

**FOUR STATE FEASIBILITY
STUDY OF
REGIONAL PROGRAMS
FOR
SPECIAL OFFENDERS**

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FINAL REPORT
on the
FOUR-STATE FEASIBILITY STUDY OF REGIONAL PROGRAMS FOR SPECIAL OFFENDERS
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It is hoped that some of the recommendations will be of benefit to them or to those who will be inmates in the future.

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PART I.

INTRODUCTION, REVIEW OF LITERATURE, AND RESEARCH METHODS

Chapter 1. Introduction

A. Purpose of the Study

One of the recommendations made by the President's Commission on Law Enforcement and Administration of Justice was that separate treatment be provided to special offender groups, "through pooling or sharing among jurisdictions." The influence of that Commission has spurred much action, this project, perhaps, being one result.

The general purpose of this project is to ascertain the feasibility of implementing a regional concept as a solution to problems often shared by correctional systems in contiguous states. The specific states involved in this study are Florida, Georgia, North Carolina and South Carolina.

At present there are many problems in corrections regarding the need for better rehabilitative programs and the means through which administrative efficiency can be enhanced. In regard to both of these issues, there is a distinct possibility that a regional approach might be a solution to some of the problems encountered by various state correctional systems. There is an immediate need to ascertain the extent to which common problems can be effectively resolved through an inter-state cooperative approach.

This project attempts to determine the need of a regional facility for (1) women, (2) the criminally insane offender, (3) the "hard-core" criminal, and (4) the mentally retarded criminal. The "hard-core" criminal category was later subdivided into two categories, the "persistent" offender and the "prison

troublemaker" for the purpose of clarity. In addition, the need for a regional program creating an "inmate exchange system" with the main purpose being the return of the inmate to his home state was to be studied.

From the outset we were cognizant of a basic contradiction in the concept of a multi-state cooperative venture such as that being studied. On the one hand we were examining the possibility of an "inmate exchange system" for the express purpose of determining the feasibility of returning an inmate who had been arrested and incarcerated "out of state" to his home state. This would appear to be consistent with recent trends in corrections which have stressed the importance of keeping the inmate as close to his home community as possible which permits a "graduated release" process to occur. The inmate could eventually be placed on work release in his home community or have home furloughs in an attempt to integrate institutional programs with the environment to which the inmate would soon return.

At the same time, however, we were also studying the feasibility of establishing a multi-state institution for a special category of inmates which could result in an inmate being sent to another state and being even further removed from his local community. With the four states involved in this project, it would be possible, although highly improbable, for an inmate to be placed in an institution over 1,000 miles from his home community. This is obviously in direct opposition to a community corrections approach.

This contradiction might be more apparent than real, however, since most of the inmates who fall into one of the categories involved in this study are seldom candidates for community programs and a person may be no more isolated from his community at a distance of 1,000 miles than he is at 10 miles if he is unable to have contact with people and activities within the community. The argument can be made that the inmate would be better off participating in a

special program designed for his needs in an institution geographically located at considerable distance from his home than he would be in his own community if the proper treatment facilities were not available. Specialized multi-state facilities might be used as the first step in the treatment program of an inmate, with the latter stages of his individualized program calling for his return to the home community and a graduated release program.

B. Specialized Programs and
the Concept of "Regionalism"

According to Ancel and Herzog, the principle of penitentiary treatment implies the increasing specialization of the establishments required to apply different methods, and insofar as social rehabilitation is an adaptation to life in conditions of liberty, open establishments are tending to become the essential organs of penitentiary policy (Ancel and Herzog, 1961: 46-85). The major thrust is an attempt to separate the notion of discipline from that of detention so that the prisoners agree to comply with it without any feeling of humiliation. Ragen and Finston of the Joliet Prison say that an ideal prison would have a classification center and a diagnostic depot, which would serve as a receiving and distributing agency as it does now, but with this difference: segregation would be greatly facilitated (Ragen and Finston, 1962). Each prison would have only a certain type of offender -- the incorrigibles would be separated from the improvable, the first-timers from the habituals, and so on. In concurrence with this position, Donald J. West believes that the presence of so many mentally disturbed individuals is a strong argument in favor of careful psychiatric screening of habitual offenders (West, 1963).

Correctional administrators are often confronted with a dilemma generated as much by the volume of offenders constituting the correctional caseload as by its heterogeneity in terms of treatment specifications. The sheer number

of inmates placed in the charge of most correctional systems creates problems of overcrowding physical facilities and over extending the personnel (administrative, treatment, and custodial) in the functions they are expected to perform.

The immediate recourse, and at times the only alternative, is to modify the stated goals such that they are consistent with a realistic assessment of the institution's capabilities. This often means that the correctional effort must be generalized to the lowest common denominator of treatment according to the base needs of the inmate population as a whole. That diverse treatment categories exist is either unrecognized or irreconcilable, given the available resources. Consequently, many treatment categories such as the criminally insane, mentally retarded, persistent offenders, and "prison troublemakers," are often not afforded the benefits of individualized or specialized treatment according to their particular needs.

A pattern of organization for treatment that does not take into consideration the varied specialized treatment needs of the diverse groups in the inmate population falls short of the mandate to rehabilitate all of the clients of the correctional system. A rational approach to treatment, therefore, must take into account not the base level of correctional needs of the total inmate population, but at least the base needs of the individuals in specific treatment categories. This would necessitate the development of specialized programs for various types of offenders.

This type of expansion and diversification is frequently not possible in most states, inasmuch as dealing with the problems of population density takes precedence over attempting to cope with problems of inmate diversity. In view of this, a plausible solution might be for several states with a community of interests in problems of correction to attempt to redress collectively the acute deficiencies within their systems. This could lead to the establishment of varied

programs and/or facilities which normally are far beyond the capabilities of any single state. A regional facility might be the only means through which individuals requiring special programs could hope for constructive, specialized, rehabilitational programs.

The President's Commission on Law Enforcement and Administration of Justice in The Challenge of Crime in a Free Society, made several recommendations which are specifically related to the concept of regionalism. Some of these are:

1. Federal and state governments should finance the establishment of model, small-unit correctional institutions for flexible, community-oriented treatment.
2. Screening and diagnostic resources should be strengthened, with federal support, at every point of significant decision. Jurisdictions should classify and assign offenders according to their needs and problems, giving special treatment to all special offender groups when this is desirable. They should join together to operate joint regional facilities or make use of neighboring facilities on a contract basis where necessary to achieve these ends.
3. Reciprocal arrangements between governments should be developed to permit flexible use of resources. Regional sharing of institutional facilities and community programs should be greatly increased.
4. Large governmental units should take responsibility for a variety of forms of indirect service to smaller and less financially able units, helping them develop and strengthen their correctional services [President's Commission, 1967: 133-134].

The relationship between special institutions for special offenders and regionalism is quite desirable and highly recommended, as we can see from the following quote from the Task Force Report: Corrections:

. . . one approach which does hold general promise of providing a better basis for resolving these problems is the pooling or joint operation of facilities for them. Already a few small states, for example, send their female prisoners to adjoining states. Other minority offender groups, notably the mentally disordered and retarded, could also profit from the more specialized handling which pooling facilitates. Retarded offenders, for example, could be provided with a program in which they did not have to compete with normal offenders and could be brought gradually to levels of ability to care for themselves that would permit their release to the community.

Long-term prisoners, who tend to vegetate under traditional maximum-security conditions, might also be transferred to special institutions. This would permit states with few offenders to concentrate on rehabilitation and employ institutional facilities on the community-oriented model. It might also encourage the development of special industries, perhaps greater independence and self-sufficiency with the confines of a secure institution [President's Commission, 1967].

In a similar manner, the Report of the President's Task Force on Prisoner Rehabilitation in April, 1970, made several quite pertinent recommendations concerning regionalism and special offenders. Among their recommendations were the following:

1. The Federal Government should establish centers in selected metropolitan areas for the purpose of providing diagnostic clinical services to both Federal and State courts, and to offenders on probation and parole.
2. The Federal Government should establish regional mental health programs and institutions for offenders, in which the states should be permitted to board prisoners needing such care at one-half the per capita operating costs, including treatment.
3. The Federal prison system, . . . should accept long term tractable prisoners from the states on a low-cost basis.
4. The Federal Bureau of Prisons should study the need for establishing, in appropriate locations, regional institutions for female prisoners to accomodate such prisoners in institutions with a capacity not to exceed 300 each [President's Task Force, 1970].

The above are just a few of the many recommendations that have been made advocating change in the prison system now in operation. There are many more recommendations available in the literature and many more sources reaffirming the above recommendations. This overview, however, should give a fairly concise picture of the potential relationship between regionalism and specialized programs. While many general recommendations have been made, what is necessary at this point is documentation of their feasibility for a particular region of the country.

C. Categories to be
Included in the Present Study

(1) The Criminally Insane (or Mentally Disturbed) Offender. The offender who is adjudicated "criminally insane" or ruled "incompetent to stand trial" in a case involving a dangerous and violent crime constitutes a serious judicial dilemma and an administrative problem. Frequently the judge is forced to decide between treatment or confinement. Regardless of his decision, problems are created for the institution to which the offender is remanded. Mental hospitals can usually provide some sort of appropriate treatment, but they are ill-equipped to cope with inmates requiring maximum security and maximum treatment. The concern for security cannot be taken too lightly, for, at times, they receive "patients" who are threats to their own safety and to the safety of treatment and custody personnel and even other patients.

On the other hand, confinement of the criminally insane in a correctional institution also creates a problematical situation. The correctional facility can probably reduce the jeopardy to all concerned with the inmate, but they are severely limited in the treatment that can be extended to the emotionally disturbed inmates.

This is the predicament that judges and other authorities face each time they must render a decision involving a criminally dangerous offender. Usually, they are cognizant of the possibility that a criminally insane offender committed to a correctional institution may ultimately be released without ever having been treated. Again, they realize the danger inherent in consigning this type of offender to a mental hospital, where, in some cases, it is tantamount to a life sentence, despite the treatment that is rendered and the progress that is achieved. In either case a choice must be made from unacceptable alternatives.

In most states, persons officially labelled as "criminally insane" are sent to the custodial unit of the state mental hospital. Unfortunately, however,

all correctional systems have some inmates that are considered "mentally disturbed." The present study, while being concerned with the general category of the "criminally insane," is more directly concerned with those inmates in the correctional system who are "mentally disturbed." For this reason the concept is changed to "mentally disturbed" for the remainder of this report.

While it can be argued that the mentally disturbed do not fare too well in mental institutions, it is probably equally true that they fare even worse in correctional institutions. However, the institutions are not always to be faulted for neglecting or failing to give due consideration to the "mentally disturbed" within their population. In most organizations a hierarchy of priorities and programs must be created according to the available resources (manpower and capital). Any administrator in a correctional institution must apportion his resources to meet the greatest caseload demands and to benefit the greatest number. Bearing this in mind, it is understandable that the mentally disturbed as a minority group in the institutional community might fare badly in the hierarchy of priorities.

One possible way to mitigate this shortcoming is to relegate these offenders to a special regional facility accomodating the mentally disturbed caseload of several states. In this way, these offenders would have access to treatment and to conditions amenable to their recovery and ultimate rehabilitation. A facility that would be expressly designed for the mentally disturbed offender could make provisions for appropriate treatment and security that are far beyond those generally available either in a hospital or a prison. This study will attempt to answer questions as to the feasibility of a regional center for the treatment and confinement of the mentally disturbed.

(2) Women. Women inmates pose very basic problems for most departments of corrections. States often have too few women inmates to justify the provision of the same opportunities made available for men, since programs provided must benefit the greatest number of inmates possible. The degree of specialization is a function of the number of female inmates in a system.

Practicality necessitates confining women inmates usually in one central state facility. Additionally, the educational and vocational programs in central female prisons are often inadequately designed to meet the needs of women, or are so few that individual needs must be overlooked. Women are not as a rule viewed as security risks nor as a major problem in terms of violent behavior, consequently male units are frequently given priority for the services of limited clinical treatment staff.

Regional facilities for women might serve to better provide for the institutional needs of women inmates through more diversified programming, better staffing, and more appropriate physical facilities.

(3) The Mentally Retarded Criminal. Several studies have shown that inmate populations do not drastically distinguish themselves from the average free world population in terms of their mental and intellectual capacities. But there are sufficient numbers of inmates who are mentally retarded to pose a significant problem for treatment programs. When we examine the problems related to working with the mentally retarded offender we realize they are even greater than those posed by the "average" offender.

In this regard, experience gained from schools for the mentally retarded has accentuated the need for extraordinary treatment and educational programs for their clients. Further, they have found that it is equally important to buttress their programs with highly competent personnel, if they are to maximize

the efficacy of their measures to help the mentally retarded individual. We can abstract from their experience that special programs and exceptional personnel are of greater importance in the treatment of the mentally retarded in correctional settings.

Because there is a probability that mentally retarded inmates are not receiving the treatment and consideration they must have if they are to make progress toward their rehabilitation, it is necessary to seek a suitable alternative to traditional imprisonment whereby mentally retarded inmates can receive the type of treatment necessary for their rehabilitation. A regional facility, designed with the mentally retarded client in mind, might be the alternative to conventional imprisonment that is needed. For this reason, this study has attempted to determine whether such a regional facility would, in fact, offer a better alternative means of treatment for the mentally retarded inmate.

(4) The "Hard-Core Criminal" (the Persistent Offender and the "Prison Troublemaker"). The category of "hard-core offender" created considerable difficulty and confusion in trying to communicate with various respondents. It was determined that people were interpreting this category to include two different types of inmates: (1) persistent or "habitual" offenders who are the "revolving door" types found in correctional systems, and (2) "prison troublemakers" who are constantly involved in trouble while in prison and account for a large portion of the disciplinary reports that are prepared. Although the latter category was the one which we originally planned to study, we decided to include both categories in the project.

(a) The Persistent Offender

The persistent offender is one who returns to the correctional system shortly after his release. Recidivism is, of course, the basic

characteristic and he is sometimes called the "habitual" offender. If he is old enough, he usually has a continuous record of imprisonment and release so that the "revolving door" concept is quite descriptive.

(b) The "Prison Troublemaker"

The category we now refer to as the "prison troublemaker" is basically what was originally intended by the concept of the "hard-core offender." This is an inmate who is constantly involved in difficulties with other inmates and staff. He may be a serious physical threat to other inmates who has on occasion while in prison been involved in aggravated assault, sexual assault, or homicide. On the other hand, he may be constantly involved in moderately serious institutional infractions such that he demands a disproportionate amount of staff time. He is an inmate who is regarded as a chronic threat to prison society, both correctional officers and other inmates. This is the inmate who is administratively designated as a "dangerous security risk" and relegated to the maximum security units of correctional institutions. He is the apotheosis of the criminal stereotype society has created and traditionally feared.

Many of our existing prisons were designed and constructed to provide society with optimal protection from the worst of its criminal offenders. The elaborate security features of many prisons are meant to secure the worse of offenders where extra-ordinary measures are commensurate with the society's abhorrence and fear of the perpetrator of particularly atrocious crimes. Accordingly, often exorbitant amounts of money are expended mainly to allay society's fears that dangerous, hardened criminals can escape custody and again menace the law-abiding community.

But we may be ill-apportioning our limited correctional resources if undue amounts of money are spent to build structures that are in excess of the security needs of the majority of the inmate population. Maximum security

institutions are not only expensive to build, but expensive to operate and maintain. For this reason it is easily possible to allow these institutions to overdraw on resources in a manner that is disproportionate to the actual need and to the actual number of inmates that legitimately require such confinement.

It is not to be denied that it is incumbent upon the correctional apparatus to provide society with appropriate protection from its criminals. But the correctional system can discharge this obligation more satisfactorily through a variety of institutional facilities providing appropriate security in gradation from minimum to maximum. A full range of security alternatives must be exercised according to the danger that the inmate poses to society and yet are conducive to the rehabilitation of the offender. A gross and expensive error would be committed if inmates were secured and restricted beyond need, and society would be insufficiently protected if actually dangerous criminals were not appropriately confined.

The question that is raised in this regard is whether each state has sufficient need of an independent maximum security facility to house the "prison troublemaker?" That is, are some states being forced to provide total control facilities even when the expense is poorly justified by the actual number of inmates who require these structures?

(5) An Inmate Exchange System. A basic consideration in the institution of an "inmate exchange system" is that the inmate be able to maintain familial and social ties. The maintenance of contact with these "meaningful others" has often been regarded as a crucial factor in the rehabilitation of the inmate -- a sine qua non of rebuilding a constructive law-abiding life upon sentence completion. These ties with the free community are the avenues for reintegration, employment, security and positive reinforcement of the inmate as he attempts to return to the free world.

With this in mind, it would appear of obvious value to transfer inmates, whenever possible, to institutions or facilities propinquitous to the inmate's home, family, and occupational opportunity, even though this might involve crossing state boundaries. By doing this, other rehabilitative measures might have greater relevance because they would then be implemented in the context of the inmate's home environment. Specifically, we speak here of such things as pre-release, work release, and parole, which usually restrict the inmate to a relatively foreign setting (jurisdiction of the supervising agency). Under such restrictions, it is difficult for the inmate to begin rebuilding his life and make long range plans for his future.

D. The Interstate Corrections Compact

Central to the implementation of multi-state correctional cooperation is the establishment of legal authority for that purpose in the participating states. Fortunately, there exists a uniform statute designed specifically for that purpose. Sponsored by the Council of State Governments, several states have already passed the Compact. In addition, other states have ratified the Western Interstate Corrections Compact or the New England Corrections Compact. (Some of the states involved in these regional compacts are among those who have ratified the Model Interstate Corrections Compact.) The major difference between the Model Compact and the Western and New England Compacts is that the Model Compact does not include the provisions found in the two regional compacts for joint construction of correctional institutions.

The following quotation from an explanatory memorandum succinctly details the purposes of the Compact:

The Interstate Corrections Compact is an enabling device. When it has been enacted, the party states will have the necessary legal framework for the cooperative care, treatment and

rehabilitation of offenders sentenced to or confined in prisons or other correctional institutions. However, the extent of operations under the Compact will be determined by each party state for itself -- by the acts of its officials in making contracts, and by the acts of its judges and administrators in deciding whether to place offenders in institutions in other party states or confine them in facilities which may be available within the territory of their own state. The use to be made of the Compact will vary from state to state and from time to time depending on need. It is clear that with the Compact available and ratified, each party state will be able to secure the use of additional or improved correctional facilities by appropriate cooperative action under it. A party state will utilize the Compact to the extent it desires. In fact, enactment of the Compact does not bind a state to any action until it adopts a contract under the provisions of that agreement. Nor does the Compact prevent any state from making interstate arrangements pursuant to other statutes it may have for this purpose.

Adoption of the Interstate Corrections Compact and execution of the contracts provided for in Article III thereof, will permit states to avail themselves of increased correctional facilities and will enable them to improve their quality. A party state will be able to send such of its inmates of the groups covered by contract as it deems appropriate to institutions in other states. It will also be able to maintain correctional facilities that might be uneconomic if used only by its own inmates but which can become practicable when part of the cost is derived from remittances made by other states using the facilities. Each party state will determine the extent of the use which it makes of the Compact machinery by the number and nature of contracts which it executes.

From the legal point of view, confinement pursuant to the Compact will be the same as the more familiar confinement in local institutions except that the out-of-state feature makes it necessary to provide for certain jurisdictional and administrative contingencies. This memorandum is designed to provide a concise explanation of these considerations and the Compact provisions which supply a firm basis for confinement on an interstate basis [Council of State Governments, 1967].

More specific ramifications of the Compact to this report are treated where applicable in the answers to specific questions. There is also a separate section of the report, "The Effect of the Interstate Compact," devoted to the major implications of the Compact. The complete Compact is reproduced in the appendices.

It should be noted at the outset that all four of the directors of the departments of corrections were in favor of the passage of the Interstate Compact. South Carolina passed the Compact in 1970 and Georgia and Florida passed the Compact during the course of this project. The Penal Reform Committee in North Carolina favorably recommended the Compact in bill form, but as of this writing the legislature has not passed it. It should be noted, however, that mere passage of an enabling act does not guarantee its usage. For this reason, diligence was maintained in the study to ascertain the probability and scope of usage of the Compact, once passed.

Chapter 2. Review of Literature

A. Needs of Corrections

Before ascertaining the feasibility of an interstate program it is first necessary to survey some of the needs of corrections in order to better understand the role that specialized regional programs would play in solving some of the problems which plague correctional systems.

During the last five years, the cries for correctional change have become progressively stronger. Correctional officials, whose perpetual task has been to decry the state of correctional affairs, have been joined by lawyers, judges, attorney generals, presidents, and not surprisingly, inmates. Generally, these parties are in agreement concerning necessities for correctional progress. Perhaps the NCCD survey (Task Force Report, 1967: 202) of correctional officials concerning their needs provides the most comprehensive list of main issues requiring attention and change:

Pervasive problems requiring long-term planning:

1. The need for across-the-board strengthening of probation and parole;
2. The need for greater, broader funding of correctional services;
3. The need for a clearer correctional philosophy;
4. The need for better public understanding of the correctional task;
5. The need for more manpower with which to handle crime and delinquency;
6. The need for increased state-level coordination of correctional services;
7. The need for general improvement in the administration of justice.

Specific issues for immediate attention:

1. Training and education;
2. Diagnostic services;
3. Detention;
4. Special services. (More alternatives for control and treatment);
5. Diversification. (Special kinds of physical facilities and programs to meet different needs);
6. Statistical system;
7. Regionalization;
8. Pre-sentence reports;
9. Research.

"While the institution is unquestionably necessary for the small percentage of offenders whose removal from the free community is required, its place in the correctional spectrum, rather than its utilization as a correctional seive net, needs immediate reexamining and restructuring" (Rachin, 1970: 3). Indeed, the blatant failure of institutions for the purpose of crime control is forcing experts to look elsewhere in their quest for effective rehabilitation. As the search goes on, the institutions remain and correctional interest and attention has been elsewhere, along with the funds. "Few states planned to do anything at all for their prisons with their 1969 LEAA money. Is it that they share our society's traditional habit of giving corrections only the crumbs of the state budget?" (Velde, 1969: 27). Regardless of the alternatives found, however, few envision the complete eradication of the correctional institution.

Maximizing Participation in Treatment. Prisons traditionally provide an extremely aversive and humiliating experience for inmates. The tasks of security and maintenance with limited funds and personnel require standardization and regimentation of inmate activities to the point of creating alienation, indifference, and hostility in the inmate toward most correctional activities and personnel. This depersonalization deters inmates from becoming interested or involved in rehabilitative programs. Efforts to overcome the problem require that personnel at all levels communicate and interact with inmates on a personal

level, physical facilities be constructed in such a way as to promote individualization and maintain the dignity of the inmate, and regimentation of activity be minimized. Such are the prerequisites for attempts to involve the inmate in any treatment program which is seriously undertaken. Smaller institutions, with greater staff/inmate ratios and a fundamental philosophy of corrective intervention are needed to maximize inmate participation (Task Force Report, 1967).

Progressive correctional agencies, with some foresight, do not terminate their efforts once inmate participation is achieved. It is becoming increasingly obvious to correctional officials that the test of their program is taking place in a setting far removed from the one to which inmates had favorably adjusted before parole. Concern and participation of community agencies and individuals have high priority in the list of necessities for work camps, probation and parole, half-way houses, etc. But inmates in institutions whose behavior and problems are most severe and in greatest need of change are the very ones who are denied interaction with the normal environment to which they will ultimately be returned. The programming, policies, and even structure of traditional institutions prohibit any such interchange. Yet, if rehabilitation is in fact to be the purpose of corrections, then "the community cannot afford to look upon prison as an 'out-of-sight, out-of-mind' junkyard for human failures [Sard, 1967: 3]."

Such interchange for correctional institutions can and should take a multitude of forms. Inmates may be allowed to go into the community for a variety of reasons; work, classes, visit relatives, provide concerts before community audiences, etc. Community organizations, schools, professionals can be invited to structure volunteer programs in institutions (Sard, 1967: 5). Perhaps the greatest resources yet to be tapped are the other state and community health, education, and welfare agencies. The agencies are replete with

highly trained personnel qualified to cope with the major problems facing inmates: lack of education and vocational skills, mental or emotional problems, inadequate medical care. State universities, state departments of mental health, vocational rehabilitation, mental retardation, public health have appropriate expertise. Yet their participation in corrections is almost non-existent for a number of reasons: (1) the social stigma of corrections in the community, (2) corrections' low success rate in dealing with difficult populations, (3) lack of funds and resources, (4) the self-sufficient orientation of corrections, (5) poor staff training and status in corrections, (6) communications difficulties, (7) resentment against other agencies, (8) defensiveness about criticism (Mandell, 1971).

Despite professional hysteria toward the traditional prison, the correctional institution obviously will not be replaced in the near future, nor perhaps should it be. There will always be those whose problems cannot be met by immediate reintegrative programs designed for most offenders (Task Force Report, 1967: 57) and those whose presence in the community threatens public safety. Therefore, efforts to reorganize and restructure the institution to conform to a rehabilitative philosophy must concentrate on maximizing participation of the inmate, staff, and society at large. Maximum participation additionally, will serve a vital role in fostering a better understanding of the correctional task.

Diversification and Differential Handling. If any sort of rehabilitative intervention is to become inherent in prisons, attention must be given the inmate characteristics which require change to effect rehabilitation. Obviously, such characteristics, problems or needs will vary. Mass handling, the rule today, must give way to "individualized and systematically differentiated" treatment (Task Force Report, p. 4). Even mere custodial needs vary, so the redesign of physical facilities and programs is in order. Practicality, however, and the reality of limited resources intervene. The Task Force Report: Corrections spells out the problem (1967: 57):

Management of Special Offender Groups

Despite the importance of greater utilization of community treatment and noncriminal alternatives for many of the special offender types discussed in chapter 1, many of these individuals must continue to be handled in institutions. In addition to these groups -- the mentally disordered and retarded, sex offenders, violent offenders, and women -- there are offenders who are 'special' in the sense that they pose problems that cannot be resolved by the integrative programs applicable to most offenders. Long-term prisoners, organized crime members and white-collar criminals, those under sentence of death, hostile or aggressive inmates -- what, if anything can be done to improve their correctional treatment? The problems of dealing with the main run of offenders have been so urgent that corrections has as yet given comparatively little attention to special groups.

Problems in Institutional Handling

Most special offender groups in correctional institutions are treated much like other offenders except as they pose unique custodial problems, as for example do prisoners under sentence of death, women, and those with extreme mental illness or retardation. One explanation for the situation is lack of resources. This is perhaps most dramatic in the case of mentally disturbed offenders, where the shortage of clinical personnel even for the treatment of the general population has meant that offenders, who generally come at the end of the line of social priorities, have received few of the benefits of recent advances in the treatment of mental illness.

Referral to civil mental hospitals is often attempted by correctional officials who are unable to undertake treatment themselves and for whom the mentally disordered offender often creates severe disruptions in handling other offenders. But to the mental hospital the criminal offender may present unwanted custodial problems, and in some cases treatment there may be nearly nonexistent.

Many special offenders present problems which society does not know much about solving, quite apart from their criminal manifestations. This is true to a large extent with mental illness and also with alcoholism and narcotic addiction. Ignorance about treatment methods has indeed been one of the reasons why offenders such as drunks and sexual psychopaths have been brought into the criminal system in the first place. Without means of cure, society has been interested chiefly in securing custody of these people who are -- or at least are thought to be -- a threat to the peace. This has been provided by corrections, but unfortunately simple incapacitation has come in many cases into direct conflict with newer knowledge and theories about treatment.

Much of mental illness and retardation, for example, is now viewed outside corrections as best treated in a normal community setting as far as possible. In the late 19th and early 20th centuries,

intense correctional interest in retardation as a probable major cause of crime, resulted in the building of a number of special institutions for 'defective delinquents' and permanent incarceration of large numbers of retarded persons. But these facilities, and the theories they represent, are very much at odds with modern belief that most retarded persons can be trained to do useful menial tasks and care for themselves in sheltered surroundings in the community.

Similar evolution in medical thought has occurred with respect to many sexual psychopaths. Yet public fear of the acts which such persons may indeed commit has hindered corrections in resorting to such new treatment methods. And with respect to the large number of offenders with mental problems who are legally responsible for criminal acts they have committed, penal purposes have restricted community treatment as they have in the case of other offenders.

The small numbers of many special offender groups add to the problem of handling them. This is especially apparent with a group like female offenders, who usually either receive no rehabilitative treatment or are placed under a regime adapted for the quite different needs of male prisoners. The problem of accommodating special offender groups within general institutional programs is illustrated by the remarks of an institutional superintendent interviewed in a 1963 survey of programs for retarded offenders:

As we see it, an institution such as ours has a choice of alternative operational policies. First is the possibility of pitching our program to the needs of the two-thirds majority of normal inmates, in which case the one-third minority of retarded inmates would suffer. A second alternative is to lower our standards and alter our program as required by the one-third minority, which would deprive the majority group. The third alternative would be to run two separate programs in the same institution, which would require at least a 50 per cent increase in budgeted staff if we are to do justice to both segments of our population.

But undifferentiated handling has generally resulted in neglect or positive detriment to special groups. Women exposed to institutional conditions reflecting the needs of male offenders are often drawn even further away from a normal adjustment to domestic life. Retarded offenders required to conform to standard rules and share workdetail assignments with normal inmates tend to react by withdrawing from competition completely -- thus making it harder to prepare them for life on the outside -- and by becoming more erratic and difficult to manage.

The aggressive inmate is usually handled either by running an entire institution on lines adapted to his demands, in which case repressive measures interfere with the rehabilitation of other inmates, or by segregating him completely, which prevents his adjustment to the demands of living among others in society. Many correctional authorities now advocate scattering aggressive inmates throughout an institution, but often sufficient personnel are not available to provide the supervision necessary to prevent harm to, or exploitation of, other inmates. And those staff members who are available often lack training

in the causes of aggressive behavior and approaches to counseling that may prevent it.

Manpower. A staff report of the Joint Commission on Correctional Manpower and Training specifically addresses itself to manpower considerations in the planning of correctional institutions. It gives top priority to effective planning in these areas:

Coherent programs for the control, care, and social restoration of offenders; engineering of correctional jobs that are specifically designed to implement proposed programs; useful and attractive career ladders in corrections; qualification standards and personnel orientation and development to fit the job and career designs [Galvin, Karacki, 1969: 40].

Additionally the report advises recognition that many of the tasks of corrections require expertise and personnel from noncorrectional areas such as law, medicine, social work, psychology, management, and public administration, and that consultants from these areas be employed not only to perform specialized tasks, but to teach correctional personnel the skills needed to meet the needs of the correctional task. Yet, some administrators and other officials cling to the belief that work experience in corrections is the primary requisite for effective performance (Heyns, 1969). Performance of what? Correctional administrators must recognize what kinds of personnel and what qualities are required to meet correctional goals and take steps to recruit and retain them. Young, well-educated specialists, sorely needed in corrections, are frustrated and disillusioned by the failure to clarify correctional goals (Heyns, 1969).

Specifically, specialists:

. . . tend to focus their displeasure on correctional administrators. They feel that these administrators, among other shortcomings, have failed to adopt a treatment model rather than a punishment model, have refused to promote vigorously a community-centered correctional system, and have not given specialized manpower a significant role in the formulation of policy [Fels, 1970: 31].

The traditional conflict that has existed between custodial staff and treatment staff is notorious (Garabedian, 1969), and obviously aggravates the dissatisfaction.

The need for adequate, competent manpower must be met with a clarification of and demonstrated adherence to rehabilitative philosophy. Then, aggressive recruitment programs and attractive career opportunities must be made available. Extensive training programs are needed to teach custodial personnel skills essential in a climate of social change. Training programs can with effort serve as effective agents for change in corrections (Brown, Sisson, 1971). The Bureau of Prisons is giving thought to regional centers designed to teach selected personnel from various correctional agencies the skills necessary to organize and administer effective training programs in their respective agencies.

Research. Although research has achieved legitimacy as an essential element of corrections, it has not yet been fully utilized (Waldo, 1971). Traditionally, correctional administrators have not been held accountable for the failure of their program in alleviating the crime problem. Institutions were built and staffed for effective isolation. Even now "Administrators everywhere are beset by immediate, harrassing, complex problems which often involve not program advances, but rather survival and maintenance of the program" (Gottfredson, 1971: 11). Correctional failure has been so monumental and planning so inadequate that the changes which are instituted are more often the result of overcrowding, humanitarianism or public outrage than rational, empirically based direction. Evaluations of correctional programs regarding recidivism indicate that it probably makes little difference whether criminals are locked up, locked up for longer periods of time, dealt with by some means while incarcerated, supervised more carefully afterward, or officially released (Robison and Smith, 1971).

If corrections is to honestly espouse a philosophy of rehabilitation, research must be built into correctional programs, and the programs must be

flexible enough to be realigned in the directions indicated by research. Programming, however, should not be the sole subject of research. Garabedian concludes that organizational research is vital, with the overall objective of changing "those existing organizations and processes that are sustained by petrified bureaucracies and traditionalism" (Garabedian, 1971: 49).

Broader Funding. State corrections in the United States has a history of development on financial shoestrings. When questioned about the inadequacy of their correctional programs in curbing crime, correctional officials inevitably cite the lack of adequate financial resources made available to them. When generous funding is made available to corrections, it is generally directed toward innovative community or juvenile programs. Such has been the case in the distribution of Law Enforcement Assistance Administration funds. However, society's concern for crime control is usually manifested in the strengthening of police agencies, not corrections (Velde, 1969).

That the public is ignorant of the realities of correctional philosophy, policy and practice is a well documented fact. Tax-payers have little knowledge of or confidence in corrections, and additionally have highly unfavorable attitudes toward offenders, which combined result in low priorities for corrections in the scramble for limited state funds (Garabedian, 1969).

Increasingly, states look toward the federal government for augmentation of correctional budgets. Massive federal funding is currently being made available to state criminal justice planning agencies through a regional network organization of the Law Enforcement Assistance Administration. Acquisition of federal funds for correctional institutions requires initial supplementary state matching funds to be invested. If the project involves a permanent program such as an institution, the state must eventually assume total financial responsibility for its continuance.

The President's Task Force on Prisoner Rehabilitation (1970) expresses skepticism toward state assumption of the financial burden. For example, it recommends federal provision of regional mental health programs for offenders at one-half the per capita operating costs, including treatment. "The fifty-fifty figure for cost-sharing is arbitrary, but the principle behind it is not. In our opinion, even if Federal regional mental health facilities were vastly superior to state ones, no state would make use of them unless lodging a patient in one cost it no more than keeping him in the state" (President's Task Force, 1970: 18).

However, that four states have embarked on this study is evidence of responsibility. A multi-state program for special categories of offenders of which each state has too few to financially justify extensive programs, could meet the need for broader funding called for by correctional officials in an NCCD survey (Task Force Report: Corrections, 1967). The weight of the financial burden would be diffused among the participant states, and the limited state funds would be used more efficiently than in a single state program. Additionally, federal LEAA funds could be sought. Indeed, the President's Task Force on Prisoner Rehabilitation recommends: "The Federal government should withhold all subsidies for conversion or construction of correctional facilities of any kind in any state that fails to initiate a program for the establishment of regional short-term institutions where needed" (President's Task Force, 1970: 16).

B. Trends in Correctional Institutions

The role of the institution is changing. Reliance upon institutionalization as effective means of social control is diminishing for a number of reasons. Alternatives to confinement are being sought in part as a reflection of social concern over the condition of the "poor, the less-educated, and ethnically 'different' groups" (Galvin and Karachi, 1969: 2). This movement is facilitating

acceptance of the role of corrections as one of social restoration. Public acceptance of this role for corrections is far from complete but it has forced a critical assessment of the institution as a corrective device revealing that (1) institutions designed for effective confinement and efficient management of masses, are ill-equipped for purposes of rehabilitation; and (2) institutions can in fact, damage inmate potential for rehabilitation.

Meanwhile, the clinical approach to evaluation and treatment of offenders requiring institutionalization, is being abandoned in favor of emphasis on social action, education, environmental manipulation and training which requires the use of community settings and resources (Galvin and Karachi, 1969: 71). ". . . is the institution attempting to deal with neurosis or psychoses, or to reduce anxiety, or to modify illegal patterns? These goals are not necessarily related" (Haskell and Yablonsky, 1970: 503). Institutional 'treatment' is being exposed as a myth (Halleck, 1967). In addition, institutions are expensive. In view of the overwhelming arguments against institutionalization, the search for alternatives is being conducted on a national scale. To effect such a trend, institutions come last on a list of correctional funding priorities of the federal government (Law Enforcement Assistance Administration, 1970).

The exodus of the offender from the institution to community release is changing the complexion of the traditional prison. The President's Commission on Law Enforcement and Administration of Justice provided the beginning of national scale efforts to provide leadership and direction in corrections. Toward this end, it proposed a "model" upon which innovative institutions are being patterned. Basically, the model implements a collaborative approach in which all aspects of the institution are designed to facilitate a rehabilitative function, including physical facilities, staffing, and programming, etc. Some of the most obvious changes in the correctional institution center around the inmate population, the physical facility, and the location.

Nature of Inmate Population. Despite a "last-resort" commitment policy evolving in corrections, community placement will not totally replace the institution. Perhaps there will always be (1) those committed for exemplary punishment; (2) those defined as beyond salvage; (3) those not responsive to other available programs; (4) those whose presence in the community is a threat to public safety; (5) those inevitable cases who do not appear to require confinement (Galvin and Karachi, 1969). As community alternatives claim increasing numbers of offenders, those who remain committed will increasingly be those whose problems cannot be met by conventional measures, and pose difficult management and treatment problems for corrections.

Facility. The physical facility can have a considerable influence upon the efforts of corrections to involve the inmate in rehabilitative programs. Traditional massive structures, designed to effectively confine thousands, facilitated the development of alienation, isolation, hostility, fear, and have repeatedly proven to be perfect breeding grounds for violence.

Guidelines have been developed for use in institutional planning. According to the guidelines, the physical facility and environmental setting for institutions of the future must (1) support interaction and involvement of the treatment programs with community resources and volunteers; (2) support a receptive attitude on the part of the offender toward the correctional program; (3) fit into the external environment in order to reinforce integration; (4) be designed in such a way to ease communication and the development of interpersonal relationships.

Large institutions, over 400, fail to meet these requirements because (1) they "necessitate administrative and management processes that are antithetical to the individualized treatment approach in corrections, which has come to be recognized as the key to behavioral change." (2) They require "routinization and

regimentation, since scheduling of such events as feeding, recreation, work, treatment, and allocation of personnel and resources cannot be left to the variability of individual decisions but must be planned in rational ways. As such, organizational necessities of coordination, scheduling and integration, conflict hopelessly with the desired goals of corrections." (3) They "convey an atmosphere of anonymity to the individual client, and tend to engulf him in feelings of powerlessness, meaninglessness, isolation and self-estrangement." (4) They promote "informed inmate cultures" not conducive to resocialization. (5) They reinforce societal isolation and rejection. In larger size regional institutions, "populations in excess of 300 is not recommended" (Moyer and Flynn, 1971).

To implement a collaborative philosophy, an institution should consist of small residential units and single rooms which permit greater individual discretion for schedule and use of leisure time, and reduce time spent preoccupied with the orientations of other inmates toward the individual (President's Commission, 1967). Such trends promote more normal living conditions by affording privacy, individual dignity and the opportunity for personal interaction on an individual and group level.

Location. In keeping with the trend toward reducing the distance between the inmate and society, the institution is moving to the community. The isolated, rural institution is a thing of the past. Increasingly, corrections must rely upon resources not within reach of an autonomous correctional structure.

Few people today would challenge the necessity of placing correctional institutions in large urban centers. The resources most needed can be most easily found and used in urban areas, and location in communities more readily facilitates the reintegration of the offender.

One of the key determinants of facility location is the availability of the following resources: (a) family ties; (b) availability of land on which to

build; (c) leasable space for minimum or non-security programs; (d) availability of junior, senior, and technical colleges for educational and vocational programs; (e) availability of medical and psychiatric services; (f) availability of professional, paraprofessional, and volunteer staff and of sufficient amenities to attract staff; (g) employment opportunities, including both work release and contracting industries operating in-house, both opportunities providing on-the-job training; (h) easy accessibility for visiting, work release, contracted treatment programs, and staff" (Moyer and Flynn, 1971: D3.2d).

Public acceptance is another key determinant in location of an institution. Placement in a community generally meets with resistance which can be overcome through (1) public understanding of the economic advantages and (2) not locating in the heart of a residential area (Moyer and Flynn, 1971: D3.6d). Increasing placement of facilities in population centers facilitates greater acceptance of social responsibility on the part of the inmate and general public, in addition to better providing for the increasingly specialized skills and services needed to deal more directly with the problems of incarcerated offenders.

C. Interstate Cooperation in Non-Correctional Areas

1. Introduction. Fundamental to interstate cooperation in corrections is the passage of enabling legislation in the form of an interstate compact in each of the participating states. Because of the traditional "adversary" relationship between corrections and its clients, it is essential that procedures regarding inmates have sound basis in statutory and constitutional law, since officials must assume that at some time such practices will be challenged. The compact can best provide for such assurance in interstate dealings, therefore, it is important that persons engaged in correctional planning and administration be familiar with the characteristics of an interstate compact.

The interstate compact is a legal tool which facilitates cooperation between states on matters of mutual interest. Particularly, the compact provides a means of resolving problems which transcend state lines, and which cannot be effectively resolved through separate efforts.

To delineate the essence of the interstate compact, it may be emphasized that it has the following characteristics: 1. It is formal and contractual. 2. It is an agreement between the states themselves, similar in content, form, and wording to an international treaty and usually embodied in state law in an identifiable and separate document called the "compact." 3. It is enacted in substantially identical words by the legislature of each compacting state. 4. At least in certain cases, consent of Congress must be obtained; in all cases Congress may forbid the compact by specific enactment. 5. It can be enforced by suit in the Supreme Court of the United States if necessary. 6. It takes precedence over an ordinary state statute [Zimmerman and Wendell, 1951: 42].

The compact has been used for a variety of purposes including permanent interstate arrangements, jurisdictional questions, uniformity, determination of rights and responsibilities, cooperative services, channels of intergovernmental relations, establishment of joint agencies, and multi-level integration (Zimmerman and Wendell, 1961). More specifically, compacts have been applied to the problems of boundary disputes; river pollution; interstate settlement of debt; conservation and use of natural resources such as oil, water and forests; control and improvement of navigation; utility regulation; civil defense, regional education; and crime control (Thursby, 1953).

Technically, the U. S. Constitution states that all interstate compacts require Congressional consent, in order to maintain a balance of political power and to safeguard national interests.¹ Judicial opinion and administrative practice, however, have tempered the consent issue, so that generally only those agreements which may affect political balance require Congressional consent. Congress may prohibit any compact, whether or not consent was solicited. In

¹Clause 3 of section 10 of Article 1: "No state shall, without the consent of Congress, . . . enter into any agreement or compact with another state or foreign power"

addition to the negative influence of Congress, it may exert a positive influence by encouraging the development of compacts dealing with certain pervasive, nationwide problems. This is done by enacting consent-in-advance for interstate agreements for target areas of difficulty.

Crime control is one such target area for which Congress has granted consent-in-advance for interstate compacts:

. . . for cooperative effort and mutual assistance in the prevention of crime and in the enforcement of their respective criminal laws and policies, and to establish such agencies, joint or otherwise, as they may deem desirable for making effective such agreements and compacts.

This Crime Control Act of 1934 came ". . . in recognition of the fact that development of rapid means of transportation made enforcement of its criminal laws much more difficult for the individual state" (Thursby, 1953: 99). Subsequent to Congressional provision of blanket consent in the area of crime control, interstate arrangements were made concerning interstate and intrastate fresh pursuit, extradition, out-of-state witnesses, probation and parole supervision, law of arrest, firearms, narcotic drugs, juvenile supervision, mentally disordered offender, and out-of-state correctional confinement. Such arrangements included compacts and uniform legislation (Thursby, 1953).

2. Interstate Compact for the Supervision of Parolees and Probationers.

The Parole and Probation Compact developed soon after passage of the Crime Control Consent Act by the Interstate Commission on Crime, is the first compact to achieve complete national participation. Originally, it served to "discourage the practice of 'sundown probation and parole,' i.e., release conditioned upon leaving the jurisdiction, never to return and without thought given to supervision" (Council of State Governments and Parole and Probation Compact Administrators Association, 1970). The Compact provides for out-of-state supervision to facilitate employment, reunion of family, or other opportunities related to rehabilitation and provides for the return of those violating conditions of supervision.

Each participant state appoints a Compact Administrator to oversee compact operations. The administrators form the Interstate Probation and Parole Compact Administrators Association which meets annually to discuss policy and develop administrative regulations. No financial arrangements are made although the compact does not rely on one-for-one reciprocity.

3. Interstate Compact on Juveniles. The plight of the runaway was given considerable publicity in 1954 in a national magazine. Subsequently, many organizations attempted to develop procedures "to permit the return of non-delinquent juveniles who ran away from home and went to other states, and also for a system under which juvenile offenders could be supervised in other states" (Florida Department of Health and Rehabilitative Services, 1970: 112). The Council of State Governments drafted a compact to provide such channels in 1955.

In summary, the purposes of the compact are as follows:

1. To provide for the return to their home state of runaways who have not as yet been adjudicated delinquent.
2. To provide for the return of absconders and escapees to the state from which they absconded or escaped.
3. To permit out-of-state supervision of a delinquent juvenile who should be sent to some other state than where he got in trouble, and who is eligible for probation or parole.
4. To authorize agreements for the cooperative institutionalization of special types of delinquent juveniles such as psychotics and defective delinquents when such institutionalization will improve the facilities or programs available for the care, treatment, or rehabilitation of such juveniles [Council of State Governments, 1966: 53].

Additionally, there are three optional clauses which (1) require home state authorization for the return of a juvenile within five days at its own expense, (2) permit the return of juveniles to states in which they are charged with being delinquent for violation of a criminal law, (3) permit institutionalization of parolees, probationers, escapees, and absconders in states in which they are being supervised or in which they are found (Council of State Governments, 1966).

At this time, forty-eight states are party to the Interstate Compact on Juveniles. The non-member states are Georgia and New Mexico.

4. Interstate Compact on the Mentally Disordered Offender. As a result of a resolution at a conference of Midwestern Governors, this compact was developed by persons from the fields of mental health and corrections who dealt with mentally ill offenders in 1966. This type of offender, because of his legal status and mental condition, is often not adequately served by either mental health or correctional agencies. The compact was based upon realization that:

. . . no state now has a program for mentally disordered offenders which can be called adequate. Perhaps, in the large sense, an adequate program is impossible, given the level of professional and scientific knowledge in the fields of psychiatry, psychology, corrections, and social work. However, it seems virtually certain that proper development and implementation of cooperative programs among the states could make available funds and personnel yield greater results in the care, treatment, aftercare, and rehabilitation of mentally disordered offenders, and could produce a concomitant benefit for the public safety. Indeed, such cooperation, in those aspects of the problem which promise better results through joint efforts than through the separate programs of single states, could add to the resources available for handling mentally disordered offenders [Council of State Governments, 1967: C-3].

Those defined as mentally disordered offenders under the compact are those offenders not subject to conviction due to their mental condition and those whose illness becomes manifest in prison. The explanatory memorandum of the suggested legislation (1966: 64) identifies four areas of potential participation: "(1) cooperative institutionalization; (2) cooperative aftercare; (3) cooperative research and training of personnel; and (4) interjurisdictional procedures for the early disposition of criminal charges pending against persons already adjudicated as mentally disordered offenders."

D. Potential Programs for the Inmate
Categories Examined in this Study

Comparisons will be made here between what is typically done with these categories of offenders, and the recommendations for change that exist in our

literature. There is an abundance of literature describing the plight of the retarded, the insane, the woman, and the incorrigible. However, the literature available which makes viable recommendations is sparse, indeed. For the most part (and there are a few notable exceptions), these offenders are treated no differently from the total prison population unless their behavior becomes too disruptive of the prison system.

1. Mentally Retarded Offender. The President's Panel on Mental Retardation has quite adequately surveyed the problem of the mentally retarded individual. A synthesis of the study indicates three summary points: (1) mental retardates must be assumed to have full human and legal rights and privileges; (2) there should be clinical evaluation by appropriate personnel at all levels of the judicial process; and (3) each state should establish a protective service for the retarded in an appropriate state agency (President's Panel on Mental Retardation, 1962). In the third point, the key word is "appropriate." The implication is that for a mentally retarded individual who commits a crime, confinement should be in an appropriate institution; that is, one in which he may receive proper treatment for his problem. This same idea is indicated by the President's Commission on Law Enforcement and Administration of Justice, which states:

Procedures are needed to identify and divert from the criminal process mentally disordered or deficient persons. Not all members of this group are legally insane or incompetent to stand trial under traditional legal definitions The Commission recommends: early identification and diversion to other community resources of those offenders in need of treatment, for whom full criminal disposition does not appear required [President's Commission, 1967: 133-134].

These same kinds of recommendations are being made in the British penal system (West, 1963).

The retarded offender is different from the common retardate in that he is also criminal, thus his problems and his needs are somewhat different. In this case, an institution for the retarded offender can offer specialized programs that other institutions may not be able to offer. One of the foremost institutions in this country for the retarded offender is the Patuxent Institution in Jessup, Maryland. A description of that institution can give much insight into the way many of these recommendations have already been utilized.

Patuxent Institution, established in 1954, was Maryland's attempt to utilize the concepts of mental health and forensic medicine in the area of crime and delinquency. For this institution a defective delinquent is defined as:

. . . an individual who, by the demonstration of persistent aggravated anti-social or criminal behavior, evidences a propensity to criminal activity, and who is found to have either such intellectual deficiency or emotional unbalance, or both, as to clearly demonstrate an actual danger to society so as to require such confinement and treatment, when appropriate, as may make it reasonably safe for society to terminate the confinement and treatment [Boslow and Manne, 1966: 23].

Once an offender is found by the court to be guilty, he is sentenced to one of Maryland's penal institutions, but may be referred by court order to Patuxent for evaluation as a defective delinquent. Once at Patuxent, he is examined independently by a physician, a psychologist, and a psychiatrist. If he is found to be a defective delinquent, these findings are forwarded to the court and the patient is arraigned, and a civil charge of defective delinquency is instituted.

The purpose of the defective delinquency statute being civil rather than criminal is to remove the stigma of punishment for behavior for which the individual was not entirely responsible. Upon commitment to Patuxent as a defective delinquent, he is re-examined by a psychiatrist and a psychologist. The sentence for a defective delinquent is always indeterminate. However, Patuxent acts as its own paroling agency and can place men on various categories of parole such as holiday leaves, monthly leaves, limited time paroles, as well as unconditional

parole. After examination, the patient is placed in the graded tier system which provides rewards and responsibilities for the varying levels of accomplishments. The higher one's tier, the greater one's privileges, but the greater one's responsibilities. The goal of Patuxent is simply to "create a personality change that will permit the patient to return to society as a productive member" (Boslow and Manne, 1966).

2. Mentally Ill Offender. As with the mentally retarded, recommendations for the mentally ill offender begin from the premise that the individual must still be assumed to have full human and legal rights and privileges at all stages of the judicial process. However, the case of the mentally ill offender is more delicate than that of the retardate. Prior to trial, two practices are highly desirable: (1) psychiatric patients should not be held in jail while awaiting trial, they should be admitted to local hospitals; (2) those ruled incompetent to stand trial should be returned to the court as soon as they are competent (Florida Mental Health Advisory Planning Council, 1965). Upon conviction, psychotic inmates should continue to be transferred to the state mental hospitals. However, temporary treatment for psychotics should be provided in the prison while they are awaiting transfer. In addition, a psychiatric unit with a full-time staff should be established in the state prison system to provide a better detection of psychosis, better care during the receiving and evaluation periods, preventive services, and diagnosis and treatment of non-psychotic, emotionally disturbed inmates. This would consist of a centralized unit or units, and inmates requiring these services would be transferred from the other institutions. Also, sufficient staff to do research is desirable. It should be remembered that unless the individual is dangerous to the community, the psychiatrist's first responsibility is to the individual, rather than the institution (Halleck, 1967).

There are several states which have developed programs and treatment institutions based on these principles. To mention just two: Patuxent and the California Medical Facility. As mentioned earlier, Patuxent is for defective delinquents; this includes not only the mentally retarded, but also offers the same programs for the mentally ill offender.

The California Medical Facility was begun in 1950 in accord with Section 6102 of the California Penal Code to be the ". . . receiving, segregation, confinement, treatment, and care" center for the mentally ill, mentally defective, epileptic, narcotic, and sex offenders (California Department of Corrections, 1970). In 1955, the facility (which was originally located at the Navy Disciplinary Barracks on Terminal Island) was moved to Vacaville, California. The California Medical Facility at Vacaville is a Psychiatric Prison Hospital (for males only), and is operated by the California Department of Corrections. Those inmates fitting the criteria mentioned above (as diagnosed by the classification center) are placed in the facility for an indeterminate sentence. At Vacaville they receive psychotherapy, somatic and drug therapy, occupational, recreational, and milieu therapy or whatever their needs demand. At present the facility has 400 beds for those with acute mental illness, 100 beds for those undergoing 90-day observation and diagnostic studies, and 550 beds for the psychotherapy patients.

3. Persistent Offender. The literature tends not to isolate the persistent offender, as he -- after all -- represents a large number of felons. Thus, prison programs designed to treat prisoners in general are usually considered applicable to the persistent offender.

4. Prison Troublemaker. There is much speculation as to what should be done with the prison troublemaker, or "incorrigible" inmate. Two of the more

widely accepted positions are that custody should be the first concern and the incorrigible should be separated from other inmates (Ragen and Finston, 1962). Once we have separated the incorrigible in a custodial institution, there is not much agreement as to what should be done next. Manfred Guttmacher indicates that "The greatest hope for effective treatment of the dangerously disturbed offender lies in the creation of a distinctive type of correctional institution, one which is therapeutically oriented and employs specialized methods" (Guttmacher, 1963: 381-390). At the 96th Congress of the American Correction Association, Allen Cook, Norman Fenton, and Robert Heinze proposed an eight-point program for handling the severely recalcitrant:

1. an overall atmosphere of adjustment instead of harsh, punitive conditions so often found in prison facilities for disturbed inmates;
2. individual psychotherapy as a necessary and essential factor;
3. as adjustment advances, group psychotherapy by psychiatrists, psychologists, and sociologists should be added to the inmates' program;
4. selected correctional officers to be assigned there who are able to learn how to use information of a clinical nature;
5. occupation should be available for all responsive inmates, such as housekeeping duties, education (including correspondence courses), and arts and crafts or instruction in hobby work or in the general shop. Occupational therapy under a trained technician is highly desirable. If possible, custodial approved employment in some industrial project should be considered. If the latter is carried out, the inmate may be paid according to his status in the work;
6. among the resources should be individual counseling by clinicians, chaplains, correctional officers, institutional parole officers and others. Not isolation from the treatment staff, but the contrary is indicated in these cases;
7. the institutional caseworkers and others may wish to elicit the help of relatives and friends in the adjustment of the problem inmate. If possible, an interested staff member should talk to relatives or friends who come to the institution and try to elicit their help in the program for the inmate's adjustment;

8. the customary services from outside social agencies available at the institution may be afforded inmates of the Adjustment Center, when indicated in their cases and practical from the custodial standpoint [Cook, Fenton and Heinze, 1966: 41-46].

Also a very integral part of the handling and treatment of the incorrigible is the type of institution we place him into. Here the reference is to the physical plant. I. B. Simpson has outlined a plan for maximum security units which he considers "humane," yet sufficiently custodial:

1. inmates should be reasonably small groupings, whether in the cell blocks or whether in inmate training spaces such as exercise halls. No congregation of inmates at any one time should exceed between 50 and 60 inmates;
2. as far as possible, inmate training spaces other than shops should be provided close to the cell unit in order to cut down on the need of inmate movement;
3. wherever possible, spaces provided for the use of inmates should be multi-purpose -- as an example, spaces used in daytime for one purpose should be available for use in out-of-working hour activity;
4. as far as possible, officers should be protected from unprovoked attack, and should be provided with a comprehensive communications network whereby all movements and all instances and happenings could readily be reported to control officers in secure control positions;
5. corridors should be specifically for inmate movement and no spaces should be accessible off a corridor unless the location is such that the space is at the end of a corridor;
6. relationship of the various institutional elements should be such that whole areas can be shut off at the end of the program use of such areas [Simpson, 1955: 41-46].

Even though custodial institutions are necessary, many feel that more people are being placed in maximum security units than is necessary (with detrimental results). One research project found that more than half of the respondents (people involved with corrections) felt that at least 40% of the inmates in maximum security units could safely be housed in minimum security conditions (Morris, 1967). The strict custodial conditions limits the ability of the

correctional staff to offer educational and vocational programs for the inmates who need it most. Most correctional officials in Italy -- as opposed to the United States -- feel that such programs as work release are more necessary for the habitual offender than for the first offender (Ancel and Herzog, 1961: 46-85). Their fear is the habitual offenders might adapt themselves too easily to the lack of responsibility characteristic of the regime of the closed prisons. If this occurs, then the inmate has regressed in his ability to accept the responsibilities of the larger society.

5. Women Offenders. Women offenders pose a different kind of problem in terms of institutional treatment. For the women offender, the "problem" cannot easily be traced back to some cause such as mental illness or mental retardation. Institutions for women must be different from institutions for men and treatment procedures for women must be different from treatment for men. In the Manual of Correctional Standards, the American Correctional Association indicates that within the women's institution disciplinary methods that minimize regimentation are desirable as they aim at the development of self-control and self-discipline (American Correctional Association, 1966: 526-578). Reliance should be on counseling rather than threats, and rewards rather than punishment in order to maintain discipline. The educational system must also be individualized to the needs of the women offender. A program of education should encompass academic, vocational, and social education to meet the needs of the varied age groups, abilities, and personalities. The program should be well staffed with trained personnel oriented to the program and the individuals served. The vocational training program should be divorced from the maintenance needs of the institution and should be under qualified instructors; the training should be in as many as practicable of the varied industrial, commercial, and service occupations in which women are engaged today.

Chapter 3. Research Methods

A. Operational Definitions of Concepts

One of the first tasks in this project was to operationally define each of the five categories which were to be the object of our study. Considerable thought was given to the definition of each category. Several rather esoteric definitions were originally promulgated, however, as the planning process evolved, and as more practitioners were consulted, it became apparent that a looser "working definition" of each category was mandatory. The rationale behind such definitions was to be as consistent as possible with the definitions of the categories in each of the four departments of corrections, and yet to be broad enough in the description so as to include certain commonalities of each category in all four states. Because of the wide range of respondents to be interviewed, simplicity in the definitions was essential. Women offenders presented no difficulty in defining. The other four categories proved to be more elusive. Criminally insane offenders was a second group which was to be considered for specialized treatment. Because the term "criminally insane" created much confusion, we changed the term to "mentally disturbed" which we defined operationally as follows: "Those inmates whom the prison psychiatrist deems to be in need of removal from the general inmate population for special treatment for mental or emotional disorders." In a similar manner the third category of special offenders, the mentally retarded offender, was defined as: "Those inmates whose IQ scores fall in the range of the moderately and severely retarded categories of American Psychological Association Standards."

The final type of offender to be studied was the "hard-core" criminal. However, this term was found to be too imprecise for practical application. Thus, the fourth and the fifth categories were formed to represent this offender. The persistent offender was defined as: "Those inmates who are serving at least the third term in a state institution, excluding terms for parole violations." Finally, the prison troublemaker operationally was defined as: "Those inmates whom the warden deems to pose serious discipline problems by virtue of continuous obstruction of the orderly operation of the institution, such as escapees, riot ringleaders, etc."

B. Selection of Response Groups

The response groups that were selected were the result of the prior decisions concerning what information we needed to obtain to successfully complete our study. In our earlier formulations we had anticipated interviewing both inmates and the families of inmates, as well as a wide range of correctional staff members. However, we finally decided that interviews with inmates or their families would not add appreciably to our understanding of the feasibility of these institutions. In a similar fashion we felt that lower ranking correctional officers (guards, etc.) would not be able to give information as adequate as we could get by interviewing the upper-level correctional personnel (such as prison administrators). Thus, we finally wound up with seven different response groups. They were: judges, correctional personnel, legislators, mental health personnel, mental retardation, vocational rehabilitation, and personnel in probation and parole. We felt that through interviews or questionnaire information from these groups we would be able to adequately evaluate the feasibility of specialized multi-state facilities.

1. Departments of Corrections. The response groups included as priority number one the departments of corrections in each of the four states. Since these agencies are responsible for the control and treatment of each of the categories as defined in the study, their data and opinions are the first importance. Interviews conducted with each of the respondents in the departments of corrections, except in rare instances. As explained below, unusual circumstances dictate confidentiality of some of the responses.

The data gathered from the Division (or Department) of Corrections in the four states came from a variety of personnel. Interviews were conducted with wardens, classification officers, psychologists, directors of educational and vocational programs, work release officials, as well as other high-level administrative personnel, including the directors of the Departments of Corrections in the various states.

Interview schedules designed for use with the departments of corrections were semi-structured to try to keep the responses uniform enough to correlate. Several drafts of the schedules were devised by the entire project staff, working as a committee of the whole. A semi-final revision was then pre-tested on five individuals knowledgeable in the field of corrections, but not connected with the Research Center. One more semi-final draft was then pre-tested on cooperative Division of Corrections leaders. This draft was revised and duplicated in sufficient quantities to interview as many as 35 individuals in each division of corrections.

Several conferences were held with top administrators in each division of corrections to establish pertinent ground rules. In addition, preliminary choices were made regarding individuals and/or classes of individuals to be interviewed.

As expected, the mechanics of transferring inmates across state lines for treatment purposes were not universally known to the respondents. To provide the

framework through which to pose the questions, it was at first decided to provide each respondent with a summary of an interstate corrections compact. It was found in actual practice, however, that the Model Interstate Corrections Compact as provided by the Council of State Governments was the most efficient and thorough method of acquainting each respondent with the possibilities of interstate correctional cooperation.

In almost every case, the respondent received a letter requesting the interview. The letter, which was accompanied by a copy of the Compact, summarized the purposes of the interview. After sufficient elapsed time, usually two to three weeks, the interview was conducted.

2. The Legislatures. In order to ascertain the political feasibility of initiating multi-state correctional institutions, legislators from Florida, North Carolina, and South Carolina were contacted. Due to the request of the Director of the Department of Offender Rehabilitation in Georgia, legislators were not queried in that state. Recognizing the importance of certain key members and committees in each lawmaking body, we interviewed the chairman and vice-chairman of committees whose chief influence and interests lay in the field of criminal justice. In addition, some of the leaders to be interviewed were identified by a question on each questionnaire designed to ascertain consensus legislative leaders in the field.

The legislature in each state was treated as a whole population. Each legislature was in session during the data gathering portion of the study. In each case, a preliminary letter with a copy of the Interstate Corrections Compact was mailed. Approximately two weeks later, the questionnaire itself was mailed along with another explanatory letter and copy of the Compact. Another mailing was accomplished about one month after the initial questionnaires had been mailed.

Five hundred twenty-three legislators from relevant committees (i.e., Interstate Cooperation, Judiciary, Corrections and Penology, Mental Health, Federal Cooperation, etc.) in both the House of Representatives and Senate were contacted. Of the 523 legislators contacted either by mailed questionnaire or direct interview, 120 questionnaires were completed. In addition, approximately 20 letters were received from legislators who stated that they did not feel qualified to respond.

3. Mental Health and Vocational Rehabilitation. Mental health officials and vocational rehabilitation chiefs in all four states were interviewed. The techniques for interview schedule development, initial contacts, and interviews themselves did not differ from that used with corrections officials. Cooperative experts in these fields assisted in pre-testing the instruments. The highly specialized nature of the queries, as related to the mental health field, forced a significant reduction in number of respondents for these categories. By and large, only top administrators of these groups were interviewed.

Florida, North Carolina, and South Carolina have state departments of mental retardation which are administratively housed in the state Departments of Mental Health. The Georgia Department of Mental Health employs a Community Services Coordinator who oversees the state involvement with the problems of retardation. The divisions or coordinators might serve as a most useful and accessible reservoir of expertise and cooperative programming for a multi-state correctional institution for retarded inmates. Administrators in this area were questioned in order to acquire expert opinion on the advisability of initiating a multi-state correctional program for retardates.

One of the governmental departments involved in the rehabilitation of offenders is the Division of Vocational Rehabilitation. Their participation is

especially noted in the after-care or post-release period of an inmate's life. Thus, to discuss the feasibility of multi-state treatment facilities, it was essential that these people be involved in the evaluative process.

Top-level personnel in vocational rehabilitation were interviewed in all four states. For the most part, these individuals were familiar with the treatment facilities within the Department of Corrections in their own state. More important to this study, however, was a determination of the extent to which the Division of Vocational Rehabilitation is involved in the treatment of prison inmates, especially the mentally retarded.

4. Probation and Parole. Probation and parole administrators were studied in a fashion similar to that used with the vocational rehabilitation and mental health officials. Their responses were solicited for these reasons: (1) It is necessary to ascertain what efforts are being made in probation and parole to provide treatment for the special types of offenders; (2) the ideas and opinions of such administrators, who are experts in correction, will be influential in any decision concerning involvement in multi-state programs; and (3) the operations of these agencies will be directly affected by the creation of a multi-state correctional program.

5. Criminal Court Judges. Criminal court judges in all four states were mailed questionnaires designed to elicit their knowledge of sentencing alternatives presently available, and to ascertain their opinion of the effect multi-state institutions might have on the sentencing decisions. The total possible response from the four states was 261, with by-state breakdowns as follows: Florida, 118; Georgia, 68; South Carolina, 26; and North Carolina, 49. As of July 1, 1971, the total number of returned questionnaires was 119 or approximately 45% of the total possible response. The final response figure included 42 completed

questionnaires from Florida, 22 from Georgia, 27 from North Carolina, and 10 from South Carolina. Letters declining to complete the questionnaire, usually for reasons based on inadequate knowledge of the subject or retirement from the bench were received from 9 judges in Florida, 1 in Georgia, and 1 in South Carolina. An additional seven judges returned uncompleted questionnaires.

C. Development of Data Collection Instruments

A separate questionnaire was developed for each of the seven response groups. The questions that were placed on each questionnaire were the result of many "skull sessions" where all of the staff members got together to consider the merits of each question. Two major questions were foremost in our minds during the questionnaire construction process: (1) Will the question provide us with information necessary to answer our research project, and (2) are there areas to which we will need answers for which we have not created questions?

Because of the large number of judges and legislators in the four state area, the decision was made to obtain information from them through mailed questionnaires rather than personal interviews. Persons in the other five groups received interviews.

D. Problems in Data Collection

Most research projects encounter problems in data collection and this project was no exception. One of our biggest problems was in finding those individuals that had the information for which we were looking. In addition, current data appeared not to be available with regard to some aspects of our investigation (for example, the number of retarded offenders in each state). A second problem relates to the amount of cooperation that was received (or not received) from the various governmental agencies. Although most respondents were

more than willing to permit an interview, many were quite hesitant to speak freely concerning several issues. This often was attributed to the fear of reprimands from superiors if they were critical. It could often be attributed to the fact that the various state legislatures were in session during the interviewing stage of the project and persons attempting to get appropriations from the state do not, at that time, generally want to say anything critical about the state bureaucracy. A third problem resulted from internal restrictions. In one state, for example, it was requested that we not interview or send questionnaires to members of the state legislature because the Director of Corrections did not want to run the risk of our project endangering the rapport that he was trying to establish with his state legislature. A fourth problem in the collection of data was an extremely poor response rate from the judges and the legislators who were sent mailed questionnaires and follow-up questionnaires.

E. Procedures in Data Analysis

The task of initial analysis of an entire recorded response group was assigned to the staff member with the greatest expertise in that particular area. For example, one of the lawyers was given the assignment of preliminary analysis of the criminal court judge responses, while a staff member with expertise in mental health institutions was given the task of analyzing the mental health questionnaires.

All staff members were then required to read and critique, with appropriate additions and deletions, each of the other analyses. The revised analyses were then redistributed for cross-analysis and summations. After consultations, one staff member then completed the analysis phase.

Once we were satisfied what the generalized responses were for each item on the questionnaires, the next step was to determine how these summations answered

the issues being posed in the overall project. This was achieved by listing the issues to be considered and the questions which needed to be answered which are subsumed under each issue. The answers to these questions were derived by amalgamating the responses from the relevant questions from each set of questionnaires. For example, to determine the feasibility of multi-state facilities for the mentally disturbed, information was drawn from the questionnaires administered to both the personnel in the division of corrections and the division of mental health as well as all other relevant sources.

Chapter 4. Findings

Inasmuch as the questions posed to each of the response groups were -- with several exceptions -- specially designed for particular respondents, or classes of respondents, the data from different response groups frequently speak to disparate, though important, questions. As a result, the findings are organized by response groups for the purpose of isolating and highlighting the specific input of each source to the questions of feasibility raised by this research. After presenting these data from the several response groups, a summary of several important questions will attempt to unify as many independent strands of argument, pro and con, as possible.

A. Departments of Corrections Analysis

The data gathered from the Division (or Department) of Corrections in the four states came from a variety of personnel. Interviews were conducted with wardens, classification officers, psychologists, directors of educational and vocational programs, top security personnel, research directors, directors of prison industries, work release officials, as well as other high-level administrative personnel, including the directors of the Division of Corrections in the various states. The data from these sources address a variety of questions, important among them being a determination of how many inmates from each state could be identified as persistent offenders, mental retardates, etc.

There appeared to be very little consensus regarding the number of persistent offenders imprisoned in the four states. Estimates by correctional

personnel placed the proportion of persistent offenders at from 20% to 80% of the total inmate population. The more common estimates, however, were in the neighborhood of 40-50%. In terms of absolute numbers, this refers to about 10,000 to 13,000 inmates. There is a clear consensus that a single institution for that many inmates would be an absurdity. From numbers alone, it would appear that for the persistent offender, the feasibility of a multi-state facility is contraindicated.

Estimates of the size of the prison troublemaker population varied from about 2% to as high as 15%. In absolute numbers, this represents an estimated four-state population of about 2,000 inmates. Again in terms of size, a single institution would appear to be undesirable. However, the creation of two or three institutions to serve the four states remains a possibility.

There was a wide range of estimates concerning the proportion of inmates who could be classified as mentally disturbed. The range was from 1% to 45%. One explanation for this large difference in estimates is the fact that many different categories of respondents were being used, some of which had access to more reliable information than others. A second explanation is that "mentally disturbed" is not a clearly defined category in prison classifications and there is no authoritative information to which we can refer. There was also a great deal of variation in the estimates between the various states. This, probably, is due to the variety of available alternatives (such as state hospitals, etc.) that exist within each state. It appears that realistic estimates would place the proportion of mentally disturbed inmates at around 5-10%, or 1,300 to 2,600 persons for all the states combined. In addition to this number, one must also consider the number of persons that are presently in state hospitals that would be "eligible" for a special facility for the mentally disturbed offender. Thus, more than one facility appears mandatory on the basis of size alone, assuming that mentally disturbed offenders are going to be brought together.

If the estimates for the mentally retarded offenders are correct (25% to 35%, or probably about 3,000-4,000 people), each of the states should have a large enough number of mentally retarded offenders to warrant the operation of their own specialized institution. Of course, the IQ level employed in the determination of mental retardation could be flexible enough to create institutions of appropriate size.

Fairly precise figures (subject to day-to-day fluctuations, etc.) were available for women inmates. In the four states there are a total of about 1,100 women inmates. As in all of the other cases, this number, if brought together, would require an institution too large to be consistent with present correctional philosophy and practice.

In addition to estimates of offender parameters, the correctional respondents were able to provide important information concerning existing programs to deal with each category of offender within existing correctional institutions. With regard to the persistent offender, however, the respondents indicated that virtually no effort is made in any of the four states to provide any kind of special treatment program. Essentially, the persistent offender has existed as an undifferentiated group as far as existing prison programs are concerned.

The prison troublemaker is similar to the persistent offender in that no specific treatment programs were mentioned which focused on these inmates. However, it must be recognized that, unlike the persistent offender, the prison troublemaker does receive special attention. This special attention consists of segregation, loss of privileges, elimination from current vocational or educational programs, and a variety of other deprivations. Thus, the prison troublemaker does receive specialized handling although it frequently tends to be punitive rather than therapeutic.

The mentally disturbed offender is not likely to receive adequate treatment within the four systems, either. The extreme cases are usually transferred

to a state mental hospital, but many inmates in need of this kind of facility do not have it available to them. Special treatment for the mentally disturbed generally consists of segregation, drug therapy, and a very limited amount of psychiatric counseling. In one state the division of corrections has one full-time psychiatrist for the entire prison population of more than 9,000 inmates.

As with the mentally disturbed offender, treatment for the mentally retarded is also lacking for the majority of the retarded population. Again, according to the respondents, the most severe cases of retardation among convicted criminals are diverted from prison and institutionalized in other types of institutions. However, the majority remain within the confines of the prison. Several of the states are currently operating specialized units now for the retarded. For example, the Maury Unit in North Carolina houses 80-100 youthful retardates. This unit, however, in no way fulfills needs of the entire system in that one state.

Based on the responses received, "treatment" of women offenders have followed a more discernible path. There appears to be a distinct trend away from the traditional employment of female inmates in such "work programs" as the prison laundry, the garment factory, etc. Currently, the correctional training programs for women have increasingly emphasized such marketable vocational skills as cosmetology, nursing, and key punching. However, it was pointed out repeatedly that the variety of programs that any single institution can offer is often limited by the size of the inmate population and the ability level of the inmates, as well as available resources. For many of the programs inmate ability does not appear to be lacking. For example, officials at the women's prison at Lowell, Florida, seem to be quite pleased at the abilities and accomplishments of the women completing the key-punch training program at that institution.

Going hand in hand with specialized treatment programs is the presence of employees specially trained to handle the various special types of offenders.

Only 20% (N=11) of the people interviewed within the divisions of corrections felt that their division had any personnel specially trained to handle the persistent offender. Similarly, only 40% (N=20) felt that they had any personnel trained to deal with the prison troublemaker. A greater percentage of respondents claimed that special personnel existed for handling mentally disturbed (65%, N=33), mentally retarded (58%, N=29), and women offenders (60%, N=27).

Specialists are being used, however. Often a particular correctional system will utilize the services of other agencies within state and federal government. Assistance from outside governmental agencies typically comes in connection with the treatment of the mentally disturbed offender and the mentally retarded offender. In this regard, the agencies utilized most often tend to be the departments of mental health, mental retardation, and vocational rehabilitation. Also, to a lesser degree, educational systems, consulting psychiatrists, and social workers are utilized.

There is more to be considered than whether or not facilities or programs are available for inmates, however. Another question to be raised concerns the extent to which various types of inmates are excluded from participation in existing educational or training programs. If a particular training program exists, but the troublemaker is not allowed to participate, then for all intents and purposes the troublemaker is not being treated. This is essentially what has happened. As a general rule in all four states, the prison troublemaker is excluded from all educational, vocational, and work release programs, and only occasionally is psychological counseling available to him. His exclusion is required because he is typically being punished (in segregation, etc.) and because his presence might be detrimental to the progress and continuity of the work of other inmates.

The condition of the persistent offender is not quite as bad. He generally is not excluded from most prison programs. In several of the states, the persistent

offender is not eligible for work release because of the presumed escape risk and/or other reasons. Quite frequently restrictions are placed on the participation of the mentally disturbed offender and the mentally retarded offender in educational or vocational programs. However, this is not an across-the-board exclusion. Participation in programs by these inmates is usually determined or limited by their own capabilities. For example, the retardate would not be put into a college-level education course, nor would a mentally disturbed offender be placed in a vocational training program which might be stressful. Thus, the exclusion of these offenders from prison programs is made on the basis of what they are and are not capable of doing -- the same procedure used for placing all inmates (ideally) into educational or vocational programs.

The issue of prison programs is somewhat different for women offenders. The question is no longer whether they are excluded because they are women, rather whether vocational and educational programs are eliminated from the women's prisons because of the smaller size of the unit in comparison with the male institutions. Nearly two-thirds of those persons interviewed responded that they felt the smaller size of the institutions did limit the scope of potential programs in the women's prisons. Though reasons were somewhat varied, the consistent theme of economic necessity seemed central to discussions of limited programs for women offenders. One person stated that institutional financing was based primarily on bed count, thus the masses (the male institutions) received funding priority. Another indicated that programs are more expensive when operated for a smaller number of people. In addition, often there are not enough participants in a program to justify the purchase of equipment. One individual argued that desirable programs are not considered because they would inhibit housekeeping and industrial enterprises (such as making prison garments). The latter programs are, in several instances, essential to the operation of the prison system because they help to balance the budget.

The remaining third of the respondents generally felt that the facilities and programs in the women's prisons have the same if not better programs than the men's prisons. It is interesting to note that almost all of these respondents come from the two more populated states which operate the larger women's prisons.

A general question which must be raised in this kind of research is whether or not these special offenders (persistent offender, prison troublemaker, mentally disturbed, and mentally retarded) should for any reason be removed from the general prison population. Responses to this question split almost 50-50 with regard to the persistent offender. Those advocating separation stressed the value of isolating youthful and first offenders from the persistent offender. Those arguing against separation stress that, however desirable the separation, the actual proportion of inmates who are "persistent" is too large to accomplish this kind of separation. Some further believe that the persistent offender would be too difficult to manage when grouped together with other persistent offenders. One respondent argued that this kind of separation would likely reinforce those attitudes and dispositions which underlie the undesirable behavior of persistent offenders. One of the most frequently recurring arguments against separation, however, was the contention that persistence alone is not a sound basis for special treatment programs.

There was a much greater consensus among correctional respondents concerning the prison troublemaker; eighty percent of those interviewed found it desirable to separate him from the remainder of the prison population. Reasons for separation were numerous. One respondent argued for the punitive utility of separation. Others felt that troublemakers would be easier to treat if they were isolated. Still others felt that there are simply no real practical alternatives to segregation. One who voiced an opinion against segregation of troublemakers stated that the troublemaker ought to be forced to learn to get along with other

people. Another felt that the troublemaker was too tough to manage when grouped with other troublemakers.

More than 90% of the respondents advocated the separation of the mentally disturbed inmate from the remainder of the prison population. The consensus of those favoring separation was that specialized treatment would be more likely in segregated as opposed to traditional prison settings. It was further argued that the mentally disturbed offender creates problems in the prison that most officials and correctional personnel are incapable of handling. The few who argued against this separation generally felt that the mentally disturbed offender might better respond to treatment in a predominantly "normal" population, or that separation could reinforce feelings of isolation.

Finally, the percentage of respondents favoring the separation of the mentally retarded from the remainder of the prison population was approximately 80%. Reasons for this position centered around the expectation that educational and vocational programs could be geared more specifically for retardates in specialized institutions. Another humanitarian argument noted that with separation, retardates would no longer be ridiculed and would not be forced into the same kind of competition as currently exists within the general population. A third argument for separation stressed the presumption that the retarded inmate is overly susceptible to influence by sophisticated criminals. Those opposed to the segregation of the mentally retarded offenders tended to believe either that separation would limit their development or that the retarded offender can learn more when he continually comes into contact with "normal" inmates.

In addition to the benefits that might accrue to these special offenders in a special institution, one need also consider the benefits to be derived by the basic prison unit if these special offender types are removed. For example, if the persistent offender is removed, what effect would this have on those inmates who remain? Many respondents indicated that the process of learning a criminal

career might be significantly impeded for many if prison contact with persistent offenders was made impossible. Others argued that prison morale would improve with the removal of persistent offenders, as well as the chances of treatment "success" for the remaining offenders.

If the prison troublemaker were removed, most of the respondents stated that the emphasis of the system could be more strongly shifted to prison programs and treatment as opposed to custody; the rules and regulations could be relaxed, and there could be greater flexibility among existing prison programs (such as expanding work release, etc.). As with the persistent offenders, many felt that separation of troublemakers would enhance the morale of the remainder of the population and decrease the likelihood that troublemakers could serve as role models for the rest.

It was generally felt that the removal of the mentally disturbed would have minimal impact on the remaining prison environment. Several reasons were advanced to support this assertion. The first argued that mentally disturbed inmates comprise a small proportion of the total inmate population, and further that many of these are already segregated from the remaining inmates. Another argument contends that mentally disturbed inmates are currently not much of a burden to the remainder of the prison population. Those arguing for separation seem to presume that such inmates are currently problematic to other inmates and staff, stressing that the staff and facilities currently tied up by the mentally disturbed offender could be re-allocated to other uses. Another presumed benefit was seen in the removal of an essentially depressing set of stimuli (disturbed inmates) from the dominant prison environment.

As with the mentally disturbed, the mentally retarded offender is seen as causing fewer problems for the prison community. Consequently, their removal would auger few, if any, major changes. The greatest change that would occur, according to most officials, would be a general up-lifting of the academic and

vocational programs to the level of the new population. Another change relates to the inmate status system or pecking order. The mentally retarded offender typically is at the bottom of any pecking order among prison inmates and he is frequently the scapegoat for things that go wrong. With his removal, the "predators," as one person calls them, will be forced to find a new scapegoat. Until this new class of scapegoats is found, the prison might witness an increase in inmate attacks.

In addition to the five basic types of offenders being considered, respondents were asked to indicate any perceived need for special institutions to handle other types of offenders. The vast majority of correctional respondents (45 out of 55 responding to this question) specified other types of offenders which should be given some consideration. The most frequently mentioned offender types in this regard were drug offenders, sex deviates, geriatrics, cripples, "college types," those serving long sentences, those serving life sentences, alcoholics, homosexuals, and informers. Even though a great diversity of special offender types were mentioned, there was close to a consensus belief that the drug offender should receive special treatment. Almost as consensual was the expressed concern for special treatment of the alcoholic and the geriatric offender.

In only one state was there any real opposition to the consideration of other offender types. Those opposed argued against the idea of special treatment for certain types because expenditures for such small groups could not be justified and because effective treatment programs did not exist.

If multi-state facilities were to be constructed, an important question to be resolved would concern the physical location of these institutions. The people within the divisions of corrections were asked whether they would consider treating out-of-state inmates of a particular kind if their state had the best facilities for treating that category of inmates. With regard to all five types of special

offenders, there was general agreement. Forty-one out of fifty respondents indicated that if their facilities for the persistent offender were the best, they would accept this type of offender from the other states. The responses for the other categories were as follows: prison troublemaker, 42 out of 49 indicated yes; mentally disturbed, 43 out of 49 indicated yes; mentally retarded, 46 out of 52 indicated yes; and women inmates, 41 out of 50 indicated yes.

These "yes" responses were not entirely unqualified, however. Generally, the responses were yes if it were reciprocal, if facilities were available, if such an arrangement were best for the inmate, and if all financial considerations were met. Those responding "no" were not necessarily opposed to the idea of special facilities, nor were they necessarily opposed to multi-state facilities. What seemed to be the principal reasons for answering the question in the negative were that their particular state did not have adequate facilities to accomodate others, or that small institutions were, generally, most desirable and that size would be difficult to restrict in multi-state facilities or programs.

Another set of questions sought suggestions for specialized programs that might be implemented in specialized institutions of the sort under consideration herein. For the persistent offender, of the many innovations suggested, perhaps three have the greatest potential. The first is to initiate within the institution for persistent offenders vocational programs which require a longer amount of time to complete. The typical prison today is forced to shy away from vocational programs which require a long time to complete because they would be useful to but a small percentage of the prison populace. However, it is reasoned that most persistent offenders are serving longer sentences, and a more complex vocational (or educational) program could therefore be instituted. Similarly, more complex prison industries could be implemented. Instead of making license plates, a job which requires little skill, the prison industry within the institution for the persistent

offender could allow inmates to produce a much wider range of office furniture for use in state offices and for other public institutions. This would not only provide revenue for the prison system, but would also train inmates more realistically for profitable occupations upon release. A second suggested innovation is to group the persistent offender according to age and to provide individual programs for the different age groups. The rationale is simple. Whereas a twenty year-old may benefit greatly from a vocational program, an inmate who is fifty would probably receive much less benefit. This type of classification, according to age, would be a useful tool in any institution. Of course, this is being done to some extent now with the development of prisons for first offenders, prisons for youthful offenders, etc. However, there is very little segregation by age done in the maximum security prisons. A third innovation suggested for a special institution for persistent offenders is to build into the institution a comprehensive research department. This department would keep track of the pertinent data on all inmates prior to, during, and after incarceration. On the basis of this research, valuable information relating to the persistent offender would be obtained.

The innovations offered for the prison troublemaker suggested some form of therapy, such as aversion therapy, behavior modification programs, resocialization seminars, group therapy, or individual counseling. Each of these imply that the prison troublemaker has some personality problem. However, there were also innovations suggested which imply that the troublemaking inmate may be the product of the prison. One such proposed innovation is small cottage living to avoid the problems of alienation which occur when men are treated on a group level rather than on a more individual level. Another suggestion was to increase the number of constructive activities so that idleness is reduced.

Separation from the remainder of the prison population was considered by most of the respondents as essential for innovations among the mentally disturbed ,

offenders. Programs suggested for implementation in such an institution presume a more comprehensive diagnostic examination than is customarily available at present. This would be followed by a variety of treatment programs (psychotherapy, guided group interaction, psychodrama, etc.). It was indicated that the approach of the institution as a whole should emphasize the treatment rather than the custodial aspects of institutionalization. Chain link fences, guard towers, and other manifestations of extreme custody should be avoided if possible; however, the benefits to the inmate of removing these symbols of harsh custody should be balanced against the risk of escape.

Most respondents agreed that the special facility for the mentally retarded inmate should be similar to the one for the mentally disturbed in that the facility should be of minimum security, inasmuch as retarded offenders are not generally known for their escape attempts. The basic structure of this institution should be somewhat similar to present institutions, but operated on a different plane. The educational programs should also emphasize those occupations in which a highly technical skill or ability is not required. In addition, a great deal of emphasis should be placed on the more commonplace aspects of life, such as personal hygiene, everyday skills such as answering the telephone, and interpersonal relations. It was generally agreed that associated with this specialized institution should be attempts at community involvement, limited work release, and an intensive after-care program.

Innovative ideas for special women's institutions were in short supply, perhaps because these types of institutions now exist in each of the four states. Recommendations basically urged expansion of current programs of personal hygiene, personality development, community-based treatment, work release, better psychological testing, and greater access to dental care and plastic surgery.

Respondents were asked to indicate whether they could anticipate any particular difficulties in the development or operation of these specialized

institutions. One frequently anticipated problem in the operation of multi-state facilities concerned the transportation of inmates. For the most part, however, respondents within the divisions of corrections did not perceive this as being a major problem. Many of the questions raised related to legal issues, such as: Who has jurisdiction? What about extradition? Who transports and who pays for the transporting? Does the inmate have legal rights that would prohibit such transportation? These types of problems can be handled quite adequately through the adoption of the Model Interstate Corrections Compact recommended by the State Council of Governments.

A second perceived problem was the potential burden placed on family, relatives, and friends who are trying to visit the inmate regularly. By transporting the inmate to another state, visitation is usually more difficult. A third problem mentioned was the increased probability of escape during the period of transportation. In addition to these, several lesser problems were anticipated by correctional respondents. These include the difficulty of scheduling transfers and providing escorts; the question of post-release residence; compensation when using a stop-over jail facility, and other minor administrative problems.

The question of who should make the decision to transfer inmates to multi-state institutions prompted a variety of responses. The Director from South Carolina stated that the final decision should rest with the Director of the Department of Corrections of the sending state, taking into account recommendations of the "Classification Committee." The Administrative Assistant to the Director from Florida felt that the decision must be jointly determined by officials from the receiving and sending states. Two Deputy Commissioners from North Carolina responded alternatively (1) that jurisdiction should be within the sending state; and (2) that one person should be designated to handle the program. The Georgia Assistant Deputy Commissioner felt the decision should rest with a regional control board.

Most of those suggestions were repeated by correctional respondents with research positions. For example, a Georgian researcher stated that the decision should be left with the Director of the Board of Corrections of the sending state. Another Georgian said the Director as well as a Placement Committee would be the best alternative. North Carolina researchers suggested that decisions be made through the classification system with the ultimate decision, based on advice from this team, resting with the Commissioner or Deputy. South Carolina researchers suggested also that a classification board should decide with final review by the sending state's Director or his appointed agent. Also suggested was that a regional board could be appointed which would be composed of correctional representatives from each of the states comprising the region. This board could develop policies concerning characteristics of offenders and institutions best suited to an inmate's particular needs.

Thus, three basic alternatives to the question of who decides on regional transfers were suggested by the respondents. The first would be that the decision to transfer should lie with the sending state. Within the sending state the decision could be made by the director, deputy director, the medical staff or the classification team at the reception diagnostic center of the department of corrections. A second alternative would be to locate the transfer decision within the receiving state -- the decision being based on the availability of space with, perhaps, a set amount of space allotted to each state. The third alternative suggested that the decision to transfer should be made by a centralized board made up of representatives from each of the four states. An overall analysis indicates that perhaps the most workable system would be as follows: Each state would develop criteria for recommending that inmates be transferred to a multi-state facility. These recommendations would be forwarded to a centralized screening committee, composed of representatives from all of the states. Their decision to approve the transfer would be based on two prime factors: availability of space

and whether or not the sending state was using its "quota" of facilities already. The exception might be that the state which operates a given special facility is not bound by the quota restrictions. The question that remains unanswered is whether or not a state has the right to refuse particular inmates.

A closely related problem involves the decision to return the inmate from a multi-state facility back to his original state of jurisdiction.

The Department of Corrections Director from South Carolina noted that the final decision should rest with the director of the department of corrections of the sending state, taking into account the recommendations of the administration of the multi-state institution. A North Carolina Deputy Commissioner responded that the decision should rest with personnel from the receiving state because they are most in touch with the inmate's current behavior. Georgian Assistant Deputy Director felt the decision should rest with a regional board.

Research associates from Georgia felt the Director of the Board of Corrections from the sending state should make the decision, whereas North Carolina researchers saw the utility of resting this decision with a regional board. Research staff in South Carolina stated that if it were for treatment purposes, the transfer would best be initiated by a policy board. If, however, the inmate's behavior and general disciplinary record were essentially negative and interfering with the rehabilitative potential of the facility, the supervisor of the facility should have the option of requesting an emergency transfer for the inmate in question.

Among other correctional respondents the most prevalent suggestion was that the decision to return an inmate to the original jurisdiction should rest with the administration of the specific multi-state institution. The function of the multi-state facilities is to afford better treatment. Once the individual no longer needs the treatment that is being provided or if it becomes obvious that the individual is not amenable to treatment, then to prolong his stay there is not

functional. However, the process of sending an individual to a multi-state facility and the process of returning him to the sending state should not be viewed as a means of "dumping" undesirable inmates on another system.

In the process of transferring inmates from one prison to another and from one state to another, it was pointed out that consideration should be given to the desires of the inmate himself. Of course, this in itself is an issue: should the inmate have any voice in the determination of his place of incarceration; and how could he be expected to react to regional transfers? The majority of the people interviewed in the departments of corrections felt that the inmate would react negatively to the transfer to a special multi-state facility. The most common expectation was that the inmate would be against the transfer because (in nearly all cases) this would result in moving the inmate further away from his family. The magnitude of this problem is obviously affected by the frequency with which an inmate receives visits from relatives and friends. A second perceived objection is the fear of unfair treatment given by the receiving state to their out-of-state inmates. This fear would be coupled somewhat with a general fear of the unknown (a new prison). A third problem might involve resentment on the part of the inmate toward the sending state -- which could be prompted by the perception that the state is trying to get rid of him. If such predictions proved accurate, the net effect upon the multi-state facility could be a very severe problem of inmate morale, which could render whatever treatment might be available as ineffective.

On the other hand, some of the respondents feel that inmates might not necessarily react negatively -- some may be indifferent and some may look forward to it. Those inmates who rarely receive visits would probably be more indifferent to the change. Those who have had troubles within the local prison system (over a long period of time) might look forward to getting away from their antagonists.

Earlier, the issue was raised concerning the return of the inmate to the sending state for reassignment. Another way in which an individual changes

residence is by parole. This raises the question: how is parole to be administered in multi-state institutions?

The Director of the South Carolina Department of Corrections stated that unless parole authority is changed, recommendations of administrators of the multi-state institution would have to be sent to parole boards in the sending states. In cases of relocation within a different state from the sending state, the two respective parole boards would have to concur. Ultimately, the parole board in the sending state would have the responsibility. Another suggestion was to have a separate parole board for the multi-state institutions. Problems may be encountered if a separate parole authority were established, among them being the possible necessity of a constitutional amendment to establish such authority.

A North Carolina Deputy Commissioner responded that there should be a representative for all states on a parole board. Problems would be "no more than presently exist," and it was felt that an agreement to handle the whole job by the receiving state, supervised by the sending state, could be developed. The Assistant Deputy Director from Georgia suggested that parole be administered by a regional and state office, though problems of "visitation and communication" could be foreseen. A Florida administrative official voiced the opinion that individual state parole authorities should rely on reports from multi-state institution officials.

Overall, there was little consensus among correctional respondents concerning the problems of parole decision-making. A common resolution suggested an independent parole board composed of representatives from each state which would arrange parole for all inmates from the multi-state facility. Another alternative would grant the sending state complete authority in matters of parole. A third approach would put the decision to parole in the hands of both the sending and receiving states. A fourth alternative would locate parole authority exclusively

with the parole board of the receiving state. The probable reason for such a lack of consensus could be the diversity of legal systems in the four states. At the present time, only two states (South Carolina and Georgia) permits the proposed form of inmate exchange discussed herein. Thus, the type of parole system which can become operational depends largely on the legislatures of the four states and their willingness to enact the Model Interstate Corrections Compact. It should be noted that passage of the Compact would uniformly alleviate the problems foreseen in the foregoing analysis.

Another series of questions which prompted diverse responses from correctional experts concerned the following issues: What priorities should be set among the offender categories for development of such regional facilities, in terms of (a) relative need; (b) ease of implementation; and (c) political feasibility?

The South Carolina Director felt that treatment priority should go first to the mentally disturbed offender because present programs were inadequate; second to the mentally retarded for the same reason; third, to the prison troublemaker; fourth, to the persistent offender; and last, the woman inmate, inasmuch as they are now relatively well taken care of and their recidivism rates are relatively low. However, a multi-state institution was thought easiest to implement for the woman because this category is small in number and would not require as much professional staff. In terms of political feasibility, the South Carolina Director felt that the legislature would probably favor an institution for the mentally retarded or mentally disturbed inmate because of sympathetic feelings toward these categories and clear need of treatment facilities.

Top level administrators in Florida stated that first priority need-wise would likely involve the mentally disturbed offender, with easiest implementation for the persistent offender. Politically speaking, it was felt the most feasible category would be the mentally disturbed.

The Assistant Deputy Director from Georgia felt the need to be greatest for regional facilities to handle prison troublemakers. On the other hand, it was felt that public reaction would favor specialized regional treatment of the mentally retarded and disturbed, and for this reason new facilities for these categories would be the easiest to implement as well as most politically feasible.

The variation in priority from state to state can perhaps be attributed to differences in the facilities that are currently available. That is, if a state currently has adequate facilities for a particular type of offender (e.g., women), a high priority rating for that type of offender would be less likely. Another variable affecting priorities is the size of the population of the special offender group in question. If a state has only a small group of one type of offender, that type of facility might receive a lower priority, with higher priority being given to a facility which might accomodate more inmates. Finally, the priority rating might be affected by the overall philosophy of treatment and custody of the department of corrections or the state itself.

When all correctional respondents are considered, the overall trend within the four states suggests that the greatest priority of need is perceived for special facilities to accomodate the mentally disturbed offender and the mentally retarded offender. Need for regional treatment of the prison troublemaker ranked a poor third, with special facilities for the persistent offender and women offender ranking at the bottom of the priority list. The low priority given to specialized facilities for women is likely due to the fact that all four states now have such facilities. Perhaps the low priority assigned to the persistent offender lies in the fact that the persistent offender has never traditionally been seen as a group to be differentiated from other offenders for purposes of treatment and vocational programs, especially since he comprises a majority of felons in each state system.

Responses to the second dimension along which priorities can be based -- ease of development -- prompted a similar ordering among the offender categories. Specifically, correctional respondents indicated that facilities for the mentally disturbed, mentally retarded, and women offenders would be the most easily implemented. The likely rationale for such a response should be fairly clear. Special facilities for women have existed for a long time. All that would be necessary to accomplish a special multi-state institution would be the enactment of enabling legislation in the four states. The treatment programs, etc., would not change significantly. Facilities for the mentally disturbed offender are in the latter phases of planning in several states now. Thus, to construct a special multi-state program of this type would likely involve little additional planning. In addition, at the present time the more acute cases of mental disturbances are transferred to state hospitals which have special facilities. These facilities could also serve as a model. At the present time there are no special facilities within the divisions of corrections or elsewhere for the mentally retarded offender. However, there is enough knowledge about retardation in general, such that the "know-how" for treatment programs in a special institution pose few problems. Also, the fact that retarded offenders are generally neither violent nor prone to escape reduces the problem of constructing or maintaining a highly secure institution.

Far behind these offender types on the "ease of implementation" priority scale is the persistent offender. Conceivably, the reason for the low priority for the persistent offender is that no one knows what kind of programs should be put into a special facility for this type of offender. Perhaps as important is the fact that little attention has really been given to specialized programs for the persistent offender. To be sure, the troublemaker, the retardate, and the mentally disturbed offender get more of the limited publicity accruing to correctional issues.

Falling easily into the bottom of the priority list in terms of ease of implementation is the prison troublemaker. Perhaps the greatest reason for the troublemaker's low priority is that he requires maximum security custody. This requires a much more expensive physical plant, as well as a higher ratio of guards to inmates than is generally true of a traditional prison. However, a few who indicated that this type of program should go on a high priority list did so because the states are currently separating the troublemaker, and currently have maximum security units where they are housing additional categories of inmates along with the prison troublemaker.

The question of the feasibility of specialized multi-state programs for special offenders really entails two propositions. The first considers the feasibility of special institutions for particular offender categories. That question has been addressed in the discussion to this point. The second considers the feasibility of multi-state institutions, generally. Assuming the enabling legislation were passed by all of the state legislatures, there would still be required a tremendous amount of cooperation before such a venture could be successful. Although the four states currently cooperate in parole compacts, mental health compacts, etc., the amount of cooperation that has actually been required in the past concerning the interstate transfer of inmates has been negligible. Significant cooperation would have to overcome differences in policies, philosophies, and financial structures. However, despite these and additional obstacles, there persists a great deal of confidence among correctional respondents that the four states could achieve the requisite cooperation for the successful implementation of a multi-state facility. Of the 61 correctional respondents from the four states, only four seriously doubted the ultimate feasibility of multi-state cooperation.

Although most respondents from the departments of corrections favor the idea of multi-state specialized facilities and programs, they concurrently recognize that special problems can be expected from such a system.

In response to questions dealing with foreseeable problems, the South Carolina Director was particularly concerned that problems could occur if families of inmates reacted adversely to having a family member sent out of state. Such a reaction could result in legislative pressure from several sources. Florida's Administrative Assistant to the Director responded that funding was the major problem in developing multi-state correctional programs. Deputy Commissioners of North Carolina foresaw no significant problems for the department of corrections should multi-state cooperation be attempted, while respondents from Georgia felt that their most pressing problems might come from legislative opposition.

Among the other problems noted was that of control, or as one person put it, "who is Big Daddy?" In this regard, consolidation necessarily means that a shift in power must occur. That is, with someone gaining power, someone else will likely lose power. A second problem often mentioned relates to visitation. As discussed earlier, if an individual is to be moved to an out-of-state institution, the probability is that he will be further removed from his home and family. A third problem relates to prison morale in general. Because of differences in the various state laws, some inmates will be less eligible for such things as work release, study release, etc., creating a sense of relative deprivation; that is, one inmate being discriminated against because his offense was committed in one state rather than in another. Another problem foreseen was that such a system would detract from the trend toward community-based treatment. In addition, it was argued that multi-state programs give the appearance of warehousing or dumping inmates, which is not only bad for the morale of the offender, but is bad publicity for the entire correctional system. Among other problems mentioned were those related to transportation, duplication of facilities, and different philosophies. However, most indicated that they did not feel that these problems were insurmountable.

A final question presented to respondents from the departments of corrections concerned itself directly with whether or not they felt it feasible to develop multi-state correctional institutions. This question sought a summation of all the perceived advantages and disadvantages in relation to specialized multi-state correctional institutions.

B. Probation and Parole Analysis

Top-level administrators and policymakers from the probation and parole commissions in the four states were interviewed on the question of multi-state correctional programs. Their responses were solicited for several reasons. First, it was desirable to ascertain those efforts presently being made within probation and parole to provide treatment for the types of offenders considered herein. Second, the ideas and opinions of such administrators, who are themselves experts in criminal correction, could be expected to influence any decisions concerning implementation of multi-state programs. Finally, the operations of these agencies would be directly affected by the creation of a multi-state correctional program.

Since providing prison troublemakers and women with special facilities is an institutional problem, and since no specific effective treatment has been found for the pervasive and therefore imprecise category of recidivist, the insights of probation and parole specialists were particularly sought with regard to the handling of mentally ill and retarded offenders.

Many of the questions sought to determine whether or not probation and parole boards were equipped to identify or recognize special offender problems and how such problems as retardation or mental illness could affect the handling of a case. Indeed, it would seem that probation departments have the ideal opportunity to identify special problems that offenders might have through the use of the pre-sentence investigation (PSI). The PSI is a universal tool of probation

departments; however, as indicated by the respondents, this tool is not universally employed with all offenders. The PSI is generally conducted only upon the request of the judge, and at his own discretion. Some judges ask for the investigation only in serious felony offenses; others use it only when they are undecided about a sentence, regardless of the severity of the offense. Some judges never request a PSI if an FBI record is available. Therefore, the PSI is not systematically applied or withheld for any of the offender types with which this study is concerned.

To ascertain whether or not PSI's were structured in such a way that they serve to identify problems such as mental illness or retardation, the administrators were asked what tests, if any, are routinely administered to the defendant during the course of the PSI. Three of the four states administer no tests at all. In South Carolina, the tests to be administered are determined by a suspected disability in which case the disability must be obvious. We must assume that some retarded and mentally ill offenders are identified through other records or data in the course of the PSI. However, since IQ tests and personality tests are rarely administered in PSI's and since PSI's are not universally conducted, it can be assumed that retardation or mental illness is not adequately being identified by use of the PSI.

Assuming, however, that in some cases the retardation of the offender may be known, probation agency respondents were asked if the IQ of the retarded defendant influences the recommendation of the investigating officer concerning dispositional alternatives. Florida and North Carolina agencies generally do not make recommendations to the court, but rather present only the data collected in the PSI. All states were in agreement that the IQ would or could influence the recommendation only when it represents a very obvious impediment to rehabilitation. It must be reiterated, however, that the IQ is rarely known to the investigating officer as a result of the PSI.

The conclusion can be drawn that the PSI as presently structured and implemented cannot serve as a screening mechanism to identify retarded or mentally ill offenders upon entrance into the criminal justice system. It might, however, be somewhat successful in that task if adequate tests were routinely administered, and if the PSI were universally applied.

Before discussing probation and parole programs for special offenders, it was essential to note whether existing arrangements are built into the correctional system that might regularly prevent the transfer of retarded or mentally ill offenders into the custody of probation or parole authorities. In one important respect the mentally ill are systematically kept out of parole programs, inasmuch as those convicts whose mental illness is severe will likely be committed to state hospitals for treatment. Regardless of the length of term, such offenders cannot be paroled until treatment is "completed," and at that point they are returned to the custody of the correctional department, thereby effectively screening most seriously disturbed offenders from parole programs. In addition, retardation and mental illness can greatly influence the institutional behavior of inmates which in turn effects paroling decisions. Such "de facto" screening is somewhat countered by a current trend to invoke what Florida has termed "mandatory conditional release." This program provides compulsory community supervision for high risk offenders who cannot be paroled, but who are approaching the expiration of sentence.

However, despite built-in screening devices, parole and probation agencies continue to supervise great numbers of persons who are either retarded or mentally ill. Therefore, it is of some benefit to consider the resources used by probation and parole agencies to provide specialized treatment for those offenders. Such resources or lack thereof should be considered in any plans for multi-state treatment programs.

In all four states the probation and parole departments take advantage of a variety of community resources that can help retarded or mentally ill offenders. For example, the Florida Commission uses the assistance of the Department of Mental Health, Vocational Rehabilitation, county psychiatric clinics, and university faculty. The Georgia Probation Board and Parole Board is assisted by the State Education Department, Alcoholics Anonymous, Health Department, Salvation Army, Division of Family and Children Services, Vocational Rehabilitation, private schools for retarded, Central State Hospital at Milledgeville, citizen volunteers, local private clinics, University of Georgia Psychology Clinic, and local medical associations. North Carolina utilizes the Department of Correction, welfare agencies, Social Service, Mental Health Department, and Vocational Rehabilitation.

These services, however, are solicited on a case-by-case basis in all four states. None of the probation and parole agencies have structured special programs on a group basis for the mentally ill or retarded offenders. Special programs, which are seldom used, are individually tailored.

None of the agencies reported employment of supervisory staff who have special training in the problems of mental illness or retardation. Florida does afford special training for staff supervision of alcoholics and narcotics offenders, so a trend may be established which may eventually lead to specialization in other disabilities. None of these agencies employ consultants who have specialized training in retardation and mental illness.

The decision concerning involvement in multi-state correctional programs for special offenders requires consideration of all current state-based efforts at treatment, of which probation and parole programs are part. It can be stated at this time that there are no organized, well-structured treatment programs for retarded and mentally ill under the auspices of probation and parole in the four states encompassed by this research, although almost all respondents considered such organized programs desirable and necessary.

The idea of establishing multi-state correctional programs for special types of offenders was presented to the respondents in probation and parole agencies. They were asked to name categories of offenders which should be included in such a multi-state program. The three most frequently mentioned categories were narcotics addicts, sex offenders and alcoholics. Other suggestions included youthful offenders, first offenders, psychopaths, the severely handicapped, security risks and armed robbers. South Carolina respondents suggested only those guilty of federal offenses.

Since multi-state programs would directly affect the organization and operation of parole agencies, respondents were asked to enumerate problems which would be encountered in administering parole from a multi-state facility.

Florida respondents foresaw few, if any, problems; perhaps only a slight delay in communications and a little more paperwork. The Interstate Compact on Probation and Parole has proven successful and trouble-free for Florida and the respondents agreed that any problems would be minor.

Georgia respondents listed a considerable number of problems which they might encounter: agreement upon rules by states, maintaining standards acceptable to all participating states, the necessity for organizational change, opposing or varying philosophies, expectation that paroling agencies must reach a common denominator in paroling inmates, communication, and evaluation. North Carolina cited the task of coordination, and the trend away from centralization as counter to multi-state programs but believed that there would be no great problems for their agency. South Carolina enumerated the removal of individuals from the local atmosphere, family, and community, and many other related problems for the parole board. Thus, Florida and North Carolina saw no great impediments for their agencies in the implementation of an interstate program, while Georgia and South Carolina foresaw a number of problems.

The respondents were asked if they would support the establishment of multi-state correctional programs. There was no consensus among the probation and parole boards on this question. All the states had both favorable and unfavorable responses except South Carolina. The South Carolina Probation and Parole Board opposed any such facility unless it were a federal institution for federal offenders. Objections centered on the trend to smaller community-based institutions, which would be countered by multi-state facilities, as well as the appearance that such facilities could become an easily employed "dumping ground" for a state's problems.

Among the other states, some respondents refused to commit themselves on the question of supporting multi-state programs until they become more familiar with the program to be offered. Favorable responses were qualified; if resources were not available locally; if states could agree on a plan; if used only on a very limited basis; if it involved a preliminary pilot project; if it could be sold to the public; if it could reduce crime; if it were more; and if it were proven effective.

Respondents who would not support the establishment of multi-state programs reasoned that the money would be better spent on state institutions, that community-based programs were more vital, and that the individual states would first need to bring their standards up to a uniform level.

Finally, the respondents were asked to render an opinion on the feasibility of initiating multi-state correctional programs. A few respondents hesitated to answer without further study. Most, however, had definite opinions. Florida respondents for the most part believed the programs to be feasible and that all criminal justice agencies should be able to cooperate. The South Carolina Parole and Probation Board, on the other hand, did not consider the proposal feasible due to the priority placed on local correctional programs. Georgia and North Carolina were ambivalent, with both positive and negative responses.

C. Divisions of Vocational Rehabilitation Analysis

One of the governmental departments involved in the rehabilitation of offenders is the Division of Vocational Rehabilitation. Its participation is particularly noted in the after-care or post-release period of an inmate's life. Thus, to consider the feasibility of multi-state treatment facilities it is essential that these people be involved in the evaluative process.

Top-level personnel in vocational rehabilitation were interviewed in all four states. For the most part, these individuals were familiar with the treatment facilities within the Department of Corrections in their own state. More important to this study, however, was a determination of the extent to which the Division of Vocational Rehabilitation is involved in the treatment of convicted offenders, especially the mentally retarded.

The kinds of services offered by Vocational Rehabilitation agencies can be grouped into three categories. The first group of services involve diagnostic evaluations which make it possible to place the individual into the most appropriate and beneficial training programs. The second type of service involves the evaluation of an individual's training achievements. More specifically, in prison this means an evaluation of an inmate's performance on work assignments. The third basic type of service offered by Vocational Rehabilitation agencies involves the provision of community-based counselors to work with individual offenders after they have been released from prison. Such a counselor may actually serve many of the same functions as the parole or probation officer.

In looking toward the future, the vast majority of vocational rehabilitation personnel responded that their division had no specific plans for the mentally retarded and the mentally disturbed offender. Several, however, stated that there were new programs planned which are aimed at additional research and at establishing a more intense community orientation in the treatment of the retarded and disturbed offender.

At present, the Divisions of Vocational Rehabilitation do not utilize any kind of systematic interstate transfer of clients. However, interstate cooperation does exist. If an individual moves from one state to another, the state of prior residence will send that person's files to the new state on the request of the client. Also, the vocational rehabilitation people may be called upon to recommend rehabilitation programs that might be available in other states. Such arrangements are, however, informal and not established in law.

From the standpoint of vocational rehabilitation respondents, it appears that the types of offenders that could best be treated in a multi-state facility are the mentally retarded and the mentally disturbed offenders. The types of innovative programs that were suggested for these specialized facilities involve work evaluation, special education, and behavior modification programs.

It is worth noting that the above selection of offender groups for interstate treatment may well reflect something of a professional bias, in that vocational rehabilitation programs are often centered around the retarded and the mentally disturbed individual. The Division of Vocational Rehabilitation has no specialized programs for the persistent offender and the prison troublemaker and are thus unaware of particular advantages that a special institution might have to offer them.

A multi-state facility for any of these special offender types should ideally involve not only the divisions of corrections in the cooperating states, but should also involve other state agencies such as the Division of Vocational Rehabilitation. However, the persons interviewed within Vocational Rehabilitation overwhelmingly felt that they could not serve a multi-state facility. The basic reason underlying this position was funding uncertainty. Present shortages in Vocational Rehabilitation budgets make it impossible for an expansion of services to be reasonably foreseen without drastic changes in legislative funding priorities.

An additional problem mentioned by vocational rehabilitation respondents related to the matrix of difficulties involved in the administration of multi-state facilities by single-state agencies. Thus, even if an Interstate Corrections Compact were passed, the Divisions of Vocational Rehabilitation would have to be shown proof of the advisability and feasibility of their cooperation.

A question posed to all of our respondent groups asked whether or not these offender types should be separated from the rest of the prison population. With regard to the mentally disturbed and the mentally retarded, personnel in vocational rehabilitation were almost unanimous in their belief that separate facilities should be provided. Concerning the other two categories, the persistent offender and the prison troublemaker, opinions again favored separation, with this view expressed by about seventy-five percent of those responding.

Presuming separation of these special offenders from the remainder of the prison population, the question of supervisory jurisdiction over a new facility remains to be answered. This problem is most salient with regard to the custody and treatment of the mentally disturbed offender. Such an offender could rightfully be under control of a division of corrections because he has been convicted of a criminal offense. However, he could also be remanded to the authority of a division of mental health once he is determined to be mentally disturbed. Thus, the question persists, should his confinement be based upon behavior (criminal) or upon his mental state (disturbed)?

Nearly all those interviewed within the Divisions of Vocational Rehabilitation (which probably have no strong vested interests in either direction) indicate that placing the mentally disturbed offender under the control of one agency is not the best solution to the problem. The most frequent suggestion was that mentally disturbed offenders be handled by a combination of correctional and mental health personnel. Under such an arrangement, corrections would be primarily

responsible for the custody and safety of the offender (and society) and the division of mental health would be responsible for his treatment. In addition, it was suggested that other agencies such as Vocational Rehabilitation should be used as extensively as necessary.

Asked if they were opposed to multi-state facilities, the majority of vocational rehabilitation respondents indicated that they are not. However, the lack of opposition seems to be heavily qualified. They are not opposed if treatment were more effective, if it were not more expensive, if cooperation were possible, etc. Those who do oppose multi-state programs use essentially the same rationale as those from other agencies who oppose multi-state programs. The three reasons most often cited for opposition are: (1) problems created by distance; (2) problems created by the possibility of "warehousing;" and (3) the belief that the "best" direction to take is toward community oriented facilities, rather than regional facilities.

A final question directed toward this response group related to the potential for cooperation among the Divisions of Vocational Rehabilitation in the four states. The majority felt that sufficient cooperation is possible to make the multi-state facilities for special offenders feasible. This is an interesting position given the fact that the majority had earlier stated that they did not feel that their division would be able to participate in such an arrangement. Too little elaboration was received on this last question to resolve this apparent contradiction.

On balance, the Divisions of Vocational Rehabilitation gave qualified support to the idea of multi-state treatment. The newness of the concept bothered many who cited problems connected with any new program. The difficulties perceived by the respondents do not seem to be of such magnitude and nature that they could not be resolved by passage of the Interstate Corrections Compact.

D. Divisions of Mental Health Analysis

Administrators and other pertinent representatives of the four state departments of mental health were interviewed in an endeavor to shed light on the special problems of the mentally ill and mentally retarded inmate and the feasibility of multi-state facilities for their treatment.

The majority of mental health respondents acknowledged familiarity with correctional facilities and/or programs for these special inmates. Since corrections directly handles the inmate, whether disturbed or retarded because of the criminality involved, and the state departments of mental health and/or mental retardation are responsible for mentally ill and retarded persons, these two agencies jointly cooperate to care for these special types of inmates. Inevitably, there are complications involved in attempting to meet this overwhelming responsibility. One such complication, from the perspective of mental health specialists, is presented by the security considerations that must be taken into account when handling mentally ill criminals. Treatment of inmates in a psychiatric setting is currently in a state of limbo because legalities involved are ambiguous, and such ambiguities are not conducive towards action.

Although some states have made improvements in the treatment and rehabilitation of mentally disturbed and mentally retarded inmates, there is no doubt that present alternatives (facilities, programs) in the four states are inadequate.

State facilities and/or programs for the mentally disturbed inmate vary from one state to another. In several states there are psychiatric units within the main correctional institution for mentally disturbed inmates. All the states provide for sending those deemed not guilty by reason of insanity to state mental hospitals for purposes of diagnosis and evaluation.

As indicated earlier, correctional care for the mentally disturbed inmate consists of housing in special cells and, in some cases, access to counseling

(group and/or individual) or somatic therapy. In addition, limited consulting staff (psychologists, psychiatrists, etc.) from state mental health departments offer evaluation, diagnostic and treatment services to corrections in the states. Generally, transfer of the most severe cases from a correctional facility to a state psychiatric hospital is possible. Also, partly because of the trends towards community-based mental health treatment, local community mental health centers are increasingly being used for treatment of some mentally disturbed inmates.

In addition to the complications previously mentioned in handling the mentally disturbed inmate, both mental health and correctional agencies suffer basically from lack of funds, facilities, and staff to adequately meet the needs of these special inmates.

Although it is estimated that there are relatively large numbers of mentally retarded inmates in the correctional system, it appears that the retardate receives even less special attention than the mentally disturbed inmates. Special treatment for the mentally retarded in the four states ranges from extremely inadequate and limited programs to virtually nonexistent treatment programs (refer to Mental Retardation section on description and treatment which might exist for mentally retarded inmates under the Department of Mental Retardation).

In order to ascertain the extent of cooperation between mental health agencies and probation and parole departments, the mental health respondents were asked what assistance was requested of them in handling probationers and parolees, particularly those who were retarded or mentally ill.

Respondents from all four states acknowledged some use of mental health services by probationers and parolees, though the type and extent of the service varied according to location within each state. The most common usage made of mental health services appeared to involve the probationer or parolee who was referred to a local mental health clinic for out-patient services.

Most of the mental health respondents did not feel qualified to comment on whether or not mentally retarded inmates are more likely to be denied parole than more "normally" intelligent inmates. The minority who did comment felt that retardates probably do have more problems in obtaining parole and are denied parole more often than the "normal" inmate.

A frequently perceived reason for such discrimination was that parole prerequisites often specify that a parolee be able to handle a job; and unless specially job trained, many retarded inmates have trouble meeting this qualification. At the same time, the mentally retarded inmate may be perceived by some as likely having a hard time adjusting to parole, and as being less able to integrate into successful community life without special out-patient facilities or programs geared towards the needs of the mentally retarded.

Part of the difficulty in meeting the needs of these inmates is that mentally ill and retarded inmates do not fall directly under the jurisdiction of one state department, but rather in the middle of two or more. To clarify this complication, the mental health respondents were asked their opinions about which division could best handle the mentally disturbed inmate.

Responses varied widely with no emerging consensus. Among the alternatives mentioned was the suggestion that mental health departments should have primary responsibility for the mentally ill inmate because they have the resources needed for treatment of the mentally ill, whereas if the departments of corrections created their own mental health facility, costly duplication of mental health services would result. Despite such reasoning, others favored the idea that corrections should develop its own mental health program, while still others responded that both corrections and the departments of mental health should be able to cooperate in handling the mentally ill inmate. Another respondent favored the "umbrella" concept, with corrections, mental health, vocational rehabilitation, and perhaps

other agencies each playing a role and cooperating under a centralized agency such as a "Department of Human Services."

Since mental health agency plans for additional programs which could be used for mentally ill or retarded inmates would have a direct bearing on whether the alternative of multi-state institutions might be more or less desirable, mental health respondents were asked to relate such plans.

The trend towards community-based mental health treatment was evident in the expansion plans expressed by the four agencies examined. In North Carolina, for example, 41 area mental health units offering a full range of psychiatric treatment services and four regional hospitals are being developed. It is generally felt that if inmates were given increased access to such facilities, the traditional problems of overcrowding and staff limitations would become intolerable. Most respondents refer to limitations of funds as being a primary hindrance to future mental health endeavors from which the special inmates concerned might benefit.

Before the feasibility of multi-state institutions can be ascertained, one must address the question of desirability of separating the retarded and mentally ill from the general prison population. In discussing the treatment aspects of such a question, most mental health respondents felt that whatever the mental disability, a person should be evaluated and treated according to his individual problems and needs, and not grouped and labeled by inoperably broad categories. For example, there are hundreds of diagnostic categories of mental illness, some of which might profit from segregation from the general prison population for treatment, and others which might not.

The respondents who felt that separation of the mentally disturbed inmate from the general inmate population is necessary for purposes of treatment reasoned that a more homogeneous group would facilitate flexibility of treatment. Those who felt that such segregation is necessary for the mentally retarded inmate, observed

that he was less likely to be manipulated and taken advantage of by other inmates if segregated, and would be more likely to benefit from some special treatment. One respondent argued that under the proper conditions -- separation and specialized programs -- the mentally retarded inmate has the greatest potential for response to corrective therapeutic techniques.

Reasons given by those respondents who favor keeping the mentally ill inmate within the general prison population are: (1) the inmate has to learn to adjust to his environment if he hopes to re-enter society successfully; (2) segregation should only be used for short-term crisis treatment in order to facilitate immediate return to the general population.

Similar reasoning in reference to the mentally retarded inmate was commonly expressed: if the mental retardate is ever to learn to adjust to society, he should learn to handle himself within the general population; and further, specialized programs should not necessarily be cause for total segregation from the general inmate population.

Comments concerning the benefit to the remainder of the inmate population if separated from these special offenders were similarly varied. Many responded that separation would lower security problems and create more homogeneity. Others observed that no one should be separated, rather the entire prison population should be treated together. Still others responded that the general inmate population is not negatively affected by the presence of mentally ill and mentally retarded inmates, while, on the other hand, no one benefits from being made to feel different and isolated.

Another pertinent consideration which has direct bearing on the feasibility of multi-state institutions is the existence of current agency participation in interstate programs. Two of the states, North Carolina and South Carolina, are members of the Interstate Compact on Mental Health, which enables states to cooperate

in confinement and treatment of mentally ill persons when crossing state lines. The respondents who felt that establishment of a multi-state institution for mentally ill and retarded offenders would be advisable espoused the following rationale: a multi-state unit is desirable because it is not economically feasible to build a number of small units throughout one state and the professional staff needed for such units are not available. According to this view, a multi-state operation would be more likely to be economically feasible than efforts by a single state which try to create programs for special offenders.

Additional advantages of a multi-state facility cited by mental health respondents included the following: such an institution would attract a wide variety of expertise in the mental health field; a more diverse and experimental range of treatment could be employed, and individualized treatment might be more probable; a multi-state unit could most feasibly perform a valuable research function in these mental health areas.

Many mental health respondents indicated that they would favor establishment of a multi-state institution only under certain specified conditions. One condition noted was the factor of size. If there are sufficient numbers of mentally disturbed or retarded inmates within one state to warrant handling the problem within that state, many expressed the hope that in-state programs might be developed. On the other hand, if the numbers of such inmates warrant a multi-state program, then that would be preferred to no program at all. Part of the reasoning behind this idea suggests that as size of institution increases, treatment decreases. One respondent noted that multi-state institutions should only be used for a very specific and specialized problem -- for example, for those inmates who require permanent custody due to severe mental retardation. Others feel that a multi-state institution would not be worthwhile unless firm guidelines existed between sending and receiving states to assure continuous and reliable linkage between the special facility and resources from the home state.

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A majority of the mental health respondents were opposed to the multi-state concept for a variety of reasons. A basic consideration appeared to be the trend of both mental health and corrections to use the community-based treatment concept. Community treatment is based on the premise that problems which started in the community should be corrected there. By basing rehabilitation and treatment in-state, it is felt that the resources of community and family can be put to maximum use. Many felt that proximity to community and especially family is vital to potential treatment success. In essence, those rejecting the multi-state idea felt that reduction of family and community contact implied by such an idea would have extremely negative effects on these special inmates. It should be noted that these respondents were acting on the assumption that most of the inmates in a multi-state program would perforce be housed outside their state of domicile. A contrary opinion would have been voiced by the same respondents if the inmates under discussion were to be transferred across state lines for the purpose of allowing them to be treated in communities in or near their place of residence. A contrary consideration was raised by one mental health respondent who observed that in the realm of his experience, the community treatment approach is over-idealized. That is, often when a mentally retarded or mentally disturbed person is returned to the community after a long period of institutionalization there is nowhere for him to go -- relatives usually do not know what to do with them.

Another objection voiced by the respondents to the multi-state institutional concept is that it is based on a medical model rather than sociological or cultural models of treatment. While there are relevant medical factors in some cases, it is widely felt that an inmate cannot be simply sent away for a "cure."

A related comment frequently received from mental health respondents was that re-entry from a multi-state institution would be most complicated. The inmate involved would suffer not only as a result of being labeled a criminal, but also as

a result of being labeled mentally disturbed or mentally retarded. This, coupled with separation from community and family, could cause severe readjustment problems.

Many respondents made reference to the fact that the multi-state concept puts emphasis on institutional treatment, whereas institutionalization should be only a limited part of the whole treatment process. To summarize this point of view, these respondents felt that maximization of resources does not insure a successful treatment venture. In this regard, specialized treatment facilities were viewed as less complicated and more valuable if initiated on an individual state basis.

Questions were raised when respondents were asked if the departments of mental health as presently administered and funded could adequately serve their state's inmates in a multi-state institution. In general, the respondents questioned the funding aspect of such an establishment and felt that funding would be a primary problem, given the inadequate funds existing for present in-state mental health programs.

Administratively, the respondents expressed the view that their departments of mental health are flexible. They could possibly furnish consultative services to such a multi-state institution and could, perhaps, handle in-state pre- and post-institutionalization of mentally disturbed inmates (i.e., helping in evaluation, diagnosis and recommendation of usage of the multi-state facility as well as assisting in inmate re-entry into the community).

When queried as to the kinds of offenders that might be most effectively handled in a multi-state institution, most mental health respondents reiterated that they could not suggest types because they either do not favor the establishment of a multi-state institution or do not feel sufficiently familiar with such an idea to suggest types.

Respondents were also asked to suggest innovative treatment programs for mentally disturbed and mentally retarded inmates. There are many different causes

and levels of mental retardation and many categories of mental illness, a fact which the respondents relied on to reiterate only that treatment should be individualized. Respondents further suggested that the mentally retarded inmate could profit from special education, socialization training, and vocational training if applicable. Some suggested that operant conditioning techniques be employed. Also, the retardate might benefit from "sheltered community" or "sheltered workshop" treatment. For the mentally disturbed, suggested programs included all forms of psychotherapy, somatic therapy, forms of group therapy, behavior modification techniques, "therapeutic community" usage, and related techniques.

The respondents were also asked their opinions concerning the feasibility of interstate cooperation, generally, in the establishment of multi-state institutions. Three main problems were mentioned: political, fiscal, and philosophical. It was noted that political considerations can create problems in interstate cooperation in several ways. Among those problems were: location of the institution; fear that one state might get more personnel positions than another state; and concern for who will administer the institution. With regard to funding problems, many respondents felt that individual states might not always be able to share the costs even with federal backing for the project. Finally, it was suggested that the states might be too diverse to attempt to achieve a program satisfactory to all. On balance, however, the view was expressed that although problems among the states would likely occur, they would likely be insufficient to hinder interstate cooperation on this issue.

E. Divisions of Mental Retardation Analysis

Florida, North Carolina, and South Carolina have state departments of mental retardation which are administratively housed in the state Departments of Mental Health. The Georgia Department of Mental Health employs a Community Services

Coordinator who oversees the state involvement with the problems of retardation. These divisions or coordinators were thought to represent a useful and accessible reservoir of expertise as well as a source of cooperative programming for any multi-state correctional institution for retarded inmates. Administrators in this area were questioned in order to acquire expert opinion on the advisability of initiating a multi-state correctional program for retardates.

The survey first attempted to gauge present involvement of these state agencies in programs for the retarded inmate. Georgia and North Carolina divisions presently have no facilities or programs for the adult offender. Although the Florida Division of Retardation has no programs in the correctional system at this time, the director was recently approached by the director of the Division of Corrections to study the needs of retarded inmates. Ideas for a cooperative program are being considered.

The South Carolina Department of Retardation cooperates with the South Carolina Law Enforcement Division to provide an orientation program to acquaint law enforcement officers with characteristics of the mentally retarded, and alternative means of handling such persons to avoid incarceration. Such a program can reduce the number of retardates entering a correctional system and render special programs for the retarded better able to provide individualized attention. In addition to the law enforcement program, the South Carolina Department of Retardation sponsors a program in which retarded inmates from Manning Correctional Institution attend Midlands School for the Retarded, both for day care and special classes. Eventually, the inmates are permitted to reside at Midlands. The inmates chosen for participation in this project are approaching their date of release and are considered by Vocational Rehabilitation and the Department of Corrections to have good potential.

If a multi-state program for retardates were developed, it can reasonably be asserted that these state agencies would be called upon for advice and assistance.

Interstate cooperation between retardation offices would help facilitate development of a correctional program for retardates. The present research indicates that the several departments already experience some interstate contact with each other through a regional Health, Education, and Welfare organization. The retardation division in Florida responds that it actively participates in HEW Region 4 interstate training, planning, and research projects. North Carolina and South Carolina are participants in the Mental Health Interstate Compact which facilitates the interstate transfer of retardates for treatment. A multi-state correctional program could take advantage of and build upon these existing channels of communication.

Interviews with retardation experts provided little consensus on the question of which innovative programs should be provided for the retarded offender in such a multi-state institution. North Carolina retardation respondents found the entire multi-state concept undesirable for treatment and stressed that family-oriented treatment should be developed instead. The Georgia coordinator suggested that the institution be entirely rehabilitation oriented. South Carolina officials suggested vocational rehabilitation, special education, the development of socialization skills, sheltered workshops, an evaluation program to determine individual interests and abilities, and opportunities for the retardate to contribute as a working member of a community. The Florida respondent provided more detailed suggestions for treatment innovations. First, it was noted that educational and vocational programs should be geared to the retardate's learning level. In addition, reading should be stressed since it is a psychological necessity. Further, programmed instruction and tutors could be used, and very basic programs for the systematic learning of life tasks should be included since retardates often get into trouble simply because they have not learned ordinary tasks like paying the milkman. Also to be included should be a mandatory program of sports, beginning with the fundamentals of the game. This is an essential part of social education which retardates are largely denied due to slow learning rates. Such a program

provides values and skills necessary for acceptable and satisfying group interaction, from which they are often excluded.

An important question to be answered in studying the feasibility of multi-state correctional programs for retarded inmates is whether separate programs are necessary and desirable. Respondents in all four states felt that treatment programs for retardates could be incorporated in regular institutions. One replied that retardates are not so different that they require separation; they could be handled with special classes. However, he recommended the Track educational system in which retardates are mixed with normals yet progress at individual rates. Another replied that no one benefits from being made to feel different; and it does not hurt the prison population to be exposed to the mentally ill and retarded as long as this contact does not lead to exploitation. In this respect, other inmates can be a potential help to development by subjecting retardates to problems they will face upon return to open society. All agree that complete separation is generally unnecessary and undesirable.

In addition to the problem of separate treatment, respondents noted other factors which might deter their participation. Most suggested that their agencies, as presently administered and funded, would be unable to adequately serve their inmates in an out-of-state institution. In Florida, funding would be a primary problem. Georgia Community Services could not provide substantial aid at this time due to understaffing. The South Carolina Department of Retardation could lend its expertise but budget problems would exist. The North Carolina agency was not at all interested in becoming involved in such a project.

Respondents in all four states believe that interstate cooperation as presented is feasible. However, their personal enthusiasm for such a project was minimal. One Florida respondent indicated that he would support a separate program for retardates who could not cope with a normal inmate environment. A Georgia administrator questioned the validity of the multi-state treatment concept since it

is much easier to implement programs in already existing organizations within each state and each state has a sufficient number of its own to provide a program in state. North Carolina respondents found the multi-state concept disagreeable due to segregation, which would stimulate the feeling of being different, and aggravate the loss of family and community contact. South Carolina support of a multi-state retardation program was greatly qualified by the need to overcome such problems as the effects of being labeled upon the inmate, and the lack of assurance that their philosophy rather than "correctional philosophy" would prevail. Finally, South Carolina respondents also considered in-state programs to be the better approach to this problem.

The opinion of these professionals, in summary, is that a separate multi-state institution would not be in the best interests of the retarded inmate. He could best be served by incorporating a special program into the existing state systems.

F. Legislative Analysis

In order to ascertain the political feasibility of initiating multi-state correctional institutions, legislators from Florida, North Carolina, and South Carolina were contacted. Due to the request of the Director of the Division of Corrections in Georgia, legislators from that state were not questioned. A total of 523 legislators from relevant committees (i.e., Interstate Cooperation, Judiciary, Corrections and Penology, Mental Health, Federal Cooperation, etc.) in both the House of Representatives and Senate were contacted. Of the 523 legislators contacted either by mailed questionnaires or direct interview, 120 questionnaires were completed. In addition, approximately 20 letters were received from legislators who stated that they did not feel qualified to respond.

An important question raised with legislators concerned their familiarity with correctional facilities or programs for the special offender types studied

(mentally ill, mentally retarded, female offender, persistent offender, and prison troublemaker). In all three states familiarity was greatest with programs for the mentally ill offender, the mentally retarded, and the female offender. The last two categories, persistent offender and prison troublemaker, were accorded the least recognition by the legislators.

To determine a further degree of familiarity, the legislators were asked which correctional institutions they had visited, as well as how recently. Responses indicated that the main correctional institution of the respective states was the one which more legislators had visited than any other, however, less than half of the respondents had actually visited that institution. In answer to the query of how recently they had visited correctional institutions, a large number of respondents made no comment. However, of the number who had visited correctional facilities, most had been there within the "past year." Generally, responses indicated that the respondents were not wholly familiar with correctional facilities and programs. However, it must be noted that there are in this group of respondents individuals who are exceptionally aware of such programs and who focus much of their legislative attention on corrections.

Several questions asked were for the purpose of ascertaining the political feasibility of interstate exchange of prisoners and the current legislative desire for new rehabilitative programs for certain types of inmates. Approximately 90% of the legislators who responded were not opposed to transporting inmates to specialized institutions for rehabilitative treatment in other states. Of the minority who objected to the idea, several reasons were given. Some felt that each individual state should have responsibility for its own inmates and should develop its own special treatment programs. Others indicated that the advantage of being within close proximity to community resources and family contacts far outweighed any advantages a multi-state facility might provide. In addition, some respondents felt that until such a program was actually in existence, there

was no assurance that a multi-state program would be more adequate or effective than present, in-state programs. As expected, the cost factor played a major role in the negative or conditional responses of some legislators.

Each respondent was asked whether he favored sending all of one type of inmate to another state, if that state had superior facilities geared to treat a specific offender type. The majority answered "yes," conditionally. The conditions were chiefly financial in nature. If the cost were more economical than individual, in-state programs and if the cost were commensurate with benefits derived, then such a move might be regarded as favorable. Another condition mentioned was that a multi-state program would be beneficial only if eventually individual states provided their own treatment facilities. Among the more insightful comments made was the suggestion that it might be more harmful to stereotype and group people in order to transfer them to a special facility than to continue handling them as at present.

A majority of the legislators were willing to bring in out-of-state inmates if their state had superior facilities for a particular type. Again, there were few unconditional "yes" responses. Generally, respondents were willing only if the program were worked out on a reciprocal basis. Those who were opposed again reiterated that each individual state should handle its own inmates, or stated that the cost might be excessive. Some felt it relevant to note that most states' correctional facilities are presently overcrowded and did not have sufficient facilities and services to accommodate out-of-state inmates.

Legislators were asked to estimate their constituents' opinions concerning specialized offender treatment. As a general rule, the legislative respondents noted that their constituents were only somewhat concerned about the problems of inmates, and that this concern was most likely to be expressed negatively. In sum, legislators perceived voters to be concerned when some correctional issue was perceived as a threat to the community, and relatively unconcerned with action focused on better rehabilitative programs for inmates.

As expected, a large majority of legislators would readily favor sending any of the offender types out of state. On the other hand, many stated that constituents would probably object to having certain types of inmates brought in from other states. It seemed that those offenders who are considered relatively harmless and who attract public interest and concern -- such as the mentally ill, mentally retarded, and female offenders -- would probably be the most acceptable to bring into a state. The responses indicate that those who seem potentially dangerous and who are considered misfits or societal outcasts -- such as the persistent offender and prison troublemaker -- would probably not be acceptable to bring into a given state.

It would seem from these and previous opinions that if a multi-state correctional institution were considered feasible, it would receive most support if established to treat the mentally ill or mentally retarded offender.

Legislators were also asked to rate the relative priority of the offender types with regard to new treatment facilities. The majority of respondents felt the mentally ill offender deserved top priority for treatment; second priority was for the mentally retarded offender; third, the female offender; fourth, the persistent offender; and, fifth, the prison troublemaker. Apparently, the feeling was prevalent that mentally ill and retarded offenders were not as responsible for their criminal acts as other offenders, due to mental defectiveness.

This conclusion was further reinforced by responses elicited in reaction to the idea of removing mentally disturbed and mentally retarded offenders from the correctional system. The majority of the legislators responded that they felt that these two types of offenders did not belong in the correctional system at all. Many respondents qualified their answers to the effect that it was not necessary to remove all mentally disturbed -- preferably only those insane by the M'Naghton Rule, or only when the illness definitely called for removal. Others responded that the mentally disturbed offender should remain under correctional

jurisdiction because of violation of the law; however, they should be separated from the general prison population and have access to psychiatric treatment.

The minority who did not want to see these offenders removed from the jurisdiction of a state department other than the department of corrections stated that the mentally ill offender should not be transferred under a blanket policy because many of them would take advantage of that option in order to be removed from the correctional system. These respondents therefore stressed that they should be handled according to individual needs.

Among other types of offenders who could benefit from being removed from the correctional system, legislators suggested: youthful offenders, first offenders, alcoholics, drug addicts, sex offenders and homosexuals. It appears that these latter types not only are persons who have committed a crime, but who also have primary disorders which in the opinion of the respondents, require treatment.

More than half of the legislators suggested that consideration be given to interstate institutions for treating other types of offenders. It was repeatedly suggested that an institution for the narcotics addict was desperately needed. Other inmate types suggested for consideration were the alcoholic, sex offender, and youthful offender, those with life or death sentences, and perhaps the "political prisoner." Generally, however, the "political prisoner" is rare in these four states and may not be perceived as an immediate problem. In fact, several legislators seemed ignorant of the meaning of the term "political prisoner."

In an effort to determine legislative philosophies concerning the correctional process, legislators were asked whether they felt the main goal of corrections should be protection of society, punishment of offenders, deterrence, or rehabilitation. Responses were evenly divided between protection of society and rehabilitation. Many felt that they could not easily stress one philosophy over another, rather they preferred multiple goals -- usually protection of society and rehabilitation.

Since the financial problem has been repeatedly mentioned by other respondents concerned with creating new correctional programs or facilities, legislators were asked if they thought the legislature would help finance any new and better rehabilitation programs which might cost more than current ones. Seventy-five percent of the Florida legislators assumed that the legislature would be willing if there were new revenue sources available, and if the new programs were proven better than present ones at rehabilitation. Others commented that it "would take a big selling job" to achieve the desired funding. The minority of Florida legislators who did not think the legislature would be willing to help finance new rehabilitation programs stressed the general unavailability of new funds.

Just over half the North Carolina respondents replied that appropriate legislation could be passed, under conditions similar to those expressed by Florida legislators. It was again stressed that establishment of new programs would require a "selling job" to the legislature, as well as new sources of revenue. One lawmaker commented that the legislature had already placed high priority on corrections for the next few years, and that new ideas would be carefully considered and possibly accepted.

South Carolina respondents felt that the legislature was presently hard pressed to fund programs which have priority over corrections. New projects involving corrections would, in such a climate, almost certainly not receive funding.

It was generally felt in all three states that the legislature would be somewhat willing to help establish new correctional programs if federal funds were available to assist the states in the establishment of those programs. Some legislators commented that even if 75% of the cost were paid federally, some states might have trouble raising the other 25% -- "you can go broke by trying to match the federal government." Wariness of federal government power was also expressed.

Approximately 64% of the legislative respondents stated that they personally would be very willing to support added funding for more effective

rehabilitation programs. On balance, it appears that legislators would vote for the creation of a multi-state program -- especially if it were designed for mentally disturbed or mentally retarded offenders.

Location is an important factor in establishing a multi-state institution. Legislators were asked if they would be willing to place a new correctional institution near a populated area. The rationale for the question is based upon the assumption that professional services within an urban area could be highly beneficial to such a program. Although the majority of legislators who answered stated that they would approve construction in or near an urban area, the strongest comments were made by those who objected. The most common objections were that constituents would not want criminals in close proximity; the cost of land and property taxes would be too high; and that surrounding land would lose value. There is some possibility, however, that the legislators may be overstating the hazards of constructing correctional facilities near existing population centers.

In order to establish multi-state institutions to assume interstate exchange of inmates, the enabling legislation, or the Interstate Corrections Compact, must be passed. To date, the Interstate Corrections Compact has been passed in South Carolina, Georgia, and Florida. When asked if any complications could be foreseen in implementation of the Compact, one-third of the legislators replied affirmatively. As in previous responses, the primary problem appeared to be funding.

When asked if interstate exchange of prisoners would be politically feasible at this time, many responded with the hesitations and questions mentioned previously in this section. Two-thirds of the legislators responded that exchange was feasible at this time, but they desired to know more about the operation of specific facilities and programs before committing themselves. Questions often repeated were: What are the costs? Would the benefits be worth it? How many inmates would be transferred? What degree of federal control would there be?

Thus, based on the responses of legislators to the questionnaire, it would appear that multi-state correctional cooperation is politically feasible. Many of the lawmakers said that they would sponsor an interstate corrections bill. These positive responses make it seem possible that such a bill might achieve legislative approval.

G. Criminal Court Judges' Analysis

A letter describing the research project with a description of the offender categories and a copy of the Interstate Corrections Compact was mailed to the Circuit Court Judges in Florida, Georgia, North Carolina, and South Carolina. Two weeks later a questionnaire was mailed to the same group of respondents. Six weeks later a second, identical questionnaire was mailed to the respondents who had not yet returned the initial questionnaire.

The total possible response from the four states was 261 -- Florida, 118; Georgia, 68; South Carolina, 26; and North Carolina, 49. The total response was 119 or approximately 45% of the possible response. The total response figure includes completed questionnaires -- Florida, 42 of 118; Georgia, 22 of 68; North Carolina, 27 of 49; and South Carolina, 10 of 26.

Several questions were designed to indicate the judges' familiarity with the present correctional facilities and programs within their respective states. The first question asked whether the judge had visited any of his state's correctional institutions and if so how recently? About 70% of the judges completing the questionnaire had visited one or more facility within their state, but the great majority of these judges had visited only one institution. For example, the judges in North Carolina had a meeting in Central Prison within the past year, but most had not visited any other facility prior to or after this one visit.

A second question specifically asked if the judges were familiar with facilities and programs in their state for the categories of offenders involved in

the study. In asking this question, no provision was made to show how a judge became familiar with the correctional programs. His familiarity could be gained through visitation, the media or general public knowledge.

The highest level of familiarity with programs for all the categories was shown by the North Carolina judges. A majority of the judges in North Carolina who responded indicated that they were familiar with programs and facilities for all categories of offenders within their state. The Georgia and South Carolina judges were most familiar with offerings for the mentally disturbed. In Florida, the majority of the judges were not familiar with programs for any of the categories. The categories in which all the judges appeared to be most knowledgeable was the mentally disturbed, and the category of least familiarity was the mentally retarded.

In summary, then, the degree of familiarity with facilities and programs for the categories involved does not seem to be related to whether or not a judge has visited correctional institutions within his state. Of special significance here is the fact that a majority of all those judges responding to the first two questions presented were generally unaware of the present correctional structures within their states. The lack of contemporary knowledge about the correctional system definitely needs to be remedied, and several judges admitted that they would like to know more and should know more about the correctional process.

Two additional questions were asked in conjunction with the attempt to establish the degree of judges' familiarity with the total correctional process. The first of these additional questions was: "Who decides to which institutions inmates are sent?" The second question asked: "What influence do you have in the choice of an appropriate institution for a sentenced offender?"

As to the first question, the judges were generally aware that once a man is sentenced to confinement, the ultimate placement within the institutional system is left to the respective department of corrections, usually through a reception

or classification unit. The second question, aimed at perceived influence in placement, was divided into three possible responses -- slight, strong or none. The great majority of the judges acknowledged that they had slight or no influence in the choice of an appropriate institution for a sentenced offender. Most of the judges did recognize that they had some influence on eventual placement through their own recommendations in the commitment papers, and more strongly, through the length of sentence which they imposed.

Since the offender categories of the present research include the prison troublemaker and the retarded inmate, judges were asked whether or not they used prior institutional conduct as a factor in sentencing, and whether or not the IQ of the defendant was known by the judge prior to sentencing.

The overwhelming majority of the judges indicated that they do use prior institutional conduct as a sentencing factor. Some judges, however, did mention that sometimes this information is not available to them through normal channels prior to disposition. The importance of this factor in sentencing lies in the fact that judges are concerned with the prison troublemaker prior to disposition, and a past behavioral record can be presumably used as a factor in a present disposition. How this information is used was not asked of the judges, however, one inference might be that in most cases when the judge is made aware of such information, the chances for a harsher sentence are increased.

More than two-thirds of the judges stated that they were made aware of the IQ of the defendant prior to sentencing. The methods for providing this information were somewhat varied. Many times a defendant's IQ is included in the pre-sentence investigation; occasionally the judge requests a psychiatric or social test, and some merely infer an IQ from discussion with the defendant or from his past formal education. Despite the inadequacies of IQ testing, it could be generally concluded that the judges do have reasonable knowledge of retardation or a possibility of it prior to sentencing.

Judges were further asked to indicate what special dispositional alternative they would consider when it was brought to their attention that a defendant was retarded. Among the broad range of responses were included the following: probation, probation with close supervision, probation with special training, prison with special recommendation for training, private medical treatment, and special community treatment in a school for the retarded. Several judges included voluntary commitment to a mental institution in their list of alternatives, while a few indicated that their final disposition would depend on the crime involved.

The judges were further asked if the mentally disturbed or retarded offender should be treated by the department of corrections or by some other agency. The responses were overwhelming in favor of having these categories treated by some other agency. Some judges qualified their response by noting that the type of crime committed would have to be considered before custody of these offenders could be granted to another agency. Despite the occasional expression of concern for matters of custody, the general willingness of judges to give these types of offenders to an agency other than corrections suggests that the judiciary may, in this regard, be primarily concerned with adequate rehabilitation as opposed to simple warehousing. No doubt other agencies could provide for close custody, thereby fulfilling the public's need for safety. To be sure, the judges responding to this question revealed a certain degree of dissatisfaction with present alternatives and a willingness to try a new approach.

Another question intended to reflect judicial dissatisfaction with present correctional programs asked: "Are correctional facilities and programs for women in your state such that you are more likely to place a woman on probation than a man?" This question also provided judges with a forum to discuss their rationale for sentencing female offenders. However, with the exception of judges in Georgia, most responding judges indicated that they were not more likely to place female offenders on probation.

Although most of the above questions hinted at the fact that judges might feel restricted by dispositional alternatives for the offender categories in the present study, a specific question to deal with that issue was asked. As a general rule, the judges indicated that they did, in fact, feel restricted, although less often in the sentencing of females and persistent offenders. Most of the judges expressed dissatisfaction with the available alternatives for the sentencing of mentally disturbed and retarded offenders.

As dispositional alternatives, the judges recommended special institutions and facilities, therapy and training, community facilities, and referral to a special agency. For the persistent offender, some judges sought the sentencing alternative of specifying "close custody" and indefinite confinement. Only a few judges actually suggested that multi-state programs would be a desirable alternative. More frequently mentioned were community facilities and referral to a special agency. In general, multi-state correctional facilities and programs were contraindicated by the responses to this question.

When asked specifically if they would be more or less inclined to incarcerate a woman, a retarded or mentally disturbed offender if there existed a specialized institution in another state, a majority of the judges replied affirmatively. On its face, such a response suggests a willingness to utilize special institutions if they were available. However, it must be pointed out that under present law the sentencing judge cannot control the place of confinement after sentencing -- he can only make recommendations. So, whether or not the defendant ended up in the special institution would be determined by someone other than the sentencing judge. Many judges observed that their inclination to incarcerate would depend more on the effectiveness of programs available in the specialized multi-state facility than upon its location. The implication of responses to this question suggests that judges would be inclined to incarcerate in another state if the special institution could provide effective treatment, but if an institution were

local in nature, they may be even more inclined to incarcerate, providing the treatment was effective. The key, then, appears to be treatment more than location. If anything can be generalized from this and the preceeding questions, it is that the judges responding are not happy with the correctional process as it is and are willing to try new approaches which may or may not necessarily include regional planning.

To establish with some specificity the degree to which out-of-state incarceration would affect the sentencing process, the judges were asked if visiting problems created by out-of-state incarceration would affect their sentence decision and, if so, how. By a better than three to one margin, the judges responding felt that such considerations would not have any affect per se upon their sentencing. Those judges frequently noted that if the treatment offered at an out-of-state facility was better than that available in-state, such factors would outweigh the visitation hardships imposed. Many emphasized that the location of the present institutions frequently precluded family visits for many inmates.

The judges were also asked to rank the several offender types with regard to priorities for new treatment efforts. The question itself was not conditioned on the possible establishment of multi-state facilities or programs, so it can be assumed that the priorities established would be the same regardless of any regional developments. The priorities for treatment established by judges were as follows: (1) mentally disturbed, (2) mentally retarded, (3) female offenders, (4) persistent offenders, and (5) prison troublemakers. These responses conform closely to those of other respondent groups and suggest that judges are unhappy with the programs available, especially programs for mentally disturbed and mentally retarded offenders. In terms of generalized concern for treatment which could or could not be met by the establishment of multi-state programs, the judges would then be more likely to support a program geared for the disturbed or retarded than for the persistent offender or prison troublemaker.

To summarize, then, in the area of dispositional alternatives, the judges are not pleased with the present system, are willing to support a change if it might work, even a change that would result in multi-state treatment. But there is no consensus that a multi-state program would be better -- only a consensus that new programs must be tried, which may or may not include regional treatment.

A final group of questions asked the judges to deal more specifically with multi-state institutions and programs. The questions were structured to get at the degree of support or opposition to the creation of multi-state programs, interest in correctional legislation in general, and an attempt to delineate how multi-state programs might affect a change in the present structure of the correctional system.

"Are your colleagues interested in correctional legislation?" and "Are you interested in correctional legislation?" were the initial questions in this section of the questionnaire. The replies to these questions were as expected. Of the 98 judges responding to the second question, dealing with their own interest in legislation, 97 said "yes." The single negative answer to this question provided no explanation. As to whether their colleagues were interested, 76 responded "yes," 4 "no," and several declined comment or conjecture. Of course, one might infer some lack of interest on the part of judges from the lack-luster response rate of the total judge sample. Those who completed the questionnaire (119 of 261 sampled) were no doubt more interested than the majority of their colleagues who did not.

Assuming the establishment of an interstate institution, the judges were asked how such a program would affect their handling of the special offenders. The responses ranged from "a great deal" to "not at all." Also included were "depends on institution, location, effectiveness of program, increased use of prison," and "any additional tool is appreciated." One discerning judge commented that it would not affect him at all since institutional placement is an executive function over which he has no control.

In addition to the offender categories principally involved in this feasibility study, judges were asked whether specialized state programs should be considered for other offender types. Most frequently suggested for special consideration were narcotics offenders, political prisoners, alcoholics, sex offenders, psychopaths, and first offenders.

The tandem questions of "Would you favor the establishment of a multi-state institution?" and "Are you opposed in any way to multi-state treatment of inmates?" were asked toward the end of the questionnaire. The judges favored the establishment of multi-state institutions and were not opposed to the multi-state treatment of inmates by a seven to one margin. The reasons given were closely similar to those given by other response groups previously discussed herein.

To conclude, there is among those judges who answered the questionnaire support for a multi-state approach, but there is still no answer to the question of whether such multi-state programming would actually work. It appears that support for the multi-state approach might, in fact, not be as strong as the support for a change in the present system. Among the changes may be included a try at inter-state treatment of certain offenders.

Chapter 5. Summary: Some of the Major Questions Addressed in this Study

This section serves as a summary and also focuses attention on some of the major issues addressed in the preceding section as well as some not previously discussed. This chapter organizes the data from all of the relevant sources as they pertain to a specific issue. Each issue is stated in the form of a question which is followed by the data which help to provide the answers. Only those issues deemed to be of major importance are examined in this chapter.

A. What are the program needs for each category of inmate?

1. Persistent Offender. Due to the broadness of the category of "persistent offenders" as well as lack of research in this particular area, it is extremely difficult to specify program needs for this category. Research is vital to determine rehabilitative or treatment methods which are of value in combating recidivism. However, even with research studies in this area, the category of "persistent offender" contains a group of persons who have committed crimes of quite different origins which may preclude any worthwhile grouping. Thus, it must be emphasized that to the extent possible, individualization is the key to any treatment methods whether oriented to the "persistent offender" or another category.

In line with program needs, an extremely difficult question which must be considered is whether or not the persistent offender should be removed from the general prison population. The complexity of this issue is illustrated by the fact that the responses from the Departments of Corrections in all four states are split almost 50-50 on this subject. Running through these responses are concerns for the

best treatment of the persistent offender, the best treatment of other inmates, and the administrative practicality of such a separation.

Those respondents advocating separation indicate that it would be desirable for youthful and first offenders to have more complete isolation from the persistent offender. Those arguing against separation feel that the proportion of inmates who are persistent is too large to accomplish this kind of separation in a realistic manner. Some believe that considerable management problems would be created because the persistent offender would be too tough to manage when grouped together with other persistent offenders. By grouping the recidivist, undesirable characteristics of the recidivist might be further reinforced by virtue of a labelling process and a self-fulfilling prophecy. One of the most recurring arguments against separation is the contention that "persistence" is not a sound basis for special treatment programs.

Benefits which might be derived by the general inmate population if the "persistent offenders" were removed must also be considered. The respondents from the four state departments of corrections indicated that removal would reduce the cyclical process of learning a criminal career because the persistent offender would no longer serve as a role model for youthful and first offenders. In other words, perhaps the "school for crime" aspect present in most prisons today would be significantly reduced. Also, the chance of rehabilitative program success for members of both the general population and "persistent offenders" should be enhanced due to increased motivation on the part of these offenders.

Corrections respondents were queried about innovative programs if a special institution were considered for persistent offenders. Of the many innovations suggested, perhaps three have the greatest potential. The first is to institute within the institution for persistent offenders vocational programs which require a longer amount of time to complete. The typical prison today is forced to shy away from vocational programs which require a long time to complete because it would

be useful to but a very small percentage of the prison population. However, it is reasoned that most persistent offenders are serving longer sentences, and a more complex vocational or educational program could therefore be instituted. Similarly, more complex prison industries could be implemented. Instead of making license plates, for example, a job which requires little training and fails to provide a marketable skill, the prison industry within the institution for the persistent offender could allow inmates to produce a much wider range of office furniture for use in state offices and for other public institutions. This would not only provide revenue for the prison system, but would also train inmates more realistically for profitable occupations upon release.

A second suggested innovation might be to group the persistent offender according to age and to provide individual programs for the different age groups. The rationale is simple -- whereas a twenty year old may benefit greatly from a vocational program, an inmate who is fifty would probably receive much less benefit. This type of classification, according to age, would be a useful tool in any institution. Of course, this is being done to some extent now with the development of prisons for first offenders, prisons for youthful offenders, etc. However, there is very little segregation by age done in maximum security prisons.

A third innovation suggested for a special institution for persistent offenders would be to build into the institution a comprehensive research department. This department would keep track of the pertinent data on all inmates prior to, during, and after incarceration. On the basis of this research, criminologists should be able to gain valuable information relating to the persistent offender.

2. Prison Troublemaker. As noted earlier, the most severe prison troublemakers are separated (usually for short terms) from the general population; however, special treatment is more oriented towards control rather than therapeutic goals. Basic psychological principles indicate that punishment alone does not deter undesirable behavior successfully. Better treatment methods of the troublemaker would involve more use of rehabilitative, therapeutic techniques.

Eighty per cent of the corrections respondents indicated that separation of the troublemakers from the general inmate population was necessary. Reasons given for separation were the obvious, expected ones: (1) for control purposes, and (2) grouping would enable easier treatment. Those who objected to separation voiced the opinion that troublemakers would generate extreme management problems when grouped. Also, isolation of troublemakers reinforced similar behavior because the troublemakers no longer had to bother to adjust and learn how to get along with the vast majority of their peers (general inmate population).

The majority of the corrections respondents referred to positive benefits which would accrue to the remainder of the prison population if the troublemakers were removed. These respondents stated that the emphasis of the system could be placed more on treatment rather than on custody, the rules and regulations could be relaxed, and more flexibility in prison programs (such as expansion of work release) could be achieved. Also, there would be less "contamination" or influence of the "undesirables" on the remainder of the prison population.

Various program innovations were suggested by corrections respondents. More use of therapeutic treatment is needed; group and individual therapy; behavior modification techniques; and resocialization methods are all examples of such broad orientation treatment methods.

It must also be emphasized that the prison troublemaker is often the product of the prison environment. One respondent suggested that if "small cottage living" were possible, perhaps problems of alienation, etc., which occurs when men are treated on a group level rather than on a more individual level, could be avoided.

It should be mentioned that just as with the "persistent offender" category, the "prison troublemaker" category includes an extremely wide range of persons with very eclectic characteristics and problems. This consideration as well as the number of troublemakers from four states might preclude development of a multi-state institution specifically for this category. On the other hand, individualization

is the key to any specialized treatment approach, and if this would be more likely to occur in a special institution devoted to treatment of the prison troublemaker, such an institution would definitely be worthwhile.

3. Mentally Disturbed. When discussing the mentally ill criminal we are referring to three types of offenders: those charged with crime who are mentally incompetent to stand trial; those who have been acquitted of crime on the grounds that they were mentally irresponsible at the time of the act; and convicts, who, while serving sentence in prison, become or are found to be so mentally disordered or defective that they require psychiatric care. All three of these offenders have in common being taken into custody under the states law enforcement and correctional program and because of mental condition could be handled more properly in a therapeutic institution.

In the first two categories, either mental irresponsibility at the time of the criminal act or mental unfitness to stand trial, causes the accused to be sent to a mental institution instead of a prison and consequently represent a minimal problem to the respective departments of corrections. However, those inmates (category three) who are found to be mentally ill while serving a sentence in prison present unusual disposition problems.

Many mentally disturbed persons are sent to the correctional institution because they do not satisfy the legal test for non-responsibility. In most states the test of mental irresponsibility is incapacity to understand the nature and quality of the criminal act, or incapacity to think that it is wrong (M'Naghten rule). A person may be aware enough to understand the criminal proceedings he is going through and thus not satisfy the test for non-responsibility; yet, at the same time, be clearly suffering from a definable mental disorder. Other mentally ill persons found in the correctional institution are those who suffer mental decompensation while serving a sentence in prison. Thus, there are a considerable number of mentally disturbed inmates who are misfits in the correctional system.

Although all jurisdictions provide a procedure for transferring prisoners to a state mental hospital or special institutions or wards for the criminally insane, due to many complications, disposition of the mentally disturbed inmate is not a simple matter. The phenomena of insanity and crime is ambiguous, obscure and causes problems in attempting to care for the mentally ill criminal.

In the first place, the very terms "insanity" and "sanity" are relative and connote ambiguous definitions, thus causing confusion. For example, "insanity" is commonly used indiscriminately to include any type or degree of mental disorder or defect; this definition can mean various things depending on the interpreter (doctor, lawyer, etc.).

In addition, because the mentally disturbed criminal suffers both a correctional and mental health problem, often he does not fall under the jurisdiction of one state agency but two or maybe more (i.e., corrections, mental health, vocational rehabilitation, etc.). Conflicts caused by such split-supervision result in disposition problems. In many cases, the mentally disturbed inmate suffers from lack of or inadequate evaluation and diagnosis services. Pre-sentence as well as post-sentence evaluation and diagnosis could aid in placing the mentally ill inmate in a psychiatric unit.

However, too often the person who is mentally disturbed upon entering prison, yet not enough so as to have legal affect, becomes more seriously ill as a result of the prison environment. Thus, by the time attention is given to such a person, the traumatic jail experience has had enough negative effect to present difficult treatment problems. This situation might be avoided if the inmate could have been sent promptly to a psychiatric hospital.

Another problem encountered in treating the mentally disturbed inmate is the conflict between treatment and security. Any type of institutionalization, even in the best hospitals, militates against therapeutic goals. Ideally, there should be opportunity for the kinds of experience which make for psychological

growth . . . there should be contact with relatives, members of the opposite sex, opportunities for limited periods of freedom, opportunities to take responsibility for making decisions. However, few institutions meet this ideal.

The situation is further complicated when the institution is one which handles the mentally ill offender. Because the individual is considered a criminal, he is treated as one and appropriate security measures are taken. At the same time, he is mentally ill and requires psychiatric treatment. Security measures naturally hinder treatment flexibility and impede therapeutic goals which call for allowing increasing responsibility for actions and judgements with diminishing restrictions and controls. Thus, therapy and security are largely incompatible objectives. For example, in a psychiatric unit for the criminal mentally disturbed, aggressive behavior might be punished as an offense, whereas looked at from the therapeutic perspective such behavior might indicate a positive step towards emotional rehabilitation.

Since treatment and security are incompatible objectives, too often mental health is subordinated to considerations of custody. In the middle of this conflict is the psychiatrist who is faced with the problem of securely restraining dangerous patients and at the same time doing something about treating them.

Security measures in such a psychiatric unit exist mainly as a result of public concern and criticism -- much of which is unwarranted. Many studies report that mentally ill persons who have committed violent and serious offenses against society are not a group apart from other mentally ill persons who have not translated their emotional conflicts into overt assault upon others. They tend to run the same gamut of psychiatric disorders as psychiatric patients in general, and respond to the same methods of care and treatment as do other mental health patients.

Another factor to be considered is that seriously disturbed individuals are frequently too disordered to consider escape and too involved with themselves to cooperate with others in order to escape. Thus, just because the person is a

criminal and mentally ill does not justifiably indicate implementation of security measures. Rather, just as in the total population of mentally ill persons, some require security due to the nature of their illness, and others do not.

Another unique problem encountered by the mentally disturbed inmate with regard to treatment is incentive to improve. Since some inmates in a psychiatric institution face return to the correctional setting if they improve before sentence is expired, incentive to respond to treatment is obviously affected in these cases. Many develop a negative incentive to improve.

Reentry or release from a psychiatric institution, whether to the correctional institution or into society, presents complications. Indeterminate sentencing provides an especially supportive background to psychotherapeutic efforts since the offender's motivations to improve or recover would be increased in a situation where release was dependent upon psychological improvement. However, there are complications in the implementation of indeterminate sentencing. For example, the inmate might concentrate more on manifesting healthy behavior in an effort to be released than actually developing the necessary therapeutic alliance between psychiatrist and patient.

Another problem encountered when an inmate is kept in a psychiatric unit or hospital is loss of good time. In many states good time credit is not allowed in a psychiatric institution and the inmate who is transferred to a hospital soon after conviction and not returned can be kept there for unreduced maximum time of his sentence. Eligibility for parole might also be affected when the inmate has been treated in a psychiatric unit.

Release from the hospital environment causes other complications. As previously mentioned, "sanity" is a relative term and there is no sure prediction of future conduct of the released patient. The mentally disturbed inmate faces stronger reentry hindrance than the general psychiatric patient because he carries the additional stigma of criminality. In order to be considered for release from

a psychiatric unit, often the mentally disturbed inmate must exhibit more sanity, self-control and character strength than is possessed by many people who have never been in a mental hospital.

Naturally, release of a criminal who is also labelled mentally disturbed is open to public criticism. This concern is understandable since release too soon can result in tragedy. Yet, an overly restrictive policy can have negative consequences too. Basic research is needed for the development and validation of clinical criteria for release. If the mentally disturbed inmate is released from the psychiatric environment into society, he faces reentry problems. Reentering society after time spent in a correctional institution as well as a mental institution requires special transitional help. To assure that the patient will make a good judgement and be able to further avoid criminal behavior depends not only on hospital therapy, release procedures, but also on aftercare supervision and treatment.

Since problems of labeling, reentry and readjustment from an institution are prevalent, perhaps the most feasible alternative solution to the problem of disposition of the mentally disturbed offender is an institution for crisis, short-term psychiatric treatment. Since most of the breakdowns that occur among inmates are of the episodic type, it should often be possible with short treatment to enable the patient to make a recovery sufficient for return to his routine work.

Thus, if an inmate who develops a mental disturbance has access to early evaluation services, he could profit from a short term treatment in a psychiatric unit and perhaps be returned to the correctional setting; this might alleviate to some extent the stigma which results from residing in a mental hospital for long periods or all of his sentence.

There seems to be little question according to corrections respondents that the "mentally disturbed" inmate needs to be separated from the general

population in order to respond to treatment with the highest degree of potential positive response. One of the benefits of separation that would occur, according to a majority of the respondents, is that the staff and facilities that are currently tied up by the mentally disturbed offender could be reallocated to other uses.

Mental health administrators were also asked their opinions about the desirability of separating the mentally disturbed from the general inmate population from the standpoint of treatment as well as benefits to the general population. In discussing the treatment aspects of this question, most respondents felt that whatever the mental health desirability, a person should be evaluated and treated according to individual problems and needs, not grouped and labelled by inoperably broad categories. For example, there are hundreds of diagnostic categories of mental illness, some of which might profit from segregation from the general prison population for treatment and others who might not. In addition, some theorists stress that rationale can be given to class all offenders as disturbed in some way.

Those respondents who felt that separation of the mentally disturbed from the general population necessary for treatment purposes reasoned that a more homogeneous group would facilitate flexibility of treatment. Reasons given by those who favored keeping the mentally ill inmate within the general population were: the inmate has to learn to adjust to his environment (by living with peers) if he is to reenter society successfully; segregation should only be used for short-term crisis treatment in order to facilitate immediate return to the general population.

As noted above, part of the difficulty in meeting the needs of the mentally disturbed inmate is that this category does not fall directly under the jurisdiction of one state department, but rather in the middle of two or more. To clarify this complication, the mental health respondents were asked their opinions about which

state agency could best handle the mentally disturbed inmate. Responses vary widely, with no consensus. Some alternatives mentioned are: the mental health departments should have primary responsibility for the mentally ill, whereas if the divisions of corrections create their own mental health facility, costly duplication of mental health services would result. Despite that reasoning, others favor the idea that corrections should develop its own mental health program, while others respond that both corrections and the departments of mental health should be able to cooperate in handling the mentally ill inmate. Another respondent favored the "umbrella" concept in which corrections, mental health, vocational rehabilitation, and other agencies played a role and cooperated under a centralized agency, perhaps a "Department of Human Services."

Vocational Rehabilitation respondents indicated that the mentally disturbed inmate could best be handled by a combination of a division of corrections and a division of mental health, with the division of corrections being primarily responsible for the custody and safety of the offender (and society) and the division of mental health being responsible for the treatment of the offender. In addition, other agencies such as Vocational Rehabilitation should be used as extensively as necessary.

Criminal court judges were also interviewed in relation to this topic: the judges were asked if the mentally disturbed should be treated by the division of corrections or some other agency. The response was overwhelmingly in favor of having this category treated by some other agency. Some judges did qualify their responses by saying that the type of crime committed would be a factor to be dealt with before "giving" this type to another agency. This, of course, evidences a concern for custody and the protection of society on the part on the part of the judges in conjunction with the realization that the division of corrections can provide for this correctional type, but not for the actual treatment of the mentally disturbed. However, the vast response indicating a need to "give" the

mentally ill offender to another agency reveals that the judiciary may really be thinking in terms of adequate rehabilitation as opposed to warehousing, even at the cost of some custody. No doubt another agency could provide for close custody as a safety factor. To be sure, the judges through this question evidenced a strong degree of dissatisfaction with present alternatives and a willingness to try a new approach. Most judges indicated that they did feel restricted by the present dispositional alternatives available for cases involving mentally disturbed inmates.

As alternatives, the judges recommended special institutions and facilities, therapy and training, community facilities, referral to a special agency. Only a few judges actually suggested that multi-state programs would be a possible alternative. Most frequently mentioned were community facilities and referral for handling to a special agency. Multi-state correctional facilities and programs were contra-indicated by the responses to this question.

Legislative respondents were queried along this line also. They were asked; "Would you favor removing mentally disturbed offenders from the correctional system?" The majority of the legislators responded that they felt that the mentally disturbed offender did not belong in the correctional system at all. Many respondents qualified their answers to the effect that it was not necessary to remove all mentally disturbed -- preferably only those insane by the M'Naughton Rule, or only when illness definitely called for removal. Others responded that the mentally disturbed offenders should remain under correctional jurisdiction because of violation of the law; however, they should be separated from the general prison population and have access to psychiatric treatment.

The minority who did not want to see these offenders removed to the jurisdiction of a state department other than corrections stated that the mentally ill offender should not be transferred under a blanket policy because many of them would take advantage of that option in order to be removed from the correctional

system. These respondents stressed that the inmate should be handled according to individual needs.

4. Mentally Retarded. As previously emphasized in the "program needs" for other categories, an individualized treatment approach is the most valuable key to meeting the needs of these special offenders. This is especially true in treatment of the mentally retarded inmate.

Eighty per cent of the corrections respondents favored separation of the mentally retarded from the remainder of the prison population. Reasons for this position centered around the fact that educational and vocational programs could be geared more specifically for them. Also advanced was the idea that they would no longer be ridiculed and would not be forced into the same kind of competition that they currently receive among the general population. A third argument was the idea that the retarded are overly influenced by sophisticated criminals. Those opposed to the segregation of the mentally retarded offenders tended to believe either that separation would limit their development or that the retarded offender can learn more when he continually comes into contact with "normal" inmates.

In reference to benefits which would accrue to the remainder of the population if the retarded inmates were removed, correctional respondents felt their removal would not cause major changes. The greatest change that would occur, according to most officials, would be a general up-lifting of the academic and vocational programs to the level of the new population. Another change relates to the pecking order. The mentally retarded offender typically is at the bottom of the pecking order of prison inmates -- he is made the scapegoat for everything that goes wrong. With his removal, the "predators," as one person calls them, would be forced to find a new scapegoat.

If a multi-state institution for the mentally retarded offender were to be considered feasible an important suggestion from corrections respondents was the

development of more comprehensive diagnostic services. It was indicated that a special facility for the mentally retarded offender should especially emphasize the treatment aspect rather than the custodial aspects of institutionalization. Since retarded offenders are not generally known for their escape attempts, minimum security might be possible.

Special education classes, special vocational programs and basic socialization skills are "musts" in an institution for the mentally retarded inmate. Respondents suggested that ideally such an institution should be closely linked to community resources in order to facilitate limited work release and access to sheltered workshops. Also, an intensive supportive after-care program which would serve as a link from institution to home community is of vital importance when planning a comprehensive treatment approach for the mentally retarded.

Mental retardation respondents suggested various program implementations. North Carolina retardation respondents found the entire multi-state concept undesirable for treatment and stressed that family-oriented treatment should be developed instead. The Georgia coordinator suggested that the institution be entirely rehabilitation oriented. South Carolina officials suggested vocational rehabilitation, special education, the development of socialization skills, sheltered workshops, an evaluation program to determine individual interests and abilities, and opportunities for the retardate to contribute as a working member of a community. The Florida respondent provided more detailed suggestions for treatment innovations: educational and vocational programs should be geared to the retardate's learning level. Reading should be stressed since it is a psychological necessity. Programmed instruction and tutors could be used. A very basic program for the systematic learning of life tasks should be included since retardates often get into trouble simply because they have not learned ordinary tasks. Also to be included should be a mandatory program of sports, beginning with the fundamentals of the game. This is an essential part of social education

which retardates are largely denied due to slow learning rates. Such a program provides values and skills necessary for acceptable and satisfying group interaction, from which they are often excluded.

An important question to be answered in studying the feasibility of multi-state correctional programs for retarded inmates is whether separate programs are necessary and desirable. Respondents in all four states felt that treatment programs for retardates could be incorporated in regular institutions. One replied that retardates are not so different that they require separation; they could be handled with special classes. However, he recommended the "track educational system" in which retardates are mixed with normals yet progress at individual rates. Another replied that no one benefits from being made to feel different; and it does not hurt the prison population to be exposed to the mentally ill and retarded as long as they are not exploited. The other inmates can actually help by subjecting retardates to problems they will face upon return to open society. All agree that complete separation is generally unnecessary and undesirable.

As mentioned previously, there is the question of whether the mentally retarded offender belongs within the correctional system at all. Legislators and judges responded to this query. The majority of the legislators responded that they felt that the mentally retarded offender did not belong in the correctional system. Others felt that the mentally retarded offender should remain under correctional jurisdiction due to violation of the law; however, separation from the general inmate population was advocated as well as access to special treatment geared towards their particular disability.

Criminal court judges were also interviewed in relation to this topic. The judges were asked if the retarded should be treated by the division of corrections or some other agency. The response was overwhelmingly in favor of having this category treated by some other agency. Some judges did qualify their responses by saying that the type of crime committed would be a factor to be dealt with before

granting jurisdiction of the mentally retarded inmate to another agency. Thus, most judges feel restricted by the present dispositional alternatives available for mentally retarded inmates.

As alternatives, judges recommended special institutions and facilities, therapy and training, community facilities and referral to a special agency. Only a few judges actually suggested that multi-state programs would be a possible alternative. Most frequently mentioned were community facilities and referral for handling to a special agency. Multi-state correctional facilities were contraindicated by responses to this question.

5. Women. In many ways women in the correctional system are treated better than men because of society's more lenient attitude toward women offenders as well as the relatively small number of women. Based on the overall responses of corrections administrators and other pertinent personnel, there appears to be a distinct trend away from the traditional vocational and work programs and more relevant programs are being emphasized.

Because of the small number of women in some states, women have suffered from lack of a variety of vocational programs to enter into -- this is especially true in states where access to community training programs is blocked. On the other hand, in some states the small number of women offenders has enabled more individualization in meeting program needs.

Nearly two-thirds of the correctional respondents interviewed felt that the smaller size of women's institutions did limit the potential programs in the women's prisons. The reasons were somewhat varied; however, many seemed to be related to economic issues. One person stated that institutional financing was based primarily on bed count, thus the masses (the male institutions) received funding priority. Another indicated that programs are more expensive when operated for a smaller number of people. In addition, often there are not enough participants in a program to justify the purchase of equipment. One individual argued

that desirable programs are not considered because they would inhibit housekeeping and industrial enterprises (such as making prison garments). The latter programs are essential to the operation of the prison system because they help to balance the budget.

The remaining third of the respondents generally felt that the facilities and programs in the women's prisons have the same if not better programs than the men's prisons. It is interesting to note that 80% of this remaining one-third comes from the two more populated states which operate the larger women's prisons. Consequently, they are facing a rather dissimilar situation to those people in the two remaining states with a smaller population of women inmates.

Corrections respondents indicated relatively few innovative ideas for specialized institutions for women, perhaps because women's institutions now exist in each of the four states. Recommendations basically urged expansion of current programs of personal hygiene, personality development, community-based treatment, work release, better psychological testing, and greater access to dental care and plastic surgery. Many respondents felt that due to family connections, most women would not profit from the rehabilitative standpoint if they were removed far enough to hinder family visitation.

B. What priorities should be established among the five inmate categories?

In an endeavor to determine where the offender categories (persistent, prison troublemaker, mentally ill, mentally retarded, women) stood in terms of priority, the various respondents were questioned.

Corrections respondents were asked:

For which of these types would multi-state facilities or programs be most needed at this time? Why?

If the Interstate Corrections Compact were established today, for which type of inmates would the program be easiest to implement? Why?

The overall trend of the four states' departments of corrections indicates that the mentally disturbed offender and the mentally retarded offender rank almost equal as top priority in terms of need of special treatment. The prison trouble-maker ranks third in need of treatment according to the overall corrections response in the four states. Finally, in terms of need, treatment for the persistent offender and women rank at the bottom of the priority list, far behind the other categories.

The low rank for women's facilities and treatment probably is due to the fact that all states now have these facilities. Perhaps the low rank for the persistent offender lies in the fact that he has never really been seen as a group to be differentiated from other offenders in terms of specialized treatment programs, especially since the recidivist represents a majority of the felons in each state system.

The second means of determining priorities, that of ease of development, follows a somewhat similar pattern. Individuals within the departments of corrections felt that the facility for the mentally disturbed, mentally retarded, and women would be the most easily implemented. The reasons for these ranked priorities in terms of ease of program development should be somewhat obvious. Special facilities for women have existed for a long time. All that would be necessary to accomplish a special multi-state facility would be to enact the enabling legislation in the four states to make it legal.

The treatment programs, etc., would not change significantly. Facilities for the mentally disturbed offender are in the latter phases of planning in several states now. Thus, to construct a special multi-state program of this type would not involve too much additional planning. In addition, at the present time the more acute cases of mental disturbances are transferred to state hospitals which have special facilities. These facilities could also serve as a model.

At the present time there are no special facilities within the departments of corrections for the mentally retarded offender. However, there is enough available research and knowledge about retardation in general, such that the knowledge for initial treatment programs in special institutions pose relatively few problems. Also, the fact that retarded offenders are generally neither violent nor prone to escape reduces the problem of constructing or maintaining a highly secure institution.

Far behind these offender types on the "ease of implementation" priority list is the persistent offender. Conceivably, the reason for the low priority of the persistent offender is that no one knows what kind of programs should be put into a special facility for this type of offender. Probably more important, however, in the low priority is that no one has really given much attention to specialized programs for the persistent offender.

The prison troublemaker rated last on this priority list. Perhaps the greatest reason for the troublemaker's low priority is that this type of offender requires maximum security custody. This implies a relatively expensive physical plant as well as a relatively large number of prison guards. However, those respondents who did indicate that specialized treatment for this category of offenders would be relatively easy to implement responded that the states are currently separating the troublemakers, and currently have maximum security units.

The upper administrative level (director, assistant directors, research personnel -- comparable titles in all states) corrections responses to the questions above are especially significant. The majority of Florida respondents answered that in terms of need, the mentally disturbed rated first priority. In terms of ease of implementation, it was felt that both the mentally retarded and women would rate highest. Georgia upper level respondents gave no significant consensus on which category rated first priority in terms of need. As for ease of implementation, it was felt that the mentally retarded and women would rate highest.

North Carolina respondents felt in terms of need, priority was highest for the mentally disturbed and mentally retarded. Reasons were mainly because of present lack of adequate treatment programs and facilities. In terms of ease of implementation, respondents indicated that because the mentally retarded inmate is easy to identify, not likely to cause trouble, and in many cases has the potential to become a functional member of society, this category would be easiest to implement programs. South Carolina respondents indicated need was greatest for the mentally disturbed and retarded. It was indicated that in terms of ease of implementation, an institution for women would be most likely because of the small number involved and programs already available. Also, relatively speaking women's programs do not require much professionalization of staff.

Legislators were also asked to rate priority of the offender types. The majority of respondents felt the mentally ill offender deserved top priority for treatment; second priority was for the mentally retarded offender; third, the female offender; fourth, the persistent offender; and fifth, the prison troublemaker. Apparently, the feeling is prevalent that mentally ill and retarded offenders are not as responsible for their criminal acts as other offenders. This attitude is further reinforced by responses elicited in reaction to the idea of removing mentally disturbed and mentally retarded offenders from the correctional system.

The judges were asked to rank the mentally disturbed, female offenders, mentally retarded, persistent offenders, and prison troublemakers on a treatment priority basis. The question itself was not conditioned on the possible establishment of multi-state facilities or programs, so it can be assumed that the priorities established would be the same regardless of any regional development. The priorities as rated by the respondents were: (1) mentally disturbed, (2) mentally retarded, (3) female offenders, (4) persistent offenders, and (5) prison troublemakers. These conform to previous responses, in that the judges are unhappy with the programs available for the number one and two categories and feel

the persistent offender and prison troublemaker should be treated in a more punitive fashion (indefinite confinement). In terms of the ultimate establishment of multi-state programs, the judges would then be more likely to support a program geared to the disturbed or retarded, as opposed to a category of offenders who are such through choice rather than through a medical, psychological, social or educational problem. This priority ranking may also indicate that on a practical level there would be a more widely based support for the "sick" as opposed to the more free-will recalcitrant offender.

C. What degree of inter-agency cooperation can be expected?

The degree of cooperation between the four departments of corrections in a multi-state program will be greatly dependent upon a number of rather unpredictable variables. The first and foremost variable is the passage of the Interstate Corrections Compact by the North Carolina legislature. During the period of this study South Carolina, Georgia and Florida have enacted the Compact. Secondly, although some federal funds will probably be available initially, the state legislatures must allocate additional funds to assist in the development and maintenance of the program. It would be quite unrealistic to assume that maintaining inmates in a special out-of-state treatment program would cost little more than is presently being spent. For legislators to allocate money for an out-of-state institution could become a controversial issue. Such an issue might be avoided by adjusting inmate per diem payments to cover construction and maintenance shares of the cost.

D. What are the administrative responsibilities which must be kept separate?

The Interstate Corrections Compact assures retention of jurisdiction of the sending state. The receiving state acts solely as an agent of the sending state in providing custody and treatment services for inmates received from other states.

The sending state must, under the terms of the Compact, assume responsibility for the following: (1) the decision to incarcerate out-of-state; (2) inspection of multi-state facilities; (3) decision to transfer; (4) release on parole; (5) discharge; (6) provide regular hearings or authorize receiving state to hold them; (7) other alteration of status as a result of hearings; (8) effect transfer.

The receiving state assumes normal control over the administration and operation of its institutions and inmates, with the exception of the aforementioned decision-making regarding inmates received from out-of-state. Additionally, the receiving state must supply regular conduct reports and provide for hearings for out-of-state inmates as authorized by the sending state.

In summary, the sending state is responsible for inspection, change of status decisions, and transportation. The Compact does not otherwise affect the administration of an institution by the receiving state.

E. Is it feasible to consider the entire population of any of the categories being studied in each state for possible or mandatory participation in the program?

This question is extremely important since each of the four states under consideration has enough inmates of each type being studied to justify treatment programs for that category to be established within the state. All inmates from the four states in any one category constitute a group that would be much too large for any one institution by current correctional standards. Also, federal assistance cannot be expected for an institution housing more than four hundred inmates.

This dilemma might be resolved by refining the classification guidelines so that greater selectivity could be used in placing inmates. For example, a program for retardates might take only the most seriously retarded inmates, whose literacy, social skills, and validly tested IQ were below minimal levels. There is some question, however, that this strategy would really meet the needs of the states. In fact, some respondents felt this might delay the state from developing the kinds of facilities that were needed.

F. Have other multi-state correctional programs
encountered major administrative difficulties?

Numerous states, particularly those in the New England and Western Compacts, were asked what legal, administrative and operational problems were encountered in their interstate correctional programs. Administrators in the four southeastern states were understandably apprehensive about the difficulties to be overcome, and the impediments which would arise. The states queried each responded that they had encountered no legal, administrative or operational problems at all. It should be noted, however, that their programs all involve the use of previously existing facilities. No attempts have been made for the joint construction of a multi-state facility and most respondents felt that this would introduce considerably more difficulties.

G. What solutions can be applied to the problems of
inevitable differences among classification systems
and the determination of inmate selection criteria?

The current status of the classification systems in the four states is such that the types of inmates with which we are most concerned cannot be adequately identified. Inadequate data preclude determining exactly how many inmates fall into the various categories by our or any definition. Much information required in classification for our purposes is not available to data systems due to inadequacies in testing programs, clinical staff, and psychiatric diagnosis facilities for collecting such data. Furthermore, in cases where such information as IQ, disciplinary status, mental condition is adequately confirmed, officials sometimes hesitate to record such information in a permanent file. Doing so more often results in labelling the inmate for life rather than channelling him into an appropriate treatment program. Thus, resolving differences in classification systems would not necessarily resolve the problem of identifying inmates in need of special treatment.

It is anticipated that selection guidelines will be constructed to govern screening applicants before transfer to a special institution. Each state might have an individual responsible for determining which inmates referred to him (by reception center or institutional officials) meet the criteria set forth in the guidelines. This screening agent role might be filled by designated specialists in each state or by a roving specialist who will screen referrals in all participant states. At times, guidelines might be adjusted by refining or broadening them to accomodate a regular flow of inmates through the program.

The provision of guidelines and a special agent to screen referrals at this time appears to be the most realistic solution to the problem of identifying inmates in need of special treatment, and reducing the heterogeneity in inmate population of a special treatment program.

Of course, high degree of homogeneity is impossible to achieve when dealing with mental disorder and retardation, which encompass an almost infinite variety of types and degrees. The guidelines will establish boundaries, but the special programs must be broad enough and flexible enough to accomodate an inevitable variety, such as various degrees and types of retardation.

Ultimately, the size of the institution, the number of state participants, and the number of inmates in the target group in each state will determine the extent to which selection criteria in the guidelines must be refined.

H. What additional personnel
burdens must be assumed?

Personnel burdens will increase proportionally to the extent that the states involve themselves in multi-state programming. If simple transfer to home state is the only use made of the Compact, then initially no additional staff will be required unless the transfers are made on a massive scale. No more than two correctional officers, a car and expenses would be needed for simple transfer, even if used extensively.

Upon passage of the Compact each state will want to appoint a staff member to the functions of Compact Administration, but at the outset this job would not require additional manpower, only an added responsibility for one man presently in the system.

If multi-state facilities are eventually established, then the states in which these facilities are located will have the burden of staffing.

I. What additional personnel training is necessary?

In the simple transfer situation only normal custodial training will be required even assuming an addition of one or two officers.

The man who is given the duties of Compact Administrator will have to become familiar with the Compact. He should also spend some time with a Compact Administrator who has had this function in a state that has been using the Compact. Scheduled meetings with other Compact Administrators in the adjoining states should be done routinely.

If multi-state facilities are established for special offender categories such as for the mentally retarded, then the personnel in those facilities will have to have the training commensurate with the objectives of the institution. There would appear to be only minimal personnel training related to the multi-state facility per se. Some additional records and bookkeeping problems would arise, but these appear minimal.

J. What are the problems to be encountered in staffing an inter-state program?

Assuming the institution would be operated exclusively by the state in which it was located, the multi-state services offered would not seem to create any particular staffing problems. However, the normal internal difficulties in establishing and running any institution will be incurred. Of a specific nature, the

location of the institution, salary schedules and personnel qualifications are considered to be the most important staff related problems.

K. What kinds of technical arrangements are necessary for transportation of inmates?

Assuming that the inmate being transferred from one state to another cannot be transported in one day, some type of overnight housing will be required. The most logical housing would be in a county jail or within one of the institutions run by the department of corrections within a state of passage. The financing of the room and board could be based on a contract agreement pursuant to the Interstate Compact or could be simply handled on a one-to-one reciprocal basis.

Additional costs for transportation will also be incurred by the department of corrections or the local sheriffs (in the case of direct out-of-state commitment) due to the extended time taken in transport. No exact cost figures can be given since the extent of transfer may or may not be significant, depending upon how extensive the party states become involved in interstate treatment.

In any event, logistical problems are not of such magnitude as to be beyond solution by the party states.

L. How would the "home state" be reimbursed by the transferring state when a one-for one exchange would not be possible, due to differences in numbers to be transferred and sentence length, etc.?

In accordance with the Interstate Compact, the receiving state Administrator accepts the transfer by executing and forwarding an addendum which provides: the institution and its location, amount of reimbursement or, for reciprocal transfers, provisions thereto. In addition, expenses of extraordinary medical, dental or any and all expenses related to treatment, etc., not normally related to a rehabilitative program are agreed to be paid by the sending state. The contract with the individual states sets the rate of payment. The parties to the Western Compact,

for instance, charge or pay \$9.65 per inmate per day. This fee is reconsidered every two years. Delivery and return of the inmate is paid for by the sending state.

M. What problems would be encountered related to the inmate's family?

The major problem faced by the inmate's family with the use of multi-state facilities is that of visitation. Currently there is a great deal of variation in the number of visits an inmate receives from his family. Some inmates receive visits at almost every opportunity while others seldom receive visits from their family. One of the reasons for this variation is the distance that an individual is incarcerated from his home. At present, some inmates are incarcerated so far from their homes that it becomes extremely difficult, if not impossible, for their family to visit. If an inmate is to be sent to a multi-state facility, the probability is high that it will be further from his home than if he is sent to an institution in his own state. Thus, the problem of visitation, which for some families is very difficult at the present time, is going to be made even more difficult.

This problem of reduced visitation is critical. From interviews with people within the Departments of Corrections, Divisions of Mental Health, etc., we found almost total agreement with the idea that family visits are extremely important in any rehabilitation program. This is especially true with regard to the retarded, disturbed, and women inmates. The ability of these offenders to maintain their ties with their family seems to be a significant factor in their prison adjustment and the possibility of "success" upon their release.

A small portion of the persons interviewed, however, indicated that if specialized multi-state institutions were really going to be offering better and more efficient treatment, then the benefits of this treatment might be greater than the liabilities caused by reduced family visitations.

The essential question then becomes "how much treatment will be available and how much will visitation be limited?" Unfortunately, this question can only be answered by the implementation of the multi-state system.

N. Have other interstate correctional ventures encountered problems related to the inmate's family?

The problem of visitation resulting from interstate transfer of inmates apparently has not been a problem for other states using interstate transfer. However, to stop here might be misleading. Most states using the Interstate Corrections Compact transfers inmates from one state to another to get him closer to home. In only a few instances have inmates been sent out of state for the purpose of treatment. For example, South Dakota sends mentally disturbed inmates to Nebraska and Nebraska sends women inmates to South Dakota, but as of this writing this has involved a small number of cases.

O. What legislation must be changed and/or enacted to implement the program?

In order to implement a multi-state corrections program, facility or multi-state transfer of inmates, all that is legally necessary is for each state legislature to enact the Model Interstate Corrections Compact as proposed by the Council of State Governments. Of the four states involved in our study, South Carolina, Georgia, and Florida have adopted the Compact during the course of this study. At present, there are no conflicting statutes in North Carolina that would prohibit the enactment of the Compact and legislation is currently being considered.

P. What are the legal and judicial ramifications of the program?

Assuming that each of the states included in this project passed the Model Compact, the legal ramifications would be provided for and the legal framework would be correctly established. As pointed out in the explanatory memorandum set

out herein, the Compact itself is merely an enabling device. The extent of each state's participation with other states pursuant to the Compact "will be determined by each party state for itself -- by the acts of its officials in making contracts, and by the acts of its judges and administrators in deciding whether to place offenders in institutions in other party states or confine them in facilities which may be available within the territory of their own state."

The Compact becomes effective when it is ratified by any two states. No additional steps are needed to make the Compact effective except for the conclusion of contracts under it. Under the doctrine of Virginia vs. Tennessee, 148 U.S. 503 (1893), the Compact does not require Congressional consent. However, even if such consent were necessary, it has already been provided by the Crime Control Act of 1934 (Title 4, USC 111).

Q. What is the expected reaction of the state legislatures in terms of supporting and funding a multi-state program?

The survey of state legislators indicated a positive attitude toward the concept of multi-state programs, but the total support is not great.

Pursuant to a request of the Georgia director of corrections, Georgia legislators were not polled, therefore, only three of the states were surveyed and the response was small. Of the 523 questionnaires mailed to both senators and representatives, only 120 were completed and returned.

The overwhelming majority of legislators said they would favor sending all of one type of inmate out of the state if another state had superior facilities and services to treat that type of offender. Asked if they were opposed in any way to sending inmates to an out-of-state institution, only a small number were opposed. The few objections centered around the questionable assumption of increased effectiveness, the diversion from the community treatment trend, and the assumption of a state's own responsibility. Along the same lines, only a few legislators indicated they would be unwilling to accept inmates from other states.

In spite of the apparent optimism that the legislators indicated to this point, when asked if they would vote for a corrections compact bill, less than half indicated that they would definitely vote for it. When asked if interstate exchange of prisoners was politically feasible at this time, most said yes (69 out of 110). Legislators from South Carolina responded most favorably (14 out of 17). These questionnaires were administered before the Interstate Corrections Compact was passed in that state. In North Carolina, acceptance of interstate exchange was much more lukewarm. Only 20 out of 37 legislators thought this exchange to be politically feasible.

Another important aspect of political feasibility is whether or not the legislature is willing to provide the funds to operationalize the multi-state correctional programs. Legislators were asked: "Do you think the legislature would be willing to help finance any new and better rehabilitation programs which may cost more than current programs?" A majority of the legislators responded "yes;" however, many, perhaps most, of the positive responses were qualified to the point that they become of little value in making any statistical argument. Some of these qualifications were: if proven to be better rehabilitation; if funds are available; if there is a big selling job; if programs are limited; yes -- but not this year; etc.

In summary, the legislature seems to favor regional corrections in principle, but questions the practical implications. They must be shown the benefits -- mainly financial benefits -- in black and white before definite endorsement could be forthcoming. Such attitudes indicate that multi-state programs on a reciprocal basis (we establish a program for this type; you establish a program for that type) would have the greatest probability of achieving legislative support, since concern for the taxpayers' dollar supercedes all other considerations.

R. Will there be any problems in coordinating the activities of the Departments of Corrections with other agencies?

The difficulties in coordinating the divisions of vocational rehabilitation and the departments of corrections should be minimal. There is no present interstate compact for vocational rehabilitation, but they do transfer files from one state to another when requested. Thus, mechanisms for cooperation between the divisions of vocational rehabilitation does exist. The major difficulty to be encountered in the participation of vocational rehabilitation is distance. The greater the distance that an inmate is moved from his home, the greater the difficulty created for vocational rehabilitation. This is true because they, unlike some of the other governmental agencies, must keep in close contact with the individual's home town environment. In addition to training people for jobs, vocational rehabilitation is also responsible for trying to obtain jobs for inmates when they are released (or arrange a job for them prior to their release). The consequence, then, of multi-state facilities is that the job of the vocational rehabilitation counselor is spread out over a much larger geographical area. One additional potential problem is the legal questions that might arise concerning a vocational rehabilitation counselor working in a state other than the one which pays his salary.

Perhaps the major problem in participation, as seen by the personnel in vocational rehabilitation, is an inability created by a lack of financial resources. In all four states the responses tended to be "we cannot expand our present programs or start new ones for lack of funds."

Whereas the divisions of vocational rehabilitation could be coordinated into a multi-state correctional system if funds were made available, the near consensus of people within the divisions of mental health was that such a system would not be desirable even if it were possible. The three basic reasons related to treatment, legal, and financial concerns.

From the point of view of treatment, such a program is undesirable for several reasons. First, it would involve transporting patients a greater distance, and transporting mental patients is often a very difficult and trying operation. Second, the patient, for maximum recovery potential, needs to be located as near as possible to his home. Multi-state facilities, by removing him further from his home, reduces the benefits that might accrue from visits with family and friends. Third, in the words of the superintendent of the state hospital in Chattahoochee, Florida, "as the size of the hospital increases, treatment decreases." In his view, a multi-state facility for the mentally disturbed would be much too large to afford adequate treatment. This same sentiment has been voiced by the head of the Division of Mental Health in Florida, as well as other mental health personnel in other states.

From the point of view of legal problems, cooperation is difficult because of the licensing of physicians and psychiatrists. These people are licensed by the state and can legally operate in the state in which they have a license. Thus, psychiatrists, etc., would have difficulty in crossing state lines to work with a multi-state facility. This problem may not be quite as difficult as it seems, however. The Florida State Hospital at Chattahoochee is located on the Florida-Georgia border and actually extends into the state of Georgia. However, the professional staff, being licensed in Florida, does not have to worry about practicing medicine in the state of Georgia.

From the point of view of financial concerns, the mental health position is essentially the same as that of vocational rehabilitation -- an inability to co-operate because of lack of financial resources.

The problems connected with the coordination of parole agencies with multi-state facilities appear to be minimal. Since the parole agencies have been using inter-state compacts for years, the multi-state nature of these facilities creates no problems. Also, the fact that the parole agencies have minimal contact with the individual until his parole and the fact that he might be out of state poses no real problems.

The basic problem to be resolved relates to the distances involved that parole officials would have to travel to interview inmates eligible for parole. In reality, however, this is not a new problem either. The state of Florida is more than 600 miles long and North Carolina is more than 500 miles wide. Thus, a Floridian might remain closer to his home if he were to be institutionalized somewhere in Georgia, or a North Carolinian might be closer to home if institutionalized in South Carolina or Georgia. However, within multi-state facilities in the four states involved in this study, the possibility remains that a person could be institutionalized as far as 1000 miles from his home. Having inmates from one state scattered out over a four state area means that parole officials must spend much more time in the process of traveling rather than interviewing potential parolees. This problem could be eliminated, however, if inmates were to be returned to an institution in their home state once they became eligible for parole.

The difficulties with the judiciary would seem to lie more in the area of education rather than coordination. The judiciary has very little influence in the determination of the placement of the criminal. His authority does not extend to the placement of the individual except in two ways. First, he may have the laternative of deciding if the individual will receive probation or imprisonment. Second, in cases where incarceration is required by law, he may somewhat determine which institution the individual will be sent by the length of the sentence imposed.

In spite of the inability of the judiciary to commit to specific institutions, it is quite desirable that they be made aware of the various facilities that are available and what kinds of inmates are eligible for those institutions. This is desirable so that a judge will not, for example, incarcerate a fifteen-year-old boy thinking that he will go to a minimum security youthful offender institution when in reality he may have to be placed in a maximum security institution because of the offense that was committed. Although the judge's intentions in this example might have been honorable, the results could have been disastrous.

Chapter 6. Conclusions and Recommendations

The major conclusion to be reached from this study is that it is possible to establish regional institutions and programs that involve these four southeastern states, but it may not be desirable or feasible. At the abstract level of "multi-state cooperation in corrections," there tended to be general support and enthusiasm among the various persons and agencies involved. Most of the respondents were basically positive at this abstract level of the problem. Among those who were not supportive, or less enthusiastic in their support, the most frequent negative reaction in terms of the general issue of multi-state cooperation concerned the fact that it was extremely difficult to discuss or visualize this cooperation without having a very specific, detailed and concrete program or facility in mind. Most of those who failed to support the concept at the abstract level seemed to be indicating that each program or facility would have to be viewed on its own merits rather than in terms of an abstract acceptance of "multi-state cooperation."

At the more concrete level concerning the specific offender types included in this study -- mentally disturbed, mentally retarded, persistent offenders, prison troublemakers, and women -- there was less agreement among the respondents than at the abstract level. Since there was a wide divergency among the different types of response groups, it would be unrealistic to expect a consensus of opinions concerning the multitude of issues and problems addressed in this study. However, the wide range of views that were obtained and presented in the earlier chapters of this report were not anticipated. Even within the same agencies and among

people having similar concerns, diverse opinions were held. While diversity can be good under many circumstances, in this situation it seems to indicate that a multitude of problems still remain in the field of corrections, particularly concerning interagency cooperation within states, not to mention the problems that would be inherent across states.

The conclusions reached and the recommendations made need to be evaluated in terms of the problems noted above. The recommendations, which are not as conclusive or as far-reaching as originally anticipated, are not a result of a clear consensus or agreement among the various sources of data, but rather an attempt to glean from the diversity of opinions and problems the most consistent and logical conclusions.

A. Recommendations

1. Each of the four states should implement the necessary legislation to establish the interstate compact.

This recommendation requires very little since three of the four states have passed such legislation during the course of this study. This response from the states was partly in anticipation of this recommendation based on verbal reports to the states, but it was more importantly a result of the fact that the states were already moving in this direction. North Carolina, the only state which had not passed the enabling legislation at the time of this writing, has had bills introduced and will likely have the necessary legislation soon.

2. Encourage all other states in the U.S. that have not done so to pass the legislation required for the interstate compact.

There is no logical reason for limiting multi-state cooperation in the southeast to the four states involved in this study. While adjacent states may be those most likely to utilize interstate transfer, there are other states that

are geographically propinquous to these four states that might find it beneficial to participate in such a plan. In addition, while coast to coast cooperation may prove uncommon, there may be occasions when states that are far removed might find it convenient to have such enabling legislation.

3. Begin implementation of interstate transfer, among all states currently having the necessary legislation, for all inmates incarcerated out of their home state.

The logic for this recommendation is a simple extension of the concept of community corrections in which an attempt is made to gradually reintegrate the offender into his community. Each of the states in this study currently attempts to locate the inmate as close to his home community as possible rather than sending him to the opposite end of the state. This recommendation recognizes that for an offender incarcerated away from his home community that the first logical step towards community reintegration is transfer to his home state. In rare instances where an inmate might be closer to home by being in an institution outside of his home state, this form of transfer should be considered as well.

It should be recognized that as simple as this recommendation sounds, its complete implementation would either call for additional staff attached to the department of corrections or considerable cooperation with other agencies such as Parole and Probation to carry out the community investigations that would be necessary in order for it to be a meaningful program. Some federal assistance in this regard would probably be required because these agencies are currently understaffed and overworked and the additional burden may lead to the program being met with resistance if no new funds are available. If federal support is available it is likely that it would be accepted more enthusiastically.

4. Multi-state facilities for the treatment of the offender categories included in this study should NOT be constructed at this time.

This recommendation, which is perhaps the crucial recommendation of the study since it runs counter to our original expectations, is based on the vast array of conflicting material examined and involves considerably more issues than can be summarized here. One of the main factors that leads to this conclusion is the sheer number of inmates that would be involved in any of these categories. If a four-state facility were established for any of these categories it would require a facility of considerable size, with the smallest estimated number in any one category being approximately 1100. Since this is the category of female offenders, and since each of the states currently have existing facilities for females (some being recently constructed), there would be very little enthusiasm for building a multi-state facility for this category.

While it was extremely difficult getting accurate estimates of the number of inmates that would be involved in each of the other four categories, it is clear that the numbers would be prohibitive for the establishment of a multi-state facility involving four states. Depending on which estimates are used and the type of selection criteria involved, it would appear that the smallest four-state facility would need to house 1500-2000 inmates. For the category of "persistent offender," the estimates ranged from 10,000-13,000 making any form of multi-state facility an absurdity, even if the definition were extremely restricted. Since the proportion of inmates in some of these categories (particularly persistent offender and prison troublemaker) is likely to increase as more community-based programs drain off the "better" inmates, it is probably that the numbers in these categories will increase rather than decrease in the near future.

A second factor that was crucial in arriving at this recommendation was the lack of support for multi-state facilities for the mentally disturbed or retarded from the professional, in the related agencies concerned with these

offender types. There seemed to be considerable agreement among respondents in corrections, although far from a consensus, that the categories of mentally disturbed and mentally retarded were those most in need of special facilities and those most readily implemented. Among the professionals in the mental health field there was general support for establishing special facilities for these offenders, but there was considerable opposition to the idea of multi-state facilities.

In essence, if special facilities are required for any of these categories of offenders, there are sufficient numbers in each category in all four of the states involved in this study to justify a facility within each state. The question of multi-state cooperation in establishing programs and facilities for special offender categories, which was the major purpose of this study, would appear to be less crucial than the question of what kinds of programs could be established for these offenders within a particular state.

5. Individual states should be encouraged, through federal assistance, to develop more and better programs and facilities for special offender categories.

This recommendation, which was not anticipated from the original focus of the study, is considered extremely important at this time. Since recommendation 4 runs counter to the original expectations, it might be considered a negative statement in that it is a "do-nothing" recommendation. Conversely, recommendation 5 can be considered a positive statement because it concerns something which should be done and in this sense might be considered the most important recommendation of the study.

While there are few programs that exist which can serve as viable models for some of these categories of offenders, efforts should be made in this direction. Federal funds should be used to encourage the development of special facilities within a state. Planning funds should be allocated so that a state could develop viable programs for special categories of offenders before construction funds are made available.

One thing is clear. Several of the offender types included in this study exist in sufficient numbers in each of the states to warrant special programs and facilities. Additionally, the numbers in these categories are increasing at a fairly rapid rate and require that the problems of treating special offender types be addressed immediately. LEAA should consider funding of several different experimental models for programs to work with these offenders.

6. The concept of "multi-state facilities" may still be feasible in other regions of the country and should be explored.

Although many difficulties exist in the establishment of multi-state programs, the magnitude of the problems uncovered in this study do not make the idea of multi-state facilities or programs untenable at an abstract level. This study was concerned with four specific states and, as noted above, the sheer number of inmates in the categories made multi-state facilities less desirable. In a smaller state maintaining fewer inmates in a department of corrections there would still be many possible advantages in working out an arrangement with a contiguous larger state or with several smaller states to house specific categories of offenders.

7. Some VERY specialized facilities might be feasible within the four states in this study (or other states) at a future date and should be explored.

One idea that came through on several occasions in talking with higher level administrators in corrections was that perhaps the special offender categories being used were too broad and general and that if we were talking about very restricted categories that the numbers would be less and the degree of specialization required within a facility would be even greater. Under these circumstances, a multi-state facility might be more feasible since no one state could support the specialized facility.

The logic of this position is consistent with the original focus and purpose of the study, however, it may be premature. Until the individual states have

programs to adequately work with the offender categories discussed in this report, it does not seem feasible to try to develop multi-state facilities for categories of offenders that are even more specialized. One reason this kind of proposal for facilities for very specialized categories is suggested by administrators is the likelihood of getting funds for an "innovative" program because it is multi-state in focus when the support may not be there for a facility to be developed completely within one state. If recommendation number 5 is implemented, then the more specialized programs might be logical outcomes of the better classification and diagnosis procedures that would be developed in relation to the programs for the offender categories discussed in this report.

8. Personnel in agencies and organizations functionally related to corrections, such as those interviewed in this study, should be better informed about the problems and goals of corrections.

One thing that came out consistently in our interviews with personnel in the agencies related to corrections was the very limited knowledge of the field of corrections that existed. Whereas this is not a new or startling finding to those who have worked in the criminal justice system, it reinforces the need to better inform people who operate in other agencies of the problems and goals of corrections, particularly when they are in positions that directly effect the operations of the field of corrections.

APPENDICES

Appendix A

Instruments Used for Data Collection

CORRECTIONAL ADMINISTRATOR QUESTIONNAIRE

1. How does the Division of Correction define these types of inmates?
 - A. Persistent offender
 - B. Prison troublemaker
 - C. Mentally disturbed inmate
 - D. Mentally retarded inmate
2. What steps would you have to take to identify the following categories of inmates within your correctional system?
 - A. Persistent offender
 - B. Prison troublemaker
 - C. Mentally disturbed inmate
 - D. Mentally retarded inmate
3. How many inmates in your state could be classified in each category? (Estimate)
 - A. Persistent offender
 - B. Prison troublemaker
 - C. Mentally disturbed inmate
 - D. Mentally retarded inmate
 - E. Women inmates
4. What programs do you have for these inmates in your state?
 - A. Persistent offender
 - B. Prison troublemaker
 - C. Mentally disturbed inmates
 - D. Mentally retarded inmates
 - E. Women inmates

5. Do you have specifically trained employees to handle these types of inmates?

	YES	NO
Persistent offender	_____	_____
Prison troublemaker	_____	_____
Mentally disturbed inmate	_____	_____
Mentally retarded inmate	_____	_____
Women inmates	_____	_____

6. Do outside specialists assist you in handling the following:

	YES	NO	WHAT SPECIALISTS?
Persistent offenders	_____	_____	_____
Prison troublemakers	_____	_____	_____
Mentally disturbed inmates	_____	_____	_____
Mentally retarded inmates	_____	_____	_____
Women inmates	_____	_____	_____

7. Are the following types of inmates ever excluded from participation in educational or training programs?

	YES	WHY?
Persistent offenders	_____	_____
Prison troublemakers	_____	_____
Mentally disturbed inmates	_____	_____
Mentally retarded inmates	_____	_____
Women inmates	_____	_____

8. Should the inmates under consideration be isolated from the general inmate population for special treatment?

	YES	NO	WHY?
Persistent offenders	_____	_____	_____
Prison troublemakers	_____	_____	_____
Mentally disturbed inmates	_____	_____	_____
Mentally retarded inmates	_____	_____	_____

9. Does the small number of women inmates in the correctional system limit the kinds of training programs available to them? How?

10. What benefits would accrue to the remainder of the prison population if the following were removed?
- A. Persistent offenders
 - B. Prison troublemakers
 - C. Mentally disturbed inmates
 - D. Mentally retarded inmates
11. Should we consider interstate handling of other types of offenders, such as self-avowed political prisoners, narcotics addicts, etc. in this study?
12. Excluding financial considerations, if your state has the best facilities for treating a certain category of inmates, would you consider treating out-of-state inmates of this type?

	YES	NO	WHY?
Persistent offender	_____	_____	_____
Prison troublemaker	_____	_____	_____
Mentally disturbed inmates	_____	_____	_____
Mentally retarded inmates	_____	_____	_____
Women inmates	_____	_____	_____

13. What innovative programs should be included in a multi-state facility for:
- A. Persistent offenders
 - B. Prison troublemakers
 - C. Mentally disturbed inmates
 - D. Mentally retarded inmates
 - E. Women inmates
14. What problems would be involved with transportation of inmates across state lines?
15. If the Interstate Corrections Compact were being used, who would make the decision to transfer inmates to multi-state institutions?
16. What criteria are used for institutional placement of inmates?
17. What would you anticipate to be the reaction of the inmates concerned to transfer to a special out-of-state institution?
18. Who would make the decision to transfer an inmate to another jurisdiction from a multi-state institution?
19. How is parole arranged for inmates who have been transferred to psychiatric institutions for treatment or custody?

20A. How would you suggest that parole be administered for a multi-state institution?

B. Can you foresee any problems?

21. Do you see any trends in the nature of the inmate population that would influence your decision to participate in a multi-state institution?

22. Are you in favor of the habitual offender legislation?

23. In which of the states should multi-state institutions be established? Why?

24. Which legislators would you single out as being interested in correctional programs?

25. Do you think the legislature would be willing to finance any new rehabilitation programs which may cost more than current, less effective programs?

26. What other agencies, organizations, or individuals do you think should be contacted in order to ascertain the feasibility of this program? (omitted in analysis)

27A. For which of these types would multi-state facilities or programs be most needed at this time?

	CHECK	WHY?
Persistent offenders	_____	_____
Prison troublemakers	_____	_____
Mentally disturbed inmates	_____	_____
Mentally retarded inmates	_____	_____
Women inmates	_____	_____

B. If the Interstate Corrections Compact were established today, for which type of inmates would the program be easiest to implement?

	CHECK	WHY?
Persistent offenders	_____	_____
Prison troublemakers	_____	_____
Mentally disturbed inmates	_____	_____
Mentally retarded inmates	_____	_____
Women inmates	_____	_____

C. In terms of political feasibility, assuming you were able to establish a multi-state facility, for which type of inmates would you initiate the first program? Why?

28. Considering their diversity in policies, financing, and philosophies, do you think the four Divisions of Correction involved could achieve the necessary degree of cooperation for successful administration of a multi-state institution?
29. Do you foresee any special problems for your agency in participating in multi-state correctional programs?
30. Are you opposed in any way to multi-state treatment of offenders? If so, why?
34. Do you think it feasible to develop multi-state correctional institutions? Why?

CRIMINAL COURT JUDGE QUESTIONNAIRE

1. Have you visited any of your state's correctional institutions? How recently?

☐ yes

☐ no

2. Are you familiar with facilities and programs for any of the aforementioned inmates in your own state?

☐ yes

☐ no

If your answer to this question was "yes", which ones?

☐ Mentally disturbed
☐ Female offender
☐ Mental retardate
☐ Persistent offender
☐ Prison troublemaker

3. Do you foresee any complications in the implementation of an Interstate Corrections Compact?

☐ yes

☐ no

If your answer to this question was "yes", what are the major complications you foresee?

4. How would the establishment of such an institution affect your handling of these special types of offenders in court?

5. Among these five kinds of inmates, which type should be given treatment priority over the others. (assign a "1" to the top priority group, a "2" to the next highest group, and so on. The lowest priority should receive a "5".

☐ Mentally disturbed
☐ Female offender
☐ Mental retardate
☐ Persistent offender
☐ Prison troublemaker

6. Should we consider providing interstate programs for treating other types of offenders, such as "self-avowed political prisoners", narcotics addicts, etc. in our study?

☐ yes

☐ no

If your answer to this question was "yes", which ones?

7. Do you use prior institutional conduct as a factor in your sentencing decision?
- ____yes
- ____no
8. Are you made aware of the I.Q. of the defendant prior to sentencing? If not do you ever ask for it?
- ____yes
- ____no
9. When it is brought to your attention that an inmate is retarded, what special alternatives do you consider for disposition?
10. What percentage of your cases involve criminal insanity? (Please estimate)
(Omitted in analysis)
11. Would you be more or less inclined to incarcerate a woman, retardate or mentally disturbed person if there were a specialized institution in another state?
- | | More inclined
to incarcerate | Less inclined
to incarcerate |
|--------------------|---------------------------------|---------------------------------|
| Woman offender | _____ | _____ |
| Mental retardate | _____ | _____ |
| Mentally disturbed | _____ | _____ |
12. Are correctional facilities and programs for women in your state such that you are more likely to place a woman on probation than a man?
- ____yes
- ____no
13. How do you dispose of cases in which an individual is adjudged criminally insane? (Omitted in analysis)
14. Should the mentally disturbed or retarded be treated by the Division of Corrections or some other agency?
- | | Division
of Corrections | Other Agency |
|--------------------|----------------------------|--------------|
| Mentally disturbed | _____ | _____ |
| Mentally retarded | _____ | _____ |

15. Do you feel restricted by the dispositional alternatives available for cases involving women, retardates, the mentally disturbed, and persistent offenders? What other alternatives would you propose?

	Yes	Alternatives
Women offenders	_____	_____
Mental retardates	_____	_____
Mentally disturbed	_____	_____
Persistent offender	_____	_____

16. Who decides to which institutions inmates are sent?

17. What influence do you have in the choice of an appropriate institution for a sentenced offender?

_____ Slight

_____ Strong

_____ None

18. Do you think the public will react adversely to interstate exchange of prisoners.

_____ yes

_____ no

Why?

19. Do you think that the visiting problems caused by out-of-state incarceration would affect your sentence decision?

_____ yes

_____ no

Why?

20. Are your colleagues interested in correctional legislation?

_____ yes

_____ no

21. Are you interested in correctional legislation?

_____ yes

_____ no

22. What legislators would you single out as being particularly interested in correctional programs? (omitted in analysis)
23. What individuals or organizations do you think might cooperate in the development of a multi-state correctional program? (omitted in analysis)
24. Would you be willing to serve on an advisory board established to create new multi-state institutions? (omitted in analysis)
- ____yes
- ____no
25. Which of the following do you think should be the main goal of corrections?
- ____protection of society
- ____punishing offender
- ____detering offender
- ____rehabilitation
26. Are you in favor of increasing the use of probation as an alternative to incarceration?
- ____yes
- ____no
27. Would you favor the establishment of a multi-state institution?
- ____yes
- ____no
- Why?
28. Do you think interstate cooperation of the type described has much probability of sucess?
- ____yes
- ____no
- Why?
29. Are you opposed in any way to multi-state treatment of inmates?
- ____yes
- ____no
- Why?

MENTAL HEALTH, RETARDATION, AND VOCATIONAL REHABILITATION

ADMINISTRATOR QUESTIONNAIRE

1. Are you familiar with Division of Correction treatment facilities or programs for mentally disturbed inmates?
2. What facilities does your division have for mentally ill and retarded inmates?
3. Does the division have any plans for additional programs or facilities which might be used for mentally disturbed or retarded inmates?
4. Does your organization participate in any interstate programs?
5. What services of the division are asked for to assist in the handling of probationers and parolees, particularly those who are retarded or mentally unstable?
6. What kinds of offenders do you think could be more effectively treated in a multi-state correctional institution?
7. What innovative programs would you suggest for mentally disturbed and mentally retarded inmates in a multi-state institution?
8. Would these require special separate programs?
9. Would your agency (as it is presently administered and funded) be able to adequately serve the state's inmates in a multi-state institution such as the one presented? What special problems do you foresee?
10. Should persistent offenders, prison troublemakers, retarded and mentally ill inmates be separated for special treatment from the general inmate population?

	Yes	No	Comment
Persistent Offenders	_____	_____	_____
Prison Troublemakers	_____	_____	_____
Retardates	_____	_____	_____
Mentally Ill	_____	_____	_____
11. What division could best care for mentally ill inmates? Why?
12. Is it desirable to separate the retarded and mentally ill from the remainder of the prison population?
 - A. From the standpoint of treatment?
 - B. From the standpoint of benefits for the remainder of the prison population?
13. Are retardates denied parole more often than inmates of normal intelligence? If yes, please explain.

14. Are you opposed in any way to multi-state treatment of mentally disturbed and retarded inmates?
15. Would you favor the establishment of a multi-state institution for mentally disturbed and retarded offenders?
16. Do you think interstate cooperation of the type described is feasible?
17. What other individuals should we contact regarding proposed legislation of this type? (Omitted in analysis)

LEGISLATOR QUESTIONNAIRE

1. Are you familiar with facilities and programs for any of the following inmates in your own state?

___ Mentally disturbed

___ Female offender

___ Mental retardate

___ Persistent offender

___ Prison troublemaker

2. Which correctional institutions have you visited in your state? How recently?

3. Do you foresee any complications in the implementation of an Interstate Corrections Compact?

___ yes

___ no If your answer to this question was "yes", what are the major complications you foresee?

4. Are you opposed in any way to transporting inmates to specialized institutions in other states for rehabilitative treatment?

___ yes

___ no If your answer to this question was "yes", please explain.

5. Would you favor sending all of one type of inmate out of the state if another state has superior facilities and services to treat that type of offender?

___ yes

___ no If your answer to this question was "no", why?

6. If your state has superior facilities and services for a particular type of offender, would you be willing to accept out-of-state inmates for treatment in your state?

___ yes

___ no If your answer to this question was "no", why?

7. Among these five kinds of inmates, which type should be given treatment priority over the others? (assign a "1" to the top priority group, a "2" to the next highest group, and so on. The lowest priority should receive a "5")

___ Mentally disturbed

___ Mental retardate

___ Prison troublemaker

___ Female offender

___ Persistent offender

8. Would you favor removing mentally disturbed offenders from the correctional system
- ☐ yes
- ☐ no
- a. If your answer to this question was "no", Why?
- b. Would you favor removing mentally retarded offenders from the correctional system? If "no", why?
- c. Are there any other type of offenders which you would remove from the correctional system?
9. Should we consider providing interstate for treating other types of offenders, such as "self-avowed political prisoners", narcotics addicts, etc. in our study?
- ☐ yes
- ☐ no If your answer to this question was "yes", which ones?
10. What legislators would you single out as being particularly interested in correctional programs? (Ommited in analysis)
11. Do you think the legislature would be willing to help finance any new and better rehabilitation programs which may cost more than current programs?
- A. If federal funds were available to assist the states in the establishment of new facilities or programs (about 75% of the costs), how willing would the legislature be to establish these facilities or programs?
- ☐ Very willing ☐ Not very willing
- ☐ Somewhat willing ☐ Very unwilling
- B. How willing would you be under these circumstances?
- ☐ Very willing ☐ Not very willing
- ☐ Somewhat willing ☐ Very unwilling
12. What individuals or organizations do you think might cooperate in the development of a multi-state correctional program? (Ommited in analysis)
13. Which of the following best represents the concern of your constituents with inmates?
- ☐ They are very concerned about them.
- ☐ They are somewhat concerned, but it isn't a burning issue.
- ☐ They are somewhat unconcerned.
- ☐ They are very unconcerned about inmates.

14. Do you think your constituents would object to having any of these offender types sent into your state for special treatment?

	Yes	No
Mentally disturbed	_____	_____
Female offender	_____	_____
Mental retardate	_____	_____
Persistent offender	_____	_____
Prison troublemaker	_____	_____

- B. Do you think your constituents would object to having any of these offender types sent out of your state for special treatment?

	Yes	No
Mentally disturbed	_____	_____
Female offender	_____	_____
Mental retardate	_____	_____
Persistent offender	_____	_____
Prison troublemaker	_____	_____

15. If a new correctional institution were built, would you be willing to place it near a populated area in your state where professional services are readily available?

_____yes

_____no If your answer to this question was "no", please explain.

16. Which of the following do you think should be the main goal of corrections?

_____protection of society

_____punishing offender

_____detering offender

_____rehabilitation

- A. In terms of cost, how effective do you think your state's correctional system is in achieving this goal?

17. What is the best method to disseminate information about the recommendations of our study to the legislature? ((Omitted in analysis))

18. As far as the interstate correctional program is concerned, which of the following would you be willing to do? (You may check as many as you wish.)

☐ Sponser the bill
☐ Co-sponser the bill
☐ Actively support the bill
☐ Serve on an Advisory Board
☐ Vote for the bill

19. Do you think interstate exchange of prisoners is politically feasible at this time?

☐ yes

☐ no If your answer to this question was "no", please explain.

PROBATION and PAROLE QUESTIONNAIRE

1. What other agencies are called upon to assist in the handling of probationers and parolees, particularly those who are retarded or mentally ill?
- 2a. Does the parole commission employ supervisory personnel who have special training in the problems of mental illness and retardation?
 - b. If no, do they employ consultants who do?
3. Is the decision to place on probation and parole at all dependent upon the availability of supervisory staff?
4. How is parole arranged for inmates who have been transferred to psychiatric institutions for treatment or custody?
5. What impact does the criminal record and past institutional behavior have on the investigating officer's recommendation to the court?
6. Are retardates denied parole more often than inmates of normal intelligence? Explain.
- 7a. Does the Probation and Parole Commission arrange special programs for retarded or mentally unstable parolees and probationers?
 - b. Does the Probation and Parole Commission call upon other agencies for programs or assistance?
 - c. Do you think special programs are necessary?
8. Are correctional facilities for women in your state such that you are more likely to recommend probation for women than men?
9. What problems do you think would be encountered in administering parole for a multi-state institution?
10. Who does not receive the benefit of a pre-sentence investigation?
11. What tests, if any, are routinely administered to the defendant in the course of the pre-sentence investigation?
12. Does the I.Q. of the defendant influence the recommendation of the investigating officer to the court?
13. What categories of offenders do you think should be included in such a multi-state program?
14. Do you think the public will react adversely to interstate exchange of prisoners?
15. What private individuals, legislators or organizations do you think might cooperate in the development of an interstate correctional program?
(Omitted in analysis)

16. Would you support the establishment of multi-state correctional programs?
17. Are you in favor of multi-state treatment of inmates?
18. Do you think multi-state correctional programs are feasible?

Appendix B

SUMMARY OF RESPONSES TO
CORRECTIONAL ADMINISTRATOR QUESTIONNAIRE

1. DELETED

2. DELETED

3. HOW MANY INMATES IN YOUR STATE COULD BE CLASSIFIED IN EACH CATEGORY?

FLORIDA:

Range

Persistent Offender - 20%-67%

Prison Troublemaker - 2%-15%

Mentally Disturbed - 2%-25%

Mentally Retarded - 6%-35%
1500-2000Women Inmates - 4%-5%
350GEORGIA:Persistent Offender - 33%-60%
2000-4500Prison Troublemaker - 2%-<10%
200-900Mentally Disturbed - 5%-40%
150-1500Mentally Retarded - 10%-25%
250-1000

Women Inmates - ±260

NORTH CAROLINA:Persistent Offender - 40%-80%
(50%)Prison Troublemaker - 7%-15%
100-600Mentally Disturbed - 4%-45%
500-5000

Mentally Retarded - 600-2000

Women Inmates - 350-600

3. (Continued)

SOUTH CAROLINA:

NOTE: Many of the S.C. questions were answered by institution, rather than statewide.

Persistent Offender - 15%-20%

Prison Troublemaker - 100

Mentally Disturbed - 5%-12%

Mentally Retarded - 5%-10%

Women Inmates - 100-110

4. WHAT PROGRAMS DO YOU HAVE FOR THESE INMATES IN YOUR STATE?

FLORIDA:

Basically, all categories are involved in same programs. No special treatment.

- Persistent Offender - usual vocational, academic, work, recreation, religious programs available to all inmates. No special program for persistent offenders.
- Prison Troublemaker - nothing special except for segregation, extra work, loss of gain time.
- Mentally Disturbed - use of tranquilizers under doctor's care, limited group and individual counseling; very selective and limited psychiatric treatment.
- Mentally Retarded - special education programs now in planning stages.
- Women Inmates - regular academic, religious, recreational activities. Vocational training geared for women's jobs; garment construction, key punch, cosmetology, etc.

GEORGIA:

No special programs designed specifically for categories, except special vocational training for women.

- Persistent Offender - academic, vocational training, work detail, limited counseling, limited vocational rehabilitation, limited work release.
- Prison Troublemaker - SAME - and solitary confinement and transfer to different institution.
- Mentally Disturbed - SAME - some transfers to Central State Hospital for short-term treatment.
- Mentally Retarded - SAME - some remedial education.
- Women Inmates - SAME - new small group institution being constructed, vocational training designed for women; cosmetology, nurses aide, etc.

NORTH CAROLINA:

- Persistent Offender - no programs specifically for persistent offenders.
- Prison Troublemaker - youthful troublemakers sent to Odum - maximum security institution. Older ones to Central, special cell blocks. There is an experimental program under Charles Wheeler (SCCRC) at Central Prison attempting to teach ex-incorrigibles to control and influence current troublemakers.
- Mentally Disturbed - special cell blocks at Central for disturbed inmates, and new hospital at Central to be completed late 1971. There is a Mental Health Clinic at Central; has 2 full-time, 3-4 part-time psychiatrists, and 8 psychologists; offers both group and individual counseling. Transfer to Mental Health for severe cases.

4. (Continued)

N.C.

- Mentally Retarded - Maury Unit (Greene County) 80-100 men offers a pilot program for youthful retardates; primarily staffed by Vocational Rehab. people; also offers basic education. There are proposals for adult units, but no special programs at this time.
- Women Inmates - basic education program, vocational training, courses in sex education and human relations, some work release, study release. Half-way house being set up in Charlotte, more pre-release programs proposed.

SOUTH CAROLINA:

- Persistent Offender - none specific to this category.
- Prison Troublemaker - most handled by individually determined disciplinary measures, of which segregation is common. There is a Maximum Detention and Retraining Center in CCI which offers group therapy. A 500-man maximum security institution has recently been funded.
- Mentally Disturbed - generally sent to Cell Block #2 or Stoney Psychiatric Center (CCI) whereby they are removed from the general population, seen by psychiatrist, social worker, and some are given drug therapy. This treatment is generally afforded only those who aggressively "act out." Some out-patient referrals are made to the state hospital and mental health centers. Division has received LEAA funds to provide a more comprehensive program for the mentally disturbed.
- Mentally Retarded - D of C cooperate with Dir. of Retardation. Referrals are made to Midlands Center and Babcock Center on out-patient basis for 3 months. Few become residents. There is one special class for educable retardates at Manning C. I. for 20 inmates.
- Women Inmates - Women are given opportunities to work "out" in Governor's Mansion, Division of Corrections, Data Processing Division (CCI), library, canteen, etc.
A 100-woman institution was recently funded.

5. DO YOU HAVE SPECIALLY TRAINED EMPLOYEES TO HANDLE THESE TYPES OF INMATES?

FLORIDA:

Persistent Offender	- 2 yes	12 no
Prison Troublemaker	- 2 yes	11 no
Mentally Disturbed	- 6 yes	8 no
Mentally Retarded	- 6 yes	6 no
Women Inmates	- 4 yes	9 no

GEORGIA:

Persistent Offender	- 2 yes	8 no
Prison Troublemaker	- 2 yes	7 no
Mentally Disturbed	- 3 yes	6 no
Mentally Retarded	- 2 yes	7 no
Women Inmates	- 4 yes	5 no

NORTH CAROLINA:

Persistent Offender	- 3 yes	13 no
Prison Troublemaker	- 6 yes	9 no
Mentally Disturbed	- 14 yes	1 no
Mentally Retarded	- 14 yes	3 no
Women Inmates	- 12 yes	3 no

SOUTH CAROLINA:

Persistent Offender	- 4 yes	10 no
Prison Troublemaker	- 10 yes	5 no
Mentally Disturbed	- 10 yes	5 no
Mentally Retarded	- 7 yes	8 no
Women Inmates	- 7 yes	0 no

6. DO OUTSIDE SPECIALISTS ASSIST YOU IN HANDLING THE FOLLOWING:

FLORIDA:

Persistent Offender	-	2 yes	9 no	Vocational Rehabilitation
Prison Troublemaker	-	2 yes	9 no	Vocational Rehabilitation
Mentally Disturbed	-	8 yes	4 no	Vocational Rehabilitation Contract psychiatrists
Mentally Retarded	-	5 yes	6 no	Vocational Rehabilitation
Women Inmates	-	3 yes	7 no	IBM consultant Vocational Rehabilitation

GEORGIA:

Persistent Offender	-	1 yes	8 no	Contract psychiatrists
Prison Troublemaker	-	1 yes	8 no	Consultant psychiatrists
Mentally Disturbed	-	6 yes	2 no	Consultant psychiatrists Psychologists
Mentally Retarded	-	3 yes	6 no	Consultant psychiatrists Vocational Rehabilitation
Women Inmates	-	1 yes	6 no	Labor department

NORTH CAROLINA:

Persistent Offender	-	3 yes	12 no	Psychiatrist Specialists in alcoholism
Prison Troublemaker	-	3 yes	11 no	Dr. Charles Smith (UNC) psychiatrist Researchers (Charlie Wheeler, et. al)
Mentally Disturbed	-	14 yes	1 no	Psychiatrists State hospital staff University psychologists Mental Health specialists
Mentally Retarded	-	14 yes	1 no	Students from ECU Voc. Rehab., Dept. Pub. Instruction people Special ed. teachers
Women Inmates	-	3 yes	10 no	Doctors, psychiatrist, Voc. Rehab.

6. (Continued)

SOUTH CAROLINA:

Persistent Offender	-	8 yes	4 no	Volunteers and Social Workers Vocational Rehabilitation Student Attorneys
Prison Troublemaker	-	5 yes	7 no	Mental Health clinic and staff Volunteers Vocational Rehabilitation *
Mentally Disturbed	-	12 yes	1 no	Mental Health clinic staff Volunteers Vocational Rehabilitation Ph.D. counselors, 1 M.A. psychologist, part-time psychiatrists *
Mentally Retarded	-	12 yes	3 no	Mental Health clinic staff Volunteers Vocational Rehabilitation Special education teacher *
Women Inmates	-	3 yes	1 no	Volunteers Vocational Rehabilitation *

*Some inmates seen on out-patient basis at Babcock and Midland in South Carolina.

7. ARE THE FOLLOWING TYPES OF INMATES EVER EXCLUDED FROM PARTICIPATION IN EDUCATIONAL OR TRAINING PROGRAMS?

FLORIDA:

Persistent Offender	-	0 yes	
Prison Troublemaker	-	7 yes	Work release not possible, lack of trust, etc.; lock-up
Mentally Disturbed	-	6 yes	Excluded, but not systematically "if severe" while under care of psychiatrist
Mentally Retarded	-	5 yes	not intellectually qualified
Women Inmates	-	0 yes	

GEORGIA:

Persistent Offender	-	6 yes	Escape risk. Work release - not eligible; punishment for rules infraction; programs geared toward first offender
Prison Troublemaker	-	6 yes	Escape risk. Behavior patterns; punishment for rules infraction; programs used as privilege - not right
Mentally Disturbed	-	5 yes	"Our" limitations; disrupt classes; punishment for rules infraction
Mentally Retarded	-	5 yes	Punishment for rules infraction
Women Inmates	-	1 yes	Punishment for rules infraction

NORTH CAROLINA:

Persistent Offender	-	2 yes	---
Prison Troublemaker	-	9 yes	In certain situations to avoid riots, sit down strikes, etc.; lose out in competition for desirable program; individual situations of discipline; disruptive influence; security requirements; self-exclusion.
Mentally Disturbed	-	11 yes	On individual basis; have own program; instability may lead to failure experience; paucity of programs; danger of escape; when mental state keeps him from profiting from program; they "drop out" if not successful.

7. (Continued)

N.C.

Mentally Retarded	-	8 yes	Inability to keep up pace of program; ability level low; whenever his intelligence level doesn't permit him to profit; when program not geared to their level; humiliating to include in GED or trades requiring reading skills; failure to pass aptitude tests required for many programs.
Women Inmates	-	2 yes	Not enough women to keep the industries going to pay for the programs; work release not universally available.

SOUTH CAROLINA:

Persistent Offender	-	1 yes	Denied work release
Prison Troublemaker	-	8 yes	Short-term punitive treatment "in certain areas"
Mentally Disturbed	-	10 yes	Lack of specialists; incapable; incompatibility with general population; if in Stony or CB#2; incapable of group counseling.
Mentally Retarded	-	5 yes	Incapable
Women Inmates	-	0 yes	

8. SHOULD THE INMATES UNDER CONSIDERATION BE ISOLATED FROM THE GENERAL INMATE POPULATION FOR SPECIAL TREATMENT?

FLORIDA:

Persistent Offender	-	6 yes	7 no	(yes) Quality and quantity could be improved (yes) Isolate from younger and/or first offenders (no) Too tough to manage
Prison Troublemaker	-	8 yes	5 no	(yes) Easier to work with when isolated (yes) Lack of alternatives (yes) Own protection (yes) Effect on rest of population (no) Too tough to manage
Mentally Disturbed	-	12 yes	2 no	"depends upon level of disturbance" (yes) Individualized treatment
Mentally Retarded	-	6 yes	7 no	(yes) No ridicule (yes) More meaningful competition (yes) Selectively for special programs (no) Can learn more from contact with "normal" population (no) Would limit development
Women Inmates	-	0 yes	0 no	

GEORGIA:

Persistent Offender	-	9 yes	3 no	(yes) Specialized treatment (yes) Separate from first offenders
Prison Troublemaker	-	7 yes	4 no	(yes) Specialized treatment (no) Must be taught to get along with others
Mentally Disturbed	-	8 yes	1 no	(yes) Specialized treatment (yes) Abuse from others (yes) Isolation would benefit staff, ergo program
Mentally Retarded	-	8 yes	2 no	(yes) Specialized treatment (yes) Abuse from others

NORTH CAROLINA:

Persistent Offender	-	8 yes	9 no	(yes) To isolate from first offender (yes) If separate treatment were effective (yes) To inhibit instruction of crime (yes) Persistence not sound basis (not definite) for special treatment program (no) Lack of positive influence from more advantaged prisoners (no) Should be treated as individuals (no) Persistence not sound basis for special treatment program
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8. (Continued)

N.C.

Prison Troublemaker - 16 yes 2 no

- (yes) To maintain order, safety of others
- (yes) Keep from influencing others
- (yes) Overall institution behavior improves
- (no) Other inmates can modify the troublemakers' behavior
- (no) There are few, if any, treatment programs for troublemakers

Mentally Disturbed - 14 yes 3 no

- (yes) So that psychiatric work can be done
- (yes) Are victimized in open population
- (yes) Cannot cope with normal situation; needs supportive environment
- (yes) More humane
- (no) Fewer incidences of abnormal behavior when in midst of normals
- (no) Disturbed act more disturbed in like company
- (no) Respond to treatment better in mixed population
- (no) Behavior can be controlled
- (no) Isolation will reinforce rejection

Mentally Retarded - 15 yes 3 no

- (yes) Easily taken advantage of and abused and pressured, especially by homosexuals - own protection
- (yes) Need constant supervision
- (yes) Are overly influenced by sophisticated criminals
- (yes) Easier to develop educational and training program if isolated if cannot cope in regular program
- (yes) More humane
- (no) Eventually have to cope in a heterogeneous society so must learn to interact with those not sharing their handicap

SOUTH CAROLINA:

Persistent Offender - 5 yes 5 no

- (yes) Negative influence on first offenders
- (no) Perform well in closely structured environment, i.e., a prison
- (no) Isolation reinforces their behavior
- (no) Too large a percentage of population to isolate

Prison Troublemaker - 12 yes 0 no

- (yes) They aggravate "normal" inmates
- (yes) Punitive
- (yes) Individualized treatment
- (yes) Improve general morale
- (yes) Too disruptive

8. (Continued)

S.C.

Mentally Disturbed	-	13	yes	0	no	(yes) Specialized treatment
						(yes) Should not be in corrections system
						(yes) To work on cause of problem behavior
Mentally Retarded	-	13	yes	1	no	(yes) Abuse from other inmates
						(yes) Specialized treatment

9. DOES THE SMALL NUMBER OF WOMEN INMATES IN THE CORRECTIONAL SYSTEM LIMIT THE KINDS OF TRAINING PROGRAMS AVAILABLE TO THEM? HOW?

FLORIDA:

5 yes 6 no

- (yes) -limits vocational training
- programs are more expensive
- institutional financing based primarily on bed count
- (no) -most active educational program at institutions
- good vocational rehabilitation program

GEORGIA:

9 yes 1 no

- (yes) -number of qualified staff
- lack of control (under Health Dept.)
- masses get funding priority
- not visible enough
- expensive to operate programs for 250 people
- not enough participants to justify purchase of equipment

NORTH CAROLINA:

9 yes 6 no

- (yes) -specialized programs reduce participation of an already small group
- don't have a range of abilities or interests for diversification with small population
- work release is of limited value with one unit
- no community involvement
- not enough inmates to justify diversified, skilled staff or programs for so few
- women have to be involved in housekeeping and industries to balance the budget, thus are removed from education programs
- (no) -overall, they have same (if not better) opportunities that males have
- are better able to profit from programs due to small number

SOUTH CAROLINA:

5 yes 2 no

- (yes) -limitation on number of vocational rehabilitation programs
- see Research Staff questionnaire for programs in progress
- (no) -they have key punch, clerical classes, educational opportunities

CONTINUED

2 OF 4

10. WHAT BENEFITS WOULD ACCRUE TO THE REMAINDER OF THE PRISON POPULATION IF THE FOLLOWING WERE REMOVED?

FLORIDA:

- Persistent Offender - less contamination, especially of first offenders, better morale, more emphasis on "normal" population needs, better acceptance of parole conditions, chance of treatment "success" enhanced, better staff/inmate ratio. NONE
- Prison Troublemaker - less contamination, better staff/inmate ratio, better morale, more time to work with "normal" population, more relaxed atmosphere, fewer guards, smoother operation, less personal danger, more emphasis on rehabilitation. NONE
- Mentally Disturbed - financial savings can be applied to "normal" population, better staff/inmate ratio, more benefit to those removed, reduction in likelihood of injury to other inmates. NONE
- Mentally Retarded - financial savings can be applied to "normal" population, better staff/inmate ratio, greater efficiency for "normal" programs, retardates would benefit most by removal. NONE

GEORGIA:

- Persistent Offender - less contamination of remainder, especially first offenders, better related types of rehabilitation programs for the remainder.
- Prison Troublemaker - better atmosphere for cure and treatment, reduction of negative influence, smoother operation, better treatment for remainder, learning atmosphere improved.
- Mentally Disturbed - better atmosphere for cure and treatment of the remainder, less chance of injury to "normal" population, better rehabilitation efforts to be directed toward remainder, disruptive incidents could be minimized. They should not be removed.
- Mentally Retarded - better atmosphere for treatment of remainder, more rehabilitative efforts could be directed to remainder, good for retardates. They should not be removed.

NORTH CAROLINA:

- Persistent Offender - none; decrease fear in rest of population; break cycle of crime learning by keeping first offenders from being exposed to sophisticated criminals; more homogeneous atmosphere may engender better motivation; keeps multiple losers from becoming idols; more individual attention for the rest.

10. (Continued

N.C.

- Prison Troublemaker - more emphasis on treatment, less on security; custodial staff would be less hostile and defensive; keep from involving others in trouble; more humane and individual treatment for the others; greater flexibility in programming; less rigid rules and policies; more positive inmate response; more tranquil atmosphere; reduce cost of security, more for staffing.
- Mentally Disturbed - would not greatly affect population; would permit staff to better deal with programs for normal inmate; clamer population; more individualized attention for others; smoother, less frequently disrupted programs.
- Mentally Retarded - remove targets of abuse by other inmates; permit academic programs to progress more rapidly.

SOUTH CAROLINA:

- Persistent Offender - less contamination, especially of first offenders, more money freed to train other inmates. NONE
- Prison Troublemaker - less contamination, less aggravation for majority, less disruption, would improve morale of institutions, more money available to train other inmates.
- Mentally Disturbed - NONE - not enough of them to be a problem here (just constructed a 144-bed capacity institution for this group), MD is often frightening to normal inmate, often is a hazard, a depressing effect on others, for inmates' own protection, more efficient operation, improve morale.
- Mentally Retarded - Not a problem to rest of population, would be fewer "predators," less people being abused, for inmates' own protection, programs for "normal" inmates could be conducted on higher level.

11. SHOULD WE CONSIDER INTERSTATE HANDLING OF OTHER TYPES OF OFFENDERS, SUCH AS SELF-AVOWED POLITICAL PRISONERS, NARCOTICS ADDICTS, ETC., IN THIS STUDY?

FLORIDA:

9 yes 2 no

-drug offenders
-sex deviates
-geriatrics
-cripples
-college types
-long sentences
-life sentences

GEORGIA:

10 yes 0 no

-narcotics offenders
-others

NORTH CAROLINA:

10 yes 8 no

Many respondents dislike the idea of special treatment or handling of certain types mainly because expenditures for such small groups can't be justified and treatment programs (effective) just don't exist.

However, those mentioned - addicts, political prisoners, sex offenders, alcoholics, informers, long termers, homosexuals.

SOUTH CAROLINA:

16 yes 0 no

-drug offenders
-alcoholics
-geriatrics

CONSENSUS (near)

- drug offenders

sex deviates
alcoholics
geriatrics

12. EXCLUDING FINANCIAL CONSIDERATIONS, IF YOUR STATE HAS THE BEST FACILITIES FOR TREATING A CERTAIN CATEGORY OF INMATES, WOULD YOU CONSIDER TREATING OUT-OF-STATE INMATES OF THIS TYPE?

FLORIDA:

NOTE: Florida respondents answered "a" through "e" as a whole, rather than separately.

Persistent Offender	-	11 yes	5 no	(yes)	-if reciprocal and other states had qualified expertise
Prison Troublemaker	-	10 yes	6 no		-if facilities were available
Mentally Disturbed	-	11 yes	5 no		-better way to study recidivist
Mentally Retarded	-	11 yes	5 no		-"for the treatment of a human being"
Women Inmates	-	11 yes	5 no	(no)	-better treatment could be offered
					-small institution better (prison troublemaker)

GEORGIA:

Persistent Offender	-	9 yes	0 no	(yes)	-interchange
					-for best treatment
					-penal reform should be universal
					-altruistic reasons
Prison Troublemaker	-	9 yes	0 no		same
Mentally Disturbed	-	9 yes	0 no		same
Mentally Retarded	-	9 yes	0 no		same
Women Inmates	-	8 yes	1 no	(no)	-inadequate visiting

NORTH CAROLINA:

Persistent Offender	-	12 yes	4 no	(yes)	-if money, staff, space are no problem then the inmates should be afforded the best treatment, if each state took some of the burden.
				(no)	-those saying no objected to special treatment for specific categories or were more in favor of community treatment.
Prison Troublemaker	-	14 yes	1 no		same
Mentally Disturbed	-	13 yes	1 no		same
Mentally Retarded	-	15 yes	1 no		same
Women Inmates	-	12 yes	2 no		same

12. (Continued)

SOUTH CAROLINA:

Persistent Offender	-	9 yes	0 no	(good regional feeling) (yes) -if room available
Prison Troublemaker	-	9 yes	0 no	
Mentally Disturbed	-	10 yes	0 no	
Mentally Retarded	-	11 yes	0 no	(yes) -if for short term treatment (cites community/family ties)
Women Inmates	-	10 yes	1 no	(no) -new women's institution

13. WHAT INNOVATIVE PROGRAMS SHOULD BE INCLUDED IN A MULTI-STATE FACILITY FOR:

FLORIDA:

The following suggestions pertain to all categories from Florida respondents:

- community based treatment for all
 - good staff
 - more individualized treatment
 - none, not doing what we know how to do now
 - involve family in individual rehabilitation
- Persistent Offender
- concentrate on first offenders
 - work programs to save taxpayers' money
- Prison Troublemaker
- extensive psychiatric services
 - mandatory counseling, aversion therapy
- Mentally Disturbed
- extensive psychiatric services and educational services
 - psychiatric treatment in place of confinement designed specifically for that purpose
- Mentally Retarded
- extensive educational services
 - development of job skills to limit of ability

GEORGIA:

The following suggestion pertains to all categories from Georgia respondents:

- family therapy
- Persistent Offender
- individualized treatment
 - job training; sensitivity sessions
 - establish behavior modification center
 - public speaking-personal grooming course
 - group therapy
 - must teach marketable skills
 - psychotherapy treatment
 - resocialization seminars
 - economic seminars
 - small cottage living
 - programs involving entire nuclear family
 - aftercare, possibly halfway houses
- Prison Troublemaker
- better atmosphere
 - job training, sensitivity training; counseling
 - psychiatric examination
 - behavior modification program, if needed
 - public speaking-personal grooming course
 - resocialization seminar
 - small cottage living
 - "continuous" group therapy

13. (Continued)

GA.

Mentally Disturbed

- psychotherapy
- special institution with trained specialists
- extensive personalized care and therapy
- more comprehensive diagnostic examination

Mentally Retarded

- elementary job training
- special institution with trained specialists
- continuous aftercare-halfway houses

Women Inmates

- job training and psychological evaluations geared to special needs of women
- personal grooming course
- better variety of vocational education
- basic household and job skills
- generally, more and better of everything

NORTH CAROLINA:

Persistent Offender

- job skill education and placement service
- maximize community based programs, advancement centers
- individual problem-solving
- use volunteers from community
- operant conditioning
- chemotherapy, mass hypnotism

Prison Troublemaker

- give chance to vent energies and aggression through sports and drama, etc.
- rigorous behavior modification schemes
- more emphasis on rehabilitation than custody
- mental health supervision
- more constructive activities, reduce idleness
- group therapy

Mentally Disturbed

- psychodrama behavior modification, sensitivity training
- more facilities and staff to implement present programs
- more community involvement
- keep all disturbed out of state hospital and in prison population; use confrontation techniques; require acceptance of responsibility even if psychotic; staff to reward and reinforce acceptable behavior (head of Psychological Services)
- "How much more innovation can they stand?"

13. (Continued)

N.C.

Mentally Retarded

- vocational training geared to their level
- close supervision and individual attention
- less emphasis on academics
- transition unit from prison to sheltered workshop
- community involvement
- personal hygiene
- more emphasis on social skills
- teach every-day skills like using telephone, catching a bus, applying for a job, opening a bank account

Women Inmates

- more emphasis on personal and social adjustment
- more opportunity to learn job skills
- plastic surgery, dental care
- co-ed activities
- vocational training which will open more doors than usual woman's work
- stay away from developing housewife role
- personal hygiene
- community involvement
- more work release
- more home leave - currently limited for fear of pregnancy
- use inmates to staff mental hospital-mental health training beneficial to them
- more use of incentives
- more decision-making to avoid dependency

SOUTH CAROLINA:

The following suggestion pertains to all categories from S.C. respondents:

- more comprehensive volunteer service

Persistent Offender,

- research on how to prevent recidivism
- recommends age grouping for treatment: 15-25; 25-45; 45+
- individual counseling and staff to do it
- treatment teams, group counseling
- more vocational programs
- increased use of pre-release centers
- community based treatment

Prison Troublemaker

- need specialists in dealing with violent offenders
- group leaders for group therapy sessions
- counselors for individual counseling
- specialists in drug therapy
- more academic programs
- more industrial programs
- more research on personality syndrome
- behavior modification program

13. (Continued)

S.C.

Mentally Disturbed

- need psychiatrists, social workers
- drug treatment specialists
- individualized treatment
- family therapy; legal aid counselors
- use of occupational therapy
- behavior modification program

Mentally Retarded

- need specialists to treat
- better individualized treatment
- more counselors
- supportive aftercare
- more vocational programs
- occupational therapy
- community based

Women Inmates

- personnel to deal with unique problems of women
- community based

14. WHAT PROBLEMS WOULD BE INVOLVED WITH TRANSPORTATION OF INMATES ACROSS STATE LINES?

FLORIDA:

- none
- state agreement as to responsibility
- cost and security during transportation
- visitation by relatives
- legal?
- distances, schedules

GEORGIA:

- none
- legal problems
- who provides transportation, cost
- minor administrative
- visitation primarily
- compensation and administrative agreements
with intermediate stop-over jails

NORTH CAROLINA:

A considerable number of respondents agreed that no problems would arise because considerable transportation already takes place. The ICC would take care of any problems. Others mentioned:

- legal responsibility or liability
- visitation
- destruction of family ties
- financial responsibility for medical care
- escapes
- extradition
- post release residence
- providing escorts

SOUTH CAROLINA:

- none
- security

15. IF THE INTERSTATE CORRECTIONS COMPACT WERE BEING USED, WHO WOULD MAKE THE DECISION TO TRANSFER INMATES TO MULTI-STATE INSTITUTIONS?

FLORIDA:

- medical staff
- Director
- Deputy Director for Inmate Treatment
- classification team at Reception Diagnostic Center or at separate prisons
- joint decision between sending and receiving officials
- central office
- central administration with advice of field staff

GEORGIA:

- Regional Diagnostic Board consisting of correctional workers from each state
- Director
- cooperating states should establish guidelines for this
- Deputy Director
- concurrence of participating states
- placement committee
- Corrections Director of home state with advice of special committee

NORTH CAROLINA:

Many did not respond. The most frequent response was:

- Central Classification Committee with OK from Commissioner (sending state) and acceptance by multi-state personnel or receiving state

Other responses:

- judges
- independent psychiatrists

SOUTH CAROLINA:

- sending state
- Director in sending state with advice of classification committee
- Assistant Director with multi-state committee
- classification committee
- Director and Board of Directors

16. WHAT CRITERIA ARE USED FOR INSTITUTIONAL PLACEMENT OF INMATES?

FLORIDA:

- interests
- vocational aptitude
- experience
- education
- custody
- medical
- available program
- crime
- location of home
- age
- bed space
- length of sentence
- IQ
- institution needs
- attitude
- general information plus proximity to home

NOTE: Location of family universally mentioned

GEORGIA:

- crime
- IQ
- background of offender
- age
- length of sentence
- educational needs
- sex
- security
- medical and psycho-logical needs
- work he can do
- sexual preference
- previous crimes
- family location
- attitude
- special skills
- space available
- work-release potential
- vocational needs and desires

NORTH CAROLINA:

- home location
- treatment needs
- age, sex
- physical condition
- custody level required
- needs of state
- skills
- vacancies in programs

SOUTH CAROLINA:

Same as other states

17. WHAT WOULD YOU ANTICIPATE TO BE THE REACTION OF THE INMATES CONCERNED TO
TRANSFER TO A SPECIAL OUT-OF-STATE INSTITUTION?

FLORIDA:

- depends on whether he has visitors
- adverse...the further he gets away from home
- may be afraid of hard-time in another state
- visitation problems
- favorable

NOTE: Most thought reaction to be unfavorable because of visitation.

GEORGIA:

- willing
- resigned acceptance
- adverse...based on visitation
- animosity until they become familiar with better program
- run the gamut

NOTE: Opinion almost equally divided.

NORTH CAROLINA:

Most respondents indicated that inmate reaction would be greatly negative (fear, resentment, hostility), especially if the transfer were for a long term. It would greatly depend on efforts made by staff to prepare him and assure him that the benefits to him will outweigh the drawbacks. Thus, a multi-state institution may have a huge morale problem, and many legal complaints.

If inmates do not have strong family or community ties, he may react indifferently, or positively if unhappy in present state.

SOUTH CAROLINA:

- visitation problems especially for women
- visitation problems
- family separation
- adverse in case of younger inmates; no problem with older inmates
- animosity until they become familiar with better program
- mixed reaction
- mentally disturbed would probably not be bothered, others would

NOTE: Almost all thought reaction to be unfavorable because of visitation.

18. WHO WOULD MAKE THE DECISION TO TRANSFER AN INMATE TO ANOTHER JURISDICTION
FROM A MULTI-STATE INSTITUTION?

FLORIDA:

- Director
- Classification officer
- Board of interstate officials
- Administration of holding institution

NOTE: Very few answers, most had no idea.

GEORGIA:

- Regional board
- Director of State Division
- Deputy Director State Division
- The Director State Division

NORTH CAROLINA:

Many just had no idea. Most frequent response (after "don't know") was:

- staff of multi-state institution

then:

- sending state
- both sending and receiving state
- receiving state

NOTE: All greatly concerned with problem of "dumping."

SOUTH CAROLINA:

- Director of institution
- Director of sending state, with recommendation of multi-state classification committee
- Director of State Division of Corrections, with approval of Board

19. HOW IS PAROLE ARRANGED FOR INMATES WHO HAVE BEEN TRANSFERRED TO PSYCHIATRIC INSTITUTIONS FOR TREATMENT OR CUSTODY?

FLORIDA:

- return to Division of Corrections prior to parole
- board of appointed state officials

GEORGIA:

- same as other inmates
- return to sending state Division of Corrections

NORTH CAROLINA:

- No one in position of authority responded to this question.
- Only two (2) responses of all Division of Corrections questionnaires:

Inmate must be released from mental hospital and returned to normal population before consideration for parole.

SOUTH CAROLINA:

- parole board asks for opinion from psychiatric facility
- sometimes the inmate is paroled to a psychiatric facility or VA hospital
- like any other case if they are still under sentence

20a. HOW WOULD YOU SUGGEST THAT PAROLE BE ADMINISTERED FOR A MULTI-STATE INSTITUTION?

FLORIDA:

- parole authority should rely on written reports of institutions
- see compact
- reciprocal recommendations
- board of appointed state officials
- in-house parole teams, in cooperation with sending states' parole office
- parole authorities of both states

GEORGIA:

- regional parole board from recommendations from state where inmate is located
- multi-state institution should have its own parole board
- same as present interstate compact of parolees

NORTH CAROLINA:

11 of 21 did not respond. Of those who did respond, there was no consensus.

- parole board of representatives from all states; cross-section of people from states, courts, social agencies, community
- parole from individuals' own state parole board
- local parole board
- coordinated parole boards
- multi-state board
- use parole compact already in existence

SOUTH CAROLINA:

- by sending state
- recommendations from multi-state institution to sending state parole board; two respective parole boards would have to concur; separate parole board for multi-state institution (NOTE: check on legal ramifications)
- committee of all four paroling authorities with final decision made by sending state

20b. CAN YOU FORESEE ANY PROBLEMS?

FLORIDA:

- personal parole interviews may not be possible
- no
- distance from inmates' homes
- bickering between states and departments
- yes...legal...extradition
- distances will prohibit employment interviews
- many

GEORGIA:

- only political, not professional
- no
- visitation
- communication
- personal interview may be difficult
- negative public reaction possibly

NORTH CAROLINA:

Most said there would be no problem or few, which could be worked out.

- politics
- individual states losing parole rights over state inmate
- communication between state parole board and multi-state institution
- legal problems
- parole will be even more difficult for inmate without family or community ties if he is out of state
- disagreement between state and multi-state systems

SOUTH CAROLINA:

- yes...no explanation
- minor
- separate parole authority might run into constitutional or other legal problems
- no
- yes...adequately trained staff

21. DO YOU SEE ANY TRENDS IN THE NATURE OF THE INMATE POPULATION THAT WOULD INFLUENCE YOUR DECISION TO PARTICIPATE IN A MULTI-STATE INSTITUTION?

FLORIDA:

- no
- yes, we need more prisons here to take care of the growing population
- more first time disadvantaged
- more literates, middle class
- more young people, higher education, higher IQ, require more sophisticated programs
- more pot, more drug users
- alcoholism being treated more as a disease

GEORGIA:

- yes, more emphasis on youthful first offenders
- drug abusers
- first offenders with no job skills
- increase in inmate population dictates need for multi-state institutions
- no

NORTH CAROLINA:

- 6 saw no trends
- 5 said influx of drug offenders might give rise to multi-state program for addicts or drug offenders.
- rise in hostility of blacks and their refusal to yield to authority of white officials
- rise in number of people in correctional system as military releases great number of men
- younger population trend. More with social type problems than hardened Mafia type criminal background
- model prisoners go out in community programs, study release, work release; so a more difficult population remains

SOUTH CAROLINA:

- growing number of drug addicts, need special facility for this type of offender
- younger inmates
- more aged and handicapped
- no
- growing number of violent offenders
- increase in size of entire inmate population
- higher percentage of commitments, therefore, more diversified inmate population

22. ARE YOU IN FAVOR OF THE HABITUAL OFFENDER LEGISLATION?

FLORIDA: 3 yes 12 no

GEORGIA: 1 yes 1 no

NOTE: Only one of the Georgia respondents seemed to know what the question means.

NORTH CAROLINA: 3 yes 13 no

SOUTH CAROLINA:

NOTE: Most did not have opinion and/or did not know what the term means.

NOTE: Several "yeses" indicated that a differentiation should be made among the various types of offenders.

23. IN WHICH OF THE STATES SHOULD MULTI-STATE INSTITUTIONS BE ESTABLISHED?

FLORIDA:2 None 0 All 2 Fla.2 Ga. 0 N.C. 0 S.C.COMMENTS:

- centrally located
- doesn't matter
- near population center
- states bordering on Florida

GEORGIA:0 None 3 All 0 Fla.1 Ga. 0 N.C. 1 S.C.

- centrally located
- resource located

NORTH CAROLINA:3 None 2 All 2 Fla.1 Ga. 5 N.C. 0 S.C.

- FLA: - progressive state
- training in forestry

GA: - central location

- N.C.: - most progressive D of C
- educational facilities
- most expertise
- Research Triangle-Medical Center
- more involvement with Voc. Rehab. and
Mental Health

SOUTH CAROLINA:

- according to results of a study
- S.C., for aged and handicapped
- must consider, need for new facility,
possibility of converting old facility,
availability of land, distance problems
- resource located, e.g., close to university
- near population center

24. WHICH LEGISLATORS WOULD YOU SINGLE OUT AS BEING INTERESTED IN CORRECTIONAL PROGRAMS?

FLORIDA:

Myers	Shevin
Randall	Harris
Shaw	Pettigrew
Hodes	Firestone
Baker	Yancey
Sackett	Tillman
De la Parte	Whitworth
Weisenborn	Kirshaw
Hazelton	

GEORGIA:

Asa Kelley	George Busbee
Cy Chapman	Mike Padgett
Edwards	Levitas
Jack Stephens	Townsend
Joe Kennedy	Johnson
Roy Cappel	Bond
Phil Chandler	the "more liberal legislators"

NORTH CAROLINA:

Howard Twiggs	Bob Wynne
Sam Johnson	John Burney
Lt. Gov. Taylor	Henry Frye
Julian Allbrook	Hargrove Bowles
Giles Coggins	Lamar Gudger
John Henley	Ralph Scott
Wm. Staton	Sam Davidson
Willis Whichard	Eugene Snyder

SOUTH CAROLINA:

Walter J. Bristow
John Drummond
James Cuttino, Jr.
Jim Harper
Travis Medlock
Sol Blatt
Francis Hiatt
James Felden

25. DO YOU THINK THE LEGISLATURE WOULD BE WILLING TO FINANCE ANY NEW REHABILITATIVE PROGRAMS WHICH MAY COST MORE THAN CURRENT, LESS EFFECTIVE PROGRAMS?

FLORIDA:

- No
- No, new programs would have to be more economical
- Don't know, would have to do selling job
- Yes, if they could be convinced it was more effective
- Yes, if it were matched by federal money
- Yes, public is ready for change

NOTE: Evenly divided between "no" and others

GEORGIA:

- No
- No, public sentiment is not ripe
- Possibly, with big educational campaign
- Probably, with big educational campaign
- Yes, with big educational campaign

NORTH CAROLINA:

- Don't know....1
- Yes15
- No response...3
- No2

NOTE: Overwhelmingly "yes." Department of Corrections is high priority in legislature due to great amount of publicity, public relations, and progressive people bent on reform.

SOUTH CAROLINA:

- No
- Doubt it
- No money available
- Yes, possibly
- Yes, with right selling program
- Yes, if funds were available
- Yes

26. WHAT OTHER AGENCIES, ORGANIZATIONS OR INDIVIDUALS DO YOU THINK SHOULD BE CONTACTED IN ORDER TO ASCERTAIN THE FEASIBILITY OF THIS PROGRAM?

FLORIDA:

- universities
- Federal Bureau of Prisons
- Florida Bar Association
- Public Defenders
- Florida Association of Clinical Psychologists
- Ex-offenders
- Inmates
- Youth Services, Division of
- Welfare
- None, enough confusion as it is
- NCCD, FDDC
- ACA

GEORGIA:

- Health Department (Ga.)
- Labor Department (Ga.)
- Bureau of Prisons
- universities
- State Planning Agencies
- ACA
- Department of Family and Children's Services
- Noted criminologists
- Administrators of similar programs

NORTH CAROLINA:

- community agencies, leaders, volunteers
- welfare departments
- Operation Breakthrough
- OEO representatives
- attorney general
- Public Health people
- community colleges
- Probation and Parole Board
- urban planners
- Mental Health
- Vocational Rehabilitation
- Board of Public Instruction
- legislative committee on law and order
- Bar Association
- J.C. Committee studying corrections
- N.C. Mental Retardation Association
- Junior Chamber of Commerce
- National Council of Churches
- private psychiatrists
- Seymour Halleck...Univ. of Wis. Health Service
- Department of Juvenile Correction
- state hospitals
- State Board of Investigation
- Superior Court Judges
- Henry Vermillion...N.C. Council Crime & Delinquency
- Bill Julian...Governor's Law & Order Committee
- Dr. Charles Smith
- Bill Linquist... Youth Services Bureau
- Bill Finletter... Baptist minister

26. (Continued)

SOUTH CAROLINA:

- Alcoholic Commission
- Other agencies concerned with alcoholism
- Bureau of Alcoholism
- Jaycee Club
- Gavel Club
- Drug addiction agencies
- Alston Wilkes Society
- Members of Penitentiary Committee
- Employment Security Commission
- Bill Meyers, counselor at Manning
- T. V. Smith, State Mental Hospital
- Dr. Tobin, part-time psychiatrist at Stoney

27a. FOR WHICH OF THESE TYPES WOULD MULTI-STATE FACILITIES OR PROGRAMS BE MOST NEEDED AT THIS TIME?*

*Where respondent ranked, first two priorities were recorded.

FLORIDA:

Persistent Offender - 2	- most neglected - most perplexing
Prison Troublemaker - 1	
Mentally Disturbed - 12	- inadequate facilities, treatment - most difficult to handle - most costly - need most specialized treatment
Mentally Retarded - 6	- need help and can be helped - inadequate treatment now
Women Inmates - 0	

GEORGIA:

Persistent Offender - 3	- cost
Prison Troublemaker - 3	- no programs now
Mentally Disturbed - 5	- emergency - increasing numbers - no program now
Mentally Retarded - 4	- specialized training needs
Women Inmates - 4	- so few (250) - to bring closer to family - neglected

NORTH CAROLINA:

Persistent Offender - 3	- high failure rate - greater number
Prison Troublemaker - 6	- they interrupt treatment of others - high failure rate - currently warehoused - would like to get rid of them - need to develop means of teaching
Mentally Disturbed - 5	- multi-state would allow more comprehensive treatment - great number of this type - currently warehoused - present facilities inadequate
Mentally Retarded - 6	- allow more comprehensive treatment - are manipulated & victimized by other inmates - present facilities inadequate
Women Inmates - 0	

27a. (Continued)

SOUTH CAROLINA:

Persistent Offender - 1	- would help remainder
Prison Troublemaker - 2	
Mentally Disturbed - 7	- need help - inadequate programs
Mentally Retarded - 10	- don't belong in correction - neglected, inadequate programs
Women Inmates - 2	

27b. IF THE INTERSTATE CORRECTIONS COMPACT WERE ESTABLISHED TODAY, FOR WHICH TYPE OF INMATES WOULD THE PROGRAM BE EASIEST TO IMPLEMENT?*

*Where ranking used, first two choices recorded.

FLORIDA:

Persistent Offender - 4	- industrial programs, can use money - adapts to institutional life
Prison Troublemaker - 0	
Mentally Disturbed - 3	
Mentally Retarded - 5	- easiest, easiest politically - already dev. program
Women Inmates - 6	- least expensive - programs already developed - not many people

GEORGIA:

Persistent Offender - 2	- use existing program
(Don't Know) - 1	- greater availability of records
Prison Troublemaker - 1	- use existing program
Mentally Disturbed - 4	- few - set up institute
Mentally Retarded - 3	- public receptive - less complex program
Women Inmates - 3	- few, easy to identify

NORTH CAROLINA:

Persistent Offender - 3	
Prison Troublemaker - 1	
Mentally Disturbed - 3	- great need - programs already developed - staff available
Mentally Retarded - 8	- there is already adequate training to render them functional - public more receptive to mental defective - staff is available - won't cause trouble - know how to handle them
Women Inmates - 3	- facilities established, easy to improv - there aren't many - they aren't hostile

27b. (Continued)

SOUTH CAROLINA:

Persistent Offender	- 0	
Prison Troublemaker	- 2	- already isolated
Mentally Retarded	- 1	- existing program
Mentally Disturbed	- 8	- more amenable to treatment - use existing program - inadequate program
Women Inmates	- 4	- few in number - existing programs

27c. IN TERMS OF POLITICAL FEASIBILITY, ASSUMING YOU WERE ABLE TO ESTABLISH A MULTI-STATE FACILITY, FOR WHICH TYPE OF INMATE WOULD YOU INITIATE THE FIRST PROGRAM? WHY?

FLORIDA:

Persistent Offender - 4	
Prison Troublemaker - 1	
Mentally Disturbed - 5	- less resistance from legislature
Mentally Retarded - 4	- more expertise available
Women Inmates - 2	- cost

GEORGIA:

Persistent Offender - 4	- failures - costly
Prison Troublemaker - 1	- costly
Mentally Disturbed - 3	- easier to identify
Mentally Retarded - 2	- closer to families
Women Inmates - 3	- present situation - easiest to identify

NORTH CAROLINA:

Persistent Offender - 3	- (5 answered "don't know") - most costly to state
Prison Troublemaker - 2	- these are legislator's idea of prison inmates - these are in the news - would like to get rid of them
Mentally Disturbed - 4	- easier to sell - more public concern - treatment will pay off - strong Mental Health Dept. in N.C.
Mentally Retarded - 7	- more concern in legislation and public - treatment will pay off - no elaborate new program needed, have basics - do not threaten society - no public hostility
Women Inmates - 3	- more normal inmates - not troublemakers - there aren't many - they aren't hostile

27c. (Continued)

SOUTH CAROLINA:

Persistent Offender - 2	- needs research
Prison Troublemaker - 1	
Mentally Disturbed - 4	- need special treatment
Mentally Retarded - 9	- public sympathy - need special treatment
Women Inmates - 1	

28. CONSIDERING THEIR DIVERSITY IN POLICIES, FINANCING, AND PHILOSOPHIES, DO YOU THINK THE FOUR DIVISIONS OF CORRECTIONS INVOLVED COULD ACHIEVE THE NECESSARY DEGREE OF COOPERATION FOR SUCCESSFUL ADMINISTRATION OF A MULTI-STATE INSTITUTION?

FLORIDA:

14 Yes 1 No 2 Possibly 0 Don't Know

GEORGIA:

5 Yes 0 No 2 Possibly 2 Don't Know

NORTH CAROLINA:

10 Yes 3 No 7 Possibly 1 Don't Know

SOUTH CAROLINA:

14 Yes 0 No 0 Possibly 0 Don't Know

29. DO YOU FORESEE ANY SPECIAL PROBLEMS FOR YOUR AGENCY IN PARTICIPATING IN
MULTI-STATE CORRECTIONAL PROGRAMS?

FLORIDA:

Majority agreed that problems could be solved without too much difficulty, but salary scales and joint funding problems were singled out, as was possible adverse reaction from legislature.

GEORGIA:

Similar reaction in Georgia.

NORTH CAROLINA:

6 responded - no insurmountable problems

- difficulty in coordination and control
- conjugal rights
- family visitation
- transportation
- differential sentencing
- duplication
- morale problems
- use of work release, study release, community volunteers
- community acceptance of out-of-state prisoners
- more feasible to work on existing facilities
- direction of states is different
- don't need multi-state facilities
- uniformity in pay and working conditions for staff between local and multi-state units
- reporting systems
- mechanisms for transfer

SOUTH CAROLINA:

Problems of implementing work release in such an institution mentioned. Funding seen as big problem, as were problems of visitation. Also, administration - who is "Big Daddy?"

30. ARE YOU OPPOSED IN ANY WAY TO MULTI-STATE TREATMENT OF OFFENDERS? IF SO, WHY?

FLORIDA:

The great majority (12 to 4) answered "no." However, several had reservations based on problems based on family contacts, visitation, and/or distance from home.

GEORGIA:

Almost all were not opposed (10 "votes"). Same reservations as raised above.

NORTH CAROLINA:

No Response - 2
No - 13
Yes - 5

Reasons why opposed:

- detracts from trend toward community treatment
- danger of warehousing, dumping
- effectiveness must first be established
- family contact is an important rehabilitative tool
- don't buy concept of specialized facilities and would be hypocritical to say they could be effectively treated
- only interested if local facilities aren't available

SOUTH CAROLINA:

Same result.

31. DO YOU THINK IT FEASIBLE TO DEVELOP MULTI-STATE CORRECTIONAL INSTITUTIONS?
WHY?

FLORIDA:

11 Yes 2 No 4 Possibly

COMMENTS

(yes) recommend Task Force to create it
(no) reverse of community-based trend
-legal problems
-administration, practical, economic
-bigness

GEORGIA:

11 Yes 0 No 0 Possibly

(yes) increase efficiency and economy

NORTH CAROLINA:

11 Yes 6 No 3 Possibly

(yes) there is a great need and no insurmountable problems
(no) would only be useful for research purposes
-reasonable size for any institution precludes multi-state use
-no treatment programs available that are better than current N.C. ones
-too much support for community trend
-requires too much of a selling job
-too much coordination and administrative red tape to be feasible
-many said N.C. just doesn't need it
-too political

SOUTH CAROLINA:

13 Yes 0 No 0 Possibly

(yes) economics, better staff, better programs

Appendix C

1. ARE YOU FAMILIAR WITH FACILITIES AND PROGRAMS FOR ANY OF THE FOLLOWING INMATES
IN YOUR OWN STATE?

FLORIDA: 56 responses NOTE: 3 were vaguely familiar with all

Mentally Disturbed - 36 Yes 13 No

Female Offender - 38 Yes 13 No

Mental Retardate - 26 Yes 13 No

Persistent Offender - 22 Yes 13 No

Prison Troublemaker - 21 Yes 13 No

NORTH CAROLINA: 37 responses

Mentally Disturbed - 24 Yes 11 No

Female Offender - 15 Yes 18 No

Mental Retardate - 20 Yes 14 No

Persistent Offender - 14 Yes 18 No

Prison Troublemaker - 13 Yes 20 No

SOUTH CAROLINA: 27 responses

Mentally Disturbed - 21 Yes 3 No

Female Offender - 17 Yes 3 No

Mental Retardate - 18 Yes 3 No

Persistent Offender - 16 Yes 4 No

Prison Troublemaker - 15 Yes 4 No

2. WHICH CORRECTIONAL INSTITUTIONS HAVE YOU VISITED IN YOUR STATE? HOW RECENTLY?

FLORIDA:

- 19 - Florida State Prison at Raiford
- 11 - Florida Correctional Institution at Lowell
- 16 - Youth Service Facility
- 9 - Lake Butler Reception Center
- 10 - Apalachee Correctional Institution
- 7 - a state hospital (for mentally ill)
- 6 - a Sunland Center for Retarded
- 4 - Local jail
- 3 - Avon Park Correctional Institution
- 3 - a road camp
- 2 - Sumter Correctional Institution
- 2 - Glades Correctional Institution
- 1 - DeSoto Correctional Institution
- 1 - Santa Fe Correctional Farm
- 9 - All
- 9 - None
- 3 - No response

HOW RECENTLY:

- 24 - Within the last year
- 9 - More than one (1) year ago
- 18 - No response

NORTH CAROLINA:

- 19 - Central Prison
- 7 - Dillon
- 6 - Women's Prison
- 5 - Butner
- 5 - Polk
- 5 - County prisons
- 3 - Dix Hospital
- 2 - O'Berry-Goldsboro
- 2 - Broughton Hospital
- 2 - State prison Units
- 1 - Cherry at Goldsboro
- 1 - Umstead at Butner
- 1 - Morrison
- 1 - Hudson
- 1 - Samarkand
- 1 - Training schools

HOW RECENTLY:

- 10 - Within the last year
- 5 - More than one (1) year ago
- 18 - No response

2. (Continued)

SOUTH CAROLINA:

- 15 - Central Correctional Institution
- 2 - Columbia Pre-Release Center
- 1 - Wateree
- 2 - Juvenile Corrections Department
- 1 - County prison camp
- 1 - All institutions for retarded
- 2 - State Mental Hospital
- 3 - Harbison Correctional Institution
- 4 - All
- 1 - Almost All
- 1 - None

HOW RECENTLY:

- 5 - Within last year
- 4 - More than one (1) year ago
- 18 - No response

3. DO YOU FORESEE ANY COMPLICATIONS IN THE IMPLEMENTATION OF AN INTERSTATE CORRECTIONS COMPACT? (If your answer to this question was "yes," what major complications?)

FLORIDA:

14 Yes 37 No 5 Don't Know
 1 No Response

- getting program funded
- major institutions reduce effectiveness of rehabilitative efforts
- need does not justify program
- red tape
- people will not buy the program
- differential treatment and attitudes in various states
- deciding state's share of cost, location, who will control, and number to be admitted from each state

NORTH CAROLINA:

10 Yes 23 No 4 Don't Know
 or Can't Say

- funding - mutual and equal cooperation
- conflict with North Carolina laws
- returning escapees
- determining which North Carolina really needs
- public acceptance
- admission of short-comings by state agencies

SOUTH CAROLINA:

7 Yes 18 No 2 No response

- family ties and irritation
- resistance to prison reform
- petty jealousy
- money
- cooperation between states
- proper classification
- none other than usual complications with implementation of any law
- in anything this comprehensive there will be problems - cooperation between the states will all depend on how it is funded

4. ARE YOU OPPOSED IN ANY WAY TO TRANSPORTING INMATES TO SPECIALIZED INSTITUTIONS IN OTHER STATES FOR REHABILITATIVE TREATMENT? (If your answer was "yes," please explain.)

FLORIDA:

3 Yes 49 No 3 Don't Know

- our own system should be developed to provide such treatment
- advantage of being in or near one's own community outweighs advantages of this program
- cost
- have no assurance that this will be more adequate or effective than present programs

NORTH CAROLINA:

6 Yes 31 No 0 Don't Know

- no assurance inmates will be rehabilitated
- "just getting more of same at extra expense; ridiculous"
- problems with visiting, and travel for sickness, emergencies

SOUTH CAROLINA:

1 Yes 25 No 1 No response

- care of inmates is a state's responsibility

5. WOULD YOU FAVOR SENDING ALL OF ONE TYPE OF INMATE OUT OF THE STATE IF ANOTHER STATE HAS SUPERIOR FACILITIES AND SERVICES TO TREAT THAT TYPE OF OFFENDER? (If your answer was "no," why?)

FLORIDA:

44 Yes 6 No 4 Don't Know
2 No Response

NO: - Florida should provide its own facilities
 - revenue for program is doubtful
 - other states do not have facilities superior to those in Florida
 - costs and results are questionable
 - differences in attitudes of the various states
 - each state should take care of its own
 - visiting problems too great

YES: many stipulated conditions:
 - if revenue is made available, which is doubtful
 - if advantages of program outweigh being near own community
 - only if state intends to work toward eventually providing for its own
 - providing cost is commensurate with benefits derived

NORTH CAROLINA:

27 Yes 8 No 2 Don't Know

NO: - visiting problems
 - states should provide their own programs
 - who will decide which is superior?
 - rather send on individual case basis rather than based on type

YES: - if more economical than a program in North Carolina
 - if actually better at rehabilitation

SOUTH CAROLINA:

25 Yes 1 Maybe 1 No Response

MAYBE: - all depends upon financial arrangement
 - would have to be much superior to instate or would not prefer to send them out

6. IF YOUR STATE HAS SUPERIOR FACILITIES AND SERVICES FOR A PARTICULAR TYPE OF OFFENDER, WOULD YOU BE WILLING TO ACCEPT OUT-OF-STATE INMATES FOR TREATMENT IN YOUR STATE? (If your answer was "no," why?)

FLORIDA:

47 Yes 6 No 3 Don't Know

NO: - have too many problems with own inmates
 - cost too great
 - doubtful if Florida would be fully recompensed
 - each state should provide for its own
 - Florida hasn't facilities and services to accomodate out-of-state inmates

YES: - if there were reciprocal programs
 - if not financial burden on Florida
 - if on limited basis only
 - depending on cost and conditions

NORTH CAROLINA:

29 Yes 7 No 1 Don't Know

SOUTH CAROLINA:

24 Yes 2 No 1 No Response

YES: - provided they pay proportion of cost
 - of course, reciprocity idea
 - provided it would not cost additional money to come from South Carolina
 - providing it did not interfere with South Carolina inmates obtaining the best possible facilities and rehabilitation
 - all this would have to be worked out on a reciprocity basis

7. AMONG THESE FIVE KINDS OF INMATES, WHICH TYPE SHOULD BE GIVEN TREATMENT PRIORITY OVER THE OTHERS? (Assign a "1" to the top priority, etc.; the lowest priority should receive a "5.")

FLORIDA: 8 No Response

Mentally Disturbed	-	<u>30</u> (1)	<u>11</u> (2)	<u>4</u> (3)	<u>2</u> (4)	<u>0</u> (5)
Female Offender	-	<u>3</u>	<u>9</u>	<u>21</u>	<u>6</u>	<u>6</u>
Mental Retardate	-	<u>5</u>	<u>21</u>	<u>7</u>	<u>10</u>	<u>5</u>
Persistent Offender	-	<u>8</u>	<u>3</u>	<u>9</u>	<u>15</u>	<u>11</u>
Prison Troublemaker	-	<u>1</u>	<u>5</u>	<u>5</u>	<u>12</u>	<u>23</u>

NORTH CAROLINA: 4 No Response

Mentally Disturbed	-	<u>24</u> (1)	<u>7</u> (2)	<u>1</u> (3)	<u>1</u> (4)	<u>0</u> (5)
Female Offender	-	<u>0</u>	<u>5</u>	<u>17</u>	<u>5</u>	<u>5</u>
Mental Retardate	-	<u>6</u>	<u>18</u>	<u>4</u>	<u>2</u>	<u>2</u>
Persistent Offender	-	<u>2</u>	<u>1</u>	<u>6</u>	<u>20</u>	<u>2</u>
Prison Troublemaker	-	<u>1</u>	<u>1</u>	<u>4</u>	<u>3</u>	<u>22</u>

SOUTH CAROLINA: 1 Uncertain

Mentally Disturbed	-	<u>17</u> (1)	<u>10</u> (2)	<u>2</u> (3)	<u>1</u> (4)	<u>0</u> (5)
Female Offender	-	<u>1</u>	<u>2</u>	<u>13</u>	<u>3</u>	<u>4</u>
Mental Retardate	-	<u>9</u>	<u>8</u>	<u>2</u>	<u>4</u>	<u>1</u>
Persistent Offender	-	<u>5</u>	<u>1</u>	<u>4</u>	<u>9</u>	<u>2</u>
Prison Troublemaker	-	<u>0</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>16</u>

8a. WOULD YOU FAVOR REMOVING MENTALLY DISTURBED OFFENDERS FROM THE CORRECTIONAL SYSTEM? (If your answer was "no," why?)

FLORIDA:

52 Yes 2 No 2 No Response

- not after seeing what happens to them in Division of Mental Health
- not all of them under blanket policy
- only when necessary

Several said "yes" - remove them and place in separate correctional institution not under Mental Health.

NORTH CAROLINA:

31 Yes 4 No 1 Don't Know

- most are disturbed; will use it as alibi for misdeeds
- they should be provided for in prison
- only if insane by M'Naughton rule
- prison is the only place they can be effectively treated - shouldn't remove as blanket policy

SOUTH CAROLINA:

21 Yes 4 No 2 No Response

- better control
- differentiates disturbed from psychotic or insane
- the offender, whether mentally ill or not, should still be under the jurisdiction of the correctional system because of violation of the law. However, within this system there should be treatment geared toward the individual's mental illness.
- should have special treatment within correctional system separated from general population
- mentally disturbed should be separated from general inmate population for specific treatment not necessarily out of the correctional system

8b. WOULD YOU FAVOR REMOVING MENTALLY RETARDED OFFENDERS FROM THE CORRECTIONAL SYSTEM? (If "no," why?)

FLORIDA:

41 Yes 1 No 12 No Response

1 Don't Know 1 Possibly

- the one "no" said they do not normally cause trouble

- many "yes" responses depended on the degree of retardation

NORTH CAROLINA:

16 Yes 4 No 15 No Response

1 Maybe

- should be provided for in prison

- must be taken care of somewhere - the correctional system serves purpose well

SOUTH CAROLINA:

14 Yes 4 No 9 No Response

- better control

- special classes could take care of 'em

- depending on how retarded

- the offender, whether mentally ill or not, should still be under the jurisdiction of the correctional system because of violation of the law. However, within this system they should be treated geared toward the individual's mental illness or retardation.

8c. ARE THERE ANY OTHER TYPE OF OFFENDERS WHICH YOU WOULD REMOVE FROM THE
CORRECTIONAL SYSTEM?

FLORIDA:

21 No response

6 Youthful offenders

1 Alcoholics

15 No, there are no
other types

8 Sex offenders ("perverts" [sic]
peeping toms, crimes of passion)

5 Drug abusers and addicts

1 Homosexuals

NORTH CAROLINA:

19 No response

1 Don't Know

3 Youthful offenders

1 "Perverts"

1 First offenders

5 No

3 Alcoholics

2 Drug offenders

1 Homosexuals

1 Those with death sentence
removed by carrying out
sentence

SOUTH CAROLINA:

14 No response

2 Alcoholics

5 No

2 First offenders should
be separated from hardened
criminals

1 Children under 18 years of
age

1 Youth

1 Sex offenders

9. SHOULD WE CONSIDER PROVIDING INTERSTATE INSTITUTIONS FOR TREATING OTHER TYPES OF OFFENDERS SUCH AS "SELF-AVOWED POLITICAL PRISONERS," NARCOTIC ADDICTS, ETC., IN OUR STUDY? (If "yes," which ones?)

FLORIDA:

34 Yes 15 No 1 No Response

- narcotics addicts (19)
- sexual offenders (4)
- self-avowed political prisoners (2)
- advocating overthrow or treason (1)
- youthful offenders (2)
- life sentences
- death sentences
- many "no" responses; said categories should be limited in beginning of program

NORTH CAROLINA:

21 Yes 8 No 4 No Response

5 Don't Know

- addicts (13)
- political prisoners (1)

Comments: "I thought the system was doing away with grouping."

Political prisoners should be in Federal institutions.

SOUTH CAROLINA:

21 Yes 5 No 1 No Response

- narcotics addicts (21)
- alcoholics (4)
- self-avowed political prisoners (13)
- sex offenders
- women

- No, I would favor beefing up the federal narcotics institution first

10. WHAT LEGISLATORS WOULD YOU SINGLE OUT AS BEING PARTICULARLY INTERESTED IN
CORRECTIONAL PROGRAMS?

FLORIDA: 9 No Response 2 All 1 None 1 Most 1 Don't Know

Yancey (14)	Ken Myers (18)	Tillman (7)
Hodes (5)	De la Parte (13)	Lane (1)
Baker (5)	G. Lewis (2)	Cherry (2)
Sayler (1)	Weissenborn (3)	Barrow (1)
Gunter (1)	Beaufort (1)	Hollingsworth (1)
Shaw (9)	Randall (8)	Tobiassen (1)
Earle (2)	Hazelton (6)	Tibbs (1)
Santora (2)	Woodward (2)	Gorman (2)
Whittworth (1)	Mandry (1)	

NORTH CAROLINA: 13 No Response 3 All 2 None 0 Most 3 Don't Know

Wynne (9)	Strickland (7)	Rhyne (4)
Twiggs (4)	Falls (4)	Campbell (2)
Whichard (2)	Frye (2)	Allen (2)
Auman (2)	Gudger (2)	Murrow (2)
McKnight (2)	Coggins (1)	Holshouse (1)
Chase (1)	Messer (1)	Smith (1)
Knox (1)	Allsbrook (1)	Bowles (1)
Britt (1)	Combs (1)	Deane (1)
Harris (1)	Larkins (1)	McGeachy (1)
Milgrom (1)	Clark (1)	Soles (1)
Blake (1)	Haynes (1)	Johnson (1)
Kincaid (1)	Rogers (1)	Webster (1)
Miller (1)	Farmer (1)	Lilly (1)

10. Continued

SOUTH CAROLINA:

Walter Bristow (4)

Eugene Seigler (1)

Gordon Garrett (1)

Dan Marrett (1)

Travis Medlock (5)

John Drummond (1)

H. Riley (1)

James Stevens (2)

Mike Ziegler (3)

Claymon Grimes (1)

James Felden (1)

James Cuttino (1)

Brockington (1)

11. DO YOU THINK THE LEGISLATURE WOULD BE WILLING TO HELP FINANCE ANY NEW AND BETTER REHABILITATION PROGRAMS WHICH MAY COST MORE THAN CURRENT PROGRAMS?

FLORIDA:

43 Yes 7 No 5 No Response

1 Maybe

- with new revenue sources
- provided it was proven better at rehabilitation!!!
- yes, but not at present!!
- would take big selling job
- not at present
- funds not available

NORTH CAROLINA:

21 Yes 8 No 2 No Response

6 Maybe

- will require a selling job
- if limited
- if such could be justified and revenue were available
- not until courts decide to impose just penalties
- no funds at present
- legislature and Gov. Scott already placed high priority on corrections program for 1971-73 biennium and placed more than \$81 million in the budget. New ideas for the next biennium would be carefully considered and possibly accepted (Strickland)
- only with prodding
- if need can be sold to legislature

SOUTH CAROLINA:

13 Yes 2 Yes, but not this year

2 To a degree 6 No

2 Maybe 2 No Response

- I think so - this has been demonstrated over the past 10-20 years where we have shown vast improvements in prison facilities - have done the best we could with what little we have had
- yes, however South Carolina faces money problems - will be very hard
- yes, providing money is available...the issue although not top priority, should stand high... answer depends on how much money legislature has at that time
- yes, would consider any reasonable proposal
- no, South Carolina is having money problems and is not anxious to spend more money for anything
- no, we are extremely hard pressed for money for programs which have priority over corrections - for example - education.

11a. IF FEDERAL FUNDS WERE AVAILABLE TO ASSIST THE STATES IN THE ESTABLISHMENT OF NEW FACILITIES OR PROGRAMS (ABOUT 75% OF THE COSTS), HOW WILLING WOULD THE LEGISLATURE BE TO ESTABLISH THESE FACILITIES OR PROGRAMS?

FLORIDA:

24 Very Willing
24 Somewhat Willing
2 Not Very Willing
1 Very Unwilling
4 No Response

NORTH CAROLINA:

5 Very Willing
27 Somewhat Willing
2 Not Very Willing
1 Very Unwilling
2 No Response

SOUTH CAROLINA:

13 Very Willing (1 in 1972)
13 Somewhat Willing
1 Not Very Willing
0 Very Unwilling

11b. HOW WILLING WOULD YOU BE UNDER THESE CIRCUMSTANCES?

FLORIDA:

37 Very Willing
11 Somewhat Willing
2 Not Very Willing
0 Very Unwilling
5 No Response

NORTH CAROLINA:

17 Very Willing
15 Somewhat Willing
3 Not Very Willing
1 Very Unwilling

SOUTH CAROLINA:

20 Very Willing
4 Somewhat Willing
2 Not Very Willing
1 No Response

12. WHAT INDIVIDUALS OR ORGANIZATIONS DO YOU THINK MIGHT COOPERATE IN THE DEVELOPMENT OF A MULTI-STATE CORRECTIONAL PROGRAM?

FLORIDA:

Dept. of Health & Rehabilitative Services
 Att. General Robert Shevin
 James Bax
 Dade Co. Corrections & Rehab. Dept.
 Civic Clubs
 Kiwanis
 Jr. Chamber of Commerce
 Rotary
 Law Enforcement
 Dr. Fox, FSU
 John Birch Society
 Other state dept. of corrections
 Fla. Department of Corrections
 League of Women Voters
 Florida Sheriffs Association

Ken Myers
 O.J. Keller
 Louis Wainwright
 Chamber of Commerce
 De la Parte
 Beth Johnson
 Gov. Askew
 Senate Comm. Health, Welfare & Inst.
 American Civil Liberties Union
 HEW
 Federal Government
 Bar Association
 Medical Association

NORTH CAROLINA: 14 No Response 10 Don't Know

Volunteer groups
 Civic groups
 Bar Association
 Board of Trustees of Institutions
 American Legion
 "all the good people that have no
 expertise, naive people"
 League of Women Voters
 Law & Order Committee
 Att. General's office
 Governor's
 Social Services officials
 Bounds with Gov. & Legis.
 Department of Mental Health
 Lions Club
 YDC

Church groups
 Police organizations
 Christian League
 Bob Wynne
 Inter-Church Council
 Jaycees
 Women's Club
 State Board of Instruction
 Strickland
 Prison Directors
 Law Enforcement officials
 Department of Corrections
 Department of Juvenile Correction
 Masons
 YRR

SOUTH CAROLINA:

Corrections & Penology Committee of South Carolina Senate
 YWCA
 Civinettes
 Alston Wilkes
 Coastal Plains Reg. Committee
 Zeus
 Bill Leeke
 SLED Administrators

Church organizations
 Department of Mental Health
 Department of Mental Retardation
 Welfare Department
 Governor

13. WHICH OF THE FOLLOWING BEST REPRESENTS THE CONCERN OF YOUR CONSTITUENTS WITH INMATES?

FLORIDA:

4 Very Concerned
37 Somewhat Concerned
9 Somewhat Unconcerned
4 Very Unconcerned
1 No Response
1 Don't Know

NORTH CAROLINA:

1 Very Concerned
20 Somewhat Concerned
12 Somewhat Unconcerned
4 Very Unconcerned

SOUTH CAROLINA:

2 Very Concerned
10 Somewhat Concerned
9 Somewhat Unconcerned
5 Very Unconcerned
1 No Response

14a. DO YOU THINK YOUR CONSTITUENTS WOULD OBJECT TO HAVING ANY OF THESE OFFENDER TYPES SENT INTO YOUR STATE FOR SPECIAL TREATMENT?

FLORIDA: 2 No Response

Mentally Disturbed - 14 Yes 38 No

Female Offender - 8 Yes 38 No

Mental Retardate - 11 Yes 39 No

Persistent Offender - 27 Yes 25 No

Prison Troublemaker - 28 Yes 23 No

NORTH CAROLINA: 3 Can't Say

Mentally Disturbed - 9 Yes 24 No

Female Offender - 10 Yes 23 No

Mental Retardate - 8 Yes 25 No

Persistent Offender - 22 Yes 11 No

Prison Troublemaker - 25 Yes 8 No

SOUTH CAROLINA: 1 Unconcerned

Mentally Disturbed - 3 Yes 23 No

Female Offender - 3 Yes 23 No

Mental Retardate - 4 Yes 22 No

Persistent Offender - 13 Yes 13 No

Prison Troublemaker - 18 Yes 13 No

YES: - citizens would object to increased costs
- they see advantages of community treatment

NO: - however, it all depends on how close an institution for a type of offender is to them - probably would not want it in the city they lived in

14b. DO YOU THINK YOUR CONSTITUENTS WOULD OBJECT TO HAVING ANY OF THESE OFFENDER TYPES SENT OUT OF YOUR STATE FOR SPECIAL TREATMENT?

FLORIDA: 2 No Response

Mentally Disturbed	-	<u>4</u> Yes	<u>50</u> No
Female Offender	-	<u>3</u>	<u>50</u>
Mental Retardate	-	<u>3</u>	<u>51</u>
Persistent Offender	-	<u>4</u>	<u>50</u>
Prison Troublemaker	-	<u>3</u>	<u>51</u>

NORTH CAROLINA: 3 Can't Say

Mentally Disturbed	-	<u>6</u> Yes	<u>28</u> No
Female Offender	-	<u>7</u>	<u>27</u>
Mental Retardate	-	<u>6</u>	<u>28</u>
Persistent Offender	-	<u>7</u>	<u>27</u>
Prison Troublemaker	-	<u>7</u>	<u>27</u>

SOUTH CAROLINA: 1 Don't Know 1 Unconcerned

Mentally Disturbed	-	<u>3</u> Yes	<u>21</u> No
Female Offender	-	<u>2</u>	<u>22</u>
Mental Retardate	-	<u>3</u>	<u>21</u>
Persistent Offender	-	<u>2</u>	<u>20</u>
Prison Troublemaker	-	<u>2</u>	<u>20</u>

15. IF A NEW CORRECTIONAL INSTITUTION WERE BUILT, WOULD YOU BE WILLING TO PLACE IT NEAR A POPULATED AREA IN YOUR STATE WHERE PROFESSIONAL SERVICES ARE READILY AVAILABLE? (If "no," please explain.)

FLORIDA:51 Yes

- nature of people in institution indicates it should be isolated

4 No

- constituents not interested in having criminals nearby

1 No Response

- cost of land and property taxes too high

- surrounding land would lose value

NORTH CAROLINA:33 Yes

- not willing to build new one any place

2 No

- people do not want penal institutions located near them

1 No Response1 PossiblySOUTH CAROLINA:23 Yes

- yes, but have run into objections on previous occasions

3 No

- yes, although not in a residential area

1 No Response

- yes, but there will be public objections

- no, that is the trouble with CCI - it is jammed up into Columbia. Such institutions would be better placed outside the crowded inner city.

- no, have too many complaints about the correctional facilities located in Columbia as it is.

16. WHICH OF THE FOLLOWING DO YOU THINK SHOULD BE THE MAIN GOAL OF CORRECTIONS?

FLORIDA:

27 - Protection of Society

0 - Punishing Offenders

6 - Deterring Offenders

31 - Rehabilitation

NORTH CAROLINA:

18 - Protection of Society

1 - Punishing Offenders

0 - Deterring Offenders

20 - Rehabilitation

SOUTH CAROLINA:

7 - Protection of Society

1 - Punishing Offenders

1 - Deterring Offenders

13 - Rehabilitation

4 - Multiple Goals - Protection of Society and Rehabilitation

1 - No Response

16a. IN TERMS OF COST, HOW EFFECTIVE DO YOU THINK YOUR STATE'S CORRECTIONAL SYSTEM IS IN ACHIEVING THIS GOAL?

FLORIDA:

Protection of Society: - poor or ineffective (15)
 - fair (5)
 - good (4)
 - very effective (2)

Deterring Offenders: - ineffective (4)
 - fair (1)

Rehabilitation: - poor or ineffective (14)
 - average or fair (6)

NORTH CAROLINA:

Protection of Society: - ineffective (3)
 - fair-good (8)
 - very effective (1)
 - don't know (3)
 - no response (1)

Punishing Offenders: - fair (1)

Rehabilitation: - ineffective (3)
 - good-fair (10)
 - very effective (2)
 - don't know (1)
 - no response (4)

SOUTH CAROLINA:

Protection of Society: - exceptionally good job (1)
 - good (4)
 - very effective (2)

Punishing Offenders: - ineffective (1)

Deterring Offenders: - ineffective (1)

Rehabilitation: - very good (4)
 - effective (3)
 - fair or average (5)
 - no response (1)

Multiple Goals (Protection of Society & Rehabilitation): - excellent (1)
 - good (1)
 - fair (1)

Protection, Punishment & Rehabilitation: - good (1)

17. WHAT IS THE BEST METHOD TO DISSEMINATE INFORMATION ABOUT THE RECOMMENDATIONS OF OUR STUDY TO THE LEGISLATURE?

FLORIDA:

1. Give report and presentation to appropriate committees, governor.
2. Send concise report and conclusions to all members of legislature.
3. Get press coverage.

NORTH CAROLINA:

1. Brief report with factual data to all legislators.
2. Personal contact with legislators.
3. Detailed personal presentation at committee hearings.
4. News media coverage.
5. Citizen involvement.

SOUTH CAROLINA:

1. Mail report to all legislators.
2. Personal contact in hearings.
3. Press coverage.
4. Have director of corrections present it.

18. AS FAR AS THE INTERSTATE CORRECTIONAL PROGRAM IS CONCERNED, WHICH OF THE FOLLOWING WOULD YOU BE WILLING TO DO?

FLORIDA:

NOTE: Many legislators checked all boxes.

13 - Sponsor the bill

16 - Co-sponsor the bill

18 - Actively support the bill

13 - Serve on an advisory board

24 - Vote for the bill

1 - None of the above

14 - Can't say or no response

NORTH CAROLINA:

3 - Sponsor the bill

3 - Co-sponsor the bill

16 - Actively support the bill

8 - Serve on an advisory board

15 - Vote for the bill

3 - None of the above

10 - Can't say or no response

SOUTH CAROLINA:

11 - Sponsor the bill

16 - Co-sponsor the bill

18 - Actively support the bill

13 - Serve on an advisory board

17 - Vote for the bill

2 - None of the above

19. DO YOU THINK INTERSTATE EXCHANGE OF PRISONERS IS POLITICALLY FEASIBLE AT THIS TIME? (If "no," please explain.)

FLORIDA:

35 Yes

12 No

9 No response; don't know
or can't tell at this time

- not enough known about program costs, location, number of inmates involved, needs more debate
- funds not available; financial condition of the states
- other states and Florida don't have exceptional programs to share
- do not believe in shipping community problems to someone else
- must stay in community for any real help
- legislature and public not well enough educated on subject

NORTH CAROLINA:

20 Yes

15 No

2 Don't Know

- each state should care for its own
- nothing to be accomplished by it; prisoners need to be treated as prisoners
- have enough of our own inmates without borrowing from other states
- machinery needs to be set up first
- "We have enough involvement as it is with bums and criminals."
- no plan at this time; do not know how it would work - what are costs - what benefit to N.C. - when effective - how many to be transferred - what degree Federal control
- not until further ground work is completed
- legislature not likely to finance; too many other needs
- too much to overcome pattern of each state being responsible for own violators
- concept too new for public acceptance

SOUTH CAROLINA:

21 Yes, "but difficult"

3 No

1 "Apolitical issue"

2 No Response

- federal grant seeker
- accepting another state's problem
- one state would have more power than other
- yes, provided it is done with economic equality
- apolitical issue - do not know if there is really any concern about the issue - the general populous is indifferent

Appendix D

Appendix D

INTERSTATE CORRECTIONS COMPACT

Section 1. Title. -- This chapter may be cited as the Interstate Corrections Compact.

Section 2. Interstate Corrections Compact. -- The Interstate Corrections Compact is hereby enacted into law and entered into by this state with any other states legally joining therein in the form substantially as follows:

INTERSTATE CORRECTIONS COMPACT

ARTICLE I

Purpose and Policy

The party states, desiring by common action to fully utilize and improve their institutional facilities and provide adequate programs for the confinement, treatment and rehabilitation of various types of offenders, declare that it is the policy of each of the party states to provide such facilities and programs on a basis of cooperation with one another, thereby serving the best interests of such offenders and of society and effecting economies in capital expenditures and operational costs. The purpose of this compact is to provide for the mutual development and execution of such programs of cooperation for the confinement, treatment and rehabilitation of offenders with the most economical use of human and material resources.

ARTICLE II

Definitions

As used in this compact, unless the context clearly requires otherwise:

(a) "State" means a state of the United States; the United States of America; a territory or possession of the United States; the District of Columbia; the Commonwealth of Puerto Rico.

(b). "Sending state" means a state party to this compact in which conviction or court commitment was had.

(c) "Receiving state" means a state party to this compact to which an inmate is sent for confinement other than a state in which conviction or court commitment was had.

(d) "Inmate" means a male or female offender who is committed, under sentence to or confined in a penal or correctional institution.

(e) "Institution" means any penal or correctional facility, including but not limited to a facility for the mentally ill or mentally defective, in which inmates as defined in (d) above may lawfully be confined.

ARTICLE III

Contracts

(a) Each party state may make one or more contracts with any one or more of the other party states for the confinement of inmates on behalf of a sending state in institutions situated within receiving states. Any such contract shall provide for:

1. Its duration.
2. Payments to be made to the receiving state by the sending state for inmate maintenance, extraordinary medical and dental expenses, and any participation in or receipt by inmates of rehabilitative or correctional services, facilities, programs or treatment not reasonably included as part of normal maintenance.
3. Participation in programs of inmate employment, if any; the disposition or crediting of any payments received by inmates on account thereof; and the crediting of proceeds from or disposal of any products resulting therefrom.
4. Delivery and retaking of inmates.
5. Such other matters as may be necessary and appropriate to fix the obligations, responsibilities and rights of the sending and receiving states.

(b) The terms and provisions of this compact shall be a part of any contract entered into by the authority of or pursuant thereto, and nothing in any such contract shall be inconsistent therewith.

ARTICLE IV

Procedures and Rights

(a) Whenever the duly constituted authorities in a state party to this compact, and which has entered into a contract pursuant to Article III, shall decide that confinement in, or transfer of an inmate to, an institution within the territory of another party state is necessary or desirable in order to provide adequate quarters and care or an appropriate program of rehabilitation or treatment, said officials may direct that the confinement be within an institution within the territory of said other party state, the receiving state to act in that regard solely as agent for the sending state.

(b) The appropriate officials of any state party to this compact shall have access, at all reasonable times, to any institution in which it has a contractual right to confine inmates for the purpose of inspecting the facilities thereof and visiting such of its inmates as may be confined in the institution.

(c) Inmates confined in an institution pursuant to the terms of this compact shall at all times be subject to the jurisdiction of the sending state and may at any time be removed therefrom for transfer to a prison or other institution within the sending state, for transfer to another institution in which the sending state may have a contractual or other right to confine inmates, for release on probation or parole, for discharge, or for any other purpose permitted by the laws of the sending state; provided that the sending state shall continue to be obligated to such payments as may be required pursuant to the terms of any contract entered into under the terms of article III.

(d) Each receiving state shall provide regular reports to each sending state on the inmates of that sending state in institutions pursuant to this compact including a conduct record of each inmate and certify said record to the official designated by the sending state, in order that each inmate may have official review of his or her record in determining and altering the disposition of said inmate in accordance with the law which may obtain in the sending state and in order that the same may be a source of information for the sending state.

(e) All inmates who may be confined in an institution pursuant to the provisions of this compact shall be treated in a reasonable and humane manner and shall be treated equally with such similar inmates of the receiving state as may be confined in the same institution. The fact of confinement in a receiving state shall not deprive any inmate so confined of any legal rights which said inmate would have had if confined in an appropriate institution of the sending state.

(f) Any hearing or hearings to which an inmate confined pursuant to this compact may be entitled by the laws of the sending state may be had before the appropriate authorities of the sending state, or of the receiving state if authorized by the sending state. The receiving state shall provide adequate facilities for such hearings as may be conducted by the appropriate officials of a sending state. In the event such hearing or hearings are had before officials of the receiving state, the governing law shall be that of the sending state and a record of the hearing or hearings as prescribed by the sending state shall be made. Said record together with any recommendations of the hearing officials shall be transmitted forthwith to the official or officials before whom the hearing would have been had if it had taken place in the sending state. In any and all proceedings had pursuant to the provisions of this subdivision, the officials of the receiving state shall act solely as agents of the sending state and no final determination shall be made in any matter

except by the appropriate officials of the sending state.

(g) Any inmate confined pursuant to this compact shall be released within the territory of the sending state unless the inmate, and the sending and receiving states, shall agree upon release in some other place. The sending state shall bear the cost of such return to its territory.

(h) Any inmate confined pursuant to the terms of this compact shall have any and all rights to participate in and derive any benefits or incur or be relieved of any obligations or have such obligations modified or his status changed on account of any action or proceeding in which he could have participated if confined in any appropriate institution of the sending state located within such state.

(i) The parent, guardian, trustee, or other person or persons entitled under the laws of the sending state to act for, advise, or otherwise function with respect to any inmate shall not be deprived of or restricted in his exercise of any power in respect of any inmate confined pursuant to the terms of this compact

ARTICLE V

Acts Not Reviewable In Receiving State: Extradition

(a) Any decision of the sending state in respect of any matter over which it retains jurisdiction pursuant to this compact shall be conclusive upon and not reviewable within the receiving state, but if at the time the sending state seeks to remove an inmate from an institution in the receiving state there is pending against the inmate within such state any criminal charge or if the inmate is formally accused of having committed within such state a criminal offense, the inmate shall not be returned without the consent of the receiving state until discharged from prosecution or other form of proceeding, imprisonment or detention for such offense. The duly accredited officers of the sending state shall be permitted to transport inmates pursuant to this compact through any and all states party to this compact without interference.

(b). An inmate who escapes from an institution in which he is confined pursuant to this compact shall be deemed a fugitive from the sending state and from the state in which the institution is situated. In the case of an escape to a jurisdiction other than the sending or receiving state, the responsibility for institution of extradition or rendition proceedings shall be that of the sending state, but nothing contained herein shall be construed to prevent or affect the activities of officers and agencies of any jurisdiction directed toward the apprehension and return of an escapee.

ARTICLE VI

Federal Aid

Any state party to this compact may accept federal aid for use in connection with any institution or program, the use of which is or may be affected by this compact or any contract pursuant hereto and any inmate in a receiving state pursuant to this compact may participate in any such federally aided program or activity for which the sending and receiving states have made contractual provision, provided that if such program or activity is not part of the customary correctional regimen, the express consent of the appropriate official of the sending state shall be required therefor.

ARTICLE VII

Entry Into Force

This compact shall enter into force and become effective and binding upon the states so acting when it has been enacted into law by any two states. Thereafter, this compact shall enter into force and become effective and binding as to any other of said states upon similar action by such state.

ARTICLE VIII

Withdrawal and Termination

This compact shall continue in force and remain binding upon a party state until it shall have enacted a statute repealing the same and providing

for the sending of formal written notice of withdrawal from the compact to the appropriate officials of all other party states. An actual withdrawal shall not take effect until one year after the notices provided in said statute have been sent. Such withdrawal shall not relieve the withdrawing state from its obligations assumed hereunder prior to the effective date of withdrawal. Before the effective date of withdrawal, a withdrawing state shall remove to its territory, at its own expense, such inmates as it may have confined pursuant to the provisions of this compact.

ARTICLE IX

Other Arrangements Unaffected

Nothing contained in this compact shall be construed to abrogate or impair any agreement or other arrangement which a party state may have with a non-party state for the confinement, rehabilitation or treatment of inmates nor to repeal any other laws of a party state authorizing the making of cooperative institutional arrangements.

ARTICLE X

Construction and Severability

The provisions of this compact shall be liberally construed and shall be severable. If any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any participating state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

Section 3. Powers. -- The [insert title of head of state correctional agency] is hereby authorized and directed to do all things necessary or incidental to the carrying out of the compact in every particular and he may in his discretion delegate this authority to the [insert title of assistant commissioner or other appropriate official].

Section 4. This act shall take effect [insert date] and all acts and parts of acts inconsistent herewith are hereby repealed.

Appendix E

ARTICLE I

PURPOSE AND POLICY

The party states, desiring by common action to improve their institutional facilities and provide programs of sufficiently high quality for the confinement, treatment and rehabilitation of various types of offenders, declare that it is the policy of each of the party states to provide such facilities and programs on a basis of cooperation with one another, thereby serving the best interests of such offenders and of society. The purpose of this compact is to provide for the development and execution of such programs of cooperation for the confinement, treatment and rehabilitation of offenders.

ARTICLE II

DEFINITIONS

As used in this compact, unless the context clearly requires otherwise:

(a) "State" means a state of the United States, the Territory of Hawaii, or, subject to the limitation contained in Article VII, Guam.

(b) "Sending state" means a state party to this compact in which conviction was had.

(c) "Receiving state" means a state party to this compact to which an inmate is sent for confinement other than a state in which conviction was had.

(d) "Inmate" means a male or female offender who is under sentence to or confined in a prison or other correctional institution.

(e) "Institution" means any prison, reformatory or other correctional facility (including but not limited to a facility for the mentally ill or mentally defective) in which inmates may lawfully be confined.

ARTICLE III

CONTRACTS

(a) Each party state may make one or more contracts with any one or more of the other party states for the confinement of inmates on behalf of a sending state in institutions situated within receiving states. Any such contract shall provide for:

1. Its duration.

2. Payments to be made to the receiving state by the sending state for inmate maintenance, extraordinary medical and dental expenses, and any participation in or receipt by inmates of rehabilitative or correctional services, facilities, programs or treatment not reasonably included as part of normal maintenance.

3. Participation in programs of inmate employment, if any; the disposition or crediting of any payments received by inmates on account thereof; and the crediting of proceeds from or disposal of any products resulting therefrom.

4. Delivery and retaking of inmates.

5. Such other matters as may be necessary and appropriate to fix the obligations, responsibilities and rights of the sending and receiving states.

(b) Prior to the construction or completion of construction of any institution or addition thereto by a party state, any other party state or states may contract therewith for the enlargement of the planned capacity of the institution or addition thereto, or for the inclusion therein of particular equipment or structures, and for the reservation of a specific percentum of the capacity of the institution to be kept available for use by inmates of the sending state or states so contracting. Any sending state so contracting may, to the extent that monies are legally available therefor, pay to the receiving state, a reasonable sum as consideration for such enlarge-

ment of capacity, or provision of equipment or structures, and reservation of capacity. Such payment may be in a lump sum or in installments as provided in the contract.

(c) The terms and provisions of this compact shall be a part of any contract entered into by the authority of or pursuant thereto, and nothing in any such contract shall be inconsistent therewith.

ARTICLE IV

PROCEDURES AND RIGHTS

(a) Whenever the duly constituted judicial or administrative authorities in a state party to this compact, and which has entered into a contract pursuant to Article III, shall decide that confinement in, or transfer of an inmate to, an institution within the territory of another party state is necessary in order to provide adequate quarters and care or desirable in order to provide an appropriate program of rehabilitation or treatment, said officials may direct that the confinement be within an institution within the territory of said other party state, the receiving state to act in that regard solely as agent for the sending state.

(b) The appropriate officials of any state party to this compact shall have access, at all reasonable times, to any institution in which it has a contractual right to confine inmates for the purpose of inspecting the facilities thereof and visiting such of its inmates as may be confined in the institution.

(c) Inmates confined in an institution pursuant to the terms of this compact shall at all times be subject to the jurisdiction of the sending state and may at any time be removed therefrom for transfer to a prison or other institution within the sending state, for transfer to another institution in which the sending state may have a contractual or other right to confine inmates, for release on probation or parole, for discharge, or for any other purpose per-

mitted by the laws of the sending state; provided that the sending state shall continue to be obligated to such payments as may be required pursuant to the terms of any contract entered into under the terms of Article III.

(d) Each receiving state shall provide regular reports to each sending state on the inmates of that sending state in institutions pursuant to this compact including a conduct record of each inmate and certify said record to the official designated by the sending state, in order that each inmate may have the benefit of his or her record in determining and altering the disposition of said inmate in accordance with the law which may obtain in the sending state and in order that the same may be a source of information for the sending state.

(e) All inmates who may be confined in an institution pursuant to the provisions of this compact shall be treated in a reasonable and humane manner and shall be cared for and treated equally with such similar inmates of the receiving state as may be confined in the same institution. The fact of confinement in a receiving state shall not deprive any inmate so confined of any legal rights which said inmate would have had if confined in an appropriate institution of the sending state.

(f) Any hearing or hearings to which an inmate confined pursuant to this compact may be entitled by the laws of the sending state may be had before the appropriate authorities of the sending state, or of the receiving state if authorized by the sending state. The receiving state shall provide adequate facilities for such hearings as may be conducted by the appropriate officials of a sending state. In the event such hearing or hearings are had before officials of the receiving state, the governing law shall be that of the sending state and a record of the hearing or hearings as prescribed by the

sending state shall be made. Said record together with any recommendations of the hearing officials shall be transmitted forthwith to the official or officials before whom the hearing would have been had if it had taken place in the sending state. In any and all proceedings had pursuant to the provisions of this subdivision, the officials of the receiving state shall act solely as agents of the sending state and no final determination shall be made in any matter except by the appropriate officials of the sending state. Costs of records made pursuant to this subdivision shall be borne by the sending state.

(g) Any inmate confined pursuant to this compact shall be released within the territory of the sending state unless the inmate, and the sending and receiving states, shall agree upon release in some other place. The sending state shall bear the cost of such return to its territory.

(h) Any inmate confined pursuant to the terms of this compact shall have any and all rights to participate in and derive any benefits or incur or be relieved of any obligations or have such obligations modified or his status changed on account of any action or proceeding in which he could have participated if confined in any appropriate institution of the sending state located within such state.

(i) The parent, guardian, trustee, or other person or persons entitled under the laws of the sending state to act for, advise, or otherwise function with respect to any inmate shall not be deprived of or restricted in his exercise of any power in respect of any inmate confined pursuant to the terms of this compact.

ARTICLE V

ACTS NOT REVIEWABLE IN RECEIVING STATE; EXTRADITION

(a) Any decision of the sending state in respect of any matter over which it retains jurisdiction pursuant to this compact shall be

conclusive upon and not reviewable within the receiving state, but if at the time the sending state seeks to remove an inmate from an institution in the receiving state there is pending against the inmate within such state any criminal charge or if the inmate is suspected of having committed within such state a criminal offense, the inmate shall not be returned without the consent of the receiving state until discharged from prosecution or other form of proceeding, imprisonment or detention for such offense. The duly accredited officers of the sending state shall be permitted to transport inmates pursuant to this compact through any and all states party to this compact without interference.

(b) An inmate who escapes from an institution in which he is confined pursuant to this compact shall be deemed a fugitive from the sending state and from the state in which the institution is situated. In the case of an escape to a jurisdiction other than the sending or receiving state, the responsibility for institution of extradition proceedings shall be that of the sending state, but nothing contained herein shall be construed to prevent or affect the activities of officers and agencies of any jurisdiction directed toward the apprehension and return of an escapee.

ARTICLE VI

FEDERAL AID

Any state party to this compact may accept federal aid for use in connection with any institution or program, the use of which is or may be affected by this compact or any contract pursuant hereto and any inmate in a receiving state pursuant to this compact may participate in any such federally aided program or activity for which the sending and receiving states have made contractual provision provided that if such program or activity is not part of the customary correctional regimen the express consent of the appropriate official

of the sending state shall be required therefor.

ARTICLE VII

ENTRY INTO FORCE

This compact shall enter into force and become effective and binding upon the states so acting when it has been enacted into law by any two contiguous states from among the states of Alaska, Arizona, California, Colorado, Hawai'i, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming. For the purposes of this article, Alaska and Hawai'i shall be deemed contiguous to each other; to any and all of the states of California, Oregon and Washington; and to Guam. Thereafter, this compact shall enter into force and become effective and binding as to any other of said states, or any other state contiguous to at least one party state upon similar action by such state. Guam may become party to this compact by taking action similar to that provided for joinder by any other eligible party state and upon the consent of Congress to such joinder. For the purposes of this article, Guam shall be deemed contiguous to Alaska, Hawai'i, California, Oregon and Washington.

ARTICLE VIII

WITHDRAWAL AND TERMINATION

This compact shall continue in force and remain binding upon a party state until it shall have enacted a statute repealing the same and providing for the sending of formal written notice of withdrawal from the compact to the appropriate officials of all other party states. An actual withdrawal shall not take effect until two years after the notices provided in said statute have been sent. Such withdrawal shall not relieve the withdrawing state from its obligations assumed hereunder prior to the effective date of withdrawal. Before the effective date of withdrawal, a withdrawing state shall remove to its territory, at its own expense, such inmates as it may have

confined pursuant to the provisions of this compact.

ARTICLE IX

OTHER ARRANGEMENTS UNAFFECTED

Nothing contained in this compact shall be construed to abrogate or impair any agreement or other arrangement which a party state may have with a non-party state for the confinement, rehabilitation or treatment of inmates nor to repeal any other laws of a party state authorizing the making of cooperative institutional arrangements.

ARTICLE X

CONSTRUCTION AND SEVERABILITY

The provisions of this compact shall be liberally construed and shall be severable. If any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any participating state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

Appendix F

Appendix F
NEW ENGLAND INTERSTATE CORRECTIONS COMPACT

ARTICLE I

PURPOSE AND POLICY

The party states, desiring by common action to fully utilize and improve their institutional facilities and provide adequate programs for the confinement, treatment and rehabilitation of various types of offenders, declare that it is the policy of each of the party states to provide such facilities and programs on a basis of cooperation with one another, thereby serving the best interests of such offenders and of society and effecting economies in capital expenditures and operational costs. The purpose of this compact is to provide for the mutual development and execution of such programs of cooperation for the confinement, treatment and rehabilitation of offenders with the most economical use of human and material resources.

ARTICLE II

DEFINITIONS

As used in this compact, unless the context clearly requires otherwise:

(1) Inmate. "Inmate" means a male or female offender who is committed, under sentence to or confined in a penal or correctional institution.

(2) Institution. "Institution" means any penal or correctional facility, including but not limited to a facility for the mentally ill or mentally defective, in which inmates as defined in subsection 1 may lawfully be confined.

(3) Receiving state. "Receiving state" means a state party to this compact to which an inmate is sent for confinement other than a state in which conviction or court commitment was had.

(4) Sending state. "Sending state" means a state party to this compact in which conviction or court commitment was had.

(5) State. "State" means a state of the United States, located in New England, to wit, Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island.

ARTICLE III

CONTRACTS

Each party state may make one or more contracts with any one or more of the other party states for the confinement of inmates on behalf of a sending state in institutions situated within receiving states. Any such contract shall provide for:

(1) Duration. Its duration;

(2) Payments. Payments to be made to the receiving state by the sending state for inmate maintenance, extraordinary medical and dental expenses, and any participation in or receipt by inmates of rehabilitative or correctional services, facilities, programs or treatment not reasonably included as part of normal maintenance;

(3) Employment. Participation in programs of inmate employment, if any; the disposition or crediting of any payments received by inmates on account thereof; and the crediting of proceeds from or disposal of any products resulting therefrom;

(4) Inmate delivery. Delivery and retaking of inmates; and

(5) Other matters. Such other matters as may be necessary and appropriate to fix the obligations, responsibilities and rights of the sending and receiving states.

Subject to legislative approval by the states concerned and prior to the construction or completion of construction of any institution or addition thereto by a party state, any other party state or states may contract therewith for the enlargement of the planned capacity of the institution or addition thereto, or for the inclusion therein of particular equipment

or structures, and for the reservation of a specific percentum of the capacity of the institution to be kept available for use by inmates of the sending state or states so contracting. Any sending state so contracting may, to the extent that moneys are legally available therefor, pay to the receiving state, a reasonable sum as consideration for such enlargement of capacity, or provision of equipment or structures, and reservation of capacity. Such payment may be in a lump sum or in installments as provided in the contract.

The terms and provisions of this compact shall be a part of any contract entered into by the authority of or pursuant thereto, and nothing in any such contract shall be inconsistent therewith.

ARTICLE IV

PROCEDURES AND RIGHTS

Whenever the duly constituted authorities in a state party to this compact, and which has entered into a contract pursuant to Article III, shall decide that confinement in, or transfer of an inmate to, an institution within the territory of another party state is necessary or desirable in order to provide adequate quarters and care or an appropriate program of rehabilitation or treatment, said officials may direct that the confinement be within an institution within the territory of said other party state, the receiving state to act in that regard solely as agent for the sending state.

The appropriate officials of any state party to this compact shall have access, at all reasonable times, to any institution in which it has a contractual right to confine inmates for the purpose of inspecting the facilities thereof and visiting such of its inmates as may be confined in the institution.

Inmates confined in an institution pursuant to the terms of this compact shall at all times be subject to the jurisdiction of the sending state and may at any time be removed therefrom for transfer to a prison or other

institution within the sending state, for transfer to another institution in which the sending state may have a contractual or other right to confine inmates, for release on probation or parole, for discharge, or for any other purpose permitted by the laws of the sending state, provided that the sending state shall continue to be obligated to such payments as may be required pursuant to the terms of any contract entered into under the terms of Article III.

Each receiving state shall provide regular reports to each sending state on the inmates of that sending state in institutions pursuant to this compact including a conduct record of each inmate and certify said record to the official designated by the sending state, in order that each inmate may have official review of his or her record in determining and altering the disposition of said inmate in accordance with the law which may obtain in the sending state and in order that the same may be a source of information for the sending state.

All inmates who may be confined in an institution pursuant to this compact shall be treated in a reasonable and humane manner and shall be treated equally with such similar inmates of the receiving state as may be confined in the same institution. The fact of confinement in a receiving state shall not deprive any inmate so confined of any legal rights which said inmate would have had if confined in an appropriate institution of the sending state.

Any hearing or hearings to which an inmate confined pursuant to this compact may be entitled by the laws of the sending state may be had before the appropriate authorities of the sending state, or of the receiving state if authorized by the sending state. The receiving state shall provide adequate facilities for such hearings as may be conducted by the appropriate officials of a sending state. In the event such hearing or hearings are had before officials of the receiving state, the governing law shall be that of the sending state and a record of the hearing or hearings as pre-

scribed by the sending state shall be made. Said record together with any recommendations of the hearing officials shall be transmitted forthwith to the official or officials before whom the hearing would have been had if it had taken place in the sending state. In any and all proceedings had pursuant to this paragraph, the officials of the receiving state shall act solely as agents of the sending state and no final determination shall be made in any matter except by the appropriate officials of the sending state.

Any inmate confined pursuant to this compact shall be released within the territory of the sending state unless the inmate, and the sending and receiving states, shall agree upon release in some other place. The sending state shall bear the cost of such return to its territory.

Any inmate confined pursuant to the terms of this compact shall have any and all rights to participate in and derive any benefits or incur or be relieved of any obligations or have such obligations modified or his status changed on account of any action or proceeding in which he could have participated if confined in any appropriate institution of the sending state located within such state.

The parent, guardian, trustee or other person or persons entitled under the laws of the sending state to act for, advise or otherwise function with respect to any inmate shall not be deprived of or restricted in his exercise of any power in respect of any inmate confined pursuant to the terms of this compact.

ARTICLE V

ACTS NOT REVIEWABLE IN RECEIVING STATE; EXTRADITION

Any decision of the sending state in respect of any matter over which it retains jurisdiction pursuant to this compact shall be conclusive upon and not reviewable within the receiving state, but if at the time the sending state seeks to remove an inmate from an institution in the receiving state there is pending against the inmate within such state any criminal charge or

if the inmate is formally accused of having committed within such state a criminal offense, the inmate shall not be returned without the consent of the receiving state until discharged from prosecution or other form of proceeding, imprisonment or detention for such offense. The duly accredited officers of the sending state shall be permitted to transport inmates pursuant to this compact through any and all states party to this compact without interference.

An inmate who escapes from an institution in which he is confined pursuant to this compact shall be deemed a fugitive from the sending state and from the state in which the institution is situated. In the case of an escape to a jurisdiction other than the sending or receiving state, the responsibility for institution of extradition or rendition proceedings shall be that of the sending state, but nothing contained herein shall be construed to prevent or affect the activities of officers and agencies of any jurisdiction directed toward the apprehension and return of an escapee.

ARTICLE VI

FEDERAL AID

Any state party to this compact may accept federal aid for use in connection with any institution or program, the use of which is or may be affected by this compact or any contract pursuant hereto and any inmate in a receiving state pursuant to this compact may participate in any such federally aided program or activity for which the sending and receiving states have made contractual provision, provided that if such program or activity is not part of the customary correctional regimen the express consent of the appropriate official of the sending state shall be required therefor.

ARTICLE VII

ENTRY INTO FORCE

This compact shall enter into force and become effective and binding

upon the states so acting when it has been enacted into law by any 2 states from among the states of New England. Thereafter, this compact shall enter into force and become effective and binding as to any other of said states upon similar action by such state.

ARTICLE VIII

WITHDRAWAL AND TERMINATION

This compact shall continue in force and remain binding upon a party state until it shall have enacted a statute repealing the same and providing for the sending of formal written notice of withdrawal from the compact to the appropriate officials of all other party states. An actual withdrawal shall not take effect until one year after the notices provided in said statute have been sent. Such withdrawal shall not relieve the withdrawing state from its obligations assumed hereunder prior to the effective date of withdrawal. Before the effective date of withdrawal, a withdrawing state shall remove to its territory, at its own expense, such inmates as it may have confined pursuant to this compact.

ARTICLE IX

OTHER ARRANGEMENTS UNAFFECTED

Nothing contained in this compact shall be construed to abrogate or impair any agreement or other arrangement which a party state may have with a nonparty state for the confinement, rehabilitation or treatment of inmates nor to repeal any other laws of a party state authorizing the making of cooperative institutional arrangements.

ARTICLE X

CONSTRUCTION AND SEVERABILITY

The provisions of this compact shall be liberally construed and shall be severable. If any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any participating state or of the United States or the applicability thereof to any government, agency,

person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

DISPOSITION OF DETAINERS

Procedure

Whenever a person has entered upon a term of imprisonment in a penal or correctional institution of this State, and whenever during the continuance of the term of imprisonment there is pending in this State an untried indictment, information or complaint against the prisoner, he shall be brought to trial within 180 days after he shall have caused to be delivered to the prosecuting official of the county in which the indictment, information or complaint is pending, and the appropriate . . . written notice of the place of his imprisonment and his request for a final disposition to be made of the indictment, information or complaint. For good cause shown in open court, the prisoner or his counsel being present, the court having jurisdiction of the matter may grant any necessary or reasonable continuance. The request of the prisoner shall be accompanied by a certificate of the warden, Commissioner of Mental Health and Corrections or other official having custody of the prisoner, stating the term of commitment under which the prisoner is being held, the time already served, the time remaining to be served on the sentence, the amount of good time earned, the time of parole eligibility of the prisoner and any decisions of the State. . . and Parole Board relating to the prisoner.

The written notice and request for final disposition shall be given. . . by the prisoner to the warden, commissioner or other official having custody of him, who shall promptly forward it, together with the certificate, to

the appropriate prosecuting official and court by registered or certified mail, return receipt requested.

The warden, commissioner or other official having custody of the prisoner shall promptly inform him in writing of the source and contents of any untried indictment, information or complaint against him concerning . . . which the warden, commissioner or other official has knowledge and of his right to make a request for final disposition thereof.

Escape from custody by the prisoner subsequent to his execution of the request for final disposition shall void the request.

Limitations

In the event that the action is not brought to trial within the period of time provided, no court of this State shall any longer have jurisdiction thereof, nor shall the untried indictment, information or complaint be of any further force or effect, and the court shall enter an order dismissing the same with prejudice.

Application To Mentally Ill Persons

This chapter shall not apply to any person adjudged to be mentally ill.

Appendix G

Appendix G

CONTRACT

STATE OF NEW HAMPSHIRE - STATE OF MAINE

IMPLEMENTING THE NEW ENGLAND INTERSTATE CORRECTIONS COMPACT

This agreement entered into this _____ day of _____, 19____, by and between the State of New Hampshire hereinafter called the sending state, and the State of Maine hereinafter called the receiving state, by the Warden of the New Hampshire State Prison and by the Commissioner of Mental Health and Corrections of the State of Maine, duly empowered and acting pursuant to the authority vested in them by the New England Interstate Corrections Compact (adopted by the State of New Hampshire by RSA 622-A as inserted by 1961, 101:1 and by the State of Maine by Chapter 27-C Revised Statutes of 1954 as enacted by Chapter 197, Public Laws of 1961) is for the purpose of enabling the sending state for a consideration (Section VIII) to transfer inmates confined in or sentenced to the New Hampshire State Prison at Concord, New Hampshire to the State of Maine Reformatory for Women at Skowhegan, Maine, if female, and to the Maine State Prison at Thomaston, Maine, if male, for confinement, treatment and rehabilitation. By its terms the New England Interstate Corrections Compact is a part of this agreement.

The parties hereto covenant and agree that:

- I. TERMINOLOGY. The terms sending state and receiving state, when used in this agreement shall be construed to include and refer to the appropriate officials or agencies thereof, when such construction is applicable.
- II. TERMS OF TRANSFER. Transfers under this agreement may be made when needed on the part of the sending state requires such transfer and when vacancies in the receiving state will permit the receipt of transferred inmates.

When the Warden of the New Hampshire State Prison finds it necessary or desirable to transfer an inmate confined in or sentenced to the New Hampshire State Prison to the State of Maine Reformatory for Women or to the Maine State Prison, he shall apply therefor to the Commissioner of the Department of Mental Health and Corrections and shall accompany such application with a statement setting forth the release date of the inmate as computed under the laws and regulations of the sending state applicable to the sentence, a statement as to the particular treatment and/or special facilities believed by the sending state to be necessary for the inmate and all available information as to his/her offense, his/her record while in the custody of the sending state, and his/her previous criminal record. Upon receipt of such application and accompanying data, the Commissioner of the Department of Mental Health and Corrections shall determine the availability of the required facilities with a view to custody, care, subsistence, education, treatment, and training of such inmate. If through his evaluation of the application and accompanying data said Commissioner shall find that proper and adequate treatment facilities and personnel are available, he shall in writing authorize the Superintendent of the Reformatory for Women or the Warden of the Maine State Prison to receive and detain the inmate, when transferred, subject to the terms and conditions of this agreement. Said Commissioner shall, in writing, notify the Warden of the New Hampshire State Prison of his acceptance or non-acceptance of the proposed transferee.

III. DELIVERY OF INMATE. Upon receipt of the acceptance of the application, the sending state shall, at its own expense, deliver the inmate to the State of Maine Reformatory for Women or to the Maine State Prison, together with the original or authenticated copy of the commitment papers or the mittimus whereby he/she is held.

IV. RIGHT OF RECEIVING STATE TO RETURN AN INMATE. Any inmate transferred from the sending state shall be returned thereto when requested by the Commissioner of the Department of Mental Health and Corrections. The receiving state shall send a written request and briefly state the reasons for such request. Said request shall be honored within seven days by the sending state.

V. ESCAPE. In case an inmate shall escape, the receiving state shall notify the sending state thereof and shall use a reasonable means to recapture such escaped inmate.

VI. DEATH OF INMATE. In case of the death of any inmate while in the custody of the receiving state, the sending state shall be provided with a certified death certificate and the expense of his/her interment or delivery of his/her body to the place of interment shall be at the expense of the sending state.

VII. MISCONDUCT OF INMATE. The sending state shall reimburse the receiving state for any damage to property of the receiving state resulting from the misconduct of such inmate, and shall reimburse the receiving state for all damages for which it may be liable either because of personal injuries or property damages to third parties as a result of the misconduct of such inmate.

VIII. REIMBURSEMENT FOR SUPPORT AND MAINTENANCE. A. In the event that an inmate is transferred under this agreement, the parties hereto shall agree in writing as to the mode and amount of reimbursement to be payable to the receiving state for the maintenance and support of the transferred inmate.

B. In all cases of transfer under this agreement, the sending state shall reimburse the receiving state for the expenses of all extraordinary medical and dental care provided a transferred inmate and for any expense

incurred because of any participation in or receipt by inmates of rehabilitative or correctional services, facilities, programs, or treatment not reasonably incurred as part of normal maintenance.

IX. DEFEND ANY ACTION. The sending state shall defend any action involving the custody, care, subsistence, education, treatment or training of such inmate, and the receiving state shall be reimbursed for any expense it may incur in connection therewith.

X. EMPLOYMENT OF INMATE. A. Any male inmate transferred under this agreement to the receiving state and who is eligible for employment in any of the industrial, farm or maintenance activities of the Maine State Prison shall receive compensation commensurate to that received by those inmates serving sentences in the prison of the sending state as is authorized in accordance with the laws of the State of New Hampshire.

B. The sending state shall reimburse the receiving state any amount of payment of compensation to the inmate which exceeds the amount of compensation authorized by the Department of Mental Health and Corrections of the receiving state.

XI. RIGHTS OF INMATES. Throughout the period of confinement in the receiving state of any inmate transferred under this agreement, such inmate shall be under the exclusive control and jurisdiction of the Commissioner of Mental Health and Corrections of the State of Maine and the officials of the institution in which such inmate is confined, except as to terms of sentence and parole. Any transferred inmate shall be subject to the same rules and regulations, the same discipline, treatment and privileges as are other inmates, except as otherwise provided in the terms of this agreement. He/she shall further have the same advantages of rehabilitation, vocational guidance, educational activities, religious participation as are granted to other inmates.

XII. RELEASE OF INMATES. Upon release or upon re-transfer to the sending state or elsewhere under the authority of the sending state, the necessary and suitable articles of wearing apparel and transportation or a sum sufficient for transportation shall be furnished by the sending state.

XIII. TEMPORARY REMOVAL. Any inmate transferred under this agreement may be temporarily removed from the institution in which he/she is confined in accordance with New Hampshire RSA 623.1.

XIV. TERMINATION OF AGREEMENT. This agreement shall remain in effect until terminated by either party hereto. Notice of intention to terminate this agreement shall be given in writing by registered or certified mail ninety days prior to said date of termination.

Signed this _____ day of _____ 19____.

The State of New Hampshire

By _____

Warden of the State Prison

CONTINUED

3 OF 4

Appendix H

Appendix H
SAMPLE CONTRACT

CONTRACT BETWEEN THE STATE OF ALASKA AND THE STATE OF WASHINGTON
FOR THE IMPLEMENTATION OF
THE WESTERN INTERSTATE CORRECTIONS COMPACT

In consideration of the cooperative relationship herewith undertaken in the confinement, care, treatment, and rehabilitation of inmates on an interstate basis and in further consideration of services to be performed and benefits derived by each of the parties hereto in the strengthening of their respective correctional programs, the undersigned states of Alaska and Washington acting by their duly constituted authorities, and pursuant to and to implement the Western Interstate Corrections Compact enacted by each of the parties as follows:

Alaska

Revised Code of Washington, Section 72.70.010 et seq. do hereby covenant and agree as follows:

1. Western Interstate Corrections Compact

The provisions of the Western Interstate Corrections Compact are hereby made an integral part of this contract and no provision of this contract shall be construed in any manner inconsistent with said Compact.

2. Governing Law

Except where expressly otherwise provided, the laws and administrative rules and regulations of the sending state shall govern in any matter relating to an inmate confined pursuant to this contract and the Western Interstate Corrections Compact.

3. Terminology

All terms defined in the Western Interstate Corrections Compact and used in this contract shall have the same meanings in this contract as said Compact. The terms "sending state" and "receiving state" shall be construed

to include and referred to the appropriate official or agency thereof in each particular case.

4. Duration

This contract shall enter into full force and effect on July 1, 1971 and shall terminate on June 30, 1973. It may be renewed by the party states under such terms and conditions and for such additional period as they may determine.

5. Termination

This agreement may be terminated by notice of either party. That termination shall become effective ninety (90) days after receipt of said notice. Within a reasonable time of receipt of said notice, the sending state shall accept delivery of its inmates at the institution designated by the receiving state.

6. Other Arrangements Unaffected

Nothing contained in this contract shall be construed to abrogate or impair any agreement or contract for the confinement, rehabilitation or treatment of inmates now in effect between the parties to this contract.

7. Mailing Addresses

All notices, reports, billing and correspondence to the respective states to this contract shall be sent to the following:

Alaska	Department of Health and Welfare Pouch "H" Health and Welfare Building Juneau, Alaska 99801
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Washington	Department of Social and Health Services Division of Institutions Post Office Box 768 Olympia, Washington 98501
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8. Right of Inspection

The sending state shall have the right to inspect, at all reasonable times, any institution of the receiving state in which inmates of the sending state are confined in order to determine if that institution maintains standards of care and discipline not incompatible with those of the sending state and that all inmates therein are treated equitably, regardless of race, religion, color, creed or national origin.

9. Vacancies

The receiving state hereby undertakes to make available to the sending state such places for inmates as may be vacant from time to time in any and all institutions of the receiving state made available for such confinement by the laws of the receiving state.

10. Application

The sending state will submit a separate application to the receiving state for each individual inmate proposed for commitment.

Said application shall consist of the following:

Full information and all necessary documents relating to the case history, physical and clinical record, judicial and administrative rulings and orders relating or pertinent to the inmate and the sentence or sentences pursuant to which confinement is to be had or to continue, and reasons for the requested transfer.

Commitment will be deferred until approved by the receiving state.

11. Delivery of Inmate

Upon receipt of the acceptance of the application the sending state at its expense will deliver the inmate to the institution in the receiving state designated by the receiving state, together with the original or a duly authenticated copy of his commitment, and any other official papers or documents authorizing detention. Whenever there is to be a mutual exchange of inmates between the parties of this contract, the authorities

of one of the states may act as the agent of the other state for purposes of transferring its inmates so that the expenses to both states may be minimized.

12. Transfer of Funds

Funds due transferred inmates shall be provided by the sending state to be credited to the account of the transferred inmate in the receiving state. Upon return of the inmate to the sending state the receiving state shall provide funds in the amount due the inmate at the time of return.

13. Responsibility for Offenders Custody

It shall be the responsibility of the administration of the institution in the receiving state to confine inmates from a sending state; to give them care and treatment, including the furnishing of subsistence and all necessary medical and hospital services and supplies; to provide for their physical needs; to make available to them the programs of training and treatment which are consistent with their individual needs; to retain them in safe custody; to supervise them; to maintain proper discipline and control; to make certain that they receive no special privileges and that the sentences and orders of the committing court in the sending state are faithfully executed. But nothing herein contained shall be construed to require the receiving state or any of its institutions to provide treatment, facilities or program for any inmate confined pursuant to the Western Interstate Corrections Compact which it does not provide for similar inmates not confined pursuant to said Compact.

14. Medical Services

(a) Inmates from the sending state shall receive such medical, psychiatric and dental treatment as may be necessary to safeguard their health and promote their adjustment as self supporting members of the community upon release. Unless an emergency is involved, the receiving state shall

contact the sending state for advance authority in writing before incurring medical, psychiatric, or dental expense for which the sending state is responsible under the terms of this contract. In an emergency, the receiving state may proceed with the necessary treatment without prior authority, but in every such case the receiving state shall notify the sending state immediately and furnish full information regarding the nature of the illness, the type of treatment to be provided and the estimated cost thereof.

(b) When medical, psychiatric or dental care or treatment requires the removal of the inmate from the institution, the inmate shall be removed only after notification to the sending state. In the event of an emergency which does not permit prior notification, the institutions shall notify the sending state as promptly thereafter as practicable. All necessary precautions shall be taken to assure the safekeeping of the inmate while he is absent from the normal place of confinement. Necessary custodial supervision shall be provided by the receiving state.

(c) Any costs of medical, psychiatric or dental service shall be considered normal costs incidental to the operation of the institution in the receiving state if the service is rendered by staff personnel and in regularly maintained facilities operated or utilized by the institution as part of the health or correctional program thereof and if the inmate requires no special medication, drugs, equipment, anesthetics, surgery or nursing care in addition to that commonly available on an infirmary basis. The cost of any special services, medication, equipment, surgical, or nursing care shall be chargeable to the sending state.

15. Training or Employment.

(a) Inmates from the sending state shall be afforded the opportunity and shall be required to participate in programs of occupational training and industrial or other work on the same basis as inmates of the receiving

state. Compensation in connection with any such participation (whether as payment, incentive, or for any other therapeutic or rehabilitative reason) shall be paid to inmates of the sending state on the same basis as to inmates of the receiving state. Any such inmates of the sending state shall be subject to the regular work discipline imposed upon other inmate participants in the particular program. However, nothing contained herein shall be construed to permit or require any inmate of a sending state to participate in any training, industrial or other work program contrary to the laws of the sending state.

(b) The receiving state shall have the right to dispose of all products produced by an inmate, shall retain all proceeds therefrom, and shall bear all costs of said program.

(c) In the case of handicraft or hobbycraft programs, the inmate shall have the right to dispose of the product of his labor and to retain the proceeds of any sale of his work in accordance with the rules of the receiving state.

16. Discipline

The receiving state, as agent for the sending state, shall have physical control over and power to exercise disciplinary authority over all inmates from sending states. However, nothing contained herein shall be construed to authorize or permit the imposition of a type of discipline prohibited by the laws of the sending state.

17. Laws and Regulations

Inmates while in the custody of a receiving state shall be subject to all the provisions of law and regulations applicable to persons committed for violations of law of the receiving state not inconsistent with the sentence imposed.

18. Records and Reports from Receiving State

(a) Within ninety (90) days following the receipt of an inmate from the sending state, the receiving state shall furnish an admission classification report outlining the inmate's social background, medical, psychiatric, education and vocational findings and indicating the institutional program which has been recommended. Thereafter, preferably at intervals of six months, but at least annually, the receiving state shall furnish the sending state a report giving a summary of the inmate's progress and adjustment since the last report, including a recommendation for retention or return. All such reports shall be forwarded to the sending state.

(b) The superintendent or other administrative head of an institution in which inmates from sending states are confined shall keep all necessary and pertinent records concerning such inmates in a manner agreed between the sending and receiving states. During the inmate's continuance in the institution, the sending state shall be entitled to receive, and upon request shall be furnished, with copies of any such record or records. Upon termination of confinement in the institution, the sending state shall receive the complete file of the inmate. But nothing herein contained shall be construed to prevent the receiving state or any institution thereof from keeping copies of any such record or records upon and after termination of confinement.

19. Removal from Institution

An inmate from the sending state legally confined in the institutions of the receiving state shall not be removed therein by any person without an order from the sending state. This subdivision shall not apply to an emergency necessitating the immediate removal of the inmate for medical, dental or psychiatric treatment or to a removal made necessary by fire, flood, earthquake or other catastrophe or condition presenting imminent danger to the safety of the inmate. In the case of any

removal for such emergency cause, the receiving state shall inform the sending state of the whereabouts of the inmate or inmates so removed at the earliest practicable time, and shall exercise all reasonable care for the safekeeping and custody of such inmate or inmates.

20. Hearings

The receiving state shall provide adequate facilities for any hearing by authorities of the sending state, to which an inmate may be entitled by the laws of the sending state. Upon the request of the sending state, the authorities of the receiving state will be authorized to and will conduct any such hearings, prepare and submit the record of said hearings, together with any recommendations of the hearing officials, to the officer or officers of the sending state before whom the hearing would have been had if it had taken place in the sending state.

21. Inter-Institutional Transfers

Notwithstanding any provision herein to the contrary, the receiving state may transfer an inmate from one institution under its control to another whenever it deems such action appropriate. Notice of such transfer shall immediately be sent to the sending state.

22. Escape

In case any such inmate shall escape from custody in the receiving state, that receiving state will use all reasonable means to recapture the inmate. The escape shall be reported immediately to the sending state. The receiving state shall have the primary responsibility for and authority to direct the pursuit and retaking of inmates within its own territory. Any costs in connection therewith shall be chargeable to and borne by the receiving state.

23. Death of Inmate

(a) In the event of the death of an inmate from a sending state, the

medical examiner, coroner or other official having the duties of such an officer in the jurisdiction shall be notified. The sending state shall receive copies of any records made at or in connection with such notification.

(b) The institution in the receiving state shall immediately notify the sending state of the death of an inmate, furnish information as requested, and follow the instructions of the sending state with regard to the disposition of the body. The body shall not be released except on order of the appropriate officials of the sending state. All expenses relative to any necessary preparation of the body and shipment or express charges shall be paid by the sending state. The sending and receiving states may arrange to have the receiving state take care of the burial and all matters related or incidental thereto and all such expenses shall be paid by the sending state. The provisions of this paragraph shall govern only the relations between or among the party states and shall not affect the liability of any relative or other person for the disposition of the deceased or for any expenses connected therewith.

(c) The sending state shall receive a certified copy of the death certificate for any of its inmates who have died while in the receiving state.

24. Gratuities and Expenses Attendant Upon Release

The provision of clothing, gratuities and any other supplies upon release of an inmate shall be at the expense of the sending state and shall be in accordance with its laws.

25. Retaking of Inmates

The receiving state will deliver any of said inmates to the proper officials of the sending state upon demand made to the receiving state and presentation of official written authority to receive said inmate.

The sending state will retake any inmate, upon the request of the receiving state, within thirty (30) days after receipt of the request to retake.

In case the commitment under which any of said inmates is terminated for any reason, the sending state agrees to accept delivery of the prisoner at the institution of the receiving state, and at its expense return him to the jurisdiction of the sending state.

26. Photographing and Publicity

Institutional or other officials of the receiving state shall not be authorized to release publicity concerning inmates from the sending state. They shall not release personal histories or photographs of such inmates or information concerning their arrival or departure or permit reporters or photographers to interview or photograph such inmates. Requests for information regarding inmates of sending state shall be referred to the sending state. However, information of public record, such as sentence data or information concerning the escape of an inmate may be given directly to the press by the receiving state. The receiving state may photograph inmates from the sending state as a means of identification for official use only.

27. Cost and Reimbursement

Because of the varying costs of operation of the several Washington State correctional institutions the following schedule of charges, per day, per inmate, will prevail until August 31, 1971. These charges are subject to renegotiation for the subsequent fiscal year. The charges per day, per inmate, shall not exceed the actual daily costs for the preceding fiscal year.

Washington State Penitentiary.	\$ 9.47
Washington State Reformatory	12.92
Washington Corrections Center	16.36

Purdy Treatment Center for Women	\$32.00 (not available until July 1, 1971)
Larch Mountain Honor Camp	8.35
Washougal Honor Camp	8.56
Clearwater Honor Camp	9.05

The receiving state agrees to notify the sending state of any increased costs not less than thirty (30) days prior to August 31, 1971.

28. Transportation

Any and all costs of transportation incurred prior to admission to an institution in the receiving state, and transportation at the time of, or as an incident to release or discharge, condition or otherwise shall be charged to the sending state.

29. Billing and Payment

The receiving state will bill the sending state monthly and reimbursement will be made within thirty (30) days of receipt of billing.

30. Responsibility for Legal Proceedings

The sending state undertakes to defend any action or proceeding involving the custody of any of its inmates. The receiving state shall be reimbursed for any expense it may incur in connection therewith.

31. Internal Relations

Nothing in this contract shall be construed to affect the internal relationships between or among the party states and their subdivisions, officers, departments or agencies, but each party undertakes and acknowledges liability and responsibility for making each other party state whole in respect of any obligation imposed on it by or pursuant to this contract.

IN WITNESS WHEREOF, the undersigned duly authorized officers have subscribed their names on behalf of the State of Alaska and the State of Washington.

Director, Department of Health and Welfare
State of Alaska

DATED:

Acting Assistant Secretary
State of Washington
Department of Social and Health Services

I, STEPHEN C. WAY, Assistant Attorney General of the State of Washington, do hereby certify that THOMAS G. PINNOCK, the person whose signature appears on the within and foregoing agreement, and whose signature is familiar to me, is the duly appointed, qualified and Acting Assistant Secretary of the Department of Social and Health Services, Division of Institutions, State of Washington and is legally empowered to execute said agreement and obligate the State of Washington to its terms and conditions.

STEPHEN C. WAY
Assistant Attorney General
for the State of Washington

Appendix I

Appendix I
INTERSTATE COMPACT ON MENTAL HEALTH

The contracting states solemnly agree that:

Article I

The party states find that the proper and expeditious treatment of the mentally ill and mentally deficient can be facilitated by cooperative action, to the benefit of the patients, their families, and society as a whole. Further, the party states find that the necessity of and desirability for furnishing such care and treatment bears no primary relation to the residence or citizenship of the patient but that, on the contrary, the controlling factors of community safety and humanitarianism require that facilities and services be made available for all who are in need of them. Consequently, it is the purpose of this compact and of the party states to provide the necessary legal basis for the institutionalization or other appropriate care and treatment of the mentally ill and mentally deficient under a system that recognizes the paramount importance of patient welfare and to establish the responsibilities of the party states in terms of such welfare.

Article II

As used in this compact:

(a) "Sending state" shall mean a party state from which a patient is transported pursuant to the provisions of the compact or from which it is contemplated that a patient be so sent.

(b) "Receiving state" shall mean a party state to which a patient is transported pursuant to the provisions of the compact or to which it is contemplated that a patient may be so sent.

(c) "Institution" shall mean any hospital or other facility maintained by a party state or political subdivision thereof for the care and treatment of mental illness or mental deficiency.

(d) "Patient" shall mean any person subject to or eligible as determined by the laws of the sending state, for institutionalization or other care, treatment, or supervision pursuant to the provisions of this compact.

(e) "After-care" shall mean care, treatment and services provided a patient, as defined herein, on convalescent status or conditional release.

(f) "Mental illness" shall mean mental disease to such extent that a person so afflicted requires care and treatment for his own welfare, or the welfare of others, or of the community.

(g) "Mental deficiency" shall mean mental deficiency as defined by appropriate clinical authorities to such extent that a person so afflicted is incapable of managing himself and his affairs, but shall not include mental illness as defined herein.

(h) "State" shall mean any state, territory or possession of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

Article III

(a) Whenever a person physically present in any party state shall be in need of institutionalization by reason of mental illness or mental deficiency, he shall be eligible for care and treatment in an institution in that state irrespective of his residence, settlement or citizenship qualifications.

(b) The provisions of paragraph (a) of this article to the contrary notwithstanding, any patient may be transferred to an institution in another state whenever there are factors based upon clinical determinations indicating that the care and treatment of said patient would be facilitated or improved thereby. Any such institutionalization may be for the entire period of care and treatment or for any portion or portions thereof, The factors referred to in this paragraph shall include the patient's full record with due regard for the location of the patient's family, character of the illness and probable duration thereof, and such other factors as shall be considered appropriate.

(c) No state shall be obliged to receive any patient pursuant to the provisions of paragraph (b) of this article unless the sending state has given advance notice of its intention to send the patient; furnished all available medical and other pertinent records concerning the patient; given the qualified medical or other appropriate clinical authorities of the receiving state an opportunity to examine the patient if said authorities so wish; and unless the receiving state shall agree to accept the patient.

(d) In the event that the laws of the receiving state establish a system of priorities for the admission of patients, an interstate patient under this compact shall receive the same priority as a local patient and shall be taken in the same order and at the same time that he would be taken if he were a local patient.

(e) Pursuant to this compact, the determination as to the suitable place of institutionalization for a patient may be reviewed at any time and such further transfer of the patient may be made as seems likely to be in the best interest of the patient.

Article IV

(a) Whenever, pursuant to the laws of the state in which a patient is physically present, it shall be determined that the patient should receive after-care or supervision, such care or supervision may be provided in a receiving state. If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state shall have reason to believe that after-care in another state would be in the best interest of the patient and would not jeopardize the public safety, they shall request the appropriate authorities in the receiving state to investigate the desirability of affording the patient such after-care in said receiving state and such investigation shall be made with all reasonable speed. The request for investigation shall be accompanied by complete information concerning the patient's intended place of residence and the identity of the person in whose charge it is proposed to place the patient, the complete medical history of the patient, and such other documents as may be pertinent.

(b) If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state and the appropriate authorities in the receiving state find that the best interest of the patient would be served thereby, and if the public safety would not be jeopardized thereby, the patient may receive after-care or supervision in the receiving state.

(c) In supervising, treating, or caring for a patient on after-care pursuant to the terms of this article, a receiving state shall employ the same standards of visitation, examination, care, and treatment that it employs for similar local patients.

Article V

Whenever a dangerous or potentially dangerous patient escapes from an institution in any party state, that state shall promptly notify all appropriate authorities within and without the jurisdiction of the escape in a manner reasonably calculated to facilitate the speedy apprehension of the escapee. Immediately upon the apprehension and identification of any such dangerous or potentially dangerous patient, he shall be detained in the state where found pending disposition in accordance with law.

Article VI

The duly accredited officers of any state party to this compact, upon the establishment of their authority and the identity of the patient, shall be permitted to transport any patient being moved pursuant to this compact through any and all states party to this compact, without interference..

Article VII

(a) No person shall be deemed a patient of more than one institution at any given time. Completion of transfer of any patient to an institution in a receiving state shall have the effect of making the person a patient of the institution in the receiving state.

(b) The sending state shall pay all costs of and incidental to the transportation of any patient pursuant to this compact, but any two or more party states may, by making a specific agreement for that purpose, arrange for a different allocation of costs as among themselves.

(c) No provision of this compact shall be construed to alter or affect any internal relationships among the departments, agencies and officers

of and in the government of a party state, or between a party state and its subdivisions, as to the payment of costs, or responsibilities therefore.

(d) Nothing in this compact shall be construed to prevent any party state or subdivisions thereof from asserting any right against any person, agency or other entity in regard to costs for which such party state or subdivision thereof may be responsible pursuant to any provision of this compact.

(e) Nothing in this compact shall be construed to invalidate any reciprocal agreement between a party state and a non-party state relating to institutionalization, care or treatment of the mentally ill or mentally deficient, or any statutory authority pursuant to which such agreements may be made.

Article VIII

(a) Nothing in this compact shall be construed to abridge, diminish, or in any way impair the rights, duties, and responsibilities of any patient's guardian on his own behalf or in respect of any patient for whom he may serve, except that where the transfer of any patient to another jurisdiction makes advisable the appointment of a supplemental or substitute guardian, any court of competent jurisdiction in the receiving state may make such supplemental or substitute appointment and the court which appointed the previous guardian shall upon being duly advised of the new appointment, and upon the satisfactory completion of such accounting and other acts as such court may by law require, relieve the previous guardian of power and responsibility to whatever extent shall be appropriate in the circumstances; provided, however, that in the case of any patient having settlement in the sending state, the court of competent jurisdiction in the sending state shall have the sole discretion to relieve a

guardian appointed by it or continue his power and responsibility, whichever it shall deem advisable. The court in the receiving state may, in its discretion, confirm or reappoint the person or persons previously serving as guardian in the sending state in lieu of making a supplemental or substitute appointment.

(b) The term "guardian" as used in paragraph (a) of this article shall include any guardian, trustee, legal committee, conservator, or other person or agency however denominated who is charged by law with power to act for or responsibility for the person or property of a patient.

Article IX

(a) No provision of this compact except Article V shall apply to any person institutionalized while under sentence in a penal or correctional institution or while subject to trial on a criminal charge, or whose institutionalization is due to the commission of an offense for which, in the absence of mental illness or mental deficiency, said person would be subject to incarceration in a penal or correctional institution.

(b) To every extent possible, it shall be the policy of states party to this compact that no patient shall be placed or detained in any prison, jail or lockup, but such patient shall, with all expedition, be taken to a suitable institutional facility for mental illness or mental deficiency.

Article X

(a) Each party state shall appoint a "compact administrator" who, on behalf of his state, shall act as general coordinator of activities under the compact in his state and who shall receive copies of all reports, correspondence, and other documents relating to any patient processed under the

compact by his state either in the capacity of sending or receiving state. The compact administrator or his duly designated representative shall be the official with whom other party states shall deal in any matter relating to the compact or any patient processed thereunder.

(b) The compact administrators of the respective party states shall have power to promulgate reasonable rules and regulations to carry out more effectively the terms and provisions of this compact.

Article XI

The duly constituted administrative authorities of any two or more party states may enter into supplementary agreements for the provision of any service or facility or for the maintenance of any institution on a joint or cooperative basis whenever the states concerned shall find that such agreements will improve services, facilities, or institutional care and treatment in the fields of mental illness or mental deficiency. No such supplementary agreement shall be construed so as to relieve any party state of any obligation which it otherwise would have under other provisions of this compact.

Article XII

This compact shall enter into full force and effect as to any state when enacted by it into law and such state shall thereafter be a party thereto with any and all states legally joining therein.

Article XIII

(a) A state party to this compact may withdraw therefrom by enacting a statute repealing the same. Such withdrawal shall take effect one year after notice thereof has been communicated officially and in writing to the governors

and compact administrators of all other party states. However, the withdrawal of any state shall not change the status of any patient who has been sent to said state or sent out of said state pursuant to the provisions of the compact.

(b) Withdrawal from any agreement permitted by Article VII(b) as to costs or from any supplementary agreement made pursuant to Article XI shall be in accordance with the terms of such agreement.

Article XIV

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provisions of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

Appendix J

Appendix J
AN INTERSTATE COMPACT

for the

Supervision of Parolees and Probationers

Entered into by and between all the States Signatory hereto, with the consent of the Congress of the United States of America, granted by an act entitled "An Act granting the consent of Congress to any two or more states to enter into agreements or compacts for cooperative effort and mutual assistance in the prevention of crime and for other purposes," effective June 6, 1934.

The contracting states solemnly agree:

(1) That it shall be competent for the duly constituted judicial and administrative authorities of a state party to this compact, (herein called "sending state") to permit any person convicted of an offense within such state and placed on probation or released on parole to reside in any other state party to this compact, (herein call "receiving state") while on probation or parole, if

(a) Such person is in fact a resident of or has his family residing within the receiving state and can obtain employment there;

(b) Though not a resident of the receiving state and not having his family residing there, the receiving state consents to such person's being sent there.

Before granting such permission, opportunity shall be granted to the receiving state to investigate the home and prospective employment of such person.

A resident of the receiving state, within the meaning of this section, is one who has been an actual inhabitant of such state continuously for more than one year prior to his coming to the sending state and has not

resided within the sending state more than six continuous months immediately preceding the commission of the offense for which he has been convicted.

(2) That each receiving state will assume the duties of visitation of and supervision over probationers or parolees of any sending state and in the exercise of those duties will be governed by the same standards that prevail for its own probationers and parolees.

(3) That duly accredited officers of a sending state may at all times enter a receiving state and there apprehend and retake any person on probation or parole. For that purpose no formalities will be required other than establishing the authority of the officer and the identity of the person to be retaken. All legal requirements to obtain extradition of fugitives from justice are hereby expressly waived on the part of the states party hereto, as to such persons. The decision of the sending state to retake a person on probation or parole shall be conclusive upon and not reviewable within the receiving state: Provided, however, That if at the time when a state seeks to retake a probationer or parolee there should be pending against him within the receiving state any criminal charge, or he should be suspected of having committed within such a state a criminal offense, he shall not be retaken without the consent of the receiving state until discharged from prosecution or from imprisonment for such offense.

(4) That the duly accredited officers of the sending state will be permitted to transport prisoners being retaken through any and all states parties to this compact, without interference.

(5) That the governor of each state may designate an officer who, acting jointly with like officers of other contracting states, if and when appointed, shall promulgate such rules and regulations as may be deemed necessary to more effectively carry out the terms of this compact.

(6) That this compact shall become operative immediately upon its execution by any state as between it and any other state or states so executing. When executed it shall have the full force and effect of law within such state, the form of execution to be in accordance with the laws of the executing state.

(7) That this compact shall continue in force and remain binding upon each executing state until renounced by it. The duties and obligations hereunder of a renouncing state shall continue as to parolees or probationers residing therein at the time of withdrawal until retaken or finally discharged by the sending state. Renunciation of this compact shall be by the same authority which executed it, by sending six months' notice in writing of its intention to withdraw from the compact to the other states party hereto.

Appendix K

Appendix K
INTERSTATE COMPACT ON MENTALLY DISORDERED OFFENDERS

ARTICLE I

Purpose and Policy

(a) The party states, desiring by common action to improve their programs for the care and treatment of mentally disordered offenders, declare that it is the policy of each of the party states to:

1. Strengthen their own programs and laws for the care and treatment of the mentally disordered offender.

2. Encourage and provide for such care and treatment in the most appropriate locations, giving due recognition to the need to achieve adequacy of diagnosis, care, treatment, after-care and auxiliary services and facilities and, to every extent practicable, to do so in geographic locations convenient for providing a therapeutic environment.

3. Authorize cooperation among the party states in providing services and facilities, when it is found that cooperative programs can be more effective and efficient than programs separately pursued.

4. Place each mentally disordered offender in a legal status which will facilitate his care, treatment and rehabilitation.

5. Authorize research and training of personnel on a cooperative basis, in order to improve the quality or quantity of personnel available for the proper staffing of programs, services and facilities for mentally disordered offenders.

6. Care for and treat mentally disordered offenders under conditions which will improve the public safety.

(b) Within the policies set forth in this Article, it is the purpose of this compact to:

1. Authorize negotiation, entry into, and operations under contractual arrangements among any two or more of the party states for the establishment

and maintenance of cooperative programs in any one or more of the fields for which specific provision is made in the several articles of this compact.

2. Set the limits within which such contracts may operate, so as to assure protection of the civil rights of mentally disordered offenders and protection of the rights and obligations of the public and of the party states.

3. Facilitate the proper disposition of criminal charges pending against mentally disordered offenders, so that programs for their care, treatment and rehabilitation may be carried on efficiently.

ARTICLE II

Definitions

As used in this compact:

(a) "Mentally disordered offender" means a person who has been determined, by adjudication or other method legally sufficient for the purpose in the party state where the determination is made, to be mentally ill and:

1. is under sentence for the commission of crime; or
2. who is confined or committed on account of the commission of an offense for which, in the absence of mental illness, said person would be subject to incarceration in a penal or correctional facility.

(b) "Patient" means a mentally disordered offender who is cared for, treated, or transferred pursuant to this compact.

(c) "Sending state" means a state party to this compact in which the mentally disordered offender was convicted; or the state in which he would be subject to trial on or conviction of an offense, except for his mental condition; or, within the meaning of Article V of this compact, the state whose authorities have filed a petition in connection with an untried indictment, information or complaint.

(d) "Receiving state" means a state party to this compact to which a mentally disordered offender is sent for care, after-care, treatment or

rehabilitation, or within the meaning of Article V of this compact, the state in which a petition in connection with an untried indictment, information or complaint has been filed.

ARTICLE III

Contracts

(a) Each party state may make one or more contracts with any one or more of the other party states for the care and treatment of mentally disordered offenders on behalf of a sending state in facilities situated in receiving states, or for the participation of such mentally disordered offenders in programs of after-care on conditional release administered by the receiving state. Any such contract shall provide for:

1. Its duration.
2. Payments to be made to the receiving state by the sending state for patient care, treatment, and extraordinary services, if any.
3. Determination of responsibility for ordering or permitting the furnishing of extraordinary services, if any.
4. Participation in compensated activities, if any, available to patients; the disposition or crediting of any payment received by patients on account thereof; and the crediting of proceeds from or disposal of any products resulting therefrom.
5. Delivery and retaking of mentally disordered offenders.
6. Such other matters as may be necessary and appropriate to fix the obligations, responsibilities and rights of the sending and receiving states.

(b) Prior to the construction or completion of construction of any facility for mentally disordered offenders or addition to such facility by a party state, any other party state or states may contract therewith for the enlargement of the planned capacity of the facility or addition thereto, or for the inclusion therein of particular equipment or structures, and for

the reservation of a specific percentum of the capacity of the facility to be kept available for use by patients of the sending state or states so contracting. Any sending state so contracting may, to the extent that monies are legally available therefor, pay to the receiving state, a reasonable sum as consideration for such enlargement of capacity, or provision of equipment or structures, and reservation of capacity. Such payment may be in a lump sum or in installments as provided in the contract.

(c) A party state may contract with any one or more other party states for the training of professional or other personnel whose services, by reason of such training, would become available for or be improved in respect of ability to participate in the care and treatment of mentally disordered offenders. Such contracts may provide for such training to take place at any facility being operated or to be operated for the care and treatment of mentally disordered offenders; at any institution or facility having resources suitable for the offering of such training; or may provide for the separate establishment of training facilities, provided that no such separate establishment shall be undertaken, unless it is determined that an appropriate existing facility or institution cannot be found at which to conduct the contemplated program. Any contract entered into pursuant to this paragraph shall provide for:

1. The administration, financing, and precise nature of the program.
2. The status and employment or other rights of the trainees.
3. All other necessary matters.

(d) No contract entered into pursuant to this compact shall be inconsistent with any provision thereof.

ARTICLE IV

Procedures and Rights

(a) Whenever the duly constituted judicial or administrative authorities in a state party to this compact, and which has entered into a contract pursuant

to Article III, shall decide that custody, care and treatment in, or transfer of a patient to, a facility within the territory of another party state, or conditional release for after-care in another party state is necessary in order to provide adequate care and treatment or is desirable in order to provide an appropriate program of therapy or other treatment, or is desirable for clinical reasons, said officials may direct that the custody, care and treatment be within a facility or in a program of after-care within the territory of said other party state, the receiving state to act in that regard solely as agent for the sending state.

(b) The appropriate officials of any state party to this compact shall have access, at all reasonable times, to any facility in which it has a contractual right to secure care or treatment of patients for the purpose of inspection and visiting such of its patients as may be in the facility or served by it.

(c) Except as otherwise provided in Article VI, patients in a facility pursuant to the terms of this compact shall at all times be subject to the jurisdiction of the sending state and may at any time be removed for transfer to a facility within the sending state, for transfer to another facility in which the sending state may have a contractual or other right to secure care and treatment of patients, for release on after-care or other conditional status, for discharge, or for any other purpose permitted by the laws of the sending state: provided that the sending state shall continue to be obligated to such payments as may be required pursuant to the terms of any contract entered into under the terms of Article III.

(d) Each receiving state shall provide regular reports to each sending state on the patients of that sending state in facilities pursuant to this compact including a psychiatric and behavioral record of each patient and certify said record to the official designated by the sending state, in order that each patient may have the benefit of his or her record in deter-

making and altering the disposition of said patient in accordance with the law which may obtain in the sending state and in order that the same may be a source of information for the sending state.

(e) All patients who may be in a facility or receiving after-care from a facility pursuant to the provisions of this compact shall be treated in a reasonable and humane manner and shall be cared for, treated and supervised in accordance with the standards pertaining to the program administered at the facility. The fact of presence in a receiving state shall not deprive any patient of any legal rights which said patient would have had if in custody or receiving care, treatment or supervision as appropriate in the sending state.

(f) Any hearing or hearings to which a patient present in a receiving state pursuant to this compact may be entitled by the laws of the sending state shall be had before the appropriate authorities of the sending state, or of the receiving state if authorized by the sending state. The receiving state shall provide adequate facilities for such hearings as may be conducted by the appropriate officials of a sending state. In the event such hearing or hearings are had before officials of the receiving state, the governing law shall be that of the sending state and a record of the hearing or hearings as prescribed by the sending state shall be made. Said record together with any recommendations of the hearing officials shall be transmitted forthwith to the official or officials before whom the hearing would have been had if it had taken place in the sending state. In any and all proceedings had pursuant to the provisions of this paragraph, the officials of the receiving state shall act solely as agents of the sending state and no final determination shall be made in any matter except by the appropriate officials of the sending state. Costs of records made pursuant to this paragraph shall be borne by the sending state.

(g) Any patient confined pursuant to this compact shall be released within the territory of the sending state unless the patient, and the sending

and receiving states, shall agree upon release in some other place.

The sending state shall bear the cost of such return to its territory.

(h) Any patient pursuant to the terms of this compact shall be subject to civil process and shall have any and all rights to sue, be sued and participate in and derive any benefits or incur or be relieved of any obligations or have such obligations modified or his status changed on account of any action or proceeding in which he could have participated if in any appropriate facility of the sending state or being supervised therefrom, as the case may be, located within such state.

(i) The parent, guardian, trustee, or other person or persons entitled under the laws of the sending state to act for, advise, or otherwise function with respect to any patient shall not be deprived of or restricted in his exercise of any power in respect of any patient pursuant to the terms of this compact.

ARTICLE V

Disposition of Charges

(a) Whenever the authorities responsible for the care and treatment of a mentally disordered offender, whether convicted or adjudicated in the state or subject to care, after-care, treatment or rehabilitation pursuant to a contract, are of the opinion that charges based on untried indictments, informations or complaints in another party state present obstacles to the proper care and treatment of a mentally disordered offender or to the planning or execution of a suitable program for him, such authorities may petition the appropriate court in the state where the untried indictment, information or complaint is pending for prompt disposition thereof. If the mentally disordered offender is a patient in a receiving state, the appropriate authorities of the sending state, upon recommendation of the appropriate authorities in the receiving state, shall, if they concur in the recommendation, file the petition contemplated by this paragraph.

(b). The court shall hold a hearing on the petition within thirty days of the filing thereof. Such hearing shall be only to determine whether the proper safeguarding and advancement of the public interest; the condition of the mentally disordered offender; and the prospects for more satisfactory care, treatment and rehabilitation of him warrant disposition of the untried indictment, information or complaint prior to termination of the defendant's status as a mentally disordered offender in the sending state. The prosecuting officer of the jurisdiction from which the untried indictment, information or complaint is pending, the petitioning authorities, and such other persons as the court may determine shall be entitled to be heard.

(c) Upon any hearing pursuant to this Article, the court may order such adjournments or continuances as may be necessary for the examination or observation of the mentally disordered offender or for the securing of necessary evidence. In granting or denying any such adjournment or continuance, the court shall give primary consideration to the purposes of this compact, and more particularly to the need for expeditious determination of the legal and mental status of a mentally disordered offender so that his care, treatment and discharge to the community only under conditions which will be consonant with the public safety may be implemented.

(d) The presence of a mentally disordered offender within a state wherein a petition is pending or being heard pursuant to this Article, or his presence within any other state through which he is being transported in connection with such petition or hearing, shall be only for the purposes of this compact, and no court, agency or person shall have or obtain jurisdiction over such mentally disordered offender for any other purpose by reason of his presence pursuant to this Article. The mentally disordered offender shall, at all times, remain in the custody of the sending state. Any acts of officers, employees, or agencies of the receiving state in providing or facilitating detention, housing or transportation for the

mentally disordered offender shall be only as agents for the sending state.

(e) Promptly upon conclusion of the hearing the court shall dismiss the untried indictment, information or complaint, if it finds that the purposes enumerated in paragraph (b) of this Article would be served thereby. Otherwise, the court shall make such order with respect to the petition and the untried indictment, information or complaint as may be appropriate in the circumstances and consistent with the status of the defendant as a mentally disordered offender in the custody of and subject to the jurisdiction of the sending state.

(f) No fact or other matter established or adjudicated at any hearing pursuant to this Article, or in connection therewith, shall be deemed established or adjudicated, nor shall the same be admissible in evidence, in any subsequent prosecution of the untried indictment, information or complaint concerned in a petition filed pursuant to this Article unless:

1. The defendant or his duly empowered legal representative requested or expressly acquiesced in the making of the petition, and was afforded an opportunity to participate in person in the hearing; or
2. The defendant himself offers or consents to the introduction of the determination or adjudication at such subsequent proceedings.

ARTICLE VI

Acts Not Reviewable in Receiving State; Return

(a) Any decision of the sending state in respect of any matter over which it retains jurisdiction pursuant to this compact shall be conclusive upon and not reviewable within the receiving state, but if at the time the sending state seeks to remove a patient from the receiving state there is pending against the patient within such state any criminal charge or if the patient is suspected of having committed within such state a criminal offense, the patient shall not be returned without the consent of the receiving state

until discharged from prosecution or other form of proceeding, imprisonment or detention for such offense. The duly accredited officers of the sending state shall be permitted to transport patients pursuant to this compact through any and all states party to this compact without interference.

(b) A patient who escapes while receiving care and treatment or who violates provisions of after-care by leaving the jurisdiction, or while being detained or transported pursuant to this compact shall be deemed an escapee from the sending state and from the state in which the facility is situated or the after-care was being provided. In the case of an escape to a jurisdiction other than the sending or receiving state, the responsibility for return shall be that of the sending state, but nothing contained herein shall be construed to prevent or affect the activities of officers and agencies of any jurisdiction directed toward the apprehension and return of an escapee.

ARTICLE VII

Federal Aid

Any state party to this compact may accept federal aid for use in connection with any facility or program, the use of which is or may be affected by this compact or any contract pursuant thereto and any patient in a receiving state pursuant to this compact may participate in any such federally aided program or activity for which the sending and receiving states have made contractual provision: provided that if such program or activity is not part of the customary regimen of the facility or program the express consent of the appropriate official of the sending state shall be required therefor.

ARTICLE VIII

Entry Into Force

This compact shall enter into force and become effective and binding

upon the states so acting when it has been enacted into law by any two states from among the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin. Thereafter, this compact shall enter into force and become effective and binding as to any other of said states, or any other state upon similar action by such state.

ARTICLE IX

Withdrawal and Termination

This compact shall continue in force and remain binding upon a party state until it shall have enacted a statute repealing the same and providing for the sending of formal written notice of withdrawal from the compact to the appropriate officials of all other party states. An actual withdrawal shall not take effect until two years after the notices provided in said statute have been sent. Such withdrawal shall not relieve the withdrawing state from its obligations assumed hereunder prior to the effective date of withdrawal. Before the effective date of withdrawal, a withdrawing state shall remove to its territory, at its own expense, such patients as it may have in other party states pursuant to the provisions of this compact.

ARTICLE X

Other Arrangements Unaffected

Nothing contained in this compact shall be construed to abrogate or impair any agreement or other arrangement which a party state may have with a nonparty state for the custody, care, treatment, rehabilitation or after-care of patients nor to repeal any other laws of a party state authorizing the making of cooperative arrangements.

ARTICLE XI

Construction and Severability

The provisions of this compact shall be liberally construed and shall

be severable. If any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any participating state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

Appendix L

Appendix L

SAMPLE COMMENTS - From Letters of Legislators and Judges Who Declined to Answer the Questionnaire

"Whenever possible, I try to avoid making statements and giving opinions on matters on which I am not informed. Therefore, I do not feel that I can respond to your questionnaire, unless I have a better understanding of the proposed program and listen to the proponents and opponents to the measure."

* * * * *

"This will acknowledge receipt of your questionnaire concerning prisons and prisoners. Frankly, this is not an area of my special interest, and I am not one to complete a lot of questionnaires. In the event that you are taking a random sampling, I hope that my failure or refusal to complete the questionnaire will not ruin your sample."

* * * * *

"The questionnaire smacks bureaucracy, building basis for budget increase and, perhaps, political overtones. . ."

* * * * *

"Although I do not profess to be well versed in the problems of detention and prison reform, it is my opinion that the suggested regional detention facilities for certain offenders would not be practicable. It is my theory that each state should handle its own problems unless the matter becomes a federal problem, and then the parties involved would be subject to federal jurisdiction."

* * * * *

"I like the concept of inter-state cooperation for prisoner treatment but do not feel the southeastern states are in a position to take advantage of such a program. We are not able to adequately house, train, or provide treatment for offenders in the institutions we now have in Florida."

This is the most heavily populated and has the largest land area of the states considered for the compact, and has a higher national crime rating. It does not seem likely that we could build a treatment facility that would not be immediately crowded with offenders sentenced by Florida courts.

"I feel Florida should develop expertise and facilities to treat offenders within the state, and available moneys for treatment programs should be directed toward accomplishing that aim. It would be preferable to use the state prisons as specialized treatment centers; for the types of offenders you mention, and for drug abusers and offenders between the ages 17 and 24, with emphasis on educational and vocational training and any new construction to be for community-based treatment and work release centers on a statewide regional basis.

"I would be interested in knowing the results of your sampling of state legislators, and would like to receive any legislative recommendations developed as the result of your study."

END

7 miles / 11.2 km