

131504

**U.S. Department of Justice  
National Institute of Justice**

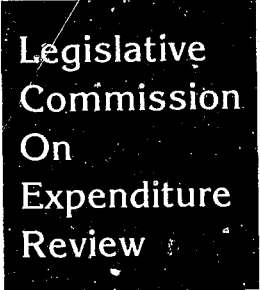
This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

NYS Legislative Commission on  
Expenditure Review

to the National Criminal Justice Reference Service (NCJRS).

• Further reproduction outside of the NCJRS system requires permission of the copyright owner.



# MEMORANDUM REPORT TO THE LEGISLATURE

## INMATE CLASSIFICATION AND PLACEMENT

111 Washington Avenue, Albany, New York 12210-2277 -- (518) 455-7410

Each year the Department of Correctional Services (DOCS) receives thousands of inmates into its custody to be tested and classified for placement in an appropriate correctional facility. In 1989 DOCS received 19,992 inmates that it was required by law to classify as to their security, medical, psychological and program (alcohol and substance abuse counseling, educational and vocational) needs. For the system to run efficiently and effectively and for the goals of the system to be achieved there has to be a good fit between the inmate's needs, identified through classification, and the placement facility.

This program audit assesses the department's performance in completing all phases of classification and placing inmates in the appropriate facilities based on their identified needs. A companion program audit, *State Prison Inmate Movement*, assesses the movement of inmates within the DOCS system.

Data from a stratified, proportional, random sample of the nearly 20,000 newly committed inmates (committed from the courts, not including parole violators, etc.) received and classified at four DOCS

reception centers during 1989, showed that all phases of classification were not completed for 60 percent. Specifically, while high rates (close to 100 percent) of completion were achieved for security, psychological and medical assessments, the program related assessments were not completed as often.

A sample of 1988 data indicated that, with regard to security classification:

- No inmate was placed in a facility that was less secure than needed;
- Nineteen percent of inmates placed in medium security could have been in less secure facilities; and
- All minimum and maximum security inmates had been appropriately placed.

Although the law requires that placement decisions include consideration of program needs, those needs are not considered until after the inmate is placed at a facility.

### FINDINGS AND RECOMMENDATIONS FOR COMMENT

*Chapter 58 of the Laws of 1980 requires heads of audited agencies to report within 180 days of receipt of the final program audit to the Chairman of the Legislative Commission on Expenditure Review and the Chairmen and the Ranking Minority Members of the Senate Finance Committee and the Assembly Ways and Means Committee on what steps have been taken in response to findings and conclusions and where no steps were taken, the reasons therefor.*

1. DOCS inmate population increased 44 percent between 1984 and 1989 — from 31,734 to 45,566. In the same time period, as shown in Chart 1, DOCS improved its classification operation with the proportion of inmates not completing the

reception/classification process dropping from 74 percent to 60 percent. DOCS responded to this growth by making the process more efficient, cutting the processing time from a few weeks to a few days. The population had risen to 53,000 in 1990.



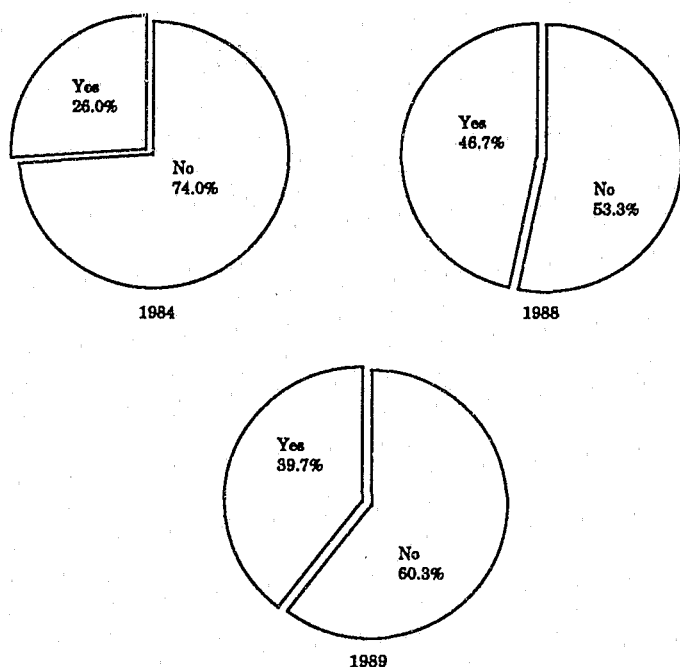
- |   |   |   |  |   |
|---|---|---|--|---|
| <b>Tarky Lombardi, Jr.</b><br>Chairman  | <b>Ralph J. Marino</b><br>Temporary President<br>Senate   | <b>Saul Weprin</b><br>Chairman, Assembly<br>Ways and Means    | <b>Manfred Ohrenstein</b><br>Senate Minority<br>Leader           | <b>John C. Cochrane</b><br>Minority Member,<br>Assembly Ways and Means            |
| <b>Saul Weprin</b><br>Vice Chairman     | <b>Melvin Miller</b><br>Speaker, Assembly                 | <b>James R. Tallon, Jr.</b><br>Assembly Majority<br>Leader    | <b>Clarence D. Rappleyea, Jr.</b><br>Assembly Minority<br>Leader | <b>David S. Mack</b><br>Partner, The Mack<br>Company                              |
| <b>James J. Haag</b><br>Acting Director | <b>Tarky Lombardi, Jr.</b><br>Chairman,<br>Senate Finance | <b>Ronald B. Stafford</b><br>Senate Deputy Majority<br>Leader | <b>Donald M. Halperin</b><br>Minority Member,<br>Senate Finance  | <b>Richard A. Bernstein</b><br>Chairman and CEO<br>Western Publishing Group, Inc. |

---

---

**CHART 1****PERCENT INMATES BY YEAR RECEIVING ENTIRE RECEPTION/CLASSIFICATION PROCESS: 1984, 1988 AND 1989**

---



Source: LCER analysis of data provided by DOCS.

---

---

2. LCER's random sample found 60 percent of nearly 20,000 inmates classified in 1989 failed to complete the classification process. However, security, medical and psychological screenings were completed in nearly 100 percent of the cases. Testing in program areas had more missing scores: educational achievement nearly 30 percent, vocational screening 21 percent, counseling priority 19 percent, alcohol/substance abuse screening 16 percent and intelligence tests 11 percent. Corrections Law and DOCS guidelines require that all inmates complete classification including at least, security, medical, mental, emotional, educational and vocational. Because the mandate to hold inmates securely has primacy, completion of the security assessment, arguably has more weight. Nevertheless, failure to complete screenings may mean that it is less likely that the goal of helping

inmates to become law abiding citizens will be met. Among contributing causes is that the system is over 100 percent of capacity impinging on space needed for free movement within the system. With space limited agency officials see security, medical and psychological needs as of greater importance in making placement decisions. Therefore completion of those assessments is seen as more important. **The department should examine its policies and take the steps necessary to create a better fit between agency practices and the goals articulated in law. (See pp. 3, 9-12.)**

3. Thirty-three percent of the inmates in the 1988 sample were Hispanic. For 21.6 percent of those inmates Spanish was their dominant language. Another 10.2 percent did not have a language dominance rating. Of those Hispanic inmates with Spanish identified as their dominant language, 31.6 percent did not have a rating as to their need for English as a second language programming. DOCS program guidelines for the Bilingual Program have as goals literacy in Spanish and then in English. Not being evaluated puts another obstacle in the way of achieving the goal of English literacy. **All Spanish language dominant Hispanic inmates should have "English as a second language" ratings. (See p. 12.)**
4. Our sample showed that in 1988 all placements of inmates in maximum and minimum security facilities were consistent with their security, medical and psychological classification ratings. However, 19 percent of sample inmates placed in medium security facilities had been classified as requiring less stringent security placements and did not require the higher level of medical and psychological services available at those facilities. Minimum security rated inmates were occupying "beds" which are more expensive to construct and manage and which were needed for moving inmates whose maximum security classification had been down graded to medium. The maximum security beds, which would have been freed up, are sorely needed and are the most expensive to construct and manage. **Inmates should be placed in facilities matching their classification ratings for security, medical and psychological services. DOCS should determine why inmates were placed in higher security than their classification ratings warranted and take steps to assure that, in future, placements will be consistent with those ratings in order to keep the system running as efficiently as possible. (See pp. 13-15.)**

## BACKGROUND AND LEGISLATIVE INTENT

The classification of prison inmates is an assessment and placement process matching inmates with the facilities and programs that meet their security, medical, psychological, counseling, educational and vocational needs. To do this the inmates are evaluated and categorized according to an objective set of criteria.

New York State has had rehabilitation as one of the goals of incarceration since 1929 when Sing Sing Correctional Facility was established as the first reception and classification center in New York State.

At the clinic, the physical and mental condition of all prisoners shall be determined and [the clinic's] work shall include ... recommendation for the care, training and employment of criminals with a view to their reformation and to the protection of society.<sup>1</sup>

The 1968 *Preliminary Report of the Governor's Special Committee on Criminal Offenders* took the position that with regard to diagnosis and treatment the Department of Correction was at fault for not centralizing:

- Diagnostic review,
- Program planning, and
- Control of assigning inmates to programs within specific institutions.

The report stated that the department provided central direction only in approving inmate transfers and requiring that illiterate inmates be educated.<sup>2</sup>

While recognizing the constraints the department was working under, the report was critical of the degree to which control was delegated to individual institutions, contending that what resulted was not a treatment system and would not allow the department to evaluate the relative effectiveness of different treatment modes.

...the whole process does not constitute a system for formulating and pursuing specific treatment goals within the framework of an overall, centrally controlled, diagnostic-based plan.<sup>3</sup>

Prior to 1970 male inmates over 21 years of age were received and classified at one of three general confinement facilities. After classification, the inmate

would appear before the facility's institutional assignment committee for placement in programs available at the facility. The present day Program Committee performs a similar function. Because it was not possible at that point for the facility staff to know if DOCS central office was planning for the inmate to remain at the reception center or be transferred to another facility, all inmates were placed in programs as if they were to remain.

## Legislative Intent

In response to problems identified in the *Preliminary Report* an omnibus corrections bill (Chapter 476, L.1970) helped restructure the State system of prisons and reformatories creating the Department of Correctional Services. The new department was to operate correctional facilities as "... place[s] for the confinement of persons under sentence of imprisonment" including reception centers for "...reception, classification and program planning for purposes of confinement, treatment and transfer."<sup>4</sup> What resulted was a system which permitted inmate placement based on classification criteria. The department's dual responsibility is to hold inmates securely and to — as described by the bill's sponsors — provide treatment through "...application of tailored rehabilitative programs for persons in the custody of the State Department of Corrections...."<sup>5</sup>

Classification is the process of achieving a fit between the inmate's needs and appropriate DOCS programs. DOCS is to:

assure the complete study of the background and condition of each inmate ... and [assign] such inmate to a program that is most likely to be useful in assisting him to refrain from future violations of the law.<sup>6</sup>

The law goes on to specify the minimum areas to be included in such a background study.

...consideration of the physical, mental and emotional condition of the inmate; consideration of his educational and vocational needs; consideration of the danger he presents to the community or to other inmates....<sup>7</sup>

Section 70 of the Corrections Law mandates the department's role of "... providing places of confinement and programs of treatment ..." aimed at helping inmates

to live as law abiding citizens. In so doing the department must pay due regard to:

- The safety and security of the community;
- The right of every person in the custody of the department to receive humane treatment; and
- The health and safety of every person in the custody of the department.<sup>8</sup>

## DOCS Objectives

DOCS identifies the objectives of classification and placement as:

1. Placing inmates at the lowest level of security necessary to protect public, staff and inmates,
2. Keeping inmate enemies separate,
3. Maintaining inmates in programs that are effective for them,
4. Placing inmates where their medical needs can be met,
5. Keeping all spaces filled,
6. Placing inmates closer to home as they reach the ends of their terms, and
7. Collecting reliable, valid and complete information on inmates.

Program objectives, articulated by the Commissioner, reflect priorities identified in legislative intent: the primary objective to hold inmates securely and safely and the secondary objective to provide programs aimed at helping them to become law abiding citizens.

DOCS program staff, both at the central office and at sample facilities, talked of the value of programming (educational, vocational and alcohol and substance abuse counseling) as a means to provide an inmate with skills and insights increasing successful reentry to the community. However, in the view of central office guidance and counseling staff, DOCS priorities are survival and maximization of bed space use; meeting inmate counseling needs was viewed as secondary. DOCS is not viewed as a therapeutic institution.

Anything that the department can do for an inmate in terms of his/her psyche is a benefit, but not a requirement.

## Growth in DOCS Population

The Downstate Correctional Facility was opened in 1980. At this time there were 7,595 new commitments to the DOCS system and 21,626 inmates under custody in 33 facilities.

A report was issued in 1982 by the Correctional Association of New York entitled, *The Prison Population Explosion in New York State: A Study of its Causes and Consequences with Recommendations for Change*. At this time the population was reported as 25,930 and already there was concern about the strains on the system.

The inmate population in New York State as of November 1990 was 54,949. There were 65 separate correctional facilities in the DOCS system — not counting separate annexes at existing correctional facilities. As can be seen in Chart 2, the number of releases has not kept pace with the number of admissions, and as a result the overall population has grown significantly since 1980-81 from 22,000 to 53,000 — an increase of 130 percent. This places stress on the system. Since there are fewer beds being vacated, the decision on where to place an inmate is limited.

Map 1, on page 6, shows the location and number of new commitments classified during 1989. Although DOCS size in terms of both inmates and facilities has almost doubled, until the Ulster Correctional Facility was opened in October 1990, the reception/classification sites remained the same as they were in 1980.

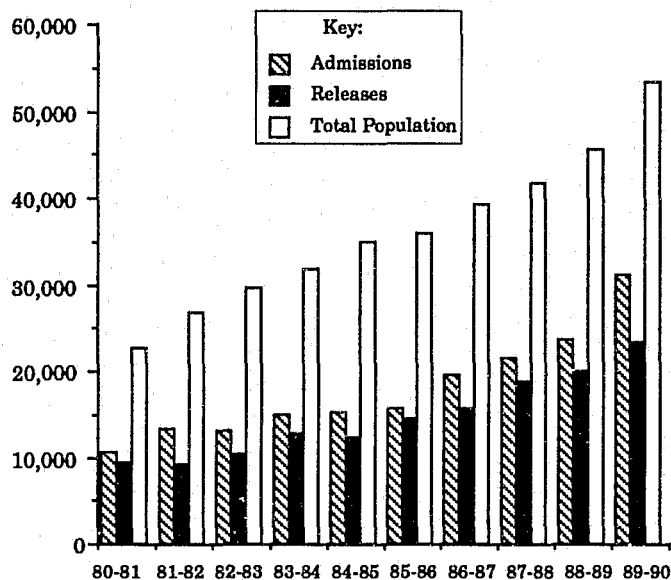
## AUDIT SCOPE AND METHODOLOGY

This program audit assesses DOCS performance in classifying and placing inmates sentenced to the State correctional system. It specifically addresses these questions: (1) Did inmates complete the entire classification process? and (2) Are inmates being placed according to their classification ratings? The audit also examines the reasons why these requirements are not being met.

Completion of the classification process is important to comply with legislative intent and DOCS' own guidelines for achieving appropriate inmate security and programming placements.

## CHART 2

### ADMISSIONS TO AND RELEASES FROM THE DEPARTMENT OF CORRECTIONAL SERVICES FISCAL YEARS 1980-81 TO 1989-90



Source: LCER analysis of DOCS data.

To address these issues we interviewed DOCS officials and conducted field work at nine facilities: Albion, Attica, Bedford Hills, Downstate, Elmira, Greene, Mt. McGregor, Washington and Wende. These facilities include all of the current reception/classification centers, male and female medium security facilities and a male minimum security facility. Corrections counselors and Program Committee staff were interviewed at each facility.

DOCS computerized data were verified and then analyzed to assess the completeness of classification and the appropriateness of placement. For audit verification we reviewed 49 inmate files at the Washington Correctional Facility comparing these with information on printouts from DOCS computer system. This review, coupled with the existence of system feedback mechanisms, such as refusal to accept inmates if the officials at the receiving facility believed that the placement was incorrect, led us to conclude that the data provided by the DOCS computer were valid for our purposes. Consequently, any data that would document

an event that were missing in an inmate's computer file would be an indication that the event did not occur. Random samples were drawn from the DOCS computer on 1984, 1988 and 1989 new commitments. These samples were designed to be significant at the 90 percent confidence level with a precision of +/-5. Difficulties with some of the data caused the precision, in the year with the most problems 1988, to be +/-5.6.

## INMATE CLASSIFICATION

All convicted felons sentenced to DOCS are first remanded to the custody of a county sheriff or the New York City Department of Correction (NYCDOC). They become "state ready" when all documents necessary for the inmate to be admitted to DOCS' custody are completed. As a result of the new drug laws, many "state ready" inmates wait in county jails for placement in State facilities because reception/classification facilities are at capacity. There were 836 "state ready" inmates awaiting placement in local jails as of October 26, 1990.

A court order issued in 1981 imposes a 48 hour limit on the amount of time that an inmate can remain at the City of New York's correctional facility at Riker's Island before being transferred to DOCS. This court order has forced Downstate to receive a deluge of "state ready" inmates in a short period of time. The court order states that DOCS is:

...required to accept each person housed in the House of Detention for Men on Riker's Island who is sentenced to a term of imprisonment in a State...correctional facility within forty-eight hours after the necessary papers for transfer have been completed.<sup>9</sup>

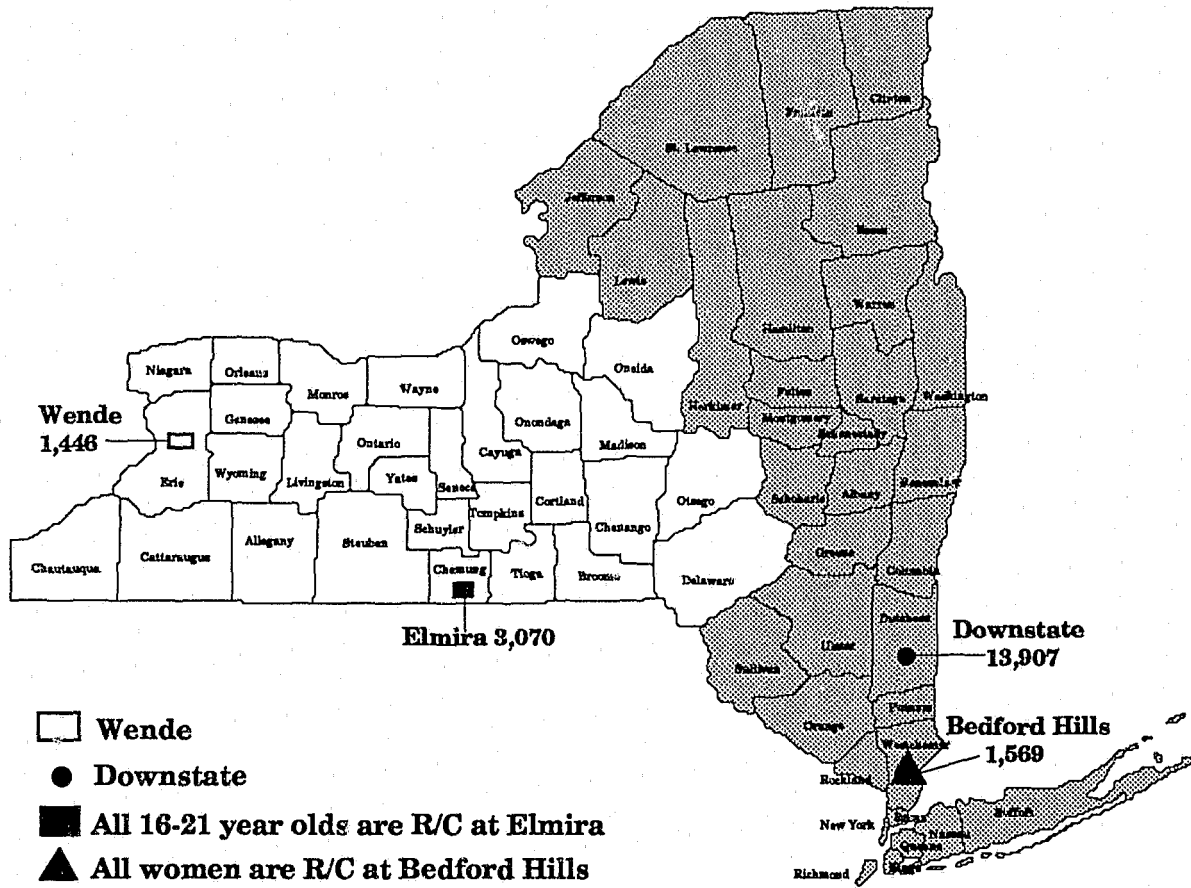
DOCS is also operating under court orders regarding "state ready" inmates held in county jails. The time limit is ten days for most counties, although three counties have 14 day limits.

## Classification Process

Three correctional facilities are reception/classification centers for males. Downstate and Wende process adult males, while Elmira processes males under the age of 21. Bedford Hills is the reception/classification center for women. Map 1 shows the catchment areas of Downstate and Wende and the numbers of inmates received and classified in 1989-90.

**MAP 1**

**RECEPTION/CLASSIFICATION CENTER CATCHMENT AREAS AND NEW INMATES PROCESSED IN 1989**



N=19,992

Note: 123 inmates were received at facilities other than reception/classification centers.

Source: DOCS.

*Interfacility Comparison.* Depending upon the facility, reception/classification ranges from five to 14 days in duration. During this time inmates are: rated according to their security, medical and psychological needs; tested regarding educational and substance abuse needs; and interviewed by a classification counselor.

Regardless of the facility at which an inmate is received and classified, all inmates are involved in the

same process. Essentially, this involves reading the inmate for subsequent placement in a general population facility. Exhibit I describes the reception/classification procedures at each of the four facilities.

On the administrative level, reception/classification provides, among other things, an opportunity to fingerprint, clothe, photograph and overall orient the inmate to the correctional system.

---

**EXHIBIT I****COMPARISON OF RECEPTION/CLASSIFICATION PROCEDURES**

---

**DOWNSTATE**

<b>DAY 1</b>	Complete Guidance Folders and Admissions Lists; Medical Pre-Screening; Fingerprints; Photographs; Security Orientation; Custodial Transfer Sheets and Probation Reports Screened; Showers; Haircuts; Language Dominance Screening.
<b>DAY 2</b>	Psychological, Security and Medical Interviews and Referrals; Dental; Educational Testing; Counselor Orientation, Interview and Classification; Booking Interview.
<b>DAY 3</b>	Educational Testing Continued; Mental Health Assessments; Inmate Interviews Continued.
<b>DAY 4</b>	Alcohol and Substance Abuse Treatment Orientation; MAST Testing; AIDS Programming.
<b>DAY 5</b>	Physicals.

**WENDE**

<b>DAY 1</b>	Haircuts; Clothes Issued; Language Dominance Screening.
<b>DAYS 2-7</b>	Security Interviews; Enemy Checks; Unusual Incident Checks; Extended Classification and Shock Referrals; Physicals; Time Computations; Prior DIN Check.
<b>DAYS 8-10</b>	Educational Testing; MAST Testing.
<b>DAYS 10-14</b>	Counselor Interviews; Security Classifications.

**ELMIRA**

<b>DAY 1</b>	Clothes Issued; Pre-Sentence Report Screened; Extended Classification and Special Psychological Care Recommendations; Shock Holds; Language Dominance Screening.
<b>DAY 2</b>	Educational Testing and Interviews; Admissions Interviews; Extended Classification Decisions; Shock Screening.
<b>DAY 3</b>	Educational Testing; MAST Testing; AIDS Programming; Medical Testing; Dental.
<b>DAY 4</b>	Physicals; Dental; Medical Testing.
<b>DAY 5</b>	Dental and Physicals Completed, if Necessary; MAST Testing Continued; Education Orientation; AIDS Orientation.
<b>DAYS 6-7</b>	Initial Interviews for Medium and Minimum Security.

**BEDFORD HILLS**

<b>DAY 1</b>	Fingerprints; Photographs; Clothes Issued; Medical Pre-Screening; Orientation; Booking Interview; Language Dominance Screening.
<b>DAY 2</b>	Medical Testing; Dental; Mental Health Interviews; Educational and MAST Testing; AIDS Programming.
<b>DAY 3</b>	Educational Interview.
<b>DAYS 4-5</b>	Intake Interviews; Physical; GYN Exams; Dental Follow-up.
<b>DAY 6 Optional</b>	Physicals and GYN Exams Continued, if Necessary.

Source: DOCS.

---



At reception/classification, inmates take a variety of tests in addition to meeting with a classification counselor. Inmates are examined and rated according to their medical and psychological needs, take IQ and achievement tests to determine their educational needs and take the Michigan Alcohol and Substance Abuse Treatment (MAST) test to determine substance abuse counseling needs.

Additionally, inmates meet with a classification counselor who: reviews the inmate's test scores and recommends possible programs, answers any questions the inmate may have, and assigns a security rating as per the specifications in the department's Classification Guidelines.

*Impact of Inmate Population Growth.* In 1975, the reception/classification process per inmate was 28 days. When Downstate was built in 1979 it was designed to

process 36 incoming inmates every Monday, Wednesday and Friday, for a total of 5,616 per year. In 1981, Downstate's first full year of service, 6,184 inmates were received and classified.

Currently, Downstate processes up to 120 inmates per day. The time in the process has been cut to five business days. In 1989 Downstate received and classified 18,777 inmates.

Table 1 illustrates the changes which have occurred in the reception/classification process since 1981. The two most striking changes are the growth in the number of inmates and the reduction in the amount of time spent on the process. For instance, Downstate's number of inmates more than tripled, yet the process takes less than one-fourth the time. Downstate achieved this reduction by involving inmates in different parts of the process simultaneously.

**TABLE 1**

**NUMBER AND PROCESSING TIME  
FOR INMATES RECEIVED/CLASSIFIED  
IN 1981 AND 1989**

Facility	Number Received/Classified		Days Processing Time	
	1981	1989	1981	1989
Attica	886	<sup>a</sup>	14-21 <sup>b</sup>	<sup>a</sup>
Bedford Hills	402	1,852	30-60 <sup>b</sup>	5
Clinton	330	116 <sup>c</sup>	<sup>d</sup>	<sup>d</sup>
Downstate	6,184	18,777	28 <sup>b</sup>	5
Elmira	2,611	3,972	42 <sup>b</sup>	7
Ossining	6,064	<sup>a</sup>	<sup>d</sup>	<sup>a</sup>
Wende	<sup>d</sup>	2,380	<sup>a</sup>	14
Total	16,477	27,097		

<sup>a</sup>Facility not involved in the reception/classification of inmates.

<sup>b</sup>Figures are estimates made by DOCS staff.

<sup>c</sup>Clinton only received inmates in 1989.

<sup>d</sup>DOCS was unable to provide LCER with a definitive processing time.

Source: DOCS.

### *Classification as a Basis for Inmate Programming.*

Legislative intent clearly states that inmates should be placed in programs which will assist them in refraining from future violations of the law. When an inmate is interviewed at reception/classification, "the counselor listens to his/her concerns and problems and offers guidance regarding adjustment in the correctional setting."<sup>10</sup> The counselor instructs the inmate on available programs and makes program placement recommendations based on the medical, mental health, educational and substance abuse needs of the inmate.

At all of the facilities LCER staff visited, inmates participated in an additional counselor interview upon admission to a new owning facility. Owing facility refers to the facility which maintains legal responsibility for the inmate. Five of seven corrections counselors interviewed, said they placed heavy reliance on the program needs assessment performed at reception/classification in order to make facility level inmate program recommendations.

Inmates also appear before the Program Committee prior to assignment to specific programming at the owning facility. The Program Committee also uses the program needs assessments performed at reception/classification to make assignments. Seven of eight program coordinators interviewed said they found the program needs assessment performed at reception/classification to be useful. Program coordinators said that the placement of as many inmates in programs as possible is one of the goals of the committee.

### **Extended Classification**

The majority of inmates who are received and classified are prepared for subsequent placement in general confinement facilities. Of the 13,907 new inmates received and classified at Downstate in 1989, 90 percent were involved in the conventional reception/classification process. The remaining ten percent were assigned to extended classification.

These offenders often differ significantly from the general inmate population. The following groups are usually sent to extended classification: hearing impaired, visually impaired, speech impaired, mentally retarded, seriously emotionally disturbed, multi-handicapped, victim prone and predatory. According to DOCS, these inmates tend to suffer more than most from the effects of imprisonment.<sup>11</sup>

While in extended classification, inmates are involved in the development of specialized program

plans to address the special needs of the inmate. A stay in extended classification usually lasts between one and four weeks. Extended classification also helps to regulate the flow of inmates into specialized programs upon transfer from the reception/classification center. Inmates in extended classification are provided an opportunity for the initiation of programming at the initial stage of incarceration and a basis for programmatic transfer and placement.

### **Analysis of DOCS Performance**

Officials at Downstate said that routinely no inmate leaves there without receiving the entire reception/classification process. However, there are exceptions to this routine. While medical, security and psychological screening are never omitted, during a crunch inmates may receive a curtailed version of the rest of the reception/classification process.

Women who enter Bedford Hills Reception/Classification during a rush may receive an abridged process. However, because these inmates ordinarily remain at Bedford Hills for approximately 20 business days prior to transfer, the parts of reception/classification originally omitted are usually completed during that time according to DOCS officials.

To assess DOCS compliance with legislative and program intent we randomly sampled DOCS computer data from the four reception/classification centers in the State, for the years 1984, 1988 and 1989. First we determined whether inmates completed each phase of the reception/classification process. An inmate was found not to have completed the entire process if he/she did not complete one or more of the following: security, medical or mental health classification; BETA test; achievement tests (specifically the reading component), MAST test; or needs priority. Evaluations in each of these areas is required by law. The text table below shows the relationship between the tests reviewed and the legislative mandate.

#### **Legislative Mandate**

Danger to Community  
and Others  
Physical Condition  
Mental Condition  
Emotional Condition

Educational Needs  
Vocational Needs

#### **Tests Reviewed**

Security Classification  
Medical Screening  
BETA  
Psychological Screening  
and Needs Priority  
Achievement Tests  
Needs Priority

Table 2 shows the results of our analysis. The columns reflect the percentage of inmates who were not screened in the area cited. The percentages in the "Percent Not Assessed" categories may include inmates not completing one or more of the specific tests.

*The Entire Process.* In 1984, 74 percent of the inmates in our random sample did not complete the entire reception/classification process; this percent fell to 53 for 1988, but increased to 60 percent in 1989.

Chart 3 shows that between 1984 and 1989, the percent of inmates not completing the entire reception/classification process declined at each facility except Elmira. At Elmira, the percentage of inmates failing to

complete the reception/classification process increased from 50 percent in 1984 to 56.4 percent in 1989.

Although the 1989 figures for inmates not completing the entire reception/classification process at Downstate, Wende and Bedford Hills are less than they were in 1984, they are still high. Of the sampled inmates who were received and classified at Downstate in 1989, nearly 60 percent did not complete the entire reception/classification process. At Wende 75 percent did not complete the entire process, while at Bedford Hills that figure was 57 percent. Overall, 60 percent of the 19,992 newly committed inmates received in 1989, — about 12,000 — failed to complete the classification process.

**TABLE 2**

**PERCENT OF INMATES NOT COMPLETING RECEPTION/CLASSIFICATION BY FACILITY FOR 1984, 1988, 1989**

Year Region	Number of Inmates	Percent Not Completing Process	Percent Not Assessed							
			Security Classification	Psychological Classification	Medical Classification	Intelligence Testing	Educational Testing	Alcohol And Substance Abuse Testing	Vocational Priority	Counseling Priority
<b>1984</b>										
Downstate	176	77.8	15.9	a	a	2.3	16.5	48.9	40.3	43.8
Elmira	54	50.0	13.0	a	a	1.9	—	—	22.2	44.4
Wende	24	87.5	54.2	a	a	66.7	54.2	45.8	75.0	79.2
Bedford Hills	11	100.0	27.3	a	a	81.8	45.5	100.0	54.6	27.3
Total	265	74.0	19.3	—	—	11.3	17.7	40.8	40.4	46.4
<b>1988</b>										
Downstate	169	53.9	1.2	1.2	0.6	5.9	16.6	13.0	25.4	18.3
Elmira	31	51.6	—	—	—	25.8	19.4	29.0	12.9	22.6
Wende	16	43.8	—	—	—	6.3	18.8	12.5	12.5	12.5
Bedford Hills	11	63.6	—	—	—	—	—	9.1	63.6	54.6
Total	227 <sup>b</sup>	53.3	0.9	0.9	0.4	8.4	16.3	15.0	24.7	20.3
<b>1989</b>										
Downstate	182	59.9	1.7	1.1	1.1	7.1	29.1	10.4	20.3	17.0
Elmira	39	56.4	2.6	—	—	18.0	18.0	35.9	20.5	33.3
Wende	20	75.0	—	—	—	35.0	70.0	35.0	—	10.0
Bedford Hills	21	57.1	—	—	—	4.8	4.8	9.5	52.4	14.3
Total	262 <sup>b</sup>	60.3	1.5	0.8	0.8	10.7	28.6	16.0	21.4	18.7

<sup>a</sup>DOCS unable to provide LCER with data.

<sup>b</sup>Because DOCS was unable to provide complete data, the sample sizes in 1988 and 1989 were decreased.

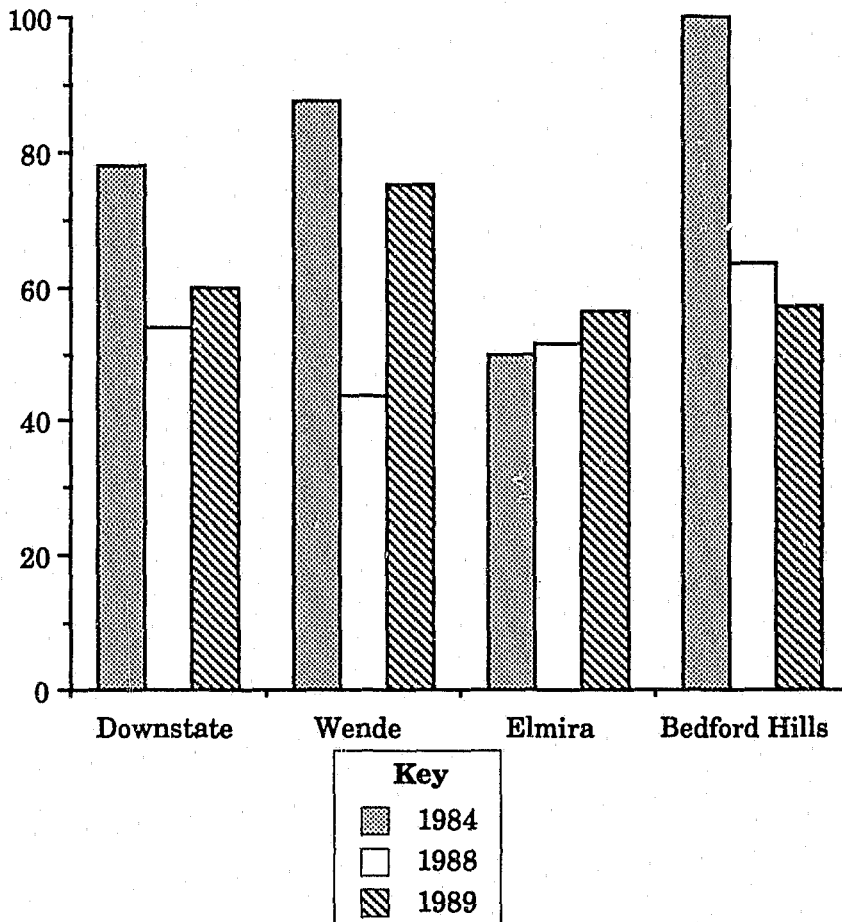
Note: Inmates not receiving entire process may have missed more than one of the specific areas reviewed.

Source: LCER sample.

---

**CHART 3****PERCENT OF INMATES THAT FAILED TO COMPLETE ENTIRE  
RECEPTION/CLASSIFICATION PROCESS BY FACILITY FOR 1984, 1988 AND 1989**

---



Source: LCER Sample.

---

**Security.** As can be seen from Table 2, the worst sample year was 1984. The number of inmates not receiving a security classification in 1988 declined dramatically. The data show slight increases for Downstate and Elmira in 1989; however, 98 percent of the newly committed inmates received their security classification. This means that in 1989, extrapolated based upon our random sample, an estimated 236 inmates left Downstate without a security classification.

**Psychological.** Data were not available for inmates not receiving a psychological rating in 1984, but as can

be seen almost every inmate (99 percent) received a psychological rating in 1988 and 1989.

**Medical.** Data also were unavailable regarding medical ratings made in 1984. However, Table 2 shows that as with psychological ratings, almost all inmates (99+ percent) received medical ratings in both 1988 and 1989.

**Counseling.** Counseling priorities are reviewed by counselors at the facilities to assist them in placing the inmate in the appropriate programs. In Table 2,

completion of general counseling priority testing shows substantial improvement in 1988 and further improvement in 1989.

There has been a growth in incarceration due to drug related offenses. The percentage of inmates committed to DOCS for drug crimes has increased from nine percent in 1980 to 31 percent in 1989. Consequently, we compared data regarding inmates'

self-reported drug use and the results of MAST testing, with counseling priority given at reception/classification.

As shown in Table 3, nearly 70 percent of the inmates were accorded a high counseling priority and 19 percent did not receive any counseling priority at all. The table reflects that inmates with both drug and alcohol abuse histories have the largest percentage with a high priority.

**TABLE 3**

**SUBSTANCE ABUSE CLASSIFICATION AND COUNSELING PRIORITY FOR INMATES RECEIVED/CLASSIFIED IN 1989**

Substance Abuse Type	Counseling Priority				Total
	High	Medium	Low	Priority Missing	
Only Drugs	67.9	12.5	1.8	17.9	100.1
Drugs and Alcohol	81.0	6.9	--	12.1	100.0
Only Alcohol	66.7	10.0	3.3	20.0	100.0
Neither	63.2	10.3	--	26.5	100.0
Total	69.4	10.5	1.1	19.0	100.0

(N=268)

Source: LCER analysis of data provided by DOCS.

*Educational Programs.* The Commissioner's goal for inmate programming was that each inmate be able to read and write English at the fifth grade level. The reception/classification process involves testing to determine an Hispanic inmate's English proficiency. The first stage of inmate screening is done on the first day of reception. This screening is most often based on an interview. Inmates who are Spanish dominant are then tested and receive an "English as a second language" (ESL) rating. Inmates are rated according to the following scale: speaks no English, speaks at a basic survival level, speaks beyond the basic survival level, speaks fluent English, speaks native English.

In 1988, 33 percent of the inmates received and classified were Hispanic. All were supposed to be screened to determine language dominance. That "language dominance" screening was not done for ten percent of the Hispanic inmates. Another 22 percent

were found, after screening, to have Spanish as their dominant language. Of those inmates 32 percent did not have ESL ratings.

The achievement of a departmental goal may be hindered if the staff at the facilities are unaware of an inmate's need for English as a second language classes because the inmate was not fully evaluated.

Another goal of the department is that inmates be taught to read and write at the fifth grade level. Table 2 illustrates that fewer inmates completed educational achievement testing in 1989 than in 1984. In 1984, nearly 18 percent of the inmates did not complete educational achievement tests. By 1989 that number had risen to almost 29 percent. An estimated 2,730 of 15,169 total new commitments did not take the achievement test in 1988 and about 5,798 of 19,992 new commitments did not take it in 1989. Failure to

administer achievement tests undermines the department's effectiveness in achieving the goal that inmates be taught to read and write in English at the fifth grade level.

*DOCS Classification Performance.* Sixty percent of the inmates received were incompletely classified in 1989 as defined by statute. Lacking the required information on each inmate classified, DOCS counselors and program committees are hindered in their efforts to meet inmate needs either at initial or subsequent placement. This inhibits DOCS' ability to provide programming which will assist the inmate in refraining from future violations of the law, as mandated by statute.

## PLACEMENT

Appropriate inmate placement is important for three reasons: to comply with legislative intent, to affect the efficient use of correctional facility space, and to minimize security risks. Uninformed placement decisions can put an inmate in a facility that is either more or less secure than needed. DOCS officials were well aware of the costs associated with inappropriate inmate placement. A 1983 draft of the *DOCS Security Reclassification Guidelines* states:

Either error carries costs; if the inmate at lower security escapes or causes a disturbance, the cost is obvious; if the inmate at higher security doesn't need the security, the counselor is wasting expensive maximum security space.<sup>12</sup>

The cost of constructing maximum security correctional facilities is quite high. The per bed cost of construction for a maximum security facility is \$125,000. The cost of a medium security bed is \$77,800 while a minimum security bed is \$44,000. Consequently, the efficient use of existing space is a necessity.

### Criteria for Placement

Correction Law requires that an inmate's security, medical, psychological, educational and vocational needs be considered in placement decisions. DOCS officials made it clear that only three of the five needs criteria are considered in the initial placement of inmates. These are security, medical and psychological needs. Thus DOCS fails to follow the letter of legislative intent since educational and vocational needs are not considered in facility placement.

DOCS officials justify their noncompliance with the following two points: basic education programs (i.e., GED, drug/alcohol counseling) are available at all facilities, therefore inmate placement on the basis of educational need is unnecessary. Further, with DOCS being at over 100 percent capacity, placement is made on the basis of areas that must be considered. However, vocational programs, which are explicitly stated in the law are not available at every facility and differ among facilities which do have them. Also, according to DOCS 1982-83 Annual Report, the length of time remaining in an inmate's sentence has historically determined inmate placement.

The current classification and placement system is intended to ensure that inmates are not placed and transferred solely on the basis of their security needs. Medical and psychological needs are also taken into account. DOCS officials stated that this system has decreased the number of reverse transfers which previously occurred due to inmates being transferred to facilities which were unable to meet their medical and/or psychological needs.

Exhibit II explains the security, mental health and medical ratings utilized by DOCS. As illustrated, a rating of 01 indicates the inmate needs the most secure facility or the facility with the highest degree of medical and psychological care. The security ratings work from the top down. Any inmate can be in a Maximum A facility. As the security ratings decline, inmates must meet certain requirements to be eligible for reduced security.

Based on these ratings it is possible that an inmate can be placed at a facility which has a higher security, medical or psychological rating than is required. However, an inmate may not be placed in a facility which has a security, psychological or medical rating lower than the inmate's classification would require.

### Analysis of DOCS Performance

LCER's random sample enabled us to test whether inmates received and classified in 1988, were placed according to DOCS security, mental health and medical criteria. Of the inmates who were placed in a maximum security facility, all were placed correctly according to security, mental health and medical needs. Twenty-seven (19 percent) of the 141 inmates who were in a medium security facility also could have been placed in less secure facilities according to ratings prepared at classification. These inmates were found to be in a facility which was too secure and offered a higher level

## EXHIBIT II

### EXPLANATION: THE RATING SYSTEM UTILIZED BY DOCS IN THE PLACEMENT OF INMATES

Rating	Security	Psychological	Medical
01	Maximum A: Any DOCS inmate	Inmates requiring services which can be provided by a psychiatrist employed full-time, 2 full-time non-medical clinicians, secured segregated beds, full-time nursing, staff to manage records, day treatment program	Inmates requiring services which can be provided by a physician available daily, infirmary on grounds
02	Maximum B: Includes any Max B as per Guideline <sup>a</sup>	Inmates requiring services which can be provided by a psychiatrist employed 8 hrs/wk, at least 2 full-time non-medical clinicians employed, access to DOCS in-patient beds or observation cells, staff to manage reporting system	Inmates requiring services which can be provided by having at least 8 hours of nursing care employed daily and hospital in immediate area
03	Medium A: Public Risk <sup>b</sup> score less than 10 and Institutional Risk <sup>c</sup> score of 0, 1 or 2	Inmates requiring services which can be provided by a psychiatrist employed at least 8 hours a week, and 8 hours a week non-medical clinicians	Inmates requiring minimal services and limited services available in area
04	Medium A: Public Risk <sup>b</sup> score less than 10	Inmates requiring services provided by having at least a psychiatrist on call on an as needed basis and/or 4 hours non-medical clinical staff time	Inmates with medical holds and/or problems requiring specific facility placement
05	Medium A: Excluding rape, murder convictions and attempts	Designation no longer used	
06	Medium A: Excluding sex offender convictions, temporary release absconders, time score greater than 3, pyromaniac, questionable alien status, felony warrants in file, "nomad"	No direct Mental Health Service, but facility is within catchment area of a Mental Health satellite unit	
07	Medium B: Excluding sex offender convictions	Inmate has not been evaluated	
08	Minimum I: Classified minimum with less than 36 months to Parole Eligibility Date		
09	Minimum II: Classified minimum with less than 24 months to Parole Eligibility Date		
10	Designation not used		
11	Minimum/Work Release: Temporary Release approved, on hold for direct transfer to work release facility		

<sup>a</sup>The Initial Security Classification Guidelines are tools to assist staff, DOCS and the inmates in the task of Initial Security Classification.

<sup>b</sup>Public Risk is the combination of the likelihood that an inmate will escape and the likelihood that he/she will be dangerous to the public were he/she to escape. This is rated on a 1-30 scale.

<sup>c</sup>Institutional Risk is the likelihood that the inmate will be dangerous to staff, other inmates or himself. This is rated on a 0-6 scale.

Source: LCER analysis of data provided by DOCS.

of mental health and medical treatment than the inmate required based on their classification rating.

Of the 17 inmates in minimum security facilities all were placed properly according to the security, mental health and medical criteria. LCER's analysis of the random sample illustrates that at times inmates are placed contrary to the stipulations of DOCS policy.

Placing an inmate in a facility which is too secure, and/or offers a higher level of medical or psychological care than required is expensive. As was already noted, DOCS itself recognizes that this space is more scarce.

*Inmates Without a Rating.* We reviewed the initial placement of inmates from our random sample who did not have a security, medical or psychological rating to identify any problems with their placement.

For inmates not receiving a security classification we reviewed the inmates' initial placements to determine the security level of the facility where they were first placed. Of 13 inmates not receiving security ratings, five were sent to medium security facilities and eight were sent to maximum security facilities. Their placement did provide adequate medical and psychological services based on inmate medical and psychological scores.

In our sample, only six inmates for both years did not receive a medical and/or psychological score. For these we were able to determine initial placement for five—all of whom were placed in facilities with adequate security levels and all but one were placed in facilities that had the highest medical and psychological services possible.

### Ulster Reception/Classification Center

DOCS officials are aware of the strains placed on the Downstate Reception/Classification Center by processing over three times the inmates it was designed to handle. Almost 75 percent of DOCS intake comes from the New York City Department of Correction. To alleviate some of the pressure on Downstate, DOCS opened the Ulster Reception/Classification Center in October of 1990. Ulster is at full capacity as of January 1991 with a population of 768.

The opening of this facility coincides with the expansion of the DOCS run Alternate Correctional Facility (ACF) Screening Unit on NYCDOC Riker's Island. At the ACF, "state ready" inmates are pre-screened to:

- Verify that the inmate meets the legal requirement of state readiness,
- Check if the inmate has special needs, and
- Determine if the inmate is eligible for reduced security or maximum security.

### Rationale

In justifying the Ulster Reception/Classification Center Proposal, DOCS stated that this initiative will alleviate the strain on Downstate:

Approximately 81 percent of inmates committed from NYCDOC in 1989 were classified medium or minimum. If only 56 percent were clearly identifiable as reduced security eligible, over 8,000 inmates could be received and classified at Ulster. (Using research projections for FY 1990-91.)<sup>13</sup>

Diverting 8,000 inmates from Downstate, as a result of Ulster's opening, should alleviate some of the previously described stress on Downstate.

Chart 4 compares the number of inmates received per reception/classification facility in 1989 to a projection of how the 1989 data would appear under the new system which began with the opening of the Ulster facility.

According to DOCS officials, the Ulster Reception/Classification Center will reduce the reimbursement monies paid to NYCDOC to cover transportation to Elmira, cutting costs. Correctional officer overtime costs could also be saved by the reduction in Downstate's admission rate to one which is comparable with the 1985-86 rate.

Receiving and classifying reduced security inmates through a medium security facility and maximum security inmates through a maximum security facility should lead to a more efficient utilization of bed space.<sup>14</sup> This also could lead to fewer inmates being forced through an abbreviated classification process.

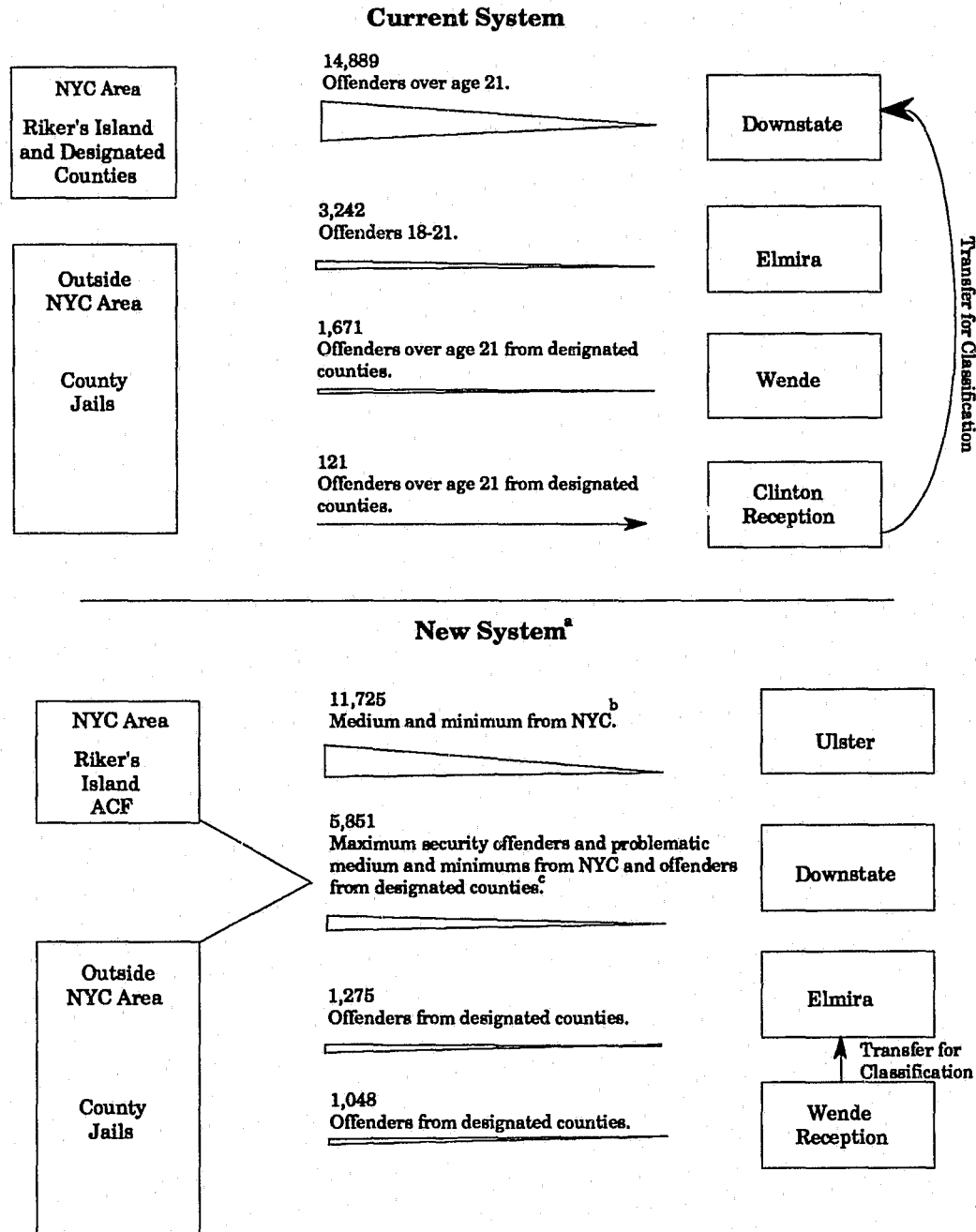
### Changes to the Current System

The new reception/classification system resulting from the opening of Ulster will change the way offenders are grouped for reception/classification. Specifically, offenders over and under the age of 21 will be received and classified in the same building, though not at the



**CHART 4**

**NUMBER OF 1989 NEW COMMITMENTS  
RECEIVED BY SITE UNDER CURRENT SYSTEM AND NEW SYSTEM**



<sup>a</sup>Twenty-four inmates were not coded.

<sup>b</sup>Number will be lower since problematic mediums and minimums from NYC are included and will not be in the future.

<sup>c</sup>Number will be higher because problematic mediums and minimums from NYC are not included and will be in the future.

Source: LCER analysis of data provided by DOCS.

same "facility." DOCS officials have stated that there are no plans to separate offenders under 21 from the general population. This is because Section 70(4) permits more than one correctional facility to exist in the same building.<sup>15</sup> This permits DOCS to remain in compliance with Section 71 of the Correction Law which states, "Males under the age of twenty-one at the time sentence is imposed shall not be received at the same correctional facility as males who are twenty-one or over at the time sentence is imposed."<sup>16</sup>

Ulster will receive both adolescent and adult male inmates from NYCDOC who have been pre-screened and are of medium or minimum security and are not problematic.

Downstate will receive and classify both adolescent and adult male inmates from NYCDOC who have been pre-screened as possible maximum security or having special needs that require a more in depth evaluation. Downstate will also receive and classify adult and adolescent commitments from other designated counties which are medium or minimum security.<sup>17</sup> Map 2 shows the new catchment areas as of October 1990.

Elmira will receive and classify both adult and adolescent commitments from designated counties. Inmates from pre-designated counties in western New York will be received at Wende and then transported to Elmira for classification. At Wende the classification process will be eliminated and no more than 25 beds will be reserved for reception.<sup>18</sup>

As a cost saving measure DOCS has proposed reorganizing the corrections system as a series of decentralized "clusters" each of which would have a central or "hub" facility with its dependent satellites. The department expects efficiencies from:

- Centralizing certain administrative functions at the hub facility, and having facilities within the cluster specialize with some focusing on education and others on particular vocational programs,
- Keeping transfers within the cluster and managed by the hub facility,
- Abbreviating the classification process at reception/classification centers with vocational classification being done at the hub,

—Using any vocational training to prepare inmates to work as part of specialized work crews doing operations and maintenance jobs within the cluster, and

—Having educational programs through eighth grade level mandatory, while other education and rehabilitative programs will be on the inmate's own time — after the regular work day — and at the inmate's initiative.

A significant change is the explicit dismissal of rehabilitation as the goal of vocational programming. In its description of the cluster concept DOCS said,

What is new in the cluster concept is its approach to inmate labor. Whereas historically — in this Department at least — vocational training has been justified for its rehabilitative value (enabling the inmate to earn a legal wage after his release), it will now be seen as training for our workforce. As the army and the navy train clerks and electricians to perform clerical and electrical work for the army and the navy, so will we for our own use; *any post-military or corrections application is a beneficial by-product, not the purpose of the training.*<sup>19</sup> (emphasis added)

This is not consistent with legislative intent as described earlier in the audit.

## ==== CONCLUSIONS ====

Classification is critical to appropriate placement of inmates, facilitating the efficient and effective operating of the correctional system. To have the most efficient and effective system possible these procedures must correctly identify inmates' needs and facilitate placement of inmates in the facilities best suited to address those needs. When an inmate is admitted to a facility, classification documents provide a basis for programming to help the inmate refrain from future violations of law. DOCS' system is not operating at peak efficiency or effectiveness.

DOCS is doing a credible job given the constant strain under which the system operates. However, unless DOCS seeks a change in the statute its standards are what DOCS must strive to attain. Potentially the Ulster Reception/Classification facility will alleviate some of the strain.

**MAP 2**

**CATCHMENT AREAS FOR MALE INMATES  
UNDER NEW RECEPTION/CLASSIFICATION SYSTEM**



Source: DOCS.

## NOTES

1. Section 149 Assembly Bill 784, Legislature of 1929.
2. Governor's Special Committee on Criminal Offenders, *Preliminary Report of the Governor's Special Committee on Criminal Offenders* (New York: State of New York, 1968), p. 223.
3. *Ibid.*, p. 224.
4. New York State, Correction Law, Section 2.
5. Chapter 476, Laws of 1970, Memorandum in Support of Senate Bill 9088A.
6. New York State, Correction Law, Section 137.
7. *Ibid.*
8. New York State, Correction Law, Section 70.
9. *James Benjamin v. Benjamin J. Malcolm*, U.S. District Court Southern District of New York, 75 Civ. 3073, p. 2.
10. *Downstate Reception/Classification Procedure Manual*, Reception/Classification Procedure Number 19, May 1990.
11. New York State, Department of Correctional Services, "Extended Classification Procedures," p. 1.
12. New York State, Department of Correctional Services, "Classification Improvement Project, Working Paper XII: Security Reclassification Guidelines," 1983, p. 3.
13. New York State, Department of Correctional Services, "Ulster Correctional Facility, Reception/Classification, Reduced Security NYC Commitments," p. 2.
14. *Ibid.*, p. 3.
15. New York State, Correction Law, Section 70 (4). "Two or more correctional facilities may be maintained or established in the same building or on the same premises so long as the inmates of each are at all times kept separate and apart from each other...."
16. New York State, Correction Law, Section 71 (b).
17. New York State, Department of Correctional Services, "Ulster Correctional Facility, Reception/Classification, Reduced Security NYC Commitments," p. 2.
18. *Ibid.*, p. 2.
19. State of New York Department of Correctional Services, *The Cluster Concept*, pp. 3-7.



STATE OF NEW YORK  
 DEPARTMENT OF CORRECTIONAL SERVICES  
 THE STATE OFFICE BUILDING CAMPUS  
 ALBANY, N.Y. 12226

THOMAS A. COUGHLIN III  
 COMMISSIONER

March 19, 1991

Mr. James J. Haag  
 Acting Director  
 State of New York  
 Legislative Commission  
 on Expenditure Review  
 111 Washington Avenue  
 Albany, New York 12210-2277

Re: Audits of State Prison  
 Inmate Movement and Inmate  
 Classification and Placement

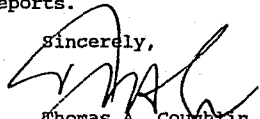
Dear Mr. Haag:

In response to your February 19, 1991 correspondence and in accordance with item B-410 of the Budget Policy and Reporting Manual, enclosed is the Department's reply to the Commission's tentative audits of "State Prison Inmate Movement" and "Inmate Classification and Placement."

For your information, the Division of the Budget has cleared this reply for transmission to the Commission.

Thank you for the opportunity to respond to the tentative audit reports.

Sincerely,

  
 Thomas A. Coughlin III,  
 Commissioner

Enclosure



STATE OF NEW YORK  
 DEPARTMENT OF CORRECTIONAL SERVICES  
 THE STATE OFFICE BUILDING CAMPUS  
 ALBANY, N.Y. 12226

THOMAS A. COUGHLIN III  
 COMMISSIONER

CHESTER H. CLARK  
 ASSISTANT COMMISSIONER

March 8, 1991

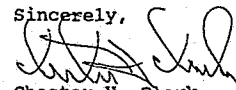
Mr. James Haag  
 Acting Director  
 State of New York  
 Legislative Commission  
 on Expenditure Review  
 111 Washington Avenue  
 Albany, New York 12210-2277

Dear Mr. Haag:

Attached are comments pursuant to the Commission's tentative audit reports addressing "State Prison Inmate Movement" and "Inmate Classification and Placement."

Thank you for the opportunity to respond to the audit findings and recommendations.

Sincerely,

  
 Chester H. Clark  
 Assistant Commissioner

Attachment

Department of Correctional Services

THE L.C.E.R. DRAFT AUDIT OF INMATE CLASSIFICATION AND PLACEMENT

The Audit is helpful in that it identified aspects of Initial Classification that should be improved. At the same time there are some errors in the audit report that deserve comment.

- 1) "D.O.C.S. responded to (population) growth by making the (reception/classification) process more efficient, cutting the processing time from a few weeks to a few days."

RESPONSE

The Department concurs with this finding.

- 2) a. "...60 percent of nearly 20,000 inmates classified in 1989 failed to complete the classification process."

RESPONSE

Security, Medical and Psychological Screening

In December 1990, the Department was presented with a list of cases that lacked security, psychological or medical classifications according to the auditors. Upon checking the folders the Department found the security classification scoresheet in every file reviewed. Apparently, L.C.E.R. staff had overlooked them during their review. Confidentiality prevented D.O.C.S. staff from checking medical and psychological folders; however, of the five cases listed, two had been released to court and one discharged immediately after commitment. Therefore, they had never been placed in general confinement. After the audit exit conference, the Department received a second, lengthier list of cases that did not contain security, medical and psychological evaluations according to the auditors.

Again, it appeared that the auditors may have overlooked the classification forms or that the inmates never were placed in general confinement.

Educational Screening

The audit measures educational screening by the presence or absence of a reading achievement test result, but the reading achievement test is, by itself, an inadequate measure of educational needs assessment. Inmates who have very low reading skills on the Locator Test are naturally not given a reading achievement test. Furthermore, almost all facilities have the resources to test inmates educationally, if population pressure makes it impossible to do the testing at Classification. In any case, educational screening has improved substantially. In 1990 there were educational screening results entered for 86% of classified inmates. Four percent of the inmates could not be classified due to physical, psychological and other limitations.

Intelligence Screening

The audit measures intelligence screening by the presence or absence of a BETA score. The BETA score is, by itself, an inadequate measure of intelligence screening. Other tests are used along with or in place of the BETA.

Vocational Screening

Not all classification is completed at the Classification Centers. At the inmate's first general confinement facility, vocational skills and needs are assessed by Vocational Education, if the inmate is assigned to that program by the Program Committee.

- 2) b. "With space limited agency officials see security, medical and psychological needs as of greater importance in making placement decisions."

Response

It should be noted that Extended Classification inmates are classified and placed based on all five areas of need. Shock inmates, ASAT inmates and Veterans are also classified and placed in terms of more than security, medical and mental health.

- 3) "...All Spanish language dominant Hispanic inmates should have 'English as a second language (E.S.L.)' ratings."

RESPONSE

Classification of inmates by language dominance and ESL has improved substantially. Of inmates classified in 1990 (26,656), only 2.3% (614) did not have a language dominance designation. Of the 26,656 only 2.7% (725) did not receive an ESL level.

- 4) "D.O.C.S. should determine why inmates were placed in higher security than their classification ratings warranted and take steps to assure that, in the future, placements will be consistent with those ratings in order to keep the system running as efficiently as possible."

RESPONSE

The Department makes every effort to place inmates in a setting equal to their security classification. In this instance, there were more minimum security inmates than there were minimum security beds, so inevitably some minimum inmates had to be placed in medium security.

## LCER REBUTTAL

DOCS states that we overlooked file data, implying that our findings were incorrect. Our methodology was discussed at length with DOCS' staff and involved analysis of computerized data — validated against inmate files. In the interest of fairness and accuracy we went even further, giving DOCS the opportunity to fill in missing data from other sources.

DOCS states that the reading achievement test is an inadequate measure of educational need. Reading and math achievement tests — which we used to measure educational screening — are the measures the Department itself refers to in its Program Services Manual. Also, DOCS policy requires that educational testing be done during classification. The DOCS Master Plan states, "The Department must accurately assess inmates' literacy skills during classification."

DOCS says that the BETA score, by itself, is an inadequate measure of intelligence screening. Two separate written sources identify BETA as the standard IQ test used. "Those who score below 80 on the BETA I.Q. test will be considered for specialized classification depending on level of functioning." The BETA test is given in all cases and serves as a screening test to determine if other testing is needed. The other tests are not substitutes for the BETA. Furthermore, further analysis of the sample data showed that, in every case where there was no BETA score shown, a WAIS test had not been given either.

DOCS states that vocational screening takes place at the inmate's "first general confinement facility." The Department's Master Plan, 1980-85 includes the following: "The Department should assess, during classification, vocational aptitudes and preferences of inmates and inventory their vocational experiences." Furthermore, the DOCS response refers to assessment of vocational skills and needs at the inmate's first general confinement facility "*if the inmate is assigned to that program by the Program Committee*". (emphasis added) If the inmate did not undergo vocational screening at classification, on what basis would assignment to Vocational Education have been made by the Program Committee?

While DOCS states that language dominance screening rates have improved, statistics for 1990 cannot be used to demonstrate this progress. We limited our analysis to only Hispanic inmates: determining the percent for whom Spanish was their dominant language, and identifying the proportion of Hispanic inmates, dominant in Spanish who had not been rated re: need for ESL programming. DOCS calculated a straight percentage for all inmates. Therefore, DOCS' comment does not refute our third finding and recommendation.

# LEGISLATIVE COMMISSION ON EXPENDITURE REVIEW

The Legislative Commission on Expenditure Review was established by Chapter 176 of the Laws of 1969 as a permanent agency for among other duties, "the purpose of determining whether any such department or agency has efficiently and effectively expended funds appropriated by the Legislature for specific programs and whether such department or agencies have failed to fulfill the legislative intent, purpose and authorization." This program audit, *Inmate Classification and Placement*, is the 209th staff report.

The audit was completed by Joan Deanehan, Project Manager, and conducted by Martin O'Connor and Lisa Risolo. Mr. O'Connor served as audit manager during most of the audit's evolution. Appreciation is expressed to DOCS staff. Stuart Graham supervised quality control. Michael Roberts handled production. Layout and graphic design were done by Dawn Hewitt. Overall supervision was the responsibility of the Acting Director.

May 20, 1991

James J. Haag, CIA  
Acting Director

## PROGRAM AUDITS 1988-1991

Public Service Commission Utility Management Audit Program, 2.19.88.	State Agency In-House Training and Conference Attendance, 12.8.89.
City University of New York's SEEK Program, 2.26.88.	State Parks Building Maintenance Management, 12.14.89.
State School Computer Aid Program, 3.25.88.	SUNY Management Flexibility Program, 12.20.89.
Leasing and Maintenance of OMRDD Community Facilities, 4.20.88.	Medicaid Fraud and Abuse Audit Program, 3.10.90.
Council on the Arts Decentralization Program, 4.27.88.	Correctional Officer Pre-Service Training, 3.12.90.
Special Delinquency Prevention Program, 5.20.88.	Independent Living Centers Program, 3.16.90.
CUNY/SUNY Campus Child Care, 6.24.88.	Reducing Customer Waits at Motor Vehicles Offices, 4.9.90.
State Agency Leasing Practices, 6.29.88.	Outside Hospital Care Program of the Office of Mental Health, 4.12.90.
State Correctional Industries, 7.5.88.	Overview of Long Term Care, 6.26.90.
Department of Taxation and Finance, Systems Modernization Project, 7.27.88.	Interstate Sanitation Commission, 9.25.90.
OMH Residential Treatment Facilities, 7.29.88.	Urban Development Corporation Project Accountability, 9.30.90.
OMH Physicians' Extra Service Program, 10.20.88.	The State Office of Rural Affairs, 10.5.90.
Civil Service Leaves of Absence, 11.3.88.	Expedited Food Stamps, 11.2.90.
The Commission on Cable Television's Role Since the Cable Act of 1984, 12.21.88.	Quality Control of the Food Stamp Program, 11.9.90.
Youth Development and Delinquency Prevention Program, 12.31.88.	State Administration of the Economic Development Zone Program, 11.29.90.
Return a Gift to Wildlife, 3.15.89.	Tax Processing Banking Arrangements, 12.3.90.
Office of the Special Narcotics Prosecutor, 3.17.89.	CUNY Management Flexibility Program, 12.31.90.
State Aid to New York City Private Bus Operators, 6.20.89.	The Department of Taxation and Finance's Collection Efforts, 2.11.91.
Consumer Protection Board's Advocacy Program, 6.30.89.	Regulation and Enforcement of the Urban Development Corporation Housing Portfolio, 3.1.91.
Recruitment and Retention of Foster Parents, 8.15.89.	Community College Contract Course Program, 4.26.91.
State Control of Acid Rain, 11.30.89.	State Prison Inmate Movement, 5.20.91.
Inmate Classification and Placement, 5.20.91.	