

A PROTOTYPE FOR A COMMUNITY CORRECTIONAL

CENTER ~~IN~~ BURLINGTON, VERMONT (VT)

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FOREWORD

This document presents a program model or prototype for a community correctional institution. The design is based on the particular needs and capabilities of Burlington, Vermont and surrounding communities. This area has a widespread variety of services and broad opportunities for placements, but the prototype can be easily adapted for other areas with fewer resources by such methods as increasing contractual services.

Work on this project has been carried out under Law Enforcement Assistance Administration (LEAA) Grant No. 70-DF-234. Personnel from many different public and private agencies were involved in the planning, and contributed ideas for specific programs. The team which worked regularly with me to screen suggestions and develop the final design included the following: Dr. Robert E. Stanfield, Acting Chairman of The University of Vermont Department of Sociology; Hugh D. Wallace, former Deputy Commissioner of Corrections for Vermont; and Garrell S. Mullaney, Community Corrections Program Coordinator for the Department of Corrections. I am much indebted to them and to Mr. Joseph Havener, recently retired from the Federal Bureau of Prisons, who also offered a great deal of assistance.

Kent Stoneman
Project Manager

I. THE CONCEPT OF COMMUNITY CORRECTIONS

In 1967, the President's Commission on Law Enforcement and the Administration of Justice recommended that "Federal and state governments should finance the establishment of model, small-unit correctional institutions for flexible, community-oriented treatment."¹ The Commission provided the following guidelines for the kind of model institution suggested:

The model institution would be relatively small, and located as close as possible to the areas from which it draws its inmates, probably in or near a city rather than in a remote location. While it might have a few high-security units for short-term detention under unusual circumstances, difficult and dangerous inmates would be sent to other institutions for longer confinement.

Architecturally, the model institution would resemble as much as possible a normal residential setting. Rooms, for example, would have doors rather than bars. Inmates would eat at small tables in an informal atmosphere. There would be classrooms, recreation facilities, dayrooms, and perhaps a shop and library.

In the main, however, vocational training, and other such activities would be carried on in the community, or would draw into the institution community-based resources. In this sense the model would operate much like such programs as the Highfields and Essexfields projects. Its staff, like probation and parole officers, would be active in arranging for participation by offenders in community activities and in guiding and counseling them.²

¹ The Challenge of Crime in A Free Society, The President's Commission on Law Enforcement and Administration of Justice. (U. S. Government Printing Office: Washington, D. C., 1967) p. 173.

² Ibid.

The Task Force Report on Corrections for the President's Commission provided a rationale for such a community-oriented institution:

The general underlying premise for the new directions in corrections is that crime and delinquency are symptoms of failures and disorganization of the community as well as of individual offenders. In particular, these failures are seen as depriving offenders of contact with the institutions that are basically responsible for assuring development of law-abiding conduct: sound family life, good schools, employment, recreational opportunities, and desirable companions, to name only some of the more direct influences. The substitution of deleterious habits, standards, and associates for these strengthening influences contributes to crime and delinquency.

The task of corrections therefore includes building or rebuilding solid ties between offender and community, integrating or reintegrating the offender into community life - restoring family ties, obtaining employment and education, securing in the larger sense a place for the offender in the routine functioning of society. This requires not only efforts directed toward changing the individual offender, which has been almost the exclusive focus of rehabilitation, but also mobilization and change of the community and its institutions. And these efforts must be undertaken without giving up the important control and deterrent role of corrections, particularly as applied to dangerous offenders.³

Rehabilitation of a criminal offender requires that he come to terms with his social environment in ways that are lawful. This may require modification of the offender, but it may also involve modification of his social environment. Treatment carried out in the cloistered setting of a prison must of necessity often be limited to change in the individual. A program of treatment effected in or near his home community can include efforts to deal with

³ Task Force Report: Corrections, the President's Commission on Law Enforcement and Administration of Justice. (U. S. Government Printing Office: Washington, D. C., 1967) p. 7.

the social relationships and the groups with which the individual is likely to involve himself after release from the correctional system.

Centralized correctional facilities should be limited as much as possible to the needs of maximum security and long-term imprisonment. The coordination of most correctional services on a regional basis can provide a basis for continuity in an individual's movement through the system.

To be fully effective in this context, community-based correctional programs must involve a unity of probation, short-term confinement, and parole services with close staff and interagency coordination at all levels.

II. COMMUNITY CORRECTIONS IN VERMONT

A. A Legislative Mandate

The Vermont Department of Corrections operates under a policy set forth in Act No. 24 of the 1966 Vermont Legislature, which established a mandate for community correctional centers and programs. The policy statement emphasized the following:

. . . first, almost all criminal violators do return to the open society and, second, that traditional institutional prisons not only fail to reform or rehabilitate but operate to increase the risk of continued criminal acts following release.

Under this policy the legislature called for:

. . . a comprehensive program which, while providing necessary closed custodial confinement for hardened and habitual offenders, will implement as its primary objective the disciplined preparation of violators for their responsible roles in the open community.⁴

B. Resources of the Vermont Department of Corrections

Under legislation which became effective April 1, 1969, the department operates four regional correctional centers which replaced a county jail system of fourteen (14) jails operated by the county sheriffs. The regional centers may be used for prisoners before or after conviction, and the treatment approach is toward community and use of community services in the centers. In general, they fit the model described above from proposals of the President's Commission. There are four other major factors that enhance Vermont's ability to operate an integrated, community - oriented correctional system.

⁴ Acts and Resolves passed by the General Assembly of the State of Vermont at the Forty-Ninth Biennial Session, 1967, Session convened January 4, 1967, adjourned April 15, 1967, and the Special Session January 5 - March 12, 1966. (State of Vermont: Montpelier, 1967), p. 540.

1. All correctional services are contained within a single department: a coeducational juvenile training school, a small unit treatment center for adolescent males operating on the Highfields model, a diagnostic and treatment center for youthful offenders, the regional correctional centers, a state prison, a division of probation and parole with presentence and diagnostic capability, and a division of research and program evaluation.

To provide continuity, the department has designated the Probation & Parole Officer as principal agent in the implementation of treatment programs. The officer is the community link for the offender with responsibilities extending through the offender's entire stay in the system. In order to improve this capability and maximize cooperation, the department has conducted combined training programs for Correctional Officers and Probation & Parole Officers in an effort to develop teams.

2. Adult prisoners may be transferred between department facilities for special programs or treatment requirements, or for housing in a facility with appropriate security capabilities.

3. Prisoners may be furloughed from an institution for any reason and period of time consistent with rehabilitative efforts. This privilege is available in some degree to all sentenced offenders. For persons awaiting trial or sentence, it is permitted only with concurrence of the court having juris-

diction.

4. Except for the most dangerous offenders, prisoners are transferred from the prison and youthful offenders' facility to the correctional center nearest their home prior to appearing before the Board of Parole. Board hearings are held at the centers and decisions are based on performance in community programs.

III. POPULATION

This prototype program is designed for a population in residence of 80 male offenders, aged sixteen or older, approximately 40 each in detention and sentenced status. Women will be housed for short-term detention and for prerelease or preparole planning only. Those serving sentences of more than six months will be transferred to a central facility.

The major groups of people housed at the correctional center will include:

1. Those charged with offenses and awaiting trial.
2. Those who have entered guilty pleas or have been found guilty of offenses and are awaiting sentence.
3. Persons committed directly to the center by the courts for terms not exceeding one year.
4. Prerelease prisoners who have served a portion of a sentence for a felony or serious misdemeanor at the Vermont State Prison, House of Correction or Youthful Offenders' Facility.

In addition, temporary housing as a part of outpatient services will be provided to probationers or parolees in need of services available only at the centers, or continuing in a program initiated while in custody.

Persons in the above groups fit into two broad categories: sentenced persons and detentioners.

A. Detentioners

Those held in detention in the community correctional center will normally be in either of two situations: first, those held after arrest

and before trial because bail has been denied or because the conditions set by the court for release cannot be met and, second, those who have been found guilty of an offense and who are being held prior to sentencing (normally not more than four weeks). Other detentions, few in number, will include individuals being held for other jurisdictions, returned from escape or in a variety of other unusual situations.

B. Sentenced Prisoners

Those persons under sentence may be in any one of three definitive groups: committed directly by the courts to serve sentences of one year or less, transferred from more secure institutions for participation in community programs prior to parole, conditional release or expiration of sentence, and probationers or parolees who require temporary outpatient assistance.

IV. GOALS AND OBJECTIVES

A. Goals

The goals of the prototype community correctional center may be expressed in terms of sentenced prisoners and detentioners.

1. Goals for Sentenced Prisoners

The primary goal for sentenced prisoners is the reduction of the probability that a released offender will be returned to the correctional system. In short, the primary goal is rehabilitation. Here it is expressed in terms of the most easily assessed measure of success in the correctional system: recidivism. More may be desired and attempted, but this is the basic mission of contemporary corrections.

The secondary goal with regard to sentenced prisoners is not to increase the probability that a released offender will be returned to the correctional system. This negatively expressed goal signifies that, even if the corrections system should fail to improve an individual's social behavior, it should not succeed in making it worse. A person should not leave a correctional institution more criminally oriented than when he entered. The institution must assure that it does not brutalize those committed to it.

2. Goals for Detentioners

The primary goal with regard to detentioners is

to assure that accused persons who have not been fully released will be available to a court when the court requires them. The security and welfare of the detentioneer is the first responsibility.

The secondary goal for detentioners is to minimize the harm that may be done to a detentioneer and his family by the circumstances of his detention. The correctional center should provide services that will help maintain or strengthen the economic stability of the detentioneer's family and the physical health, mental well-being and social relationships of the detentioneer himself.

Constructive use of time must be of constant concern. Whenever possible, plans for return to the community should be developed which will give the detentioneer some of the same preparation available to sentenced prisoners planning for release on parole.

B. Objectives

The goals of the community correctional centers may be achieved by pursuing certain objectives:

1. Development of social and psychological services and programs that will contribute to rehabilitation.
2. Development of food and health services that will contribute to the physical well-being of the inmates.
3. Development of other institutional services that will help maintain the mental well-being of inmates and generate positive attitudes among them.

4. Development of security measures that satisfy the needs of safety for the inmates and the community, but do not impose undue hardship.

V. PROGRAMS

The prototype center will provide for three types of program services: specialized and professionalized social and psychological services programs, general services for the mental well-being of inmates, and services for their physical well-being. Internal programs and activities will be open to both detentioners and sentenced prisoners. There may have to be some restrictions on programs for detentioners whose participation in many cases must be voluntary and for whom security may be a major concern.

A. Specialized Technical and Professional Services

Each inmate will be able to participate in the following programs predicated on his own need, his motivation and the situation of his incarceration:

1. Social Services to Inmates and Families

One of the more serious problems created by incarceration is the loss of contact between the individual and his family. There is an immediate need to notify family, attorneys and employers. A situation already fraught with suspicion and hostility on the part of the partner not involved in a criminal offense is further complicated by enforced separation and interruption of normal day-to-day family living.

In addition, situations arise during the period of incarceration which the spouse may be unable to face alone. Demands for funds increase during the absence of the wage earner. Although all inmates may have need for specific social services during their confinement, particular recogni-

tion must be given to the needs of pretrial detentioners. Both crisis intervention and ongoing social services are crucial in a majority of such cases. Social services will be developed on the following three levels:

a. Correctional Counselor Services

At least two Correctional Counselors with special training will be provided to conduct intake interviews, provide primary level individual counseling, and conduct interviews with family members before and after their visits to inmates.

The community counterpart of the Correctional Counselor will be the Probation & Parole Officer who will supplement institutional contacts and will work further with families of offenders both inside and outside the center. A recent endeavor of the department has been to build teamwork relationships between Correctional Officers and Probation & Parole Officers. A three-month training program in team building and coordination was completed in December, 1970 and all Correctional Officers and Probation & Parole Officers participated. Follow-up sessions are being conducted on a regional basis in order to better apply learning to actual operations at present facilities.

b. Social Work Agencies

The Vermont Department of Social Welfare, as well as other local social agencies, will be utilized both to provide social work services and welfare assistance to families of inmates who qualify. These services will be acquired through referrals made by the center staff and Division of Probation & Parole.

c. Staff Social Work Services

In addition to the Correctional Counselors, the center will also have a staff Social Worker to direct the development of social services. This person will be able to provide further studies of family dynamics, fuller interpretation of inmates' needs and referrals for specialized treatment. The services of local volunteer organizations will be solicited to provide such supportive services as Big Brother and Big Sister contacts. The local mental health agency, as well as college and university resources, will be utilized to provide further family counseling and provide a continuum of the treatment services implemented during the inmate's incarceration.

2. Psychiatric and Psychological Services

It is likely that persons sentenced to the center for short terms will not have been involved in any formal diagnostic process. In instances where there has been an evaluation prior to transfer from another institution, a supplementary evaluation may be desirable. Further, there will be an occasional need for emergency psychiatric evaluation in order to transfer an individual to the Vermont State Hospital for intensive psychiatric observation or care.

Psychiatric and psychological services will be provided through contractual arrangement with community mental health clinics, the University of Vermont, or independent practitioners. Such services will include testing and evaluation for submission to the classification team. Approximately one-fifth of all sentenced offenders can be expected to require such a diagnosis and others may require supplemental evaluation. Based on previous experience, these services will also need to include intensive professional therapy for about five percent of the population. Psychiatric and psychological services will be afforded to detentioners when acceptable to the court and defense counsel.

3. Counseling Services

Counseling will be conducted by a variety of people, from Correctional Officers and Probation & Parole

to clergy, staff of state and local agencies, and many others involved in the center. While termed "counseling", activities will be on several levels: informational, ventilation, non-treatment discussions and various degrees of counseling and therapy for both groups and individuals.

Detentioners will be included in intensive therapy or direct counseling sessions when the need is clear, and agreement of defense counsel and the court (or prosecution if applicable) has been obtained.

4. Counseling Services to Families

Incarceration creates problems of at least two kinds for families. First there are those problems that attend the separation of the inmate from his family at the time that he enters the institution. His family must learn to live without his presence and he must learn to live separated from them. These problems may be particularly acute for the married inmate with children. His wife will have to find some means of supporting herself and her children while he is away. She will have to live alone. She will have to explain to her children the continued absence of their father. The children will have to arrive at an understanding of their father's imprisonment. The problems are hers, both economic and emotional.

The second kind of problem attends the imminent return of the inmate to his family. Having learned to live without him, the family must now learn how to live with him.

Some of the problems here may be economic. The male offender may be expected to assume quickly the role of provider. Other problems may be emotional. The inmate will be expected to take up personal relationships where he left off - to act as a full-fledged son or husband or father, and he will expect those in his family to take up their personal relationships with him where they left off.

The center will provide counselling to the spouses or parents of detentioners with the emphasis being on the problems created by separation. Some group sessions will include the persons incarcerated and their families.

Similar counseling, both group and individual, will be provided to parents and wives of sentenced inmates who are transferred from the major institutions prior to parole or release. One particular concern in such groups will be the restructuring of those personal relationships that may have been a factor in the criminal act that led to the inmate's conviction and incarceration.

To every degree possible, family members will also be included in the classification process and treatment program planning for offenders not yet eligible for release.

Furloughs home and to other places away from the center will be primary component of counseling programs.

5. Educational Services

The educational level of offenders ranges from the illit-

erate to those who have had college or university training. The average stated educational level is ninth grade, one testing suggests actual performance at about the sixth grade. As might be expected, about 70% of all those committed are also vocationally unskilled. Most inmates need to determine some tangible evidence of their worth. One way the center can contribute to this need is through a program of intensified education to meet social, educational, psychological and vocational needs.

The center, in cooperation with the Instruction Division of the Vermont Department of Education, will provide a diagnostic-prescriptive education program to fit the requirements of individual inmates. The procedure will include a private interview and testing as bases for establishing the requirements.

This educational program will be directed at the specific needs of offenders and will be aimed specifically to deal with the difficulties they have and will experience in the field of employment. This phase will be jointly evaluated and supported by personnel from the Vermont Department of Employment Security. Individualized instructional programs will also be available.

The program will have three elements: (1) Adult Basic Education, (2) special education for marked deficiencies, and (3) educational release.

The center itself will have ongoing, daily Adult Basic

Courses with staff teachers provided through the Vermont Department of Education. This course will have programs designed to meet individual needs regardless of the length of confinement, whether it be 30 days or a year. This program will afford detentions a constructive use of their time and provide a similar opportunity to sentenced inmates awaiting classification.

Special education for those persons handicapped by mental or physical defects will be carried out in cooperation with the Vermont Division of Vocational Rehabilitation.

Educational release will be available to those inmates who are eligible for furlough and will include access to the full range of educational services offered to any citizen in the community, from Adult Basic through university degree programs.

The Department of Education offers follow-up services to its programs, and the community colleges offer a wide range of opportunities to further vocational and academic goals. Persons enrolled through the center will be referred to such programs on an individual basis.

6. Employment Program

There will be a need to provide specialized vocational skills to sentenced inmates at the center. Typically, employment histories show that their lack of skills and training has been a major factor in their unemployability. The Vermont Department of Corrections has reoriented its philosophy in that the major emphasis on obtaining skills will be shifted from the maximum

security facilities to the correctional centers, with the former geared to prevocational training. Not only is training required for obtaining skills, but the center must also include training for the realization of the psychological and social dynamics of the employment world.

With the foregoing as a premise, the center will provide counseling, testing, education and training in cooperation with the Vermont Department of Employment Security. Training for specific jobs will be by placement in programs or work situations outside the facility.

Services such as counseling, testing and education will be obtained either at the center or the community depending on the prisoner's status. As a normal part of pre-classification orientation for sentenced inmates, an employment counselor will interview in all cases to determine needs and whether assistance is useful or feasible. Detentioners will be given every opportunity to participate in internal programs that are developed.

As a part of the center's education program, instruction will be provided to inmates on how they should conduct themselves in job interviews. In the future, the department will begin to provide educational and vocational testing as a regular part of a presentence report for persons held awaiting court action.

The means delineated above will provide valuable orientation for participants prior to being placed in the work release

program, and also make available placement data to the classification team. There will be at least four placement possibilities: (1) release for direct employment; (2) release for further training through MDTA courses or similar training programs offered in the community; (3) release for employment, education and training in the community colleges as outlined in the comments above under education; and (4) release to special workshops operated by the Division of Vocational Rehabilitation or Department of Mental Health.

7. Vocational Rehabilitation Services

Eligibility for participation in this program is based on the following: (1) that there be a physical or mental disability present; (2) that a substantial handicap to employment exists; and (3) that vocational rehabilitation services may reasonably be expected to render the individual fit to engage in a gainful occupation.

Many inmates would qualify for services under the first category, as physical or mental disability is defined to include patterns of deviant social behavior or impaired ability to carry out normal relationships with family and community. All three criteria must be met before a plan of services can be developed.

The plan for necessary services is tailored to meet the specific needs of each individual and may include services from hospitalization to employment training and follow-up.

It is the plan of the Division of Vocational Rehabilitation

to provide a counselor to the center on at least a half-time basis, with more time if needs so dictate. He will assist in classification, conduct testing and counseling, and make referrals to physicians and mental health specialists retained by his division for the necessary qualifying examinations. These services will be provided without cost to the individual or the center except where insurance benefits exist.

Vocational rehabilitation can include medical, surgical, psychiatric and hospital care; prosthetic devices; employment counseling; all levels of training; board and room during rehabilitation; job location; tools, equipment and licenses; and job follow-up.

The center will offer the use of its facilities to accommodate members of the community in phases of the vocational rehabilitation program held at the center. Detentioners are eligible to participate, if qualified, in all phases within security limitations.

8. Drug and Alcohol Services

A certain number of those persons arrested and brought to the center for confinement will be under the influence of alcohol or drugs, and may require emergency medical care or treatment. As is current practice, those persons requiring medical attention will be taken to a civilian hospital or clinic. Some alcohol and drug abusers will be transferred to a small residential treatment center (20 men) operated by the Department

In Burlington. Others will go to the halfway house operated by the Alcoholic Rehabilitation Board. Those who stay at the center will be involved in intensive group therapy daily, supplemented by individual counseling inside and outside the center.

The Alcoholic Rehabilitation Board will be contacted in all cases in which alcohol appears to be a factor in commission of criminal offenses. The Drug Rehabilitation Commission will be contacted to help determine proper placement or treatment when drugs are involved. The Department will urge and support operation of detoxification and medical treatment facilities, and try to use correctional institutions as a last resort. The center will not set aside separate housing areas for alcohol and drug cases since our experience has been that a mix of offenders in therapy is a positive factor.

B. Personal Maintenance

Before any type of program for prisoners can function effectively, proper food service and health care must be provided. While recreation may be less crucial, it is important from the standpoint of health, and crucial to constructive use of time by detentioners.

1. Food Service

The center will contract with a convenience food supplier to provide prepackaged meals. These will be served to both inmates and staff members who will take all meals together. This service, which has been utilized by present regional correctional centers, eliminates the need for trained

kitchen staff. It is clearly the most economic way to feed the relatively small numbers of persons being served. Simple preparation instructions allow persons without food service training to speedily prepare and serve meals, professional staff supervision is not required, and frequent turnover of assigned inmates causes no great disruption.

This operation can be computer-scheduled by the supplier and provides for great efficiency and economy in the ordering, storage and inventory with a minimum of staff involvement. Menus are prepared by the food supplier subject to approval of a dietary consultant from the Vermont Department of Health. That consultant is also available to help plan special diets, to provide other assistance upon request, and to conduct regular inspections.

Detentioners and sentenced prisoners will not eat meals together, but they can be served from a common kitchen and serving area. Two or more separate feedings may be scheduled in each dining room to permit further subdividing of the population as necessary.

2. Health Care

A complete physical examination will be given upon admission to all inmates except those transferred from another facility who have had a recent examination.

Physical examinations, treatment of minor illnesses and injuries and dispensing of prescribed medication can be accom-

plished at the center. In order to avoid later duplication, the format used by the Vocational Rehabilitation Division in examinations will be made standard. Prisoners will be taken to local clinics and hospitals for emergencies and treatment of more serious medical problems.

A small area will be provided for recuperation and isolation for inmates who may have contracted a communicable disease or be under the influence of alcohol or drugs. This area will be limited to ambulatory treatment with hospital care strictly in community facilities.

The length of stay at the center will largely determine the intensity of treatment and the scope of corrective measures to be undertaken. The services of the Vermont Division of Vocational Rehabilitation will be sought for persons who qualify for extensive treatment of physical defects that may impair employment. In cases where special service programs, such as those offered by Lions or Elks, are applicable, referrals will be made by the center staff.

Staff will include a full-time nurse and an on-call physician. The physician will provide daily services to the facility for examinations and minor treatment needs. Supplementary medical services will be provided by interns from the University of Vermont School of Medicine. When hospitalization with heavy security is required, the center will provide Correctional Officers for coverage. Inmates will be taken to community facilities for

x-rays and other clinical services.

3. Recreational Services

All inmates will be provided with opportunities for exercise and participation in organized athletics and other types of recreation, but the main emphasis will be avoiding idleness by detentions. Some will want to work with their hands in an arts and crafts program or involve themselves in other activities such as listening to music. An outdoor recreation area with the following capabilities should be provided: (1) a hard-surface court for basketball; (2) a softball diamond; (3) a horseshoe pit; (4) a handball court; and (5) a volleyball court.

Indoors there should be an area which can be used for ceramics, jewelry-making, or other related arts and crafts activities. Within the library, soundproof study carrels will be set up which can also be used for listening to music. Separate dayroom areas for detentions and sentenced prisoners will have Ping-Pong tables and pool tables as well as television and game tables.

An effort will be made to tie in the center to other facilities with closed circuit television for arts and crafts, and other educational and recreational activities.

Arrangements for the use of community recreation facilities such as gymnasiums, swimming pools and ice rinks can be made as allowable within security requirements. Inmates authorized to

leave the center on furlough may make full use of community resources for recreation as is current practice in the regional correctional centers.

A person trained or experienced in scheduling and supervision of recreational activities is required for an adequate program. The Department of Education is willing to provide a specialist to help design organized recreation, and will train a Correctional Officer or a part-time recreation specialist.

The regional correctional centers have contractual arrangements with arts and crafts instructors at a reasonable cost. General supervision of these instructors is provided without cost by the Arts and Crafts Section of the Department of Education. This system has worked well and will be continued.

Security must be a primary consideration for detentioners, supervisory as well as structural. The outside area should have appropriate physical security, with a single entrance and exit, and supervision consistent with classification. Direct supervision will be provided for inside recreational activities.

C. Services Contributing to the General Well-Being of Inmates

Although there are many services that could properly be discussed in this context, religious, library, legal and visiting concerns are primary.

1. Religious Services

All inmates must be afforded the opportunity to worship as they desire. The center will provide for the services of both a Catholic and a Protestant chaplain through contractual arrangements on a part-time basis. Inmates may, in their discretion, contact the clergyman of their choice. Organizations such as the Gideons will continue to hold their services at the center, but such groups will be thoroughly briefed on their obligations and those of the center staff. Chaplains will provide religious services, counseling, and instruction at the center and may serve on the classification team in cases where it is appropriate. In addition, they will provide assistance in the social service to families area. Inmates on furlough status will be given the opportunity to attend religious services in the community. Family members will be permitted to attend services in the center for inmates not permitted access to the community.

2. Library Services

In order to supplement the educational programs and provide alternatives for use of leisure time, a library will be essential. It will be used to support, broaden and strengthen the center's total rehabilitation program. Books, pamphlets, pictures, maps, periodicals, records, tapes, film strips, films and other media will be provided through the Free Public Library Service. All inmates will have access to the library

on a regularly scheduled basis, with additional free access as security and program scheduling will permit.

Special areas for using records, film strips and typewriters will be included as well as study carrels. The bulk of rotating book stock will consist of disposable paperbacks.

Staff required to operate the library will be provided by the Free Public Library Service for cataloging and management. A Correctional Officer will provide supervision as needed to supplement a part-time Librarian.

3. Legal Services

In trial matters, inmates either retain lawyers at their own expense or are assigned counsel by the courts. However, they are sometimes in need of legal assistance in civil matters and in drafting writs for appeal.

Vermont Legal Aid Association will be contacted to provide advice or assistance in legal matters on an appointment basis. Ample room will be made available for use by inmates and their attorneys. The library will contain a relatively complete set of texts and documents for use by inmates, and library facilities will be freely available for preparation of legal documents.

In addition to assistance by Legal Aid and privately retained attorneys, the Department will consider support of an ombudsman for the center and other facilities.

4. Visiting

Visiting will be an important part of the correctional treatment program. Frequent visits can help build morale and sustain family and social ties in the free community. It should also encourage family members to participate in counseling programs. If this is planned, there will be ample prior discussions of what should be expected of all concerned. Daily visiting will be permitted. Restrictions will be applied only to the extent necessary to avoid conflict with other programs or interference with an individual's schedule.

Visitors, on their initial visit, will be briefed on center regulations and programs, be provided with and asked to provide information about the inmate, and solicited to support and participate in treatment programs when appropriate.

A property checking area and comfortable visiting facilities with some recreational capability will be provided. In the summer, for example, visitors may picnic or barbecue in the recreation yard.

In the cases of inmates who receive no visits and whose relatives and friends show no interest, Probation & Parole Officers will make home calls to urge them to visit, write and otherwise remain in contact.

An effort will be made to enhance those relationships that are most meaningful to inmates. The initial interviews with family members, contacts by staff members during subsequent visits, participation in counseling, and other contacts with correctional programs

will be used as feasible to motivate family members so that they will support and assist in work release and furlough planning.

Separate visiting rooms will be provided for detentioners and sentenced inmates. The rooms will be equipped with comfortable, lounge-type furniture which will lend itself to small family groupings. Special security procedures will be developed for supervision in high risk cases.

Ping-Pong or pool tables should be available in the same room but somewhat apart from the visiting groups. Vending machines with soft drinks, candy and cookies will be placed in the visiting and recreational areas.

VI. OVERVIEW OF THE MODEL

Rehabilitation involves the modifications of conditions in the life experience of an individual so that his behavior will not be judged intolerable by the community. In part, this may require a change in the attitudes and behavior of the individual himself. Additionally, however, it may call for a change in the attitudes and behavior of others toward him. Accomplishing these things necessitates movement beyond institutional boundaries. The individual must be adjusted to his home and neighborhood; his home and neighborhood must be adjusted to him.

A fundamental strategy of the community correctional center, then, is the integration or reintegration of the individual into a non-institutional environment. Within this strategy, offenders will be furloughed into the community to the extent that they appear capable of accepting such freedom without engaging in a further violation of the law.

This community orientation means that programs are operated within the community when possible, and that institutional programs are designed to lead toward those in the community. Where ever possible, job training and actual work should take place outside the institution. Education should be made available in the educational facilities of the community.

Community involvement may be seen on a continuum from complete incarceration to complete release into the community. For those who must be held in total confinement, there will be efforts to bring community resources into the institution. Those who demonstrate a capacity to accept the freedom of educational release or work release programs may be permitted beyond the institutional boundaries from day to day. When an individual shows sufficient

stability to be absent from the institution for an extended period of time, he may be granted home furloughs of a few days duration. In some instances, it may be possible to authorize a full furlough for an individual. In all instances, casework and training and all other rehabilitative activities should be geared to how each individual acts or reacts in the community.

Within the institution itself, counseling of an inmate should seek to improve his adjustment in those experiences that he has in the community. This requires that there be means to observe and evaluate the experiences of the individual in the community. The counselor will try to assess the inmate's feelings and reactions on the job, in school, at home and elsewhere in the community. Where it is appropriate to alter attitudes and behavior, efforts will be made to do so. Where it appears that the external environment has failed to adjust to the needs of the inmate, staff will seek to set in motion procedures that will try to alter the attitudes of others on the job, in school, at home or elsewhere in the community. Parole will be based on adjustment and responses to community programs rather than to a closed institution.

There are some legal constraints on the involvement of persons in detention prior to trial. Encouraging an individual to become involved in programs designed for the rehabilitation of sentenced prisoners may violate the presumption of innocence. One can legitimately treat only someone judged to be in need of treatment.

The President's Commission on Law Enforcement and the Administration of Justice recognized this kind of problem in treatment programs. The Task Force Report on Corrections addresses this issue as follows:

When treatment necessitates coercion or any extensive attempt to alter a person's life or way of thinking, it is to many repugnant if not warranted by formal determination of guilt.⁵

The report suggests, however, that it should be possible to do some forms of programming for detentioners, particularly in the areas of education and recreation. It concludes:

In many cases further treatment can be instituted, given the resources to do so, if adequate procedures for avoiding coercion and securing a suspect's full consent are developed.⁶

Within acceptable limits, untried detentioners will be given access to programs. Attempts will be made to coordinate plans for persons in this status with the Bar Association, defense attorneys, Legal Aid organizations and other related agencies.

Although many internal services and activities will be open to both detentioners and sentenced residents, the emphasis will differ according to the limitations posed by particular problems peculiar to each group, and to individual needs. As an example, employment services given to an individual in detention may include an assessment of marketable skills, prevocational counseling, and counseling with respect to vocational opportunities. In the case of the sentenced individual, these services could extend into vocational training, job placement assistance and in-house programs related to on-the-job training.

In accord with these considerations, the process for detentioners and sentenced prisoners will differ.

⁵ Task Force Report: Corrections, p. 25.

⁶ Ibid.

A. Detentioners

When a detentioner is brought to the center after arrest or commitment by the court, the receiving officer will assure himself that the commitment papers are in good order and issue a receipt. Security may have to be a primary concern at this time, but there will be an effort to begin providing social services to the detentioner.

A special room will be set aside for intake, and the admitting officer will try to keep the detentioner at ease throughout the initial interview. He will take a short social history from the individual and provide a brief description of what he can expect and what will be expected of him.

A trained Correctional Counselor will interview each new inmate as soon as possible and explain to him the opportunities for program involvement at the center. He will elaborate on what is expected of persons being held and will again inquire into the need for any emergency services to the inmate or his family.

The process involving a detentioner in other programming can begin by his voluntary participation in regular group discussion periods held at the center. These discussions will basically focus on the problems encountered by the new inmate as he moves into this new social group. He will have free access to technical and professional staff for further involvement in center programs. This will include education, orientation lectures for employment, vocational rehabilitation programs and a variety of other services, but all on a volunteer basis. Close coordination between the center and the courts will be crucial.

Records kept on detentioners may be made available to the court

to determine suitability for release on recognizance, partial release or other special bail conditions. These records may also become the basis for presentence evaluation and program planning for the detentloner who is adjudged guilty. In case of an acquittal, all records except those required by law or relating to matters of public record should be sealed.

Just as a judge may impose any of a variety of restraints in order to assure the appearance of an accused person in court (e.g., release on his own recognizance, release to the custody of another, posting of a bail bond, deposit of a fixed amount of bail with the court clerk, remanding to a detention facility), so the center will find it appropriate to use several levels of security with detentloners. A small number of accused persons will have to be maintained under conditions of maximum security, but others can be held under less strict control.

B. Sentenced Offenders

The intake procedure for a sentenced offender may not be as extensive as that for a detentloner, since many sentenced inmates will have come from the detention population. Nevertheless, the admitting officer will try to determine any need for basic social services to the inmate or his family. The Correctional Counselor again will interview each new sentenced inmate about the rules of the section in which he will live. For a person moving from detention, any changes should be carefully spelled out. As stated above, the primary goal of the center in regard to sentenced offenders is the reduction of the likelihood of their return to the correctional system. This involves modification of the social relationships and values of the inmate to increase his ability to function properly in a community. The process then involves establishing

requirements in the case of each individual that will increase his own capability to handle the responsibility of living in the community.

The primary treatment method in the case of sentenced offenders will be exposure and involvement in the community to the maximum degree consistent with safety and feasible program planning. Internal institutional programs will be directed toward dealing with this experience. Basic professional services will be obtained in the community, and supplemented as necessary at the center. The strategy will be based on treatment in the community with the center as a basic resource center. As provided in current department policy requiring coordination of treatment planning, the Supervisor of Probation & Parole and the Superintendent of the correctional center will meet with each newly sentenced person. They will provide orientation on center programs, tentatively evaluate capacity for acceptance of personal responsibility, and screen out those persons who appear to be incapable of dealing with community programs immediately. The material gathered at this meeting will be presented to the classification team, along with the data gained both through the presentence evaluation and through interviews with the Correctional Counselor and Social Worker.

The classification team as now constructed at the regional centers will be continued. This includes the center Superintendent, Probation & Parole Supervisors and representatives of the major social agencies functioning in the area. The specific agencies may vary between meetings in accordance with program requirements. The basic treatment model will be "reality therapy" whereby the individual evaluates his own capabilities, follows them through and is reinforced by successful completion. Once the classification team is satis-

fled that the individual is meeting these basic self-requirements, his capability for the acceptance of future responsibilities will be mutually increased. This means that he may be able to leave the center, keep appointments in the community, eventually make his way into a work release program and finally become eligible for extended furlough away from the center prior to release. At any time prior to or after classification, the person will be given every opportunity to participate in institutional programs that he feels are important to meet his needs. Weekly reevaluations will be used to monitor progress and establish necessary program changes for each individual.

1. Prerelease Services

Each sentenced inmate committed will be classified for treatment programming, whether committed directly from court or transferred from another institution. Those inmates committed for a period of 30 days or more will also be assigned a Probation & Parole Officer who will be the implementing and coordinating agent. They will be in the officer's case load until discharge in case of sentence expiration. If parole follows, they will continue to be assigned to the same Probation & Parole Officer. The method currently used for transferring persons to the regional centers from the State Prison and other closed or partially closed institutions will continue. This method involves regular meetings between staff of sending and receiving institutions to determine readiness of transfer to community programs. The classification committee will

interview newly arrived inmates and will meet formally with them within ten days of arrival.

Each inmate will have the responsibility of outlining his own steps for reintegration with assistance of his Probation & Parole Officer. He will personally present this plan to the classification team for approval. Through proper adjustment of his plan, the committee will afford the inmate the opportunity to increase his freedom through furlough from the facility. Under the "no minimum" sentence statutes currently in effect (which permit parole at any time), and in line with department policy, final release will be based on the classification team recommendation to the Parole Board. The superintendent will be responsible for assuring that department philosophy and regulations are adhered to within programs.

Discipline will be administered in accordance with department policies and objectives, which include requirements for full information to the classification team and assigned Probation & Parole Officers. The Probation & Parole Officer will be expected to participate in disciplinary hearings which relate to serious incidents, failure to profit from community programming, or other situations which might delay release or lead to return to a major institution.

2. Furlough Services

Extension of trust and requirement for increasing

personal responsibility through involvement in the community outside the center will be the focus of treatment.

Inmates will have ample opportunity for community release to work or educational release. As the inmate shows signs of progress, the classification team will expand his opportunities for community involvement by increasing furloughs to include short visits home and for any other reasonable purpose. Duration will be gradually to the point where the inmate may appear at the center only biweekly. Community supervision will be under the direction of the assigned Probation & Parole Officer.

VII. STAFFING PATTERNS

The basic staffing model presently in use in the regional correctional centers will be followed. Specialist or technical services and skills will be obtained by contractual purchase or under letters of understanding with agencies or persons willing to serve without charge.

The basic staff will be a Superintendent, two Assistant Superintendents who will directly supervise detention and sentenced prisoner sections respectively, and Correctional Officers. Officers assigned to one section (sentenced and detention) will not be detailed to the other except in emergency situations. At least half the Correctional Officers will be trained in counseling techniques and have specific responsibility for treatment activities, and will eventually be promoted to Counselor. To ensure that treatment will not be left as a residual activity after custodial and housekeeping jobs are completed, specific time blocks will be scheduled on every shift. Officers will have no obligations

except their treatment responsibilities during the time scheduled.

Correctional Officers will be assigned some tasks extending outside the institution such as checking job placements and investigating situations for furlough suitability.

By the same token, Probation & Parole Officers will have specific times set aside for work at the center. Tentative department plans envision merging of center and field services staff, with Probation & Parole Officers capable of performing custodial tasks and Correctional Officers field services. The center would serve as a focal point for correctional services to offenders in or out of the center. At the least, cross training will be given and specific time allocated for discussion and joint treatment planning.

Except for a few permanent staff in special assignments, including a social worker, nurse and volunteer services coordinator, most specialized and technical services will come from local agencies, groups or individuals. The attached list reflects those agencies in the Burlington area now involved with regional corrections and others that can be tapped for program assistance.

The sentenced offender and commons areas of the center will be open for non-correctional activities by both associated and non-associated agencies on a space available basis to further the use of the facility as an extension of and into the community.

PARTIAL PROGRAM MODEL

	<u>Detention</u>	<u>Short-Term Sentence</u>	<u>Preparole/ Furlough</u>	<u>Institutional Services for Probationers & Parolees</u>
MEDICAL	Physical exams & daily access to doctor, emergency care.	Minor corrective surgery, dental, sight, physical exams, emergency care, daily access to doctor.	Corrective surgery, dental, sight, physical exams, emergency care & daily access to a doctor.	Applicable only if temporary housing is involved (full access).
RECREATION	Arts & Crafts, table games in day-rooms, outdoor recreation in season.	Table games in day-rooms, community sports programs, outdoor recreation in season.	Table games in day-rooms, community sports programs, outdoor recreation in season.	Applicable only if temporary housing is involved (full access).
EDUCATION	Voluntary diagnostic evaluation of needs. Voluntary enrollment in Basic Education Program, tutorial services, library, occasional short-term release on furlough.	Diagnostic evaluation of needs, enrollment in Basic Education Program as an integral part of the treatment program, educational release, tutorial services, library.	Educational release, voluntary participation in institutional program to strengthen deficiencies, tutorial services, library.	Diagnostic, prescriptive evaluation, enrollment in institutional education program, library.
EMPLOYMENT SECURITY	Orientation and interviews with employment counselor, job training, voluntary participation in counseling, occasional furlough.	Orientation, testing, placement at employment office.	Orientation, testing, placement at employment office.	Orientation, testing, placement.

COMMUNITY PROGRAM INVOLVEMENT

A. Agencies Currently Involved in the Burlington Regional Correctional Center Program.

1. Division of Vocational Rehabilitation
2. Department of Employment Security
3. Division of Probation & Parole
4. Division of Alcohol Rehabilitation
5. Howard Family Service (Community Mental Health)
6. The REACH
7. The City of Burlington Department of Education
8. Free Public Library Service - Title IV A
9. Department of Health
10. University of Vermont
11. Chittenden Jail Group
12. Department of Education
13. State Arts & Crafts Division
14. Alcoholics Anonymous

B. Agencies Involved in the Prototype Treatment Program.

In addition to the above:

1. Department of Education
2. Department of Social Welfare
3. Division of Recreation
4. Burlington Visiting Nurses' Association
5. Jaycees
6. Local Colleges
7. Legal Aid
8. Drug Rehabilitation Commission
9. Other public and private agencies.

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