

A COMPREHENSIVE
PROPOSAL FOR CORRECTIONS
IN VERMONT

NCJRS

APR 21 1977

ACQUISITIONS

KENT STONEMAN
COMMISSIONER OF CORRECTIONS

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I. INTRODUCTION

There have been many studies over the years thoroughly documenting the need to replace the outmoded maximum security prison at Windsor and in 1970 the General Assembly appropriated \$5.1 million for a new maximum security institution. The lowest bid received considerably exceeded the appropriation authorized.

Following this development, the Department of Corrections was instructed to intensively explore possible methods for dealing with the problem. Since the Department had recently initiated an internal research and program evaluation capability, and in view of administrative changes including establishment of the Agency of Human Services, the decision was made to evaluate the entire adult corrections system, rather than focus on the single issue of Windsor. It was clear to all concerned that this was an appropriate time to examine the Windsor situation in the context of other facility and program needs, and the necessity of applying limited financial resources in the most effective ways.

A concentrated effort was therefore begun to develop a comprehensive proposal. Extensive data collection was initiated to determine the characteristics of offenders within the correctional system. A staff working group, which included the operating division heads, began a concurrent examination of needs and requirements based on the data collection, in order to develop specific facilities and program proposals. Technical assistance was obtained without cost to the state from the specialized staff of the U.S. Bureau

of Prisons.

This paper contains an analysis of the problems facing Vermont Corrections, a profile of offender populations, a systematic review of needs and requirements, and specific proposals for best meeting the Department's obligations.

This is the first time that any correctional proposal has been based on extensive factual data and an examination of the total adult corrections system. We believe that the conclusions are sound and that we have established the proper basis for carrying out legislative mandates.

II. STATEMENT OF THE PROBLEM

There is no question that the existing Vermont State Prison at Windsor is inadequate to meet the institutional needs of Vermont today. At the same time, there are equal or perhaps more pressing needs to be met in other components of the system, particularly the Community Correctional Centers.

The question that has to be resolved is how to best square maximum security requirements with the urgent needs of the other parts of the system, given the limited funds and resources available.

III. DEPARTMENT POLICY AND GOALS

Legislative policy established by the General Assembly in 1966 (Act No. 24), clearly outlined a mandate to guide the state in developing facilities and programs. The emphasis was placed on a system which would:

- Provide protection against violators of criminal laws
- Treat offenders in such a way as to prepare them to become useful citizens, foster human dignity, and

- Preserve community resources

There has been a clear national recognition that these goals cannot be met by depending primarily on traditional closed institutions, such as the present Windsor Prison. As a minimum such institutions have the following major disadvantages:

- (1) High cost with low rehabilitative return.
- (2) Isolation of offenders from community and restriction to the company of others like themselves.
- (3) Creation of dependency because of the necessity for total care.
- (4) Excessive custodial security for many offenders.
- (5) Inability to place responsibility on the offender.
- (6) Emphasis on custody and control, rather than treatment.

This was clearly recognized in Act No. 24, which contained the following statement:

This policy is based upon the cumulative experience of modern correctional practice which undertakes to build sound correctional programs to square with the facts that, 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. It is recognized that sole or even primary reliance upon closed, custodial institutions is self-defeating and also results in wasteful high costs to the taxpayers of the state. The alternative is 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.

The legislature went on to say that -

Such a program, calculated to serve that objective, will have many parts. A range of facilities for the treatment of different classes of offenders is necessary. As in any other area of treatment designed to change existing conditions, all forms of treatment in Corrections involve different kinds and degrees of

discipline and security control appropriate to the purpose of the treatment. In any comprehensive and sound correctional program, the facilities needed will extend from residence centered instruments to non-residential methods in the open community. It will include the supporting resources of more adequate probation and parole services, the increased cooperation of workers in the fields of welfare, health and education, and even the increased activity of the citizens of the state in participation to achieve the correctional objectives.

Over the last three years the Department has taken a number of steps designed to carry out the intent of the legislature. New alternatives and added capabilities have been developed. The most important of which include:

- (1) Intensive presentence diagnosis and treatment for selected youthful offenders.
- (2) A residential treatment center for youths involved in the abuse of alcohol and drugs.
- (3) Establishment of four regional community correctional centers, designed to provide more humane detention, extend treatment to short term offenders, and reintegrate long term offenders through close coordination with the Division of Probation and Parole, and with other agencies.
- (4) Development of a data collection and research section with a capability to accurately monitor and evaluate programs and requirements.

We believe that the proposals contained herein are consistent with previously established policies and direction, and will allow the Department to effectively fulfill legislative mandates.

IV. POPULATION PROFILE

The following information is presented to provide

a basis for understanding the conclusions and recommendations of subsequent chapters. The data is not the sole determining factor, but is essential to the decision making process.

The statistics were developed by an examination of intake records for fiscal year 1971, with comparison to other years where appropriate. The total data collection effort is not presented here, since much of the material is extremely detailed and complicated. Rather we have tried to select what is more pertinent to program and facilities design and present it in a clear and understandable summary. We will mention some of the more significant points made by this data here. Their implications for institutional planning are far-reaching.

Perhaps the most striking characteristic of the sentenced population is age: 56% of all sentenced persons are under the age of 27, and 76% are 37 or under. At the Vermont State Prison, 86% were 37 or under.

Five of the main categories into which the offenses committed by sentenced inmates can be divided comprise a vast majority of all admissions. Alcohol and motor vehicle offenses make up about 1/3 and property crimes together with disorderly conduct another 1/3. Crimes of violence or crimes against the person account for less than 1/7. Various other offenses make up the balance.

Intoxication is a major problem area. At the community correctional centers, intoxication accounts for almost 1/3 of the sentenced intake. Close examination of case

records shows that alcohol problems are a major factor throughout the system, even though the specific commitments may be for other offenses.

The average educational level is low. The mean grade level claimed by offenders is less than 10 years. Our own experience and studies from other states suggest that tested performance is likely to be about three grades lower.

Few persons committed have had any work experience other than manual labor. Case records show generally unstable and sporadic occupational experiences.

Of the population under 27 years of age sentenced to St. Albans or the Prison, more than 1/2 have had previous contact with the probation division, and between 1/4 and 1/2 have had prior institutional experience in the Vermont Correctional System.

The inmate profile that emerges shows young offenders, committed primarily for crimes not involving violence, who are under-educated and unskilled, and have had a significant incidence of prior contact with the correctional system.

The greatest proportion of the sentenced population consists of offenders who are residents of the Champlain Valley, or are committed by courts in that area. More than 1/4 of the commitments to the Prison are from Chittenden County alone.

A. Age

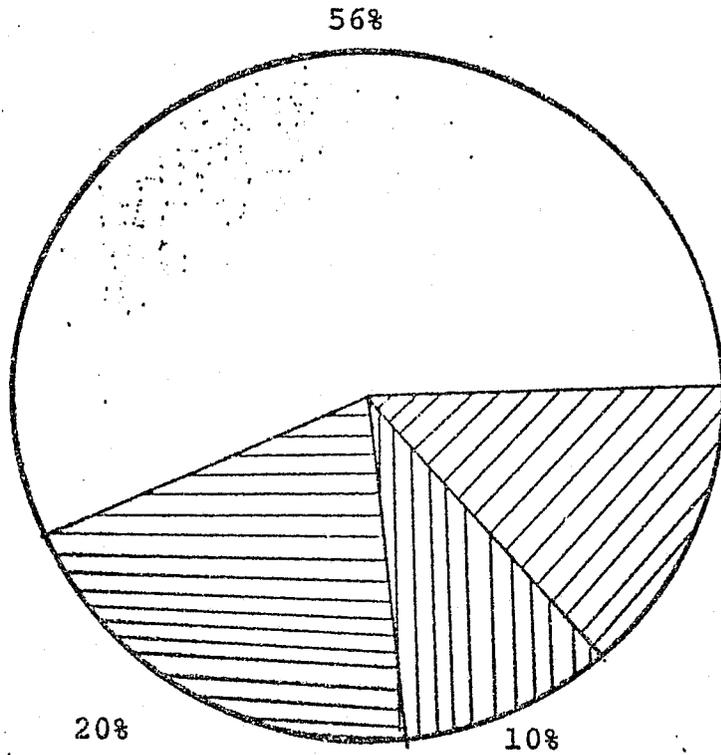
Table 1 gives the number of inmates in each of five age groups at each of the institutions. The percentage at these institutions in each age group is also given. The figures are based on the total institutional intake during FY 1971.

It will be seen that the average age at admission for the

Table 1: Age of All Institutional Admissions FY '71

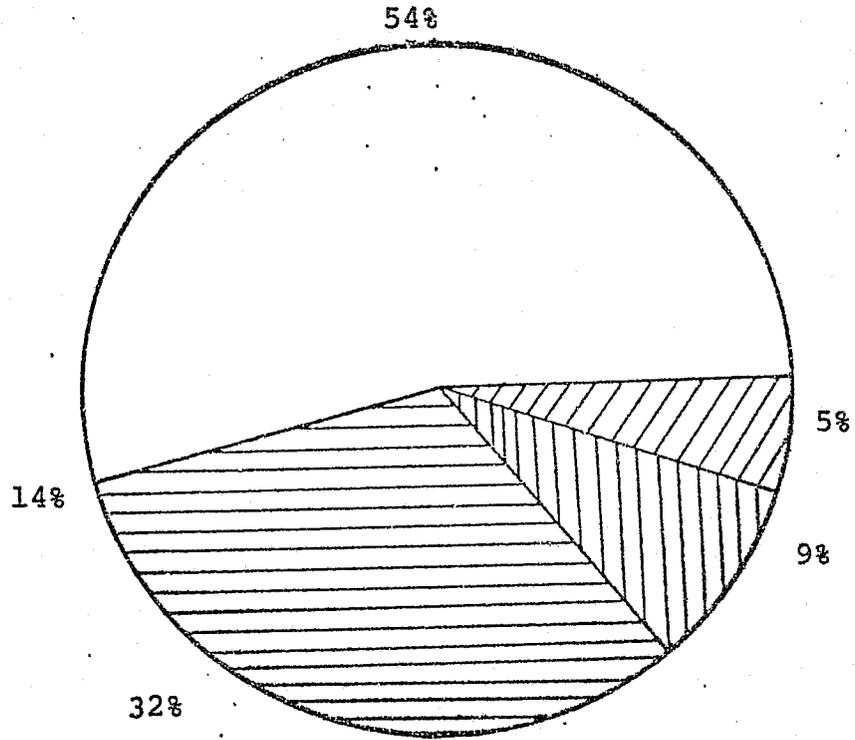
		Under 21	26 & Under	27-37	38-48	49 & Over	Missing	Total	Average Age At Admission
Woodstock Center	N %	312 30.7	590 58.0	216 21.2	86 8.5	124 12.2	2 0	1018	28.7
Burlington Center	N %	180 19.7	452 49.5	226 24.7	134 14.7	100 10.9	2 0	914	31.1
Rutland Center	N %	222 25.9	418 48.7	186 21.7	124 14.5	130 15.2	0 0	858	32.2
St. Johnsbury Center	N %	212 39.3	303 56.1	143 26.5	44 8.2	44 8.2	6 1.1	540	29.0
All Centers	N %	926 27.8	1763 53.0	771 23.2	388 11.7	398 12.0	10 0	3330	30.2
St. Albans Facility	N %	72 58	122 99	1 1	0 0	0 0	0 0	123	20.4
Lakeside Center	N %	26 70	37 100	0 0	0 0	0 0	0 0	37	19.9
Windsor Prison	N %	- -	131 54	79 32	23 9	12 5	0 0	245	28.3
All Sentenced	N %	- -	552 56	196 20	101 10	134 14	4 0	987	30.1
All Committed	N %	- -	2056 55	852 23	411 11	412 11	4 0	3735	29.7

FIGURE 1. AGE BREAKDOWN
ALL SENTENCED COMMITMENTS
FY '71

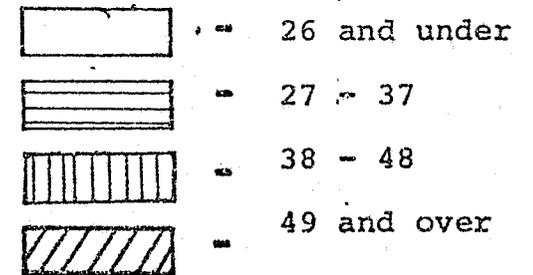


AVERAGE = 30.1

FIGURE 2. AGE BREAKDOWN
WINDSOR PRISON ADMISSIONS
FY '71



AVERAGE = 28.3



various institutions adheres closely to the overall figure of 30 years, except at St. Albans and the Lakeside Center which are special institutions for youthful offenders. As shown in Figure 1, 56% of all sentenced persons are under the age of 27 and 76% are 37 or under. Of special interest is the fact that Windsor contains a particularly large proportion of younger offenders, as shown by both the average age at that institution and the fact that only 1/7 of the population is over 37 (see also Figure 2).

B. Type of Offense

Offenses at entry were divided into twelve major groupings for analysis, as shown in Table 2 (Offense Categories).

While certain types of plea reduction might cause an offender to move from one category to another, this classification is specifically planned to minimize such changes. Thus in most types of plea reduction, the usual reduced offense is still in the same category as the original offense, (e.g. assault reduced to breach of peace).

Tables 3 through 7 give the offense at entry grouped into these categories for various types of populations. Table 3 shows this breakdown for the sentenced commitments at each institution. From the last column of Table 3, it will be seen that for the corrections system as a whole, motor vehicle offenses and intoxication comprised almost 1/3 of all offenses, property crimes accounted for 1/4 of all the offenses, and more than 1/2 of the prison commitments. Crimes of violence made up only 14% of the total. The percentage of drug offenses is also quite low.



Table 2: Offense Categories For This Analysis

<u>Personal Violence</u>	<u>Property</u>	<u>Regulatory</u>	<u>Motor Vehicle</u>	<u>Other</u>
Breach of Peace	Larceny (all)	Abortion	Driving While Intoxicated	Non-support Interstate Compact
Assault (all)	Breaking & Entering (all)	Accessory to Abortion	Driving License Suspended	Accessory After the Fact
Murder	Receiving and Concealing Stolen Property	Tramping	Driving-No License	Aiding Felony Delinquent Child
Manslaughter	False Token	Vagrancy	Careless and Negligent Driving	Harboring Prisoner
Careless & Negligent Driving-Fatality Resulting	Forgery	Possession of Fireworks	Operating MV w/o Owner's Consent	Court Order Failure to Give Recognition
Robbery (all)	Fraud	Liquor Violation	Leaving Scene of Accident	Innkeepers Law
Possession of Dangerous Weapons	Burglary	Loaded Rifle	Motor Vehicle Not Registered	Theft of Services
Kidnapping	Arson	Disturbing the Peace	Parking Violation	Bastardy Act
Attempted Bombing	Destruction of Property	Trash on Premises	Failure to Stop at Stop Light	Civil Action
	Uttering Counterfeit Money	Illegal Trans. of Trees	Failure to File Accident Report	Cruelty to Children
	False Pretense	Fish & Game Laws (all)	Driving to Endanger Exceeding Speed Limit	
			Plates Not Assigned	
<u>Contempt</u>	<u>Escape</u>	<u>Intoxication</u>		
Contempt of Court	Escape	Intoxication		
Failure to Appear In Court	Attempted Escape		<u>Drugs</u>	<u>Probation/Parole Viol.</u>
	Escaping Arrest		Possession of Drugs	Probation/Parole Violation
	Fugitive From Justice		Sale of Drugs	
<u>Sex</u>		<u>Disorderly Conduct</u>		
Lewd & Lascivious Conduct		Disorderly Conduct		
Rape				
Statutory Rape				
Fellation				
Psychopathic Personality				

Table 3: Offense Breakdown of Sentenced Commitments - All Institutions, FY '71

Offense Type	Correctional Centers		Windsor Prison		St. Albans Treatment		St. Albans Diagnostic		Lakeside Center		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Crimes of Violence	66	11	50	20	3	12	18	19	1	3	138	14
Property Crime	64	11	128	53	11	42	36	37	12	32	251	25
Sex Crimes	2	0	4	2	0	0	3	3	0	0	9	1
Motor Vehicle Crim.	102	18	10	4	6	23	8	8	2	5	128	13
Intoxication	180	31	0	0	0	0	0	0	0	0	180	18
Disorderly Conduct	50	9	0	0	0	0	1	1	0	0	51	5
Regulatory Crimes	32	6	1	0	0	0	2	2	0	0	35	4
Drug Offenses	10	2	10	4	0	0	10	11	21	57	51	5
Contempt of Court	20	3	1	0	0	0	0	0	0	0	21	2
Probation/Parole Violation	30	5	22	9	4	15	10	11	0	0	66	7
Escape/ att. escape	8	1	12	5	2	8	4	4	0	0	26	3
Other	10	2	7	3	0	0	0	0	1	3	18	2
Missing	4	1	0	0	0	0	4	4	0	0	8	1
TOTAL	578	100	245	100	26	100	90	100	37	100	982	100

Table 4a illustrates the importance of intoxication and motor vehicle offenses within the workload at the community correctional centers. Intoxication accounts for 31% of the sentenced intake, and motor vehicle offenses and property crimes 29%, while violent crime represents only 11%.

Table 4a: Offense Breakdown of Community Correctional Centers Sentenced Intake, FY '71

Offense Type	Woodstock		Burlington		Rutland		St. Johnsbury		Total	
	N	%	N	%	N	%	N	%	N	%
Crimes of Violence	30	15	12	10	6	4	18	17	66	11
Property Crimes	30	15	8	7	10	6	16	16	64	11
Sex Crimes	0	0	2	2	0	0	0	0	2	0
Motor Vehicle	34	17	30	25	26	16	12	12	102	18
Intoxication	46	24	4	3	96	60	34	33	180	31
Disorderly Conduct	4	2	38	33	4	2	4	4	50	9
Regulatory Crimes	14	7	10	9	8	5	0	0	32	6
Drug Offenses	2	1	2	2	2	1	4	4	10	2
Contempt of Court	8	4	6	5	2	1	4	4	20	3
Probation/Parole Viol.	22	11	2	2	6	4	0	0	30	5
Escape/Att. Escape	6	3	0	0	0	0	2	2	8	1
Other	0	0	2	2	0	0	8	8	10	2
Missing	2	1	0	0	2	1	0	0	4	1
TOTAL	198		116		162		102		578	

Table 4b shows this data for the detention cases.

Table 4b: Offense Breakdown of Community Correctional Centers
Detention, FY '71

Offense Type	Woodstock		Burlington		Rutland		St. Johnsbury		Total	
	N	%	N	%	N	%	N	%	N	%
Crimes of Violence	142	17	104	13	100	14	53	13	404	15
Property Crimes	278	34	146	18	128	18	136	31	688	24
Sex Crimes	18	2	28	4	10	1	4	1	60	2
Motor Vehicle	78	10	120	15	148	21	62	14	408	15
Intoxication	64	8	4	1	202	29	38	9	308	11
Disorderly Conduct	20	2	282	34	20	3	0	0	322	12
Regulatory Crimes	118	14	32	4	28	4	34	8	212	8
Drug Offenses	54	7	44	6	42	6	64	15	204	7
Contempt of Court	0	0	4	1	6	1	2	0	12	0
Probation/Parole Viol.	10	1	2	0	4	1	4	1	20	1
Escape/Att. Escape	24	3	18	2	4	1	26	6	72	3
Other	14	2	6	1	4	1	4	1	28	1
Missing	0	0	8	1	0	0	6	1	14	1
TOTAL	820		798		696		438		2752	

In Table 5, we present offense distribution by groups. Note that intoxication becomes a more important offense as age increases, while motor vehicle, property and violent crimes are associated with younger offenders.

Table 5: Offense Breakdown By Age Groups (All
Institutions, sentenced), FY '71

Offense Type	26 and Under		27-37		38-48		49 and Over	
	N	%	N	%	N	%	N	%
Crimes of Violence	78	14	39	20	12	11	9	7
Property Crimes	174	33	57	28	17	16	3	2
Sex Crimes	7	1	1	1	0	0	1	1
Motor Vehicle	86	16	25	12	12	11	5	4
Intoxication	42	8	26	13	32	30	30	59
Disorderly Conduct	11	2	12	6	10	10	18	13
Regulatory Crimes	22	4	5	3	5	5	3	1
Drug Offenses	46	8	2	1	2	2	1	1
Contempt of Court	2	0	8	4	6	6	5	4
Probation/Parole Viol.	34	6	20	10	5	6	7	5
Escape/Att. Escape	22	4	1	1	1	1	2	1
Other	10	2	2	1	3	3	3	2
Unknown	8	2	0	0	0	0	0	0
TOTAL	542		198		105		137	

Table 6 depicts Windsor Prison intake in terms of the four age groups, and shows a rather similar proportion of property and violent offenses for all ages except the 49 and over group. Property crimes are the dominant factor at 52%.

Violent crime is still a significant factor at one-fifth, but this figure is low considering one's expectation for the population of a maximum security prison.

Table 6: Offense Breakdown By Age Groups
(Windsor Only), FY '71

Offense Type	26 and Under		27-37		38-48		49 and Over		Total	
	N	%	N	%	N	%	N	%	N	%
	Crimes of Violence	22	17	19	25	8	35	1	8	50
Property Crimes	71	53	43	55	11	49	3	25	128	53
Sex Crimes	2	2	1	1	0	0	1	8	4	2
Motor Vehicle	8	6	1	1	0	0	1	8	10	4
Intoxication	0	0	0	0	0	0	0	0	0	0
Disorderly Conduct	0	0	0	0	0	0	0	0	0	0
Regulatory Crimes	0	0	1	1	0	0	0	0	1	0
Drug Offenses	7	5	1	1	1	4	1	8	10	4
Contempt of Court	0	0	0	0	0	0	1	8	1	0
Probation/Parole Viol.	6	5	12	15	1	4	3	25	22	9
Escape/Att. Escape	10	8	1	1	1	4	0	0	12	5
Other	5	4	0	0	1	4	1	8	7	3
TOTAL	131		79		23		12		245	

Looking more closely at the 26 and under age groups in Table 7, the similarity of offense patterns at the Prison and St. Albans becomes apparent. The percentage of crimes of violence by the 26 and under age group is the same for both institutions.

Table 7: Offense Breakdown By Institutions
(26 and Under Only), FY '71

Offense Type	Community Correctional Centers Sentenced		St. Albans		Windsor Prison	
	N	%	N	%	N	%
	Crimes of Violence	34	13	21	17	22
Property Crimes	44	17	47	40	71	53
Sex Crimes	2	1	3	2	2	2
Motor Vehicle Crimes	62	25	14	11	8	6
Intoxication	42	16	0	0	0	0
Disorderly Conduct	10	4	1	1	0	0
Regulatory Crimes	20	8	2	2	0	0
Drug Offenses	8	3	10	8	7	5
Contempt of Court	2	1	0	0	0	0
Probation/Parole Viol.	14	6	14	11	6	5
Escape/Att. Escape	6	2	6	5	10	6
Other	4	2	0	0	5	4
Unknown	4	2	4	3	0	0
TOTAL	252		122		131	

C. Education

As shown in Table 8, the large majority of the institutional intake consists of people who lack a high school education, with about 1/3 recorded as having had no high school. Table 8 and Figure 3 also show the education levels at the institutions as reported by the inmates.

Table 8: Stated Educational Levels At Intake, FY '71

Grades Completed	Lakeside		St. Albans		Correctional Center, Burl.*		Vt. St. Prison		Total**	
	N	%	N	%	N	%	N	%	N	%
1 to 6	0	0	5	4	7	5	10	4	15	4
Less than 9	1	3	37	30	37	28	87	26	125	31
Less than 12	21	58	94	76	88	66	178	73	293	73
12	13	36	14	11	33	25	50	21	77	19
Over 12	2	5	2	2	11	8	14	6	18	4
Unknown	1	1	13	11	1	1	1	0	15	4

* 30 day sample

** Excluding Community Correctional Centers

D. Skill Levels

The findings from Table 9 support and complement the data in Table 8 (education). Low education levels combined with a predominance of unskilled and unemployed occupational classifications is a significant indicator for correctional planning. The unskilled and unemployed make up between 1/3 and 2/3 of the admissions at each of the institutions.

Table 9: Occupational Skill Levels By Institution, FY '71

Institution		U	S	1	2	3	4	5	6	Unknown	Total
Lakeside	N	13	10	6	2	5	1	0	0	0	37
	%	35	27	16	5	14	3	0	0	0	
St. Albans Treatment	N	1	9	10	2	2	1	0	0	1	26
	%	4	35	38	8	8	4	0	0	4	
St. Albans Diagnostic	N	0	15	42	6	10	0	1	2	21	97
	%	0	16	43	6	10	0	1	2	22	
Windsor Prison*	N	8	14	195	93	112	3	4	5	16	450
	%	2	3	43	21	25	1	1	1	4	
Correctional Centers	N	122	22	256	22	136	6	0	10	4	578
	%	21	4	44	4	24	1	0	2	1	

* Random sample

Column Headings:

U = Unemployed	3 = Skilled Labor
S = Student	4 = Sales & Clerical
1 = Unskilled Labor	5 = Small Business
2 = Semiskilled Labor	6 = Semiprofessional

E. Intoxication and Motor Vehicle Offenses

Tables 10 and 11 give further insight into two offense types that constitute a high percentage of correctional center sentenced admissions. Intoxication commitments, in spite of the short average sentence (12 days), account for nearly 20% of sentenced man days. At Rutland and St. Johnsbury, they constitute 1/3 of the sentenced man days. Another 1/5 of the man days at the centers is taken up by motor vehicle offenses which at Burlington make up the high percentage of 47.6% of sentenced man days.

Table 10: Man Days and Percent Of Total Sentenced Man Days For Motor Vehicle and Intoxication Offenders, Correctional Centers, FY '71

Offense	Woodstock		Burlington		Rutland		St. Johnsbury		Total	
	N	%	N	%	N	%	N	%	N	%
Motor Vehicle	411	8.2	1059	47.6	567	29.2	258	14.2	2295	20.7
Intoxication	819	16.4	40	1.8	691	35.6	493	27.2	2043	18.4
TOTAL	1230	24.6	1099	49.4	1258	64.7	751	41.4	4338	39.1

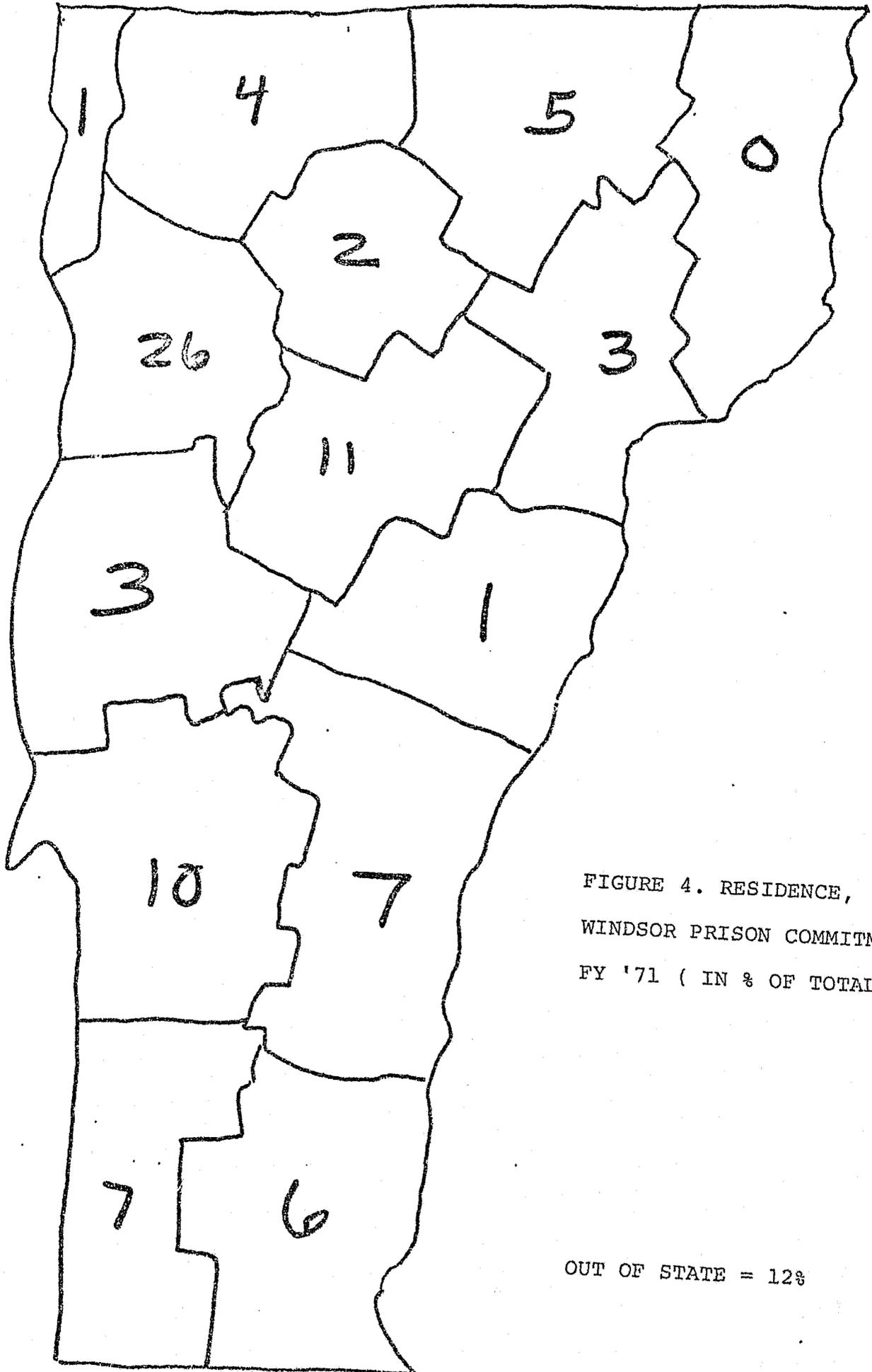


FIGURE 4. RESIDENCE,
WINDSOR PRISON COMMITMENTS,
FY '71 (IN % OF TOTAL)

OUT OF STATE = 12%

Table 11 compares the intoxication offender with the Community Correctional Center sentenced population as a whole. Note that the age of this group is 10 years greater than the average for all offenses and that only 14% of the under 21 commitments are for intoxication.

Table 11: Comparison of Intoxication Sentenced Commitments With All Sentenced Commitments at Community Correctional Centers, FY '71

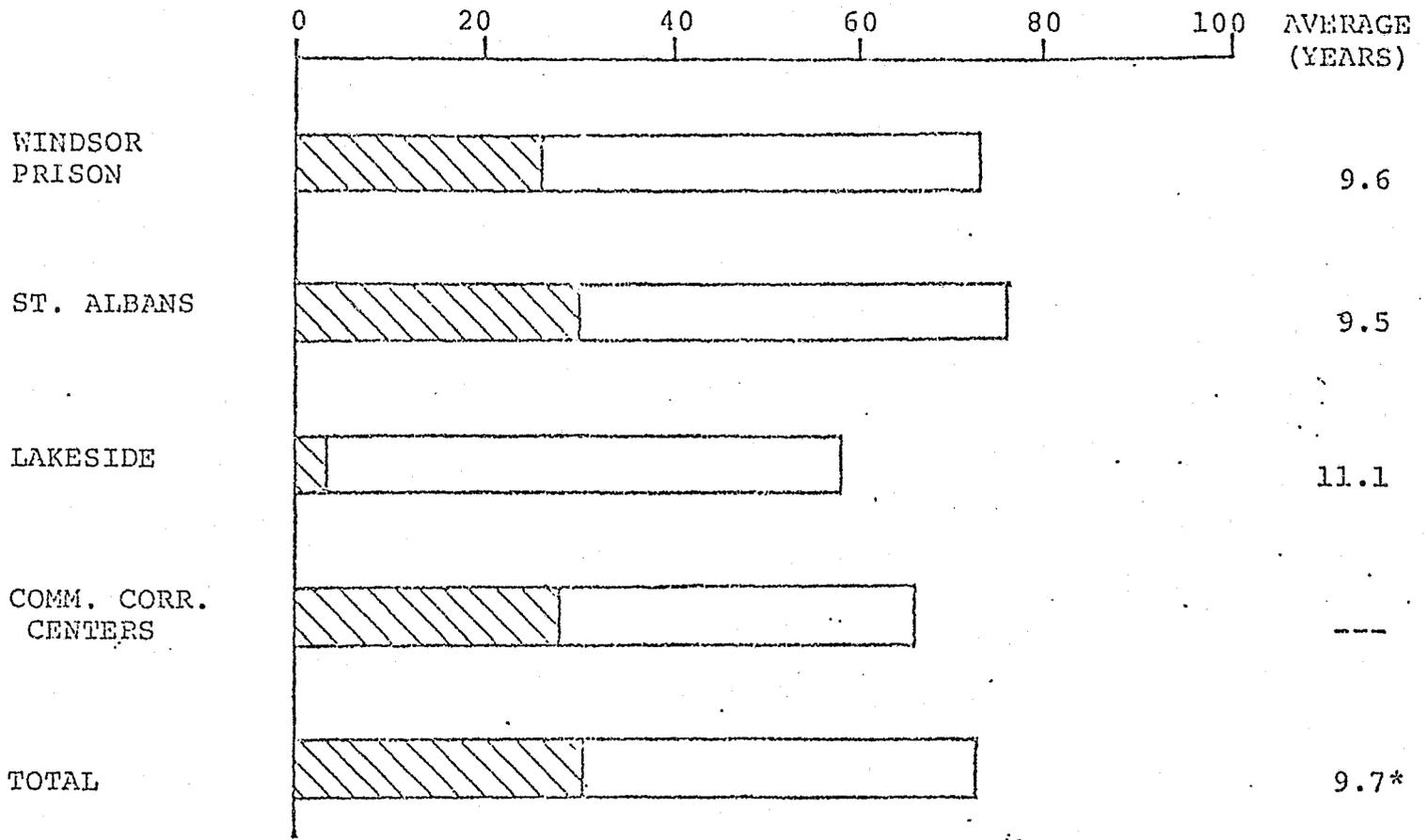
	Average Age At Commitment	Under 21		Length of Stay: Range For Intox.		Number of Admissions		
		N	%	Low	High	N	%	
								(days)
<u>St. Johnsbury</u>								
Intox.	40.3	3	10	3	44	34	32	
All Sent.	30.5	22	22			102	100	
<u>Rutland</u>								
Intox.	40.5	22	23	1	34	96	58	
All Sent.	36.0	41	25			162	100	
<u>Woodstock</u>								
Intox.	49.9	0	0	2	51	46	26	
All Sent.	33.7	32	16			198	100	
<u>Burlington</u>								
Intox.	56.0	0	0	10	10	4	2	
All Sent.	34.1	13	11			116	100	
<u>All Centers</u>								
Intox.	43.3	25	14	1	51	180	31	
All Sent.	33.8	108	18			578	100	

F. Residence

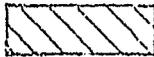
As demonstrated in Figure 4, 26% of the persons committed to the Prison resided in Chittenden County. Another 21% were from the five immediately neighboring counties, for a total of 47%.

Table 12 shows the number and percent of offenders admitted to all institutions in fiscal year 1971, and reveals a pattern similar to that of the Prison above.

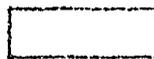
FIGURE 3., YEARS OF SCHOOL COMPLETED
BY INMATES, FY '71



KEY



LESS THAN 9 YEARS OF SCHCOL COMPLETED



MORE THAN 9 AND LESS THAN 12 YEARS OF SCHCOL COMPLETED

*

EXCLUDING COMM. CORR. CENTERS

Table 12: Institutional Intake By County of Residence,
All Institutions, FY '71

County	Correctional Centers		Windsor Prison		St. Albans		Lakeside		Sentenced Only		Total Commitments	
	N	%	N	%	N	%	N	%	N	%	N	%
Addison	56	2	8	3	5	4	1	3	26	3	70	2
Ferrington	148	4	18	7	14	11	3	8	69	7	183	5
Caledonia	109	3	7	3	5	4	2	5	16	2	122	3
Chittenden	748	22	63	26	21	17	11	30	171	17	843	23
Essex	14	0	0	0	0	0	1	3	1	0	15	0
Franklin	49	1	11	4	7	6	0	0	30	3	66	2
Grand Isle	12	0	2	1	0	0	0	0	4	0	14	0
Lamoille	52	2	6	2	3	2	1	3	18	2	62	2
Orange	80	2	3	1	3	2	0	0	28	3	86	2
Oriens	62	2	12	5	8	7	1	3	29	3	83	2
Rutland	562	19	25	10	11	9	1	3	131	13	599	16
Washington	232	7	28	11	13	11	7	19	134	14	280	7
Windham	202	6	14	6	11	9	5	13	126	13	232	6
Windsor	342	10	18	7	9	7	2	5	73	7	371	10
Out of State	636	19	30	12	13	11	2	5	127	13	681	18
Not Listed	28	1	0	0	0	0	0	0	0	0	28	1
TOTAL	3330		245		123		37		983		3735	

G. Assignment of Institutional Population

The institutional assignment of an offender follows a chain of events that is difficult to assess, commencing with arrest and extending through prosecution, plea bargaining, conviction, and sentencing. At each point in this process, decisions are made which affect the ultimate assignment of the Department's institutional population by the courts. The natures of legally equivalent offenses and community attitudes toward those offenses may vary greatly.

Each of these events has a different impact on arrest, charge, eventual sentence, and facility assignment, and when coupled with present minimum sentence statutes, adversely affects the Department's ability to develop rational plans for the effective assignment to, and use of, facilities.

In depth studies of the impact of each of the variables involved must be undertaken in order to assess their program implications for individual prisoners.

Table 13: Distribution of Commitments To Institutions By Court, FY '71

Unit	Court	Correctional Centers Sentenced		Windsor Prison		St. Albans Treatment		St. Albans Diagnostic		Lakeside		All Sentenced
		N	%	N	%	N	%	N	%	N	%	
1	Bennington	38	47	21	26	3	4	15	19	4	2	81
1	Rutland	122	73	34	20	1	1	10	6	1	1	168
2	Addison	6	25	8	33	2	8	6	25	2	8	24
2	Chittenden	88	48	62	34	6	3	15	8	12	7	183
3	Franklin	16		14		4		7		0		41
3	Grand Isle	2	42	0	34	0	6	1	16	0	1	3
3	Lamoille	10		9		0		3		1		23
4	Caledonia	8		11		0		6		1		26
4	Essex	0	52	0	29	0	2	0	13	0	5	0
4	Orleans	24		7		1		2		2		36
5	Orange	2	14	4	29	1	7	5	36	2	14	14
5	Washington	98	68	21	15	3	2	16	11	6	4	144
6	Windham	102	76	15	11	5	4	7	5	6	4	135
6	Windsor	58	62	31	33	0	0	4	4	0	0	93
	Other Courts	4	33	8	67	0	0	0	0	0	0	12

H. Methods of Release

The importance of community programs, with correctional centers as the core, has been emphasized by both the Legislature and the Department. It is important to note that in addition to those offenders sentenced directly to the centers, a large majority who are committed elsewhere are eventually transferred to a center for programming.

This is demonstrated in Figure 5, which shows all releases from Windsor Prison in fiscal year 1971. 155 inmates were transferred to the centers several months prior to parole consideration for involvement in work and educational release, and other community based programs. Here they had to demonstrate their ability to function responsibly in regular contact with the community, before being considered for parole. Only 13% had to be removed from community programs and returned to the Prison.

In addition to the 155, another 35 inmates were granted conditional pardon or parole while still at the Prison, and were then transferred for up to one month to allow for development of specific residence and work plans before actual release. Only 5% of the men who left Windsor were discharged without

FIGURE 5. WINDSOR RELEASES, FY '71
METHODS OF RELEASE

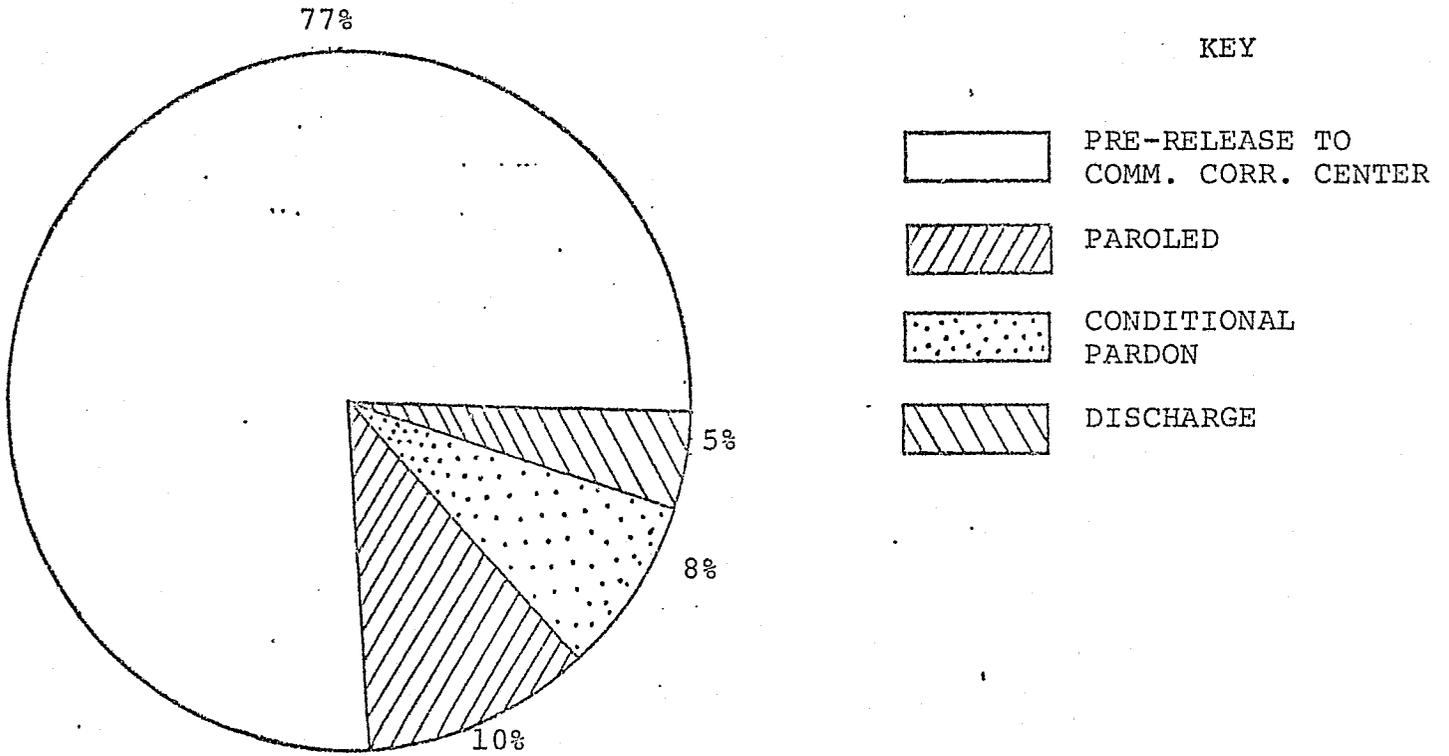
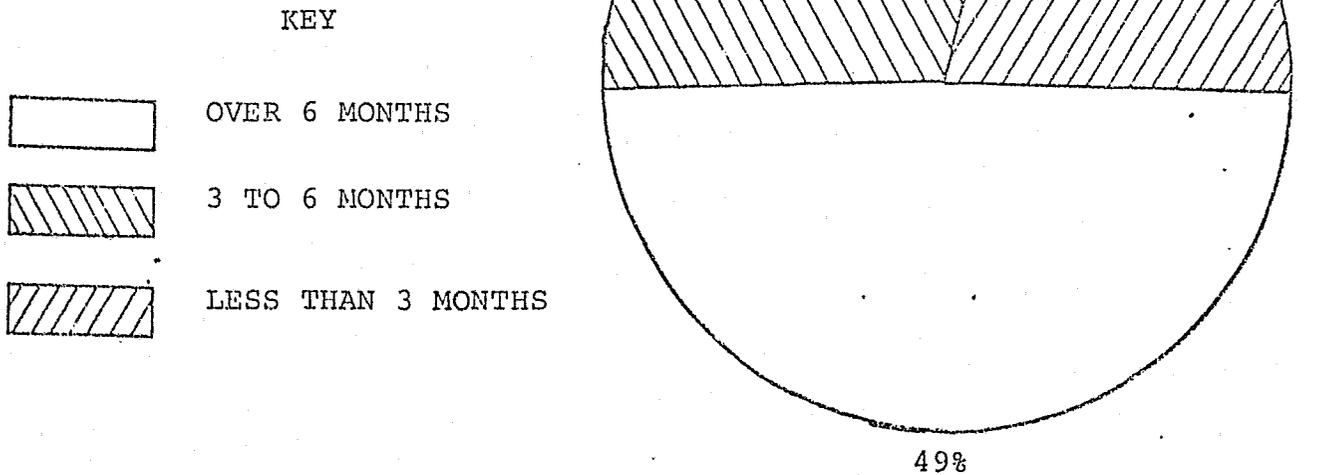


FIGURE 6. WINDSOR RELEASES, FY '71
AMOUNT OF SENTENCE SERVED
AT WINDSOR



benefit of correctional center preparation.

All inmates at Windsor have been committed on terms of at least one year. The fact that 51% of the inmates released from Windsor remained there for six months or less of their sentence, as shown in Figure 6, demonstrates the impact of the community correctional center program on the function of the state prison.

I. Summary

The characteristics of the motor vehicle and intoxication offender have been described above. Specific recommendations for these groups are presented later in this report. The rest of the populations at each of the institutions have relatively similar profiles. This is demonstrated by the data presented above relating to age, type of offense, education, skills, and residence. The profiles of the Windsor and St. Albans populations are particularly close.

Population characteristics indicate that the general types of program can be similar. On the other hand, characteristics of individuals within the population vary greatly. This, therefore, suggests the development of a unified correctional system capable of dealing with individual needs.

V. THE VERMONT CORRECTIONAL SYSTEM

A. Population Trends

The average daily population of the adult correctional system today is approximately 2,000. About 350 of these are in institutions, and the remainder on probation or parole. Any one of a number of factors can change growth rates one way or the other, such as: changes in the law or social patterns (e.g. drug usage); variations in

practice between different units of the criminal justice system, such as improved law enforcement and rehabilitation, sentencing practices or bail procedure; and lack of control over intake into the correctional system.

The F.B.I. Crime Index for Vermont rose 120% between 1961 and 1970. It went from 1,027 per 100,000 population in 1969 to 1,269 per 100,000 in 1970, a rise of 24% in one year. Nationally, the number of arrests for serious crimes in rural areas rose 16% from 1969 to 1970. In the same period, the total number of convictions in Vermont rose 24% and penal commitments by Vermont courts rose 27%.

In the period 1970 to 1971, according to the Vermont Criminal Index, total commitments rose 11% and community correctional center commitments went up 13%. Over the same length of time, we experienced a 26% climb in the number of cases assigned to the Division of Probation and Parole.

In the three years between 1968 and 1971, both the probation and parole caseload and the average institutional population in Vermont grew 32%, or just under 10% per year. During the last twelve months, the average community correctional center sentenced population climbed 37%. At several times during the last year each of the correctional centers, except Woodstock, have been filled to over its operating capacity.

All these factors bear on the future demand for correctional services. Furthermore, the Vermont State

Planning Office expects a 2.7% per year increase in the state's population, and with this increase, criminal activity can also be expected to rise:

In view of this Vermont and national experience, we must be prepared for a large increase of admittedly uncertain dimensions in the correctional population over the next five years. An annual increase of only 15% would double the corrections population in that time.

A careful review of the characteristics of the current institutional population has shown that approximately 115 of these individuals ought to be in a central facility of the type proposed later in this report. Should Vermont experience a continuation of the recent institutional population trends, by the time this central facility could be completed, the demand for its services would already have been slightly exceeded. This excess demand would be offset by proposed changes in the handling of intoxication offenders and the use of local lockups, which would leave more available space at the community correctional centers. Any excess demand at the central facility would be met by transfers to various levels of the improved community based programs.

B. Financing The System

Vermont will have to determine how to cope with the increase expected. Hard decisions will have to be made as to where and how resources will be applied to meet expected requirements.

As a general rule, operational costs rise in accordance

with the degree of custody and confinement. Normally the cost of maintaining a prisoner in a closed, maximum security institution is 20 to 25 times that of supervising a person on probation or parole. The difference is much less striking when institutions and facilities with a lesser degree of security and control are utilized. This pattern holds true in Vermont. The cost of maintaining an inmate at the Vermont State Prison is at present over \$9,000 per year. Persons in the Lakeside Residential Center, undergoing intensive therapy, can be programmed for more than \$1,000 below this figure, and at the community correctional centers more than \$2,000 less. This does not take into account funds returned to the state through inmate payment of room and board, taxes, and family support, made possible by the work release program.

Those offenders who are suitable for placement in a halfway house or group home can be maintained at a cost of \$2,000 to \$4,000 per year, depending on the type of program, and an offender on probation or parole can be supervised at a cost of less than \$400 per year.

C. Present Programs

Under the Vermont legal framework, all correctional programs are within a single administrative structure, and not fragmented as in many other jurisdictions. The Department of Corrections is required to provide presentence investigations in all felony convictions; to have the capability to provide intensive diagnostic services for persons between 16 and 27 on request of the courts;

to offer detention and rehabilitation programs; and to provide for probation, work release, and parole. A proposed criminal code revision would allow all commitments to be made to the Commissioner of Corrections, which would allow flexibility of placement within the system.

Both the legal framework and Vermont correctional philosophy point toward development of a pragmatic structure which will enable offenders to become law-abiding and contributing members of the community, through the creative use of staff and resources, assisted by the processes and methods of planning.

Direct Services To Offenders

1. Vermont State Prison

The Prison at Windsor is a complete maximum security institution. Except for a selected number of offenders between the age of 16 and 27, all persons sentenced to a term with a minimum of more than one year are committed to that facility. The basic program is internal and operates with traditional correctional approaches. The major emphasis is on custody due to the limitations of the facility. Subject to these limitations, efforts are made to provide educational, religious, recreational, and other services, including individual and group counseling.

Under a Department policy bulletin issued early in 1970, a process was established by which an inmate could be transferred from the Prison to the community correctional centers to provide them with a meaningful incentive

to change and to allow phased return to the community, as opposed to abrupt release. Transfer is effected an average of four months prior to parole consideration and is primarily based on behavior, degree of custody required and time remaining on the sentence to be served.

2. St. Albans Correctional Facility

In recognition of a long standing need for special treatment of certain youthful offenders, the Vermont Legislature appropriated funds to establish the St. Albans Correctional Facility. Operations were initiated in 1970 with intensive diagnostic and treatment services for an average of 35 young offenders. By law the Facility serves youths between the ages of 16 and 27, in two different categories: those sent by the courts for professional evaluation prior to sentencing, and those committed for treatment.

The program is based on the concept of the therapeutic community, a method adopted because of its effectiveness in the mental health field. This is an approach which uses the daily contact between staff and inmates as a primary medium for therapy and behavior change, with emphasis on intensive group interaction. Staff teams are assigned to groups of inmates, and inmates are required to assist in planning and carrying out their individual programs.

3. Community Correctional Centers

Four community correctional centers were established on April 1, 1969, at the former county jail facilities

in Burlington, Rutland, St. Johnsbury, and Woodstock. Some of the remaining county jails have been kept open to serve as short term lockups for prisoners awaiting initial arraignment.

Correctional centers were intended to serve four general purposes: (1) detention, (2) rehabilitation of offenders with terms of one year or less, (3) prerelease adjustment services for inmates of the Vermont State Prison and the St. Albans Correctional Facility, and (4) coordinating points for parolees and probationers.

One goal of detention is to provide security, humane treatment and appropriate services for those awaiting trial or sentence and for whom bail is not available. Those in detention status can be involved in only those aspects of center programs that can be conducted internally. Total treatment is based on the presumption of involvement in both the internal and external communities.

Those offenders committed from the courts, or transferred from the Prison and St. Albans Correctional Facility can be involved in a variety of community programs, including vocational training, education, work release, and group and individual counseling.

The centers maintain a substantial work release program. Of special interest is the fact that total inmate earnings have averaged over \$100,000 annually since the program was initiated in June, 1969. Approximately 60% of those annual earnings were applied to room and board, family support, and federal and state taxes. Participants

are also required to make payments on personal debts and accumulate savings sufficient to meet their needs when released.

Treatment, classification, and program planning is accomplished by an inter-departmental team. This team is made up of the center superintendent, probation and parole supervisor, and representatives of other agencies operating in the area, such as community mental health agencies, Vocational Rehabilitation, Alcoholic Rehabilitation, and Employment Security. A parole officer acts as coordinator and supervises implementation of the plan.

4. Probation and Parole

Probation is the most frequently used rehabilitation alternative for offenders entering the correctional system. During the 1968-1970 biennium, 2,584 new probation cases and 327 new parole cases were assigned. Probation officers are also required to perform presentence investigations for the courts on all felony cases, and serious misdemeanor cases when specifically ordered by the court. The same officers who deal with probation and presentence functions also serve as parole officers. Each sentenced offender at a correctional center is assigned to the caseload of a probation and parole officer, who monitors all the community release aspects of his programs and advises the inter-departmental team as to his conduct and progress.

5. Female Offenders

Women, whether sentenced or in detention, are housed

at the Woodstock Community Correctional Center. Those with longer sentences (usually more than one year) are sent to out of state facilities. Women at Woodstock have access to all center programs, including work release, but opportunities for community programming are extremely limited.

The average of about 100 women on probation throughout the state are supervised by five female officers in the Probation and Parole Division.

6. Mentally Ill Offenders

For disturbed offenders whose situation is not severe, treatment is usually provided at correctional facilities. At the community correctional centers this is normally accomplished in coordination with community mental health services. The more seriously disturbed offenders are transferred to the Vermont State Hospital, where a special housing unit was recently constructed.

7. Alcohol and Drug Offenders

The severity of problems involving alcohol abuse has been referred to previously in this report. While data involving the newer problem of drug abuse is not as clear, a recent census of youthful offenders and juveniles on probation revealed that approximately 1/3 of that group had a problem related to drugs.

The Alcoholic Rehabilitation Board has long been involved with corrections and has provided access to traditional programs such as individual counseling and Alcoholics Anonymous. The Board also operates a halfway house in Burlington, to which a few offenders are referred.

Drug and alcohol abusers committed to the correctional centers are taken to local hospitals for medical detoxification when there is a crisis situation. These offenders have access to all center resources but there are no other services specifically designed for them.

The Department operates Lakeside Center in Burlington as a residential treatment facility for drug and alcohol offenders between the ages of 16 and 21 who are on probation. The basic treatment technique is intensive group therapy of a participative, encountering nature, based on the belief that rehabilitation can be effected through development of realistic and appropriate self-concepts.

Finally, two probation officers are assigned to "Project CRASH", a federally funded inter-agency program designed to deal with the problems of the drinking driver.

Supporting Services

Treatment programs are currently being supported by staff training, extra-departmental liaison activities, planning studies, and program evaluations.

All correctional officers in the Department are enrolled in a five phase training program funded by the U.S. Department of Justice. Designed to provide new counseling skills, this training will enable some officers to enter counseling positions.

Community correctional center officers and probation officers have participated in several joint training programs. Educational requirements for probation officers

have been upgraded. 60% now have a college degree compared with 1/3 two years ago.

Cooperative efforts with other departments, as well as citizen groups, are being conducted at several levels. Areas of coordination have included treatment and classification at correctional centers, vocational training, a halfway house in Bennington, and planning for a group home in Brattleboro.

A Division of Research and Program Evaluation has been established within the Department. This Division is working to build an objective data base and to establish criteria for objectively evaluating program impact. Electronic data processing for collection, storage, retrieval of data is now in its initial stages. The means for case auditing and evaluation procedures for all new treatment programs are being developed.

VI. FRAMEWORK FOR DEVELOPMENT

A. The Correctional Continuum

The traditional closed institution has a consistent record of failure over the last 200 years. With increasing caseloads and steadily rising costs, Vermont cannot afford programs that are proven failures and will only become more wasteful of money and human potential. There is clearly a need to deal with offenders as close to the community as is advisable in each case, but we need new institutional approaches for those who must be isolated.

For this we need to direct our efforts towards developing a fully integrated correctional system. Such a system must not only encompass the traditional elements

of the correctional process, from detention through probation, to institutionalization and parole, but also be closely tied to non-correctional programs, prevention efforts, and the entire spectrum of criminal justice.

The concept involved here can be described as a continuum of services. Briefly stated, this means a series of appropriate programs applied in sequence as an offender enters the criminal justice system and proceeds toward rehabilitation and community reintegration. Barriers between the criminal justice agencies must be consciously minimized. This also applies to departments and agencies that border on or interact with the criminal justice system.

Offenders must be placed in the right programs at the right point in their treatment. The total program for an offender is planned and continuous, rather than sporadic or an unrelated series of events. Since organizations tend to relate to their internal goals rather than to broad social purposes, achieving such a continuum is difficult. Constant attention must be given to the development and use of Department and community resources, inter-agency cooperation, and improved administration.

If such a continuum of services can be developed, it will be possible to divert some offenders and deal with them outside traditional correctional programs. Corrections can then afford to focus on programs which provide convicted offenders opportunities for self-

improvement through a full range of educational and other services, and to deal with behavior and attitude change by placing responsibility for past and future behavior where it belongs -- on the individual himself.

For maximum effectiveness, it will also be necessary to geographically distribute operating units of the Corrections Department in such a way as to take advantage of programs and resources of all types throughout the State.

B. Correctional System Concepts

Previous sections of this report have dealt with the objectives of the Department of Corrections and the specific and general needs of the offender population. The problems of facilities and how to obtain the greatest return from the money available have been raised. These issues show that Vermont must develop improved capabilities for the delivery of correctional services. In the following paragraphs we have addressed ourselves to the requirements that need to be satisfied in order to do so.

1. Proper diagnosis and evaluation of convicted offenders, both before and after sentencing is fundamental. On conviction, diagnostic evaluation and planning for eventual return to the community ought to be initiated at once. Complete and accurate information must be obtained at every step of the criminal justice process. This is especially important for identifying urgent problems, advising on

court dispositions, and formulating long-range custody and treatment plans. When this investigation can be done close to his home, the offender can maintain his ties with the community, and the Department can take advantage of specialized services already available at the local level, reducing the cost of evaluation.

2. Probation services are central to correctional care. The probation officer is involved in some way with the majority of offenders at almost every stage of corrections. The Probation Division must be able to provide careful analysis and planning for individual cases, and a total program of supervision and services for those on probation. It must provide liaison between the institutions, the courts, a wide range of agencies, and the community.

To be effective, probation officers must have a deep understanding of offenders and their situations, and be highly trained in supervision techniques.

The Division must be able to provide short-term treatment and institutional services for probationers who experience difficulty in adjustment to the community. Hence, institutions should allow for this kind of flexibility and responsiveness.

3. The institutions must provide programs

for detainees and sentenced offenders.

These must include adequate housing, proper health care, and assistance with immediate personal and family problems.

Institutions must offer varying degrees of structure and control and a range of intensity and type in programming, from semi-institutional treatment in halfway houses and group homes to the more structured setting of a central, intensive treatment facility.

The Community Correctional Center program has been extraordinarily successful as a rehabilitative tool. This experience calls for the expansion and fuller development of current approaches. A number of specific areas are important at this time.

The Centers ought to become resource points, on one hand coordinating use of community based programs, and on the other interfacing with centrally located intensive programs to produce continuity in offender treatment. The probation and correctional center staffs have to improve the capability to integrate an offender's program with his original diagnostic evaluation, his actual performance, and his release plan. Diagnostic services must be available for those individuals who have not been previously evaluated. The Community Correctional Center system also has to provide for community based treatment in places

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which are now too distant. One option is to build new centers; another is to set up special small units, such as pre-release centers or halfway houses, as needed.

Particular segments of the correctional population need extended specialized treatment, such as drug, alcohol, or mental therapy. Special programs will need to be designed or further developed. The Department might establish small special purpose units similar to the Lakeside Center to be operated as adjuncts to the Community Correctional Centers. Some individuals should be placed in non-correctional programs. Local endeavors must be encouraged and supported.

A new and comprehensive correctional facility must be constructed to replace the Vermont State Prison. This new facility should be different from the Prison in design, size, and concept. It will have to provide for the close confinement of those who are dangerous or who otherwise require maximum security. Its primary mission, however, should be to prepare the great majority of inmates who can be rehabilitated for movement into the Community Correctional Centers where integration and rehabilitation can begin to take place.

4. The Board of Parole should be able to consider a person for release as soon as it determines he is ready. The decision to parole must be based on a progressive record of achievement by the individual and demonstrated ability to function acceptably in the community. Parolees must be afforded both extensive assistance and control during the period of readjustment to society. Since parole and probation services are provided by the same people, the observations made on probation services regarding case planning, supervision, liaison, and staff qualifications are also relevant to parole services.

C. System Proposal

With the goal of providing a continuum of correctional services, the Department has developed a plan of operation to meet the requirements set out in the last section.

At this time the primary operating units of the Department of Corrections are the Prison, the Community Correctional Centers, the Division of Probation and Parole, and the St. Albans Youthful Offenders' Facility. The widest gap in the continuum of services is the lack of a flexible and comprehensive intensive treatment facility designed to deal with offenders who, for one reason or another, cannot be treated in community programs. Windsor Prison is not suitable for this. It was built

for custodial purposes, and its physical condition and design make supervision extremely difficult. There is a capable and dedicated staff at the Prison but their efforts cannot be expected to succeed in an institution that was designed purely for custody and control. Social integration does not come about by making an individual adjust to a closed institution, but by helping him readjust to the outside community where he will have to live.

The proposed new central facility should be able to provide appropriate degrees of custody, but its primary mission should be the diagnosis, classification, and the treatment needed to move people toward the community where rehabilitation can actually occur as soon as they are ready.

The treatment model proposed for the central facility is the "therapeutic community." This model, which emphasizes improvement of unacceptable attitudes and behavior, is being used successfully at St. Albans and other institutions around the nation. It is especially suitable in a facility which is limited to the more serious offenders. Granting of privileges and movement toward less control, transfer to a correctional center, and eventual parole will be determined by the progress made by each individual. Transfer to a correctional center for involvement in community programs will be based primarily on achievement and not on time served or custody status.

It is essential that we operate an institution that will maintain human dignity and offer a full program of

work, education, and therapy which will permit maximum worthwhile use of the inmate's time, promote constructive behavior, and avoid idleness. The facility should have an expanded capacity to perform diagnosis for inmates who have not been evaluated before sentencing or who need reassessment during treatment, both from its own population and from other facilities. Intensive professional diagnosis should not be limited to the offenders under 27. It ought to be large enough to afford the services required and to use staff efficiently, yet small enough for individualized treatment.

Even a central facility can reach out to the community and involve volunteers and civic groups. It should not try to be a completely self-reliant closed community, but make maximum use of medical, psychiatric, university and other resources locally available. An example would be the use of student interns. Instead of establishing completely internal inmate organizations, community groups, such as Jaycees, should be encouraged to work with institution staff to set up joint programs. This would not only permit better identification of inmates with the community (rather than other inmates), but also increase public understanding, open job opportunities for inmates, and enhance their acceptance in the community.

A central facility, no matter how good or how necessary, cannot do the entire job. It can provide diagnosis and observation to measure the benefit and risk of each program for a given offender. It can develop the types of behavior and self-control needed in less

structured settings for those who lack it, but the primary task of a central treatment facility is to prepare men to benefit from the system's key segment, the Community Correctional Centers. The continuum model for corrections calls for some way to bridge the gap between intensive treatment and readjustment to the community. The offender must be brought to the point where his success depends on his own effort to adjust, where actual participation in community life once again becomes the focus of his daily existence. The Community Correctional Centers provide this bridge. Their facilities and organization give them the flexibility to place the offender at the greatest level of community involvement he is ready for without abruptly putting unprepared men on the street.

This central facility should be flexible enough to provide short-term housing and intensive treatment on an in-patient or out-patient basis to assist the Community Correctional Centers. That is, it should be a Community Correctional Center resource for special services such as observation, testing, and special vocational classes. The central facility should adopt treatment methods used in community based programs that are compatible with other requirements. For example, inmates could be involved in community betterment projects and in other community activities under direct staff supervision, preparatory to moving into a less rigid setting. The strategy of the centers is increasing involvement in the community as the individual demonstrates increasing responsibility. Counseling and other treatment are focused on the problems connected with this community placement.

Maximum use is made of placement in existing community programs such as manpower training or vocational and academic training. Under the work release program, individuals are able to contribute toward their room and board, pay taxes, help support their families, and defray other state incurred costs of their treatment. Possibly, this is the largest step an inmate can take on the road to self-reliance. It may even be the first time he has had the opportunity and support he needed to hold a decent job.

The Community Correctional Centers are not expected to house and treat the more difficult type of offender or the long termer. That would detract from treatment of those who have already demonstrated definite ability to change their behavior. It would also increase staff requirements out of proportion with the added population.

With full implementation, including expansion into areas of the state not now served, the Community Correctional Centers can effectively serve as focal points for delivery of available resources, correctional and non-correctional. By giving primary emphasis to programs at the community level they can focus the efforts of the many agencies and people willing to provide services.

Full development of the community corrections concept can not be carried out in the existing facilities. They were constructed as jails where prisoners could be "warehoused" and except for Woodstock are not functionally suited, in either design or capacity, for the programs now planned or in operation.

The Burlington facility has been appropriately described

as "beyond correctional salvation." In its physical conditions and the lack of exercise and program space, it is even less suitable for correctional purposes than the Windsor Prison. Its replacement should be a matter of top priority. The Department's population projections and program requirements indicate that the state should begin a program of expansion of the Community Correctional Center system, including eventual replacement of the Rutland and St. Johnsbury Centers, and additional centers in new areas.

An in-depth prototype treatment plan for a new Burlington Center has been developed by the Department, emphasizing use of agencies and services available in that area. This prototype can easily be adapted to properly designed facilities in other areas of the state. Many agencies are eager to begin new programs at the Community Correctional Centers, or to expand their current efforts, but are frustrated by the lack of appropriate space. With on-going replacement and expansion of the centers, and concurrent program improvements, the Department will be able to adequately deal with the offenders suited for community based programs.

One of the problems of the centers is the processing of prisoners who are held only a few hours and are then released on bail. They require space and staff time needed for dealing with convicted offenders. Transportation in such cases also hampers law enforcement agencies. The state should help subsidize communities willing to operate short-term holding facilities in locations where distance

and volume indicate. Prisoners should only be held in such lockups until arraigned.

The next logical step when an offender has achieved a good degree of success in work release, schooling, and other structured community involvement is parole. The increasing use of the zero minimum sentence has greatly enhanced the effectiveness of the parole process and ought to be encouraged.

Here again, in keeping with the idea of the correctional continuum, we want to provide for the careful and controlled re-entry of the offender into the community. To extend this philosophy to parole, in-patient and out-patient services should be provided at the centers to parolees (and probationers when needed) to keep the inevitable minor difficulties of readjusting to community life from accumulating and leading to serious problems.

Under present law, inmates earn up to ten days per month for good behavior, which is subtracted from their sentence. Thus, on a two year sentence, an inmate who has no disciplinary problems would serve only 16 months even if he is not paroled. It is well known that hardened offenders generally behave well in institutions and receive the maximum good time credit. Thus, it is our opinion that the community would be better protected and the inmates rehabilitation more certain if such offenders are placed under parole supervision during the period between their good time release and the end of their actual maximum sentence. This would give much greater community

protection with only a slight increase in parole case-load. Legislation proposing the last two changes has been introduced separately.

In order for the correctional system to have any impact upon those committed to it by the courts, a high degree of coordination is required to guide the entire sequence of events from beginning of institutional or probation services to end of community based treatment and supervision. Research, planning, and unified administration are all required.

Research is developing the data base necessary to monitor changes in persons subjected to correctional programming. Information on individuals at entrance and release from programs needs to be combined with regular reports received during the course of treatment to help indicate the precise reasons for eventual success or failure. Follow up data is also necessary in this regard. Adequate information of this type will enable programming decisions to be made with a maximum of confidence.

Careful planning is necessary to allocate the resources corrections has at its disposal to greatest rehabilitative advantage. Accurate assessments of the needs of people in the correctional system can only be made as part of the on-going research effort described above. Projections of future needs, both in terms of space and programs, require specific data from several points in the criminal justice system and sophisticated analysis of these trends.

The efficient coordination of programs ranging from diagnostic through institutional and non-residential services in the community demands a strong emphasis on administrative monitoring, to maintain high standards of both cost and personnel efficiency.

D. Policy Changes

There are several areas where the above proposals will need to be supported and strengthened by an on-going process of planning and implementation of changes in Department policy. It is often cheaper and more efficient to purchase expensive technical or professional services than to invest in permanent staff with the needed qualifications. This is particularly effective where the programs are relatively small and the demand not constant. Volunteers constitute a resource with high potential and should be much more fully developed. The Department has requested funds for a pilot program to use volunteers in all of its operating units.

Corrections alone cannot possibly expect to meet all the needs of offenders. Close coordination and cooperation with other departments and agencies, both public and private, and with the community as well, is essential. Opportunities for such cooperation include, as a minimum, prevention, public education, and development of alternatives to correctional placement. An area where this kind of coordination is especially crucial is drug and alcohol rehabilitation, and the Department of Rehabilitation is a promising partner for such a project.

If the plans presented here are successfully

implemented, we have every expectation of being able to reassign a number of personnel from custodial positions to presently understaffed treatment programs. The Department must provide the kind of training that will enable persons reassigned to effectively carry out their new duties. There should also be a program of cross-training of personnel between units to increase their proficiency and understanding of overall Department practices.

There are other areas for possible action which should be thoroughly investigated in the light of the Department's plans and its research capability, and show definite promise. Some of them are: options for staff reorganization into treatment delivery teams, establishment of regional diagnostic teams for all types of evaluations at the community level, and continuing search for new uses for facilities to meet changing needs.

Whatever Corrections does there are certain factors that have considerable bearing on program development over which the Department has no control. We do not control our intake. In each offender's case, we are dealing with an accomplished fact when we receive him.

"In common with other service delivery systems, such as health, education, and rehabilitation for the handicapped, [the Department of Corrections] period of intervention is rigidly limited by law, custom, and manpower and money resources. It is presented with a problem which it has not caused, for a period which it does not set, and whose solutions often rest primarily outside its spheres of influence."

We have commented at length on the problems connected with commitments of alcoholics and other petty offenders. An immediate effort should be initiated to divert offenders such as alcoholics out of the criminal justice system. Courts and members of the Bar have indicated a need to examine more closely the areas of arrest, bail, and other related practices. We strongly endorse this examination.

To summarize, in the light of an extensive investigation of Vermont corrections, we are making three major proposals as a framework for the operation of the Department. They are intended to implement the legislative policy established in Act No. 24 of the 1966 Legislature.

(1) We need to move away from primary reliance on institutions and divert resources that would be applied to them into areas where the need is much greater.

(2) The use of the Community Correctional Centers should be the focal point for the total correctional program, tying together probation and parole, community programs, and the resources of the central facility.

(3) The Division of Probation and Parole should be strengthened and expanded as the field service arm of the Department to provide improved diagnosis, supervision and coordination of its programs with the Community Correctional Centers.

VII. LEGISLATIVE RECOMMENDATIONS

Based on the needs demonstrated in this report, the Department of Corrections respectfully submits the

recommendations listed below for action to the General Assembly. Other items either do not require legislative action or do not need to be considered at this time. In this paper we have only presented those recommendations which require consideration during the current legislative session.

A. Recommendations

That the State authorize construction of one central facility with comprehensive capability for diagnosis and treatment.

Previous Department plans envisioned the construction of two such central facilities: a medium security "youthful offenders" facility at St. Albans and a maximum security institution at Windsor. An average total population of approximately 260 was planned, with substantial numbers of additional cells and rooms included. If the correctional system we have proposed above can be developed as outlined, a single facility with a capacity of 140 should meet the Department's requirements for the near future. There are substantial savings to be realized in construction and operational costs and a sizeable number of positions could be assigned to other programs, particularly Probation and Parole, which has case-loads that are already too high.

We are not recommending another maximum security prison. In this facility, a separate housing unit of approximately 20 beds would be used for close confinement of the dangerous offender. Other living units would house offenders in diagnosis or who are

not yet prepared for involvement in community-based programs. A few rooms (not more than 20), dispersed among these living units, would have the flexibility for temporary confinement in cases of serious misbehavior or other transient situations.

The therapeutic community treatment model would be utilized with an intensive program of counseling, therapy and vocational and educational training. The primary objective would be to diagnose, treat, and train the offender in preparation for transfer to community-based programs, dependent on his record of achievement.

B. Recommendations

That the State authorize construction of a new Burlington Community Correctional Center.

The need for a new center in Burlington is as pressing as the replacement of the Vermont State Prison. The Burlington facility is in extremely poor condition, and is completely unsuited for the program requirements. A new facility is absolutely essential, to enhance treatment programs and to alleviate the particularly severe conditions of detainees who must now be held in cell blocks without space for recreation, exercise, and other constructive programs.

The Community Correctional Centers are the core units of a modern correctional system. To fully develop the potential of the centers and

avoid further construction of major institutions, the State should begin planning for improvement and replacement of existing centers, and expansion into areas not now served. The new Burlington Correctional Center would program an expanded population, including female offenders.

C. Recommendation

That the State authorize assistance to communities willing to maintain temporary holding facilities (Lockups).

This recommendation is intended to reduce the work load on both Corrections and law enforcement and to relieve population pressure on the Community Correctional Centers.

Any arrangements for assistance would be based on volume and location. The arrangements would be flexible and adjusted with expansion of the Community Correctional Center system.

If this recommendation is approved, an immediate study will begin to determine the suitability of assistance for lockups in Bennington, Brattleboro, Newport, St. Albans, Barre, Hyde Park, and Chelsea. Others will be evaluated as need dictates.

D. Recommendation

That the Legislature give early consideration to the proposed revisions of Title 28, Vermont Statutes Annotated.

The proposed revisions have been under study for

more than two years. Many of the changes are technical and intended to allow the State's correctional functions to be more easily understood and examined. Others are more substantive and will help to give the Department flexibility in developing a comprehensive correctional program.

Changes with the most wide-reaching implications for the Department are:

- Commitment of offenders to the Commissioner of Corrections, rather than to a specific institution.
- Temporary housing and treatment of probationers and parolees at the Community Correctional Centers.
- Parole supervision of persons released on "good time."
- Authorization for continuation of support to certain local lockups.

VIII. SUMMARY

We have examined a continuum of services model for rehabilitation of the criminal offender. It proceeds from detention to evaluation, custody, treatment, social reintegration and final release to the free community, governed by constant review and evaluation of each offender's progress. Then, given the character of Vermont's offender population, we specified a correctional system patterned on this model and described its requirements. Vermont has already gone farther in developing this kind of system than any other state. There remain, however,

a number of obstacles to its full implementation. We believe that this system is feasible for Vermont, and that it is the most economical method of rehabilitation available. This proposal is a hard-headed approach and provides a system design that will cost the State less and do a better job of conserving human resources. We also believe that it is as close to being a model correctional system as is possible today.



END