than medium and large facilities. There is obviously a great deal of correlation between type of operating agency and facility size. Private non-profit agencies tend to be small. When we control for facility size, we continue to find that private non-profit operated facilities have higher staff to client ratios than other operating agencies, particularly when compared to private for-profit agencies. This pattern is found for small, medium, and large facilities. There are differences between private non-profit and state run facilities, but they are smaller than the differences between private non-profit and private for-profit facilities.

When we examine staff to client ratios in relation to the role facilities played in the criminal justice system, we found that facilities serving offenders leaving state prison had a lower staff to client ratio than facilities serving front-door or parole clients. When we controlled for facility size, that difference disappeared for small facilities, but it remained for medium and large facilities. Many small facilities serving offenders released from prison are either operated by the state or by private non-profit organizations. As a result, when we examine small facilities playing different roles, we are primarily comparing private non-profit facilities with each other, with some small state run facilities added. As noted above, the staff to client ratio is higher for small non-profits than for small state run facilities, but it is relatively high for each compared with private for-profit facilities. When we look at medium and large facilities, we find the staff to client ratio is substantially lower for facilities serving referrals from state prison than for facilities serving front-door and parole referrals.

When we couple staffing ratio information with the ratio of security staff to service staff, the following picture emerges: private non-profit facilities are relatively heavily staffed and they dedicate that staff to service provision. This pattern emerges for front-door and back-door facilities and for all sizes of facilities, although security is emphasized somewhat more for back-door facilities and for larger facilities. Private for-profit facilities are significantly less heavily staffed, but they also dedicate their staffs to providing service, regardless of whether the facility serves primarily front-door or back-door clientele and regardless of size. State run facilities are moderate in their staffing levels, but their staffs are much more likely to be dedicated to security. Staffs of state run facilities serving back-door clientele are overwhelmingly dedicated to security, regardless of facility size. Staffs of state run facilities serving primarily front-door populations emphasize security significantly less than those serving back-door populations, but they still emphasize security more than private agencies.

GEOGRAPHICAL AND STRUCTURAL VARIATION

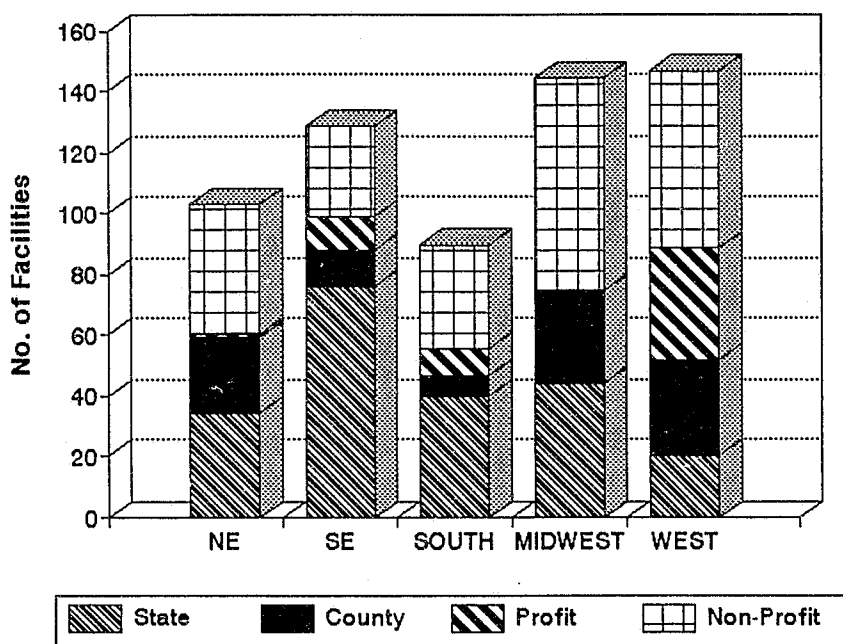
There is great diversity from state to state on the organizational and funding structures that have developed over time. It is clear from the case study analysis that this diversity is a direct outgrowth of the particular legislative and funding strategies adopted by each jurisdiction. For instance, in Iowa, all community corrections services--including residential community corrections facilities--are provided or funded by a single entity at the judicial district level. And in the case of Iowa, residential community corrections facilities

are actually agencies of the Regional Judicial Districts. These district entities are creatures of the state's community corrections legislation. By contrast, Colorado's community corrections initiative has provided contract funds for the provision of residential services. There, residential facilities are more typically operated by private agencies under contract to county-level community corrections boards that are required by the Colorado legislation in order for the counties to receive funding.

It is important for policymakers to understand this diversity. Residential community corrections facilities are not a homogeneous category that can be influenced, utilized, or funded through simple means. It is also clear that much of this diversity is the direct outgrowth of policy decisions made at the state and county level about funding mechanisms and governing structures for community corrections services.

While there are substantial similarities among residential community corrections facilities in different parts of the country, the survey reveals some regional differences. Five regions were differentiated: 1) Northeast/Mid-Atlantic, 2) Southeast/Border, 3) South, 4) Midwest, and 5) West.¹ Figure 9 displays the facilities' operating agencies by region.

Figure 9
Region and Operating Agencies



¹Five regions were differentiated for this analysis. **Northeast/Mid-Atlantic** includes Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; **Southeast/Border** includes Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia; **South** includes Alabama, Arkansas, Louisiana, Mississippi, Oklahoma and Texas; **Midwest** includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; **West** includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Facilities in the South and Southeast/Border regions are much more likely to be operated by the state (43% and 55% respectively) than are facilities in the West (13%). In the Midwest and Northeast/Mid-Atlantic regions, 29% and 32% of the facilities were respectively operated by the state.

Facilities in the South and Southeast/Border regions were much less likely to be operated by the county (7% and 9% respectively) than in the Northeast/Mid-Atlantic (23%), Midwest (20%), or West (21%). As noted above, county run facilities tend to be more recently established than other programs. It is possible that the trend has moved to the South and Southeast/Border regions and is not identified in the dated survey data. States with relatively early community corrections acts are particularly prone to county run residential community corrections facilities.

Almost 25% of the facilities in the West (37 facilities) are operated by private for-profit organizations. This constitutes the vast majority of the private for-profit run facilities identified in the survey (37 of 58 private for-profit facilities). Most of the other private for-profit facilities are in the South and Southeast/Border regions.

Private non-profits constitute the largest operational component of residential community corrections facilities and they are found throughout the country. These types of programs are particularly prominent in the Northeast/Mid-Atlantic (40% of the region's facilities) and Midwest (46% of the region's facilities).

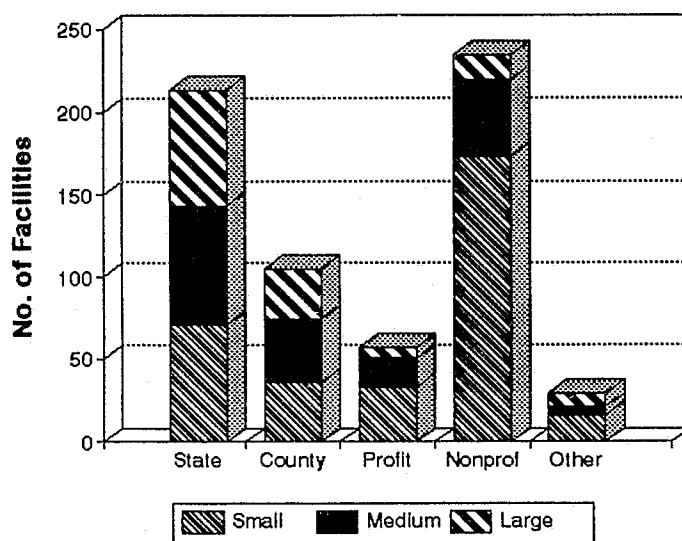
It is difficult to categorize states according to important funding structures such as community corrections acts or other community corrections funding mechanisms. The diversity in structures that carry the name "community corrections act" (CCA) is substantial. It is also difficult to anticipate when impacts from such legislation might filter down to affect residential facilities. Minnesota, Iowa, Oregon, and Kansas have had state-funded community corrections acts for significant periods. The 46 residential facilities in those four states are substantially less likely to be run by the state (22% compared with 34% for facilities in other states) and more likely to be run by the county (28% compared with 16% for facilities in other states). The facilities in these four CCA states are more likely to be small (67% compared with 50% of facilities in other states) and are less likely to be large (7% compared with 21% for facilities in other states). Facilities in the four CCA states are much more likely to be used for front-door referrals (48% are front-door type facilities) than are such facilities in other states (21% are front-door type facilities).

It appears that structure and region affect the operation of residential facilities. The data are not sufficient to sort out the interactions between funding structures, state size, and criminal justice traditions. However, state policymakers should be sensitive to the impact that various funding structures might have on the nature of service delivery.

OPERATING AGENCIES

More facilities are operated by private non-profit organizations (236 facilities) than by any other organizational type. Private non-profits are closely followed by the state (214 facilities) as an operating agency. Private for-profit organizations are found much less frequently (58 facilities). Case Summary 7 describes Longmont Community Treatment Center in Colorado, a program run by a private for-profit organization. Figure 10 displays the size of facilities by operating agency.

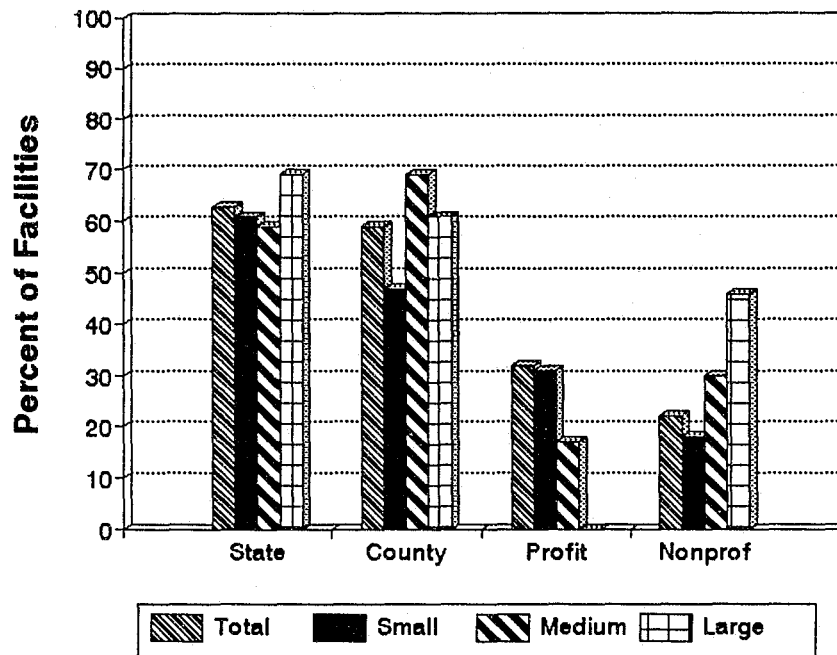
Figure 10
Operating Agency
 By Facility Size



As we have previously discussed, state run facilities tend to be larger than facilities run by other organizations. We also noted the staff security orientation of all state run facilities, especially with respect to facilities serving back-door populations. In fact, that security orientation exists with county run facilities as well. There is a clear contrast between government run facilities and privately run facilities, whether for profit or non-profit. Figure 11 displays the proportion of facilities for each type of operating agency for small, medium, and large facilities in which a majority of the total staff is dedicated to security functions. Among state run facilities across front-door, back-door, and mixed programs, the majority of the staff in 63% of the facilities served security functions. That is true for 59% of the facilities run by the county. It is true of only 32% of the private for-profit facilities and only 22% of the private non-profit facilities. The pattern weakens somewhat but holds across different size facilities.

One issue related to operating agencies is the power that is accorded private contractors in determining length of stay in the program. In most instances, the private contractor has a great deal of say over how long an offender actually remains in the community treatment center. Sometimes that decision is shared with a probation officer. However, in some states residential facilities fall outside the purview of probation. Length of stay is essentially an authoritative sanctioning decision, which in the larger scheme of things is generally determined by public officials. Investing private contractors with sanctioning authority is somewhat problematic. Length of stay not only affects the level of sanction imposed, but it also has program operational implications, such as filling beds. Since keeping beds filled often has economic incentives, one might consider the possibility that decisions about length of stay may not be totally impartial or motivated by concerns for the offender's "readiness." This sounds, in fact, like a discretionary parole release decision under an indeterminate sentencing structure, with the decision in the hands of the body that runs the prison. There is no substitute for solid targeting policy grounded in clear sanctioning purposes to help guide length of stay as well as placement decisions.

Figure 11
Operating Agency
 Security Staff Majority



FUNDING AND FINANCIAL ISSUES

As with staff ratio issues, the survey data are not as valid or reliable as is necessary for a thorough analysis of these issues. The survey requested information on total operating budget, but it is not clear that all facilities included the same functions under operating budget. Over 150 of the 647 facilities surveyed failed to provide any information on total operating budget.

Per diem costs are calculated with a wide range of methodologies. The case study facilities illustrate the costs of residential facilities. Figure 12 displays the facility, bed capacity, and reported per diem for the eight case studies. The per diem ranges from \$15.33 to \$70.12. Both the size of the facility and the level of treatment provided affects the per diem rate.

Residential community corrections facilities obtain funds from five main sources including the federal government (almost 30% of the facilities), state government including funds from the department of corrections (almost 75% of the facilities), local government (just over 25% of the facilities), private sources and organizations like the United Way (20%), and clients (over 80% of the facilities). Half of the programs rely upon a single type of source, such as federal, state, or local governments for funding. Approximately 25% of the facilities rely on two types of sources, and the remaining receive funds from three or more types of sources. Small, private non-profit residential community corrections facilities clearly receive funds from the most sources--10% of the facilities receive funds from all five

Figure 12
Reported Costs for Case Study Facilities

	<i>Operating Agency</i>	<i>Size</i>	<i>Per Diem</i>
<i>Blue Ridge Work/Pre-Release Center (South Carolina)</i>	State	208	\$15.33
<i>Cedar Rapids Community Corrections Center (Iowa)</i>	Public Local	44	\$48.57
<i>Fairfax Pre-Release Center (Virginia)</i>	County	100	\$42.00
<i>Longmont Community Treatment Center (Colorado)</i>	Private For-profit	48	\$39.00
<i>Reentry Metro (Minnesota)</i>	Private Non-profit	26	\$48.95
<i>Schwert AODA Treatment Center (Wisconsin)</i>	Private Non-profit	15	\$70.12
<i>Southern Arizona Correctional Release Center (Arizona)</i>	State	144	\$36.00
<i>Volunteers of America, Sacramento (California)</i>	Private Non-profit	62	\$42.62

types of funding sources, 18% receive funds from four of the five, 20% from three of the five, almost 30% from two of the five, and 22% from a single source type. By contrast, almost half of the private for-profit facilities obtain funds from a single type of source. Also in contrast, almost 80% of the state run facilities have a single type of funding source.

Not only does state government contribute some funding to almost 75% of the facilities, the amount of funding from state government is considerable. Almost half of the facilities rely upon state government for 75% or more of their funding. Only 10% of the facilities receive most of their funding from local government and 7% receive most of their funding from the federal government, primarily via the Federal Bureau of Prisons.

Although over 80% of the facilities collect money from clients, those funds generally represent less than 15% of the operating budget. Over half of the facilities that charge client fees base those fees on a percentage of the client's earnings. Most of the other facilities have an established daily rate.

GENDER

Some residential community corrections facilities are operated exclusively for male offenders (337 or 52% of facilities) and others are operated exclusively for female offenders (53 or 8.2% of the facilities).² The remaining 255 facilities included beds for both men and women.³ Males were the majority, and generally the overwhelming majority, in all but five of these co-corrections programs. Not surprisingly given their make-up, the co-corrections facilities resemble male facilities more than female facilities. Figure 3 on page 3 displays the facilities by the gender of their population.

The fact that some facilities are exclusively male and some are exclusively female means that analysis of gender differences can be done in spite of the fact that data on gender *within* facilities are summary or aggregate data. An analysis of gender differences is undertaken not only because it is feasible to do, but also because it is important in its own right. Differences between men and women offenders, and differences in their sentences, have been observed anecdotally for decades. Because of the volume of male offenders relative to female offenders, corrections institutions and programs are generally designed for men. For the past 10 to 15 years, a growing cadre of corrections workers around the country has focused on issues related to women offenders. Current interest in intermediate sanctions has further spurred efforts to systematically examine the situation and needs of women offenders. In 1991 the National Institute of Corrections established an Intermediate Sanctions for Female Offenders Project with grants to three jurisdictions. The program was initiated to stimulate purposeful development of a range of intermediate sanctions and services for female offenders. The survey data on residential community corrections facilities provide historical data on the use of this most intensive intermediate sanction for women. Case Summary 8 describes Reentry Metro, a residential community corrections facility in Minnesota that serves female offenders.

Role in the Criminal Justice System. There is little difference in the roles that male and female facilities play in the criminal justice system. Just over 20% of the facilities serving only men and those serving only women were primarily front-door programs. Just under 60% of each gender specific type of facility were used for back-door release from state prison via prison administrators or paroling authority. Just under 6% of facilities for each gender were used for offenders released from local jail. Co-corrections facilities were notable only in that the facilities primarily used for federal prisoners are more likely to be co-corrections facilities (39 out of 54 facilities) than male facilities (14 of 54 facilities) or female facilities (1 facility).

Target Populations. Residential community corrections programs serving women offenders tend not to have criteria which exclude offenders on the basis of offense type or criminal record. Only 8% of the programs for women exclude violent offenders compared

²Data on the gender and the numbers of clients were missing for 2 of the 647 facilities included in the survey. The variable indicating whether beds were designated for males only, for females only, or for both was mis-coded for four of the cases in the original analysis. The coding was corrected for this analysis.

³One facility did not designate any beds for female offenders but did have three women in the program at the time of the survey. That facility is included in the male only group.

to 48% of programs serving men. Few offenses committed by females are violent, relative to male offenders, and the violent offenses committed by women are more likely to involve acquaintance victims. The only significant exclusionary criteria are for psychiatric disorders (49% of the facilities), mental retardation (45% of the facilities), and physical disabilities (34% of the facilities).

Facility Size. Residential community corrections facilities for women tend to be smaller than those for men. Over 90% of the female facilities have less than 50 beds, whereas less than 50% of male facilities have less than 50 beds. Almost 25% of male facilities are large (100 beds or more) whereas only 2% of female facilities are large.

Operating Agencies. The difference in facility size is probably explained in part by the different sizes of the male and female offender populations from which the facility populations are drawn. It is also probably a function of organizational structure. Female facilities are almost twice as likely to be run by private non-profit organizations than are male facilities (59% to 32%). Private non-profit facilities tend to be smaller than facilities run under organizational structures regardless of client gender. Among the 107 private non-profit male facilities, 86 (80% of the facilities) are small. Of the 31 private non-profit female facilities, 29 (94% of the facilities) are small.

Location. Facilities for females are more likely to be found in a large city than facilities for males. Over 70% of the female facilities are in cities of 250,000 or greater population. Less than 50% of the male facilities are in large cities. As with facility size, location for female facilities is probably a function of accessing an adequate target population.

Female facilities are twice as likely to be located in residential neighborhoods than are male facilities (47% to 22%). Male facilities are substantially more likely to be located in a business or commercial setting (25% to 2%). Male and female facilities are more similar in their rate of location in mixed residential and business settings (respectively 42% and 51%).

Physical Facilities. Female facilities are more likely than male facilities to be single or multiple family dwellings (55% to 22%). This is a function of both facility size and neighborhood. Male facilities are more likely to be an institution such as a hospital or school (37% to 8%). The more institutional setting for male facilities is not simply a function of facility size. Of the 125 male facilities in an institutional setting, 28% are small, 34% are medium, and 38% are large.

Buildings for male facilities are more likely than buildings for female facilities to have been designed and built for program use (22% and 6% respectively). Buildings used for female programs are somewhat more likely to have been renovated than buildings for male programs (74% and 60% respectively). Female facilities are much more likely than male facilities to have been occupied without renovation or other improvements (21% and 2% respectively).

Organizations operating male facilities own the building in 58% of the cases and rent or lease the building in 39% of the cases. Organizations operating female facilities own the building in 57% of the cases and rent or lease the building in 43% of the cases.

Staffing. The staff to client ratio is much higher for female facilities than for male facilities. Almost all of the female facilities are small, but the differences between facilities for males and for females remain when we look only at small facilities.

As noted above, surveillance is a large component of residential community corrections facilities, particularly when they are state run. It is a larger component of male facilities than it is of female facilities. We looked at the proportion of full-time staff designated as security staff. Only 23% of male facilities had less than 20% of the staff devoted to security, compared to 43% of female facilities. Differences were lessened, but remained, when part-time staff were entered into the equation.

One of the biggest programming differences between male and female facilities is the attention given to parenting. In 87% of the female facilities, programming includes parenting skills compared to 46% of male facilities. There is no other area of service programming with such large differences between male and female facilities, although it appears that female facilities are more likely to access a wider array of services than male facilities. For example, female facilities are more likely to provide family counseling (72% compared with 65% for male facilities), vocational training (85% compared with 75%), high school courses (77% compared with 58%), college courses (79% compared with 58%), English as a second language (49% compared with 35%), life management skills (94% compared with 79%), and welfare services (77% compared with 54%). Male facilities were more likely than female facilities to offer programming in only two areas--sex offender treatment (36% for male facilities compared with 28% for female facilities) and selected alcohol and drug rehabilitation programs (59% for male facilities compared with 47% for female facilities). In other service areas, such as health, medical, and employment counseling, there were no differences between male and female facilities.

Co-corrections Facilities. Data from the survey and case studies reveal significant differences between facilities exclusively devoted to female clients compared to facilities exclusively devoted to male clients. Facilities with female clients tend to be smaller, less security oriented, and more service oriented than facilities with male clients.

However, as noted above there are 255 facilities with both male and female residents. Those facilities resemble male facilities more than female facilities. This important point offers a challenge to those who provide services to female populations. On the one hand, the female target pool for criminal justice residential facilities is relatively small compared to the male pool. Thus, operating facilities designed exclusively for female offenders can be difficult economically, especially in smaller population centers. On the other hand, expanding the target pool to include male offenders might result in program changes that are less advantageous to female offenders. Almost all of the co-corrections facilities included in this survey had a majority of male offenders. There are very few instances of co-corrections facilities (5 facilities) as represented in the survey in which the female population dominates. It is possible that under that scenario the attributes that serve female populations might be retained.

POLICY ISSUES AND DIRECTIONS FOR THE FUTURE

The five most important policy issues that have emerged from the analysis of the survey data, case studies, and literature review regarding residential community corrections facilities are:

- the need to define more clearly their role in the criminal justice system;
- the importance of targeting this scarce resource to appropriate offenders;
- the need to manage growth, not simply encourage it;
- the need to think carefully about the appropriate responses to technical violations by offenders residing in these programs; and
- the need for appropriate monitoring and evaluation of these programs.

Role in the Criminal Justice System. The number of residential community corrections facilities has grown over the last 20 years as more states have enacted community corrections legislation and others have made funding available for such facilities through other means. Aside from the need for generating less-costly community alternatives to prison, there has been little consensus about what roles such facilities can best play for the system. At present they are found at all points in the system from pre-trial to post-prison and they are viewed as punitive, incapacitative, and rehabilitative depending on the point of view. It will become increasingly important for jurisdictions to define more clearly the role these facilities are expected to play in order to ensure appropriate utilization and to evaluate their effectiveness.

Targeting. As the number and variety of residential community corrections facilities continue to grow, it becomes ever more important to clarify precisely what offenders can best be served and how appropriate populations can be targeted for those facilities. With the driving pressure created by prison population growth, the tendency of the system is to move populations as quickly as possible, often without regard to how best to target scarce and costly resources. The consequences may well be residential community corrections facilities filled to capacity, pressure to build and fund more such facilities, and a lack of knowledge as to what population is being served and how well. Since residential community corrections facilities are our most scarce and costly community resource, it is incumbent upon policymakers at every level to ensure that their use is carefully targeted. Clear policy as well as an understanding of the capabilities of these various facilities should guide the use of these resources.

Because residential community corrections facilities appear suited to meet a variety of sanctioning purposes--from public safety to intensive rehabilitation--the interest in their increased expansion will continue. One risk is that expansion will proceed without clear

thought to what populations are best served. As relatively program-rich residential capacity expands in the community, it may create incentives to place offenders in residential settings who might best be handled through traditional probation, or other community resources. We may run the risk of expanding costly capacity, and using it for offenders who might well be handled in less-costly and more appropriate community alternatives. There is clear precedent for this to be found in past extensive expansion of prison capacity.

The Need to Manage Growth, Not Simply Encourage It. Each program reviewed as part of the case study effort is experiencing a demand for residential capacity that it cannot meet. The waiting list for residential space in Cedar Rapids, Iowa, is several months long. In Colorado, offenders sentenced to the Community Treatment Center for driving while intoxicated often have to wait--residing in their own homes--for months prior to serving their sentences at the Center. In Arizona, offenders coming out of prison are now transferred to the pre-release center as soon as possible and moved through the program as quickly as possible to make room for more prison releases. Program administrators there feel this hampers their ability to provide the services and transition support they feel it is their mission to provide. In St. Paul, the facility for women is always filled to capacity and more capacity would be easily used.

This growth in population is also reflected by increasing funding for community corrections in some states. In Colorado, for example, funding for community corrections has increased dramatically in the last few years. This growth in population and funding is consistent with the general growth in corrections populations and funding nationwide, and with a greater interest in intermediate sanctions.

As has been learned with the demand for and growth of prison capacity, however, the ability of the system to absorb such growth and to locate resources to support it is limited. Residential community corrections facilities remain the most costly community resources. The relatively intense support they provide cannot reasonably be made available to all corrections clients. How then, can policymakers focus and direct such resources and the demand for them in a sensible manner? A failure to do so will likely have negative consequences for residential community corrections facilities themselves and for the criminal justice system as a whole. If excessive numbers of offenders--and/or excessive resources--are inappropriately directed to residential community corrections facilities, expectations for them cannot possibly be met.

Responses to Technical Violations. The case studies reveal that technical violations are an important issue, especially with respect to program failure. As is the case with other community sanctions, we are now learning that failure in these sanctions is often a quick route to prison or jail. More and more admissions to prison and jail are as a result of revocation of some sort of community supervision. Because residential community corrections facilities are almost by definition very high on the spectrum of intrusiveness, punishment, control, and/or treatment, failure in such a program seems to ensure that the only available response to violation is incarceration. This places an added burden upon targeting efforts in order to ensure that those who fail in such a setting are, indeed, appropriate candidates for incarceration. This also suggests that careful attention must be paid to the administration of such facilities with regard to those violations and rule-breaking behavior for which revocation might be warranted.

Evaluating Residential Community Corrections Facilities. The other face of such expansions is that with such broad expectations for residential community corrections facilities, they cannot possibly meet all expectations. If capacity continues to increase and a mix of populations with a range of needs, undifferentiated by careful policy, is referred to community corrections facilities, facilities will be virtually impossible to evaluate and will be virtually certain to fail, at least on some dimensions. Community corrections practitioners, as eager supporters of the concept of less-intrusive, treatment-oriented, community facilities, may engineer their inevitable failure.

Policymakers must begin to ask and answer a range of questions regarding the target populations for such facilities, the structuring of discretion in placing offenders in such facilities, the desired outcomes for individual offenders and the criminal justice system, and the effectiveness of such facilities in achieving their goals. The discipline imposed by sound evaluation approaches will go a long way to encouraging policymakers to ask and answer these questions.

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APPENDIX A

SURVEY METHODOLOGY

As noted in the text, there are several limitations regarding the survey data. The data are now three years old and therefore are dated. In addition we have no information about the 192 facilities that did not respond. We do not know how well the cases we do have represent the cases we do not have. The 647 cases for which we have information may represent the entire population of residential community corrections facilities well or it may not represent it well. We simply do not know and we have no way of knowing. We wish the original researchers had gathered limited, but critical, information on the missing facilities, such as the primary referral sources, organization type, and size. This information could have been estimated by state contacts who would have had some knowledge of the facilities. These data could have been used to better understand how accurate a portrayal the 647 cases gave of the entire population. It was not practical to conduct such an investigation two to three years following the original survey. Collecting contemporary survey data is difficult. Collecting historical survey data is extremely problematic.

The method of data collection was self-report. The researchers apparently checked on some items for some cases by calling facilities as the survey data were being analyzed. Data were checked, however, only when the analysis yielded relatively startling or inconsistent results. There was no random checking of the accuracy of the self-report data by using other, independent sources. A related problem with the self-report methodology is that there was no one readily available to turn to when a survey question was not clear to a respondent. For example, a survey question involving accreditation might have been misinterpreted as including certification for licensing, depending on who completed the survey instrument. Over one-fourth of the facilities that reported accreditation cite their state department of corrections as the accrediting agency. While some state departments of corrections, like that in Iowa, accredit residential community corrections facilities, most do not. Instead, state departments of corrections almost invariably certify for licensing. Facilities reporting accreditation by their state department of corrections are scattered across numerous states, reinforcing the appearance that many of the respondents misinterpreted the question.

A major limitation of the survey data is that they are aggregate, or summary, data. This is a significant point, and further discussion of this issue is warranted in order to better explicate what can and what cannot be learned from this data set.

When we discuss aggregate data collected for the survey, we are referring to items such as referral source, where the *percentage or total numbers* of offenders referred by a particular source was recorded for each facility. Another example is race, where the total *number* of white, black, Hispanic, Native American, Asian, and Other clients was recorded for each facility. In other words, the *data were collected in summary form*. Other aggregated items include client age, staffing patterns, length of stay, and reasons for discharge. Another more difficult and more expensive data collection strategy would have been to collect micro-level data, in other words, to collect data on each offender for these variables. With micro-level data we would be able to tell, for example, that a particular client was black, was 18-21 years of age, was referred to the facility by state probation, stayed in the program for 185 days, and was discharged upon successfully completing the program. With micro-level data on offenders we could not only summarize the facility with respect to race, age, referral source, length in facility, and reasons for discharge, but we could also cross reference or *relate* those variables and determine the proportion of blacks referred from particular sources, or the relationship between race and reasons for discharge.

With aggregate data, we can only know the sum of those variables across the facility and we are extremely limited in our ability to demonstrate any relationships between or among them. Assume, for example, that the data show that facilities with relatively low average lengths of stay have relatively low rates of successful program completion. We could speculate that these facilities are designed for long-term demanding programs, and that the failure rate is very high with many offenders serving only short periods of time, thus depressing the average stay. Or we might speculate that the facilities are designed for short-term programming but have little control over program admission, and are required to accept clients inappropriate to the program and therefore have a high failure rate. Essentially we want to draw inferences about individual level characteristics--client length of stay and reason for client discharge--but we only have aggregate data at the facility level. Making assertions about one unit of analysis (individuals) based on the examination of another unit (residential community corrections facilities) is a concept called "ecological fallacy."

APPENDIX B

CASE SUMMARIES

- 1 Cedar Rapids Community Corrections Center (Iowa)
- 2 Southern Arizona Correctional Release Center (Arizona)
- 3 Fairfax Pre-Release Center (Virginia)
- 4 Volunteers of America, Sacramento (California)
- 5 Schwert AODA Treatment Center (Wisconsin)
- 6 Blue Ridge Work/Pre-Release Center (South Carolina)
- 7 Longmont Community Treatment Center (Colorado)
- 8 Reentry Metro (Minnesota)

CASE SUMMARY 1

CEDAR RAPIDS COMMUNITY CORRECTIONS CENTER

The Cedar Rapids Community Corrections Center is an example of a residential community corrections facility run by a public agency and primarily serving what we have termed a "front-door" offender population, resulting from direct court commitments.

POPULATION

The Cedar Rapids Community Corrections Center is a small, 44-bed residential facility that houses both men and women offenders. The typical offender is sentenced and placed at the Center as a condition of probation, or, less frequently, by order of the court as an alternative to a county jail sentence. On occasion, federal offenders are housed there as they are nearing completion of their prison terms, as a direct community confinement sanction, or on conditional pre-trial release. Most are non-violent offenders who have drug and alcohol problems and have had an uneven work history. Placement at the Center is most likely the third step for an offender, after a suspended sentence and a straight probation. Some are placed as a result of a probation violation. Offenders typically stay four to five months at the Center.

FACILITY

The Center is housed in a two-story structure, built specifically for the program. It is located in a commercial area of Cedar Rapids, Iowa, a city of just over 110,000 located in the east central part of the state. It has mostly two- and four-person rooms, a few single rooms, a dining and recreation area on the ground floor, and a lounge and offices on the second floor in addition to sleeping rooms. The front entrance opens onto a control desk where sign-ins, sign-outs, and various screenings are conducted. Staff offices and a small visitor's area are adjacent to the control desk. There is a very small area outside for recreation.

SERVICES OFFERED; DAILY ROUTINE

The major focus of the Center is on stabilization of offenders and on finding and keeping employment. Services provided in-house by the Center include counseling, GED, drug and alcohol screening, and the general discipline offered by the Center's "level" system of graduated privileges earned through good behavior and maintenance of certain responsibilities and chores. The staff includes two full-time counselors (each of whom is assigned to individual residents) and a job developer. Other staff are administrative, clerical, security, and support.

Drug and alcohol services are provided by other agencies in the community. The location and nature of services depend to some extent upon ability to pay and whether offenders have insurance. There are services, however, for those who cannot pay.

Residents are expected to be dressed and ready for the day by 8 A.M. Meals are prepared by a staff cook, but cleanup and general maintenance of the facility are handled by residents as part of their responsibilities. Residents are to be engaged either in job search, employment, training, or programming of some kind at all times. Each resident meets with his or her individual counselor on a formal basis at least once every two weeks. Informally, they see their counselors several times weekly. The formal meetings are structured around the Case Management Classification (CMC) system with negotiated case plans as the vehicle by which offenders lay out goals and objectives and measure their progress during their time at the Center.

SECURITY

The Center is a non-secure facility. Offenders come and go through an unlocked door, although they are required to report their whereabouts at all times and their freedom to leave the facility is strictly limited, especially during their early weeks at the Center. Visiting among rooms is prohibited, and of course items such as weapons, drugs, and alcohol are strictly forbidden. Possession of such is grounds for dismissal from the program.

ORGANIZATION AND FUNDING

The state of Iowa passed legislation as early as 1973 creating locally controlled community corrections programs. The Cedar Rapids Community Corrections Center is an agency of Iowa's Sixth Judicial District Community Corrections Board. This Board is a public agency that hires staff and oversees services that are required by state legislation and funded through the state's regular budget process. As such, the Center's staff reports directly to the local Community Corrections Director and receives funding through the District. The State Department of Corrections oversees the Center through its regulatory and audit functions.

The budget of the Center is roughly \$400,000 per year with an average daily cost per resident of \$48.57. As part of the Center's program, clients are required to pay \$8.50 per day toward the costs of their participation.

For further information regarding the Cedar Rapids Community Corrections Center, contact:

Michael Richmond
Program Director
Cedar Rapids Community Corrections Center
1021 3rd Avenue, S.E.
Cedar Rapids, Iowa 52403
319-398-3668

CASE SUMMARY 2

SOUTHERN ARIZONA CORRECTIONAL RELEASE CENTER

The Southern Arizona Correctional Release Center provides an example of a residential community corrections facility providing services to offenders at what we have termed the "back door" of the criminal justice system, as they are transitioning back into the community after a period of incarceration.

POPULATION

The Southern Arizona Correctional Release Center is a large, 144-bed facility that houses male offenders who are in the process of being released from the Arizona state prison system. A minor proportion of the residents who have been released to the community for supervision by parole officers are returned to the Center as an alternative to revocation. These are known as "half-way backs" and have either lost employment or their residence. They are offered the opportunity to find other employment or residence as the case may be. A small number of long-term inmates (25 at any one time) are also eligible for placement at the Center to perform the work of maintaining the facility.

The prison release process in Arizona is quite complex, with 17 different release mechanisms currently in existence. With the exception of sex offenders, most offenders are eligible for placement at the Center when they are within four months of their release date. About half of inmates released from the prison system spend some time at this facility (or at one of the two other such facilities in the state). The other half are released directly to the community. The average length of stay is 54 days.

FACILITY

The Center is located in Tucson, a city of roughly 350,000 situated in the southeast portion of Arizona. Housed in a two-story building originally constructed in 1981 as a work release facility for inmates committed to the Pima County Jail, the Center is located in a mixed residential/industrial area in the western part of the city. It is adjacent to the large county jail and sheriff's department facility. Like many structures in the area, it is surrounded by rather extensive grounds which include an outside recreational/sports area and a visitors' yard. Administrative offices for the facility are located in two free-standing temporary structures on the front grounds of the Center.

The main entrance to the facility opens onto a glass-enclosed control area where records are maintained of the movement of inmates. The area is supervised by uniformed staff. Sleeping accommodations are a mixture of dormitories and a few single rooms. Dormitories are divided into individual residents' areas by shoulder-high cinder block partitions. Single rooms are considered a privilege for well-behaved inmates, or reserved for inmates with shift jobs who must sleep at odd hours of the day. Four lock-down cells are available for control purposes and for discipline. A day room, dining facility, laundry room and staff offices, a classroom for the Center's life skills training, and some storage space complete the facility.

SERVICES PROVIDED; DAILY ROUTINE

The primary services provided within the facility are a course known as Life Skills Training, employment assistance provided by three full-time staff job developers, and supervision/support of staff counselors who assist in reviewing inmates' plans for residence

upon release. The Life Skills program is an intensive five-day classroom program required of all inmates planning for release. It includes job application, interviewing, and resume skills; self-esteem; stress management; and anger control. Alcoholics Anonymous, Narcotics Anonymous, and GED classes are provided through volunteers. Although staff estimate that as much as 75% of the population is in need of drug abuse treatment of some type, waiting lists for treatment services to which they might be referred in the community are as long as one year. A nurse visits three times per week to do routine health screening and care.

As soon as inmates are eligible for release and have completed the Life Skills program, they are expected to occupy themselves from 7 until 3 each day in job-seeking activities. The three staff developers assist in this process, verifying the availability, wages, and hours of work; issuing passes for inmate work attendance; checking the physical work site; and monitoring performance on the job. Once the residents have obtained employment, they focus on planning a residence after release, and accumulating some savings. During this time, staff prepare information on each inmate that will be transferred to the parole officer responsible for supervision of the inmate upon full release to the community.

Meals are prepared by Center staff and served in a common area with a cafeteria-style serving line. Inmates have access to the outside recreation area with weight-lifting equipment and playing field. A day room provides television and space for socializing and reading. Residents may receive passes for shopping or for family visitation. When public transportation is unavailable, the Center has access to vehicles for transporting inmates.

SECURITY

The Center is a locked facility during the evening hours, with protective fencing around recreation and visiting areas. Access is regulated through the control area at the front entrance and counts are conducted three times daily. Routine screening for drugs and alcohol is conducted daily on any resident with a drug history and at least once per month on every resident. There are 19 security staff who manage resident movement. They are armed only when transporting offenders outside the facility.

ORGANIZATION AND FUNDING

The Southern Arizona Correctional Release Center is an institution operated by the Arizona State Department of Corrections. As such, it is funded by the Department through the state budget process. The FY91-92 budget of the Center is roughly \$1.9 million with an average daily cost per resident of \$36. (The Center does charge inmates a percentage of their daily earnings as a fee for residence at the Center.) This budget has contracted somewhat in recent years, which is reflected in a current staff size of 43, down from 53 just four years ago.

For further information regarding the Southern Arizona Correctional Release Center, contact:

William C. Peddy, Administrator
Southern Arizona Correctional Release Center
1275 West 22nd Street
Tucson, Arizona 85713
602-884-8541

CASE SUMMARY 3

FAIRFAX PRE-RELEASE CENTER

The Fairfax Pre-Release Center illustrates a residential community corrections facility serving a growing function in the criminal justice system—that of jail release programming.

POPULATION

The Fairfax Pre-Release Center provides both residential and non-residential services to offenders in the local, state, and federal systems. Although only sentenced offenders are accepted into the program, screening services are made available to offenders prior to sentencing. Offenders are referred to the facility on an individual basis by their defense attorneys, by the courts, or by themselves and are screened for their suitability for admission to the Center as well as their suitability for a range of alternative programs provided by the Sheriff's Department. These programs include work release, electronic monitoring, and drug and alcohol treatment programs. Screening staff perform individualized interviews with the referrals, collect criminal history data, review pre-sentence reports, and utilize an objective classification scale.

The majority of the offenders in the Fairfax program are offenders completing local sentences. Although optimally designed to provide services to those who are within their last four months of incarceration, the program has recently modified this practice and now responds to offenders in need of placement with both longer and shorter sentences. Only those offenders within six months of release from confinement are eligible for release to the community to engage in work-related activities, however. Participation in the work-release program is voluntary.

FACILITY

Fairfax County, Virginia, is a large, growing county that forms part of the Washington, D.C., metropolitan area. The Fairfax Pre-Release Center is physically connected to the local jail and adjacent to the courthouse. The structure, completed in 1987 at a cost of \$4.5 million, has a design capacity of 100 beds for both men and women.

The facility's housing areas resemble "pods" in a direct supervision detention facility, with the perimeter of the pod lined with individual bedrooms and the center portion of the pod reserved for community living space. The facility's structure also includes a community dining area and educational and counseling rooms for residents' activities.

SERVICES PROVIDED; DAILY ROUTINE

The Fairfax Pre-Release Center provides services to residents both through the use of its own staff and through the use of community resources. Educational programs such as GED preparation, English as a second language, and literacy are provided in-house by community agencies or volunteers. Life skills programs, which include decisionmaking skills, interpersonal communication skills, stress management, work adjustment, and budget management, are also provided. Life skills are taught by both staff and community volunteers.

Offenders who have substance abuse problems may be required to successfully complete the residential drug/alcohol program prior to eligibility for work release. Family members may visit these residents only if the family members are also involved in the treatment program. All substance abuse counselors are also trained family therapists. The Fairfax-Falls Church Community Services Board provides all professional substance abuse and mental health counselors. Substance abuse programs are accredited by the Virginia Department of Mental Health, Substance Abuse, and Mental Retardation.

Residents of the work-release program participate in an orientation program during their first several days at the Center. Job development services are provided to those in need of job placement. All offenders must submit a negative drug screen prior to release to any program in the community. Unemployed residents are allowed to leave the facility only to engage in pre-approved employment interviews and other required activities.

Those offenders eligible for work-release activities leave the facility on a daily basis to attend their jobs. As in other work-release programs, offenders are responsible for managing their own schedules and arriving at their pre-arranged activities in a timely manner. Thus, while each resident shares in the common activities that comprise his or her program, such as work, treatment, and so forth, residents operate on fairly individualized schedules and come together only for combined activities, such as meals and evening programs.

The program utilizes a phase system, which, based upon a monthly case review of the resident's performance in 14 different areas, may result in movement to a higher phase with accompanying privileges. The average length of stay at the Fairfax Pre-Release Center is 96 days.

SECURITY

A number of routine practices are employed at the Fairfax Pre-Release Center to ensure that residents do not abuse their freedom in the community and that public safety is protected. All residents are subject to regular drug and alcohol testing and pat searches on a routine basis upon entrance into the facility; strip searches are conducted when there is probable cause to believe the offender is in possession of contraband. With respect to employment, the job development coordinator is responsible for conducting both on-site and telephone verifications of the residents' attendance and punctuality at work. Additionally, an individual resident's program counselor meets with the person(s) the resident proposes to visit on home visitation passes at their place of residence prior to approving any home releases.

ORGANIZATION AND FUNDING

As is the case with most criminal justice services, the Fairfax Pre-Release Center is funded jointly by the state and local governments. The per day program cost is \$42, calculated by dividing the operational costs by the average daily population. Residents contribute 25% of their gross earnings toward room and board.

For further information regarding the Fairfax Pre-Release Center, contact:

Captain Ken Lane
Chief, Community Corrections
Office of the Sheriff
4110 Chain Bridge Road
Fairfax, Virginia 22030-4041
703-246-4768

CASE SUMMARY 4

VOLUNTEERS OF AMERICA, SACRAMENTO

The Volunteers of America program in Sacramento, California, is an example of a residential community corrections facility that serves a mixed population of "front-door" and "back-door" offenders.

POPULATION

The Volunteers of America (VOA) in Sacramento has been under renewable contracts with the Federal Bureau of Prisons since the program's inception. Four types of offenders reside at the Center, the first being those placed in the facility as a condition of their bond ("pre-trial cases"). Others are transferred to the VOA from a more secure federal institution to complete the remainder of their sentence ("pre-release cases"). The third group of offenders are those referred due to conditional release supervision requirements of the federal courts, U.S. Parole Commission, or U.S. Probation Department in lieu of prison. The fourth group are those sentenced to a Community Corrections Center directly by the court. The program is voluntary, and each referral is screened for appropriateness for this community-based option. The program does not generally accept referrals who are sentenced for, or have a history of, violent offenses, sex offenses, arson, use and/or possession of weapons, or a lengthy history of petty thefts.

The "typical" offender, as defined by program staff, is male and between the ages of 38 and 42. He generally has some higher education, is married, and remains involved in a relationship with his spouse. "Public law" offenders are typically first offenders with serious charges; pre-release offenders generally have a significant criminal history. The majority of the offenders are serving sentences for drug-related offenses or white collar crimes. While the average length of stay is approximately 120 days, actual program stays range anywhere from two days to one year.

FACILITY

The Volunteers of America (VOA) program of Sacramento is located in the heart of downtown Sacramento, occupying a structure that was formerly a garden apartment complex, in a quiet residential neighborhood. Located close to the local government and the state capitol building, the facility offers easy access to the community.

The VOA is a 62-bed facility, with 16 spaces allotted for women offenders. Apartments have been converted to housing areas by placing two beds in each bedroom, as well as in the apartments' living rooms. The units' kitchens have been disabled, but provide space for a work table and chairs. Although the VOA has inhabited the structure since 1978, only one minor structural change has been made to the complex, removing a wall, allowing for offices to adjoin a staff monitoring office and the residents' designated dining space. In some of the apartments, partitions have been used to divide living rooms into separate bedrooms. Residents are not permitted to enter one another's apartments. Comfortable community lounges are provided and equipped with televisions. The apartment units form a rectangle, surrounding an outdoor seating area.

SERVICES PROVIDED; DAILY ROUTINE

The Sacramento VOA is operated by a total of 14 full-time staff. Residents' activities are monitored around the clock by seven monitors and one supervisor. Substance abuse counseling services are provided by two in-house correctional counselors. Each resident is provided a counselor who meets with the resident weekly to establish a contract of activities which will facilitate a successful transition

into the community. The program also offers the assistance of a job developer to aid in securing and maintaining employment. The remaining staff provide support services to the operation.

Residents are referred to resources within the community for medical and educational needs. In-house counseling services are provided, but are limited to release readiness and substance abuse issues. Those with a need for more in-depth service are also referred to community resources. Residents are responsible for arising early and preparing for a day of work or job seeking. All residents have a schedule that they follow which has been approved by staff in advance, and may include leaving the facility for work or job seeking, counseling activities, or an hour of approved recreation in a neighborhood park. Residents dine together in a designated dining area and meals are provided to the facility by contract.

All residents have a daily curfew, although this varies depending upon the legal status of the offender. Curfews and home visitation privileges are mandated by the Federal Bureau of Prisons for pre-release and direct court commitment offenders. Pre-release offenders are able to earn their way through phases gaining additional privileges based on their successful progression through the program. The public law and direct court commitments have more stringent requirements governing their absences from the facility and their community privileges.

SECURITY

The Sacramento VOA is an open facility, with structure provided to residents through the enforcement of rules and regulations. Residents enter the facility with the presumption of trustworthiness, and are monitored through random searches of their property and self, as well as visits and telephone calls to their activities. Drug and alcohol testing is accomplished routinely, and the VOA has long maintained a position of "zero tolerance" for the use of drugs in the program. Although an offender who tests positive for the use of alcohol is managed through in-house sanctions, those who test positive for drug use are automatically removed from the program.

ORGANIZATION AND FUNDING

The Volunteers of America was established by the Salvation Army and is nearing its 100th anniversary. It provides services where public agencies have left a void. The Sacramento branch of VOA is managed by a Board of Directors and it offers programs to the community in 18 distinct areas. One of these missions is to provide residential correctional services to offenders in the community.

The Sacramento Volunteers of America program is funded in total by the contract that they maintain with the Federal Bureau of Prisons. By using a formula of annual operational costs divided by the number of contract beds available, the VOA establishes a per diem rate that is charged to the Bureau of Prisons. The current contracted rate is \$42.62 per day per bed filled. Residents reimburse the federal government by paying 25% of their gross earnings for their room and board throughout their stay in the facility. As a Federal Bureau of Prisons contract facility, the Sacramento Volunteers of America program must undergo an annual audit of its procedures.

For further information on the Sacramento Volunteers of America, contact:

Susie LaPointe, Program Director
404 U Street
Sacramento, California 95818
916-441-7800

CASE SUMMARY 5

SCHWERT AODA TREATMENT CENTER

The Schwert AODA (alcohol and drug abuse) Treatment Center is an example of a residential community corrections facility serving a highly therapeutic function. It is operated by ATTIC Correctional Services, Inc., in Madison, Wisconsin.

POPULATION

The Schwert AODA Treatment Center serves several different groups of offenders. The facility holds contracts with three governmental organizations: the Wisconsin Department of Corrections, Division of Parole and Probation; the Federal Bureau of Prisons; and Dane County, Wisconsin. As the facility is both small and specialized, a waiting list for admission is common, sometimes approaching three times the facility's capacity. The length of wait varies among offender groups and depends largely upon the needs of the individual referred, but may be as high as two to three months.

The program serves three types of state offenders: probationers who may be placed as an alternative to revocation, incarcerated offenders nearing their parole release, and offenders sentenced directly under the state's Intensive Sanctions Program. Federal offenders serving sentences in federal institutions and nearing release may also be transferred to the program ("pre-release" cases). "Public law" offenders, those sentenced to serve time in an intermediate sanction program, are also eligible for the program. Generally, these offenders are sentenced to this intermediate sanction option after having violated a term of federal probation.

Lastly, the program holds a contract with the county government, and accepts referrals either by direct sentence from a local judge or as a sanction for offenders who have violated non-residential sanctioning options. The program also has the ability to administratively transfer offenders in one of their programs with less structure and supervision to Schwert, if the need arises.

The typical offender placed in the Schwert program is a 27-year-old Caucasian (the program is composed of 42% minorities), with a chronic substance abuse problem and a lengthy criminal history. The typical offender has been convicted of approximately 15 felonies, and currently has charges of either battery, another crime against a person, or a drug-related offense. The only offender group excluded from this program is sex offenders, as Attic offers a similar residential program designed specifically to address the special needs of this offender group. This program has a specific mission to work with the high-risk, high-need offender.

FACILITY

The Schwert AODA Treatment Center occupies a converted apartment building, rehabilitated to house 15 offenders. The facility includes single and double occupancy rooms as well as offices, meeting rooms, and common areas for residents' use.

SERVICES PROVIDED; DAILY ROUTINE

Upon referral to the program, offenders participate in an extensive screening process. The program is voluntary, and as indicated above, no offender group is excluded from the program except those referred to the sex offenders program. However, individuals interested in the program must indicate that they have, at minimum, a substance abuse "problem," and sign an agreement indicating their willingness to obey the Center's rules and regulations.

Upon transferring to the program, a baseline urine sample is collected, and thereafter, the residents are monitored for substance use.

For their first 30 days in the program, the offenders are not eligible for release to the community, and participate in an intensive regimen of treatment, ranging from guided meditation, to educational programming and individual and group treatment. This full day of programming begins at 8:00 in the morning and concludes at 9:00 in the evening.

After completing the 30-day introduction to the program, the offender is placed in a 90-day transitional services phase of the program. While an offender begins to address those transition issues which will assist in his return to the community, such as beginning employment and obtaining housing, the offender also participates in a heavy regimen of group and individual therapy. Group work consists of participation in a denial-focus group, educational programs, and other formal treatment groups emphasizing aggression replacement therapy and corrective thinking. The program heavily emphasizes Rational Emotive Therapy and the 12 Step Program. The principles of Relapse Prevention are also addressed in the program and are used as a logical progression in the treatment process. Agency staff acknowledge an open, eclectic approach, believing that a multi-faceted strategy offers the greatest probability of reaching a high number of participants.

Generally speaking, most offenders follow this 120-day track, although some may participate in only the 30-day residential portion. Upon release from the facility, all offenders are placed in an Attic-operated outpatient aftercare program. Aftercare services typically continue for a year after release and consist of individual treatment once a week and group treatment twice weekly. These services are provided either at the Schwert residential facility, or at another Attic outpatient service center, depending upon the client's residency at release.

SECURITY

The Schwert facility, which serves exclusively high-risk offenders, mixes a highly structured treatment orientation with a high level of security. The facility is staffed around the clock by a house management staff. This staff is both distinct and separate from the clinical staff. In addition to 24-hour supervision, the facility is continually monitored electronically. The house management staff conducts regular house and individual searches, in addition to regular monitoring for substance abuse.

ORGANIZATION AND FUNDING

Attic Correctional Services, Inc., provides these residential services on a contractual basis. A current per diem rate of \$70.12 is charged, although these costs are offset by employed offenders, who pay 25% of their net earnings toward their room and board. The Schwert per diem rate is calculated as the program's total operational costs, divided by the program's bed capacity.

The Schwert AODA Treatment Center is subject to annual review and certification of its substance abuse program. As a Federal Bureau of Prisons contract facility, the program also undergoes an annual audit of procedures.

For further information regarding Schwert AODA Treatment Center, contact:

Harold Wolf, MSSW, CDAC III
Treatment Director
3501 Kipling Drive
Madison, Wisconsin 53704
608-249-6226

CASE SUMMARY 6

BLUE RIDGE WORK/PRE-RELEASE CENTER

The Blue Ridge Work/Pre-Release Center is an illustration of a residential community corrections facility that provides what we have termed "back-door" services to offenders serving or completing terms of incarceration. This long-established program is also illustrative of a significant number of "back-door" programs begun during the 1970's, more closely approximating a correctional facility in its relatively large size and institutional nature, than some of the smaller, residence-like facilities found in this universe of programs.

POPULATION

The Blue Ridge Work/Pre-Release Center is operated by the South Carolina Department of Corrections as a facility for male inmates who have been authorized to work in the community and as a transitional facility for inmates within 30 days of their release from the Department. It is a large facility, housing 141 inmates in the work-release program and 67 in pre-release status.

Those in the work-release program spend an average of four months and those on pre-release status spend an average of 30 to 45 days at the Blue Ridge Center. With the exception of offenders convicted of criminal sexual conduct, any offender who meets the agency's requirements is eligible for placement at the Center (although legislation prohibits those convicted of violent offenses from participating in work release in the county of conviction).

FACILITY

The facility was constructed 60 years ago as a tuberculosis sanitorium. It is located on a 20-acre tract of land in a mixed commercial and residential area of Greenville, South Carolina, a city of close to 300,000 in the northwest part of the state. Since the Department of Corrections took over the building in 1970, various modifications have been made, including the enclosing of extensive porches around the facility to create more dormitory space for residents. The facility is generally divided into two areas, one for work-release inmates, and one for those on pre-release status. Eating areas, classrooms, and dormitory areas are separate for the two populations.

SERVICES OFFERED; DAILY ROUTINE

Services for work-release inmates revolve primarily around finding and securing employment in the community. One of three job placement counselors on staff is assigned to each arriving work-release inmate. Staff identifies employment opportunities, schedules interviews, and must approve acceptance of any employment. Once a job has been secured, the Center provides transportation to and from work. The inmates are required to turn over all earnings to the facility for deposit in an inmate account and are required to contribute 25% of their gross wages to defray the costs of room, board, and transportation. The Center regulates what the inmates may remove from their accounts and requires inmates to pay their own medical expenses, to contribute to the support of dependents, and to save.

Services for pre-release inmates revolve around preparations for re-entry into the community. Most are provided in a classroom setting through presentations and classes offered by community agencies, Center staff, and volunteers. Alcoholics Anonymous and Narcotics Anonymous are also offered, as are presentations by members of the Alston Wilkes Society, a South Carolina non-profit group providing direct services to offenders in institutions and in the community.

Depending upon their status, inmates at the Blue Ridge Center spend each day at work or looking for work (if they are work-release inmates) or in classroom preparation for release (if they are pre-release inmates). Meals are prepared by Center staff but general cleaning and maintenance are accomplished through inmate job assignment. In addition to those inmates already mentioned, about two dozen long-term inmates reside at the Center to handle the majority of maintenance at the Center. Work-release inmates are eligible for community passes and furloughs after demonstrating their responsible performance at work and in the community.

SECURITY

Security is handled primarily through control of offenders' movements in and out of the facility by way of a control desk. Work-release inmates are provided transportation to and from work in the community. Formal counts are held at each staff shift change. Those working outside the facility punch time cards to track their departures and arrival at the facility. Exterior doors at the pre-release part of the facility are locked and inmates are not allowed in the yard after dark. The portion of the facility dedicated to work-release is a bit more open. All offenders on the work-release program are screened for drug use at intake and randomly thereafter.

ORGANIZATION AND FUNDING

The Blue Ridge Work/Pre-Release Center is a facility of the South Carolina Department of Corrections. It is one of the community centers of the Department's Community Services Division. As such, it is funded through the Department and the state's routine budget process.

For further information regarding the Blue Ridge Work/Pre-Release Center, contact:

James H. Whitworth
Superintendent
Blue Ridge Work/Pre-Release Center
220 Beverly Road
Greenville, South Carolina 29609
803-268-1360

CASE SUMMARY 7

LONGMONT COMMUNITY TREATMENT CENTER

The Longmont Community Treatment Center is an example of a residential community corrections facility run by a private, for-profit corporation and provides services to a mixed population of offenders.

POPULATION

The Longmont Community Treatment Center is a small, 48-bed residential facility currently serving male offenders. About a third of the residents are individuals placed in the Center as a direct court commitment resulting from a felony conviction. Another third are individuals who are on work-release status from county custody, usually misdemeanants, many of whom have been convicted of driving under the influence of alcohol. The final third of the population are offenders in transition status from the state Department of Corrections. These individuals are placed at the Center 6 to 12 months prior to a parole release or as a condition of release after a parole decision has been made.

Roughly 85% of the residents of the Center have drug or alcohol abuse problems and about 20% of the residents have been convicted of drug offenses.

Center staff report that the average length of stay at the facility is about six months. However, the times vary significantly depending upon the resident's status. Offenders who are placed at the Center as a direct sentence for a felony offense will remain anywhere from 120 days (the Center's own minimum) to 12 months depending upon sentence, accumulation of good time, and progress in the program. Work-release offenders' length of stay is determined by the completion of sentence. Residents in transition from state prison remain at the Center until action is taken by the state Board of Parole.

The Center also provides urine and alcohol screening for criminal justice clients who do not reside at the Center. These individuals may be in transition from residence at the Center or they may have been ordered to comply with such screening by the court.

FACILITY

The Longmont Community Treatment Center is located in a commercial area of Longmont, Colorado, a city of about 50,000 located 25 miles northwest of Denver. Housed in a two-story structure that was home to a country and western bar before it was renovated in 1986 to house the program, the Center's entrance opens directly onto the street. The space immediately inside the front entrance serves as a visitor's area and opens onto a control desk, staff offices, and a conference room. Residents occupy two- to four-person rooms on both floors. Food service is handled in a small area where residents prepare their own pre-packaged meals.

SERVICES PROVIDED; DAILY ROUTINE

The major services provided at the Center include individual and group counseling, drug and alcohol screening, and monitoring of employment and savings. Other services such as drug treatment, mental health treatment, and even recreational services are accessed through other community agencies. This approach is part of the Center's philosophy of fully integrating its residents into the community.

A resident's stay at the Center is heavily influenced by the Center's level system of graduated privileges and responsibilities. Residents earn their way to increasingly relaxed regulations on their movement and free time away from the Center. The three counselors at the Center meet with each resident and develop, in conjunction with the resident, a plan with specific goals. The National Institute

of Corrections' Case Management Classification approach is used along with the U.S. Parole Commission's salient factor score as a risk screening device.

Residents at the Center are required to be employed, to be in school or training, or to be looking for work. Residents not leaving the Center for work each day are required to report in to the staff by 7 A.M. Each resident is responsible for certain house chores and for keeping his own room and belongings in order. Residents meet at least weekly with their individual counselors and participate in weekly group counseling sessions. Depending upon the specific level attained by a resident, he must sign back into the Center at a specific time or verify whereabouts through an authorized call-in.

The Center provides for residents to elect representatives who provide a channel of communication between all the residents in the house and the administration. Representative terms last two months and carry with them certain requirements for program performance but allow for additional privileges as well.

SECURITY

The Center is a non-secure facility, but is staffed 24 hours per day in order to monitor residents' movements. Drug and alcohol screening is conducted routinely, as are room checks, contacts with employers, and routine sign-in and sign-out procedures.

ORGANIZATION AND FUNDING

The Longmont Community Treatment Center is one of two similar facilities owned and operated by Correctional Management, Inc., a local for-profit corporation. The existence of the program is a direct response to Colorado's enactment of its Community Corrections Act. This legislation provides for the state Department of Public Safety to contract with local community corrections boards who, in turn, contract with service providers. Correctional Management provides residential services at both the Longmont and Boulder centers under contract with the Boulder County Community Corrections Board. The contractual arrangement provides for supporting specific offenders referred under the community corrections legislation at a per day cost of \$39.

The Longmont Community Treatment Center, as a recipient of contract funds, is subject to audit and review by the State Department of Public Safety.

Under the Community Corrections Act, the local community corrections board is authorized to screen potential participants in their programs and accept or reject individual clients. However, Correctional Management, Inc., also retains the right to refuse any client admission to the program.

For further information regarding the Longmont Community Treatment Center, contact:

Scott Wood
President
Correctional Management, Inc.
207 Canyon Boulevard
Boulder, Colorado 80302
303-449-3560

CASE SUMMARY 8 REENTRY METRO

Reentry Metro is an example of a residential community corrections facility serving a population made up solely of women and, in some cases, their children. It is also illustrative of a small program run by a private sector, not-for-profit corporation.

POPULATION

Reentry Metro is a 26-bed residential facility located in St. Paul, Minnesota, the state capital and part of the Twin Cities area which has a population of roughly 500,000. The facility provides a residential setting for up to 26 women and their children. Its residents are a mixed population of women who are awaiting trial or sentencing, who are on probation or parole, or who have been referred to the facility by Ramsey and Hennepin County child protection agencies. The program is aimed at women who have no suitable residential alternative and who need a structured environment. Placement in the program is often initiated by an individual probation agent who is aware of the program, has a client in need of their services, and who recommends such placement to the court. Formal criminal justice referrals come from the State Department of Corrections or from Ramsey and Hennepin County community corrections agencies. The Program Director at Reentry Metro ultimately makes the decision about accepting individual women into the program. Acceptance is generally contingent upon the commitment and willingness of the individual woman to participate rather than upon any specific criteria. Although the program voices some concern about accepting women with a history of arson or sex offenses, the program does not exclude any particular types of offender or offense.

FACILITY

The program is located in a three-story brick home in a pleasant residential neighborhood in St. Paul, Minnesota. It is close to neighborhood parks and is one block from a major bus route serving both of the Twin Cities. With the exception of one reception office located near the front entrance, the main floor of the house and the two upper floors are given over to comfortable living, kitchen, and dining areas and bedrooms that house up to four women. Other offices are located on the basement level of the home.

SERVICES OFFERED; DAILY ROUTINE

Reentry Metro works with each woman to develop an individual plan including personal goals to be reached while in the program and an estimated length of stay. In support of those individual plans, Reentry Metro offers evening support groups focusing on family dynamics, parenting, domestic violence, self-esteem, and financial issues. In addition, chemical dependency education classes, parenting education, and a family violence program are available in the evenings while women pursue job seeking and employment during the daytime hours.

The facility also has a Resident Council composed of three elected residents and three staff members. The purpose of the Council is to provide a forum to discuss needed changes in the facility.

Reentry Metro also refers its residents to other social service agencies for needed services. Trained volunteers provide transportation, attend Alcoholics Anonymous and Narcotics Anonymous meetings with the women, and generally provide support and friendship.

Each woman in the program has responsibilities in the house, and responsibilities to herself to have or to be seeking a job, or to be in some sort of program, or training or education. Morning house jobs must be completed by 8:30 A.M. and room inspections are held at 9:30 A.M. Residents are expected to be dressed and presentable for guests any time they leave their rooms between 8:30 A.M. and 10 P.M. Anytime residents are absent from the program, they must give a full accounting in writing to staff. Those looking for work must return to the house by 4 P.M. Those in work or training must return to the house immediately after their shift or class. The facility employs a phased program in which residents are granted more freedom of movement and less-restrictive curfews as they progress toward individual program goals.

SECURITY

Security is handled primarily through house rules and through a very structured approach to reporting the residents' whereabouts. Urinalysis and breathalyzer testing are used, as are sign-in/sign-out sheets, room searches, and curfew rules. Discipline is handled through restriction of privileges and dismissal from the program in serious instances.

ORGANIZATION AND FUNDING

Reentry Metro is owned and operated by Reentry Services, Inc., a non-profit corporation that provides a variety of non-residential services to correctional populations and also operates two other residential facilities in the St. Paul area. In addition to its own corporate Board of Directors, the program also has a 10-member citizen advisory committee that includes state and county criminal justice practitioners. This committee serves as a sounding board and source of advice to Reentry.

Funding for Reentry Metro is provided through contract funding from state, county, and federal agencies. For state and county agencies, funding comes primarily through Minnesota's Community Corrections Act which, since 1973, has provided funding for correctional services at the county level. In addition, social service funding at the county level is available for such services as chemical dependency assessment and treatment provided for offenders through referral to other agencies.

Reentry Metro's annual budget is roughly \$380,000, with average daily per-resident costs at about \$48.95. Residents are charged a monthly fee, based upon their ability to pay, ranging from \$50 to \$150 per month.

For more information regarding Reentry Metro, contact:

Susanne Lambert
Program Director
Reentry Metro
444 West Lyndhurst
St. Paul, Minnesota 55104
612-644-1951

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