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Changing Times in Community Corrections

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It is hard to go three feet in a room of corrections professionals without talking about re-entry. It is hot, it is now, but it is really not new. Community corrections providers have been running these programs for many years — re-entry is just a new name for what we do every day. What has changed is the number of people in community corrections programs. According to a 2001 Urban Institute study, the number of offenders in state and federal prisons has increased fourfold since 1973, resulting in a corresponding increase in the number of people re-entering the community. Nearly 1,600 men and women leave prison each day. What are we, as community corrections practitioners, going to do with them?

It is no stretch to say that the few community corrections programs that existed in the mid-1960s do not have a lot in common with the programs of today. Halfway houses used to be about “three hots and a cot,” meaning that they provided a place to stay and three meals, while offenders looked for a job after they got out of prison. There were few, if any, community corrections programs and services for offenders, and the programs that were offered were provided to everyone without regard to need.

Today, community corrections practitioners are supported by four pillars — programs, Ph.Ds (providing

research), partnerships and professionalism — that enable them to be successful in their mission to reduce the number of people who enter or re-enter the criminal justice system.

Community corrections practitioners have made huge strides in the area of offender programs. Agencies provide case management, substance abuse counseling and education, cognitive thinking therapies, employment-readiness assistance, faith-based interventions, academic services, mental health counseling, health care services, and the list goes on and on.

Practitioners now also know that it does not make sense to provide the same program to every client. Programs that were generally developed for, and have been successful with, the average adult male offender will not work for everyone. Assessments are conducted to identify needs and provide specialized programming that will best help each offender make a successful transition to the community. As you read this edition of *Corrections Today*, you will see some of the gender, age, faith-based, offense and culturally specific programming currently available in a range of community corrections programs.

Programs have also widened their scope to include the families of offenders. They include helping former offenders with their parenting skills, anger management and other areas.

Family support groups are also provided to improve family relationships.

Successful community corrections practitioners have learned what programs and services to provide by incorporating research in the program characteristics that contribute to more effective treatment. Research shows that it is possible to turn many offenders into ex-offenders by affecting how they think, with whom they hang around, how they relate to others and how they cope with problems. Research-based programs target anti-social attitudes and beliefs through a cognitive treatment model, use role-playing in client programming, complete clinical assessments to determine clients' needs, provide structured activities in client programming and have internal quality-assurance departments.

The International Community Corrections Association has been promoting “what works,” a research-based approach to community corrections, at its conferences for years. Practitioners want to be able to spend precious resources on what research has shown to be effective, not what sounds good and is likely to be politically popular.

Community corrections practitioners have worked to develop partnerships with other key stakeholders in the criminal justice community, in the social services community and in the

neighborhoods in which programs operate in order to use limited resources in the most effective way. Community corrections agencies know they cannot afford to provide all of the programs and services that offenders and their families need. Good community linkages — an important component of re-entry programs — reduce the likelihood that an offender will recidivate.

Community corrections practitioners have also worked hard to become better neighbors and to recognize partnerships within the community. Last year, in Ohio alone, offenders placed in halfway house beds paid \$32,308 in restitution, \$73,828 in court costs and \$90,828 in child support, and completed 48,546 hours of community service. This represents only a small part of what it takes to be a

good neighbor. Just as important, if not more so, are things such as picking up trash in the area around the facility, shoveling the sidewalks and having facility managers checking in with the neighbors on a regular basis.

The faces of community corrections practitioners have changed over the years to become more professional. In the past, programs may have been staffed primarily by people with a high school education or even less. Over time, professionals such as substance abuse counselors, corrective thinking specialists, psychologists, mental health professionals and other degreed and/or certified individuals have been added to the program staff.

Community corrections practitioners are also working harder to meet established correctional standards. Ten years ago, few halfway house pro-

grams in Ohio were accredited by the American Correctional Association. Today, nearly all of them are. These programs have adopted clearly defined policies and procedures, and are demonstrating their dedication to getting the job done right and their willingness to be held to a higher standard.

The four pillars of community corrections — programs, Ph.Ds, partnerships and professionalism — raised practitioners up from the basic programs and services of the past to the more effective and responsive treatment programs and services of the present. As the number of people re-entering communities increases dramatically, practitioners look to build upon this foundation and contribute to safer and healthier communities. ♦