

**EVALUATION OF THE CLASSIFICATION
DIAGNOSTIC AND TREATMENT CENTER
FINAL REPORT**

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PMS LIMITED

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DIAGNOSTIC AND TREATMENT CENTER
FINAL REPORT**

Contract Report C-206

July 1977

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ACQUISITIONS

Prepared for

Puerto Rico Commission to Combat Crime

PMS Limited with Metametrics
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July 15, 1977

Mr. Adrián Medina
Acting Executive Director
P. R. Crime Commission
G. P. O. Box 1256
San Juan, Puerto Rico 00936

Dear Mr. Medina:

PMS Limited is pleased to submit the Final Report of the evaluation of the Center for Classification, Diagnosis, and Treatment. This report is delivered on schedule according to our Work Plan dated May 9, 1977.

PMS Limited wishes to express sincere appreciation to the Puerto Rico Crime Commission, the Administration of Corrections, and the Center for Classification, Diagnosis and Treatment who fully cooperated and assisted project team members in data collection efforts.

Enclosed are all findings, recommendations and policy alternatives resulting from this major evaluation effort which we anticipate will be of assistance to the Center with regard to policy formulation and program planning.

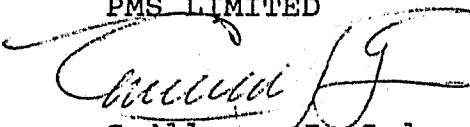
Mr. Adrián Medina
P. R. Crime Commission
July 15, 1977

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Further inquiries concerning report contents
should be directed to our local office.

Yours truly,

PMS LIMITED



Guillermo J. Godreau
President

GJG:mmo

Enclosure

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SECTION I
EXECUTIVE SUMMARY

SECTION I
EXECUTIVE SUMMARY

1.1 INTRODUCTION

For a period of 2 1/2 months ending July 15, 1977 PMS LTD. conducted an intensive evaluation of the Center for Classification, Diagnosis and Treatment. The project team consisted of five persons with expertise in the areas of law, corrections, econometrics, criminology, organizational theory, evaluation design, and applied statistics. The general purpose of the evaluation was to examine Center administrative operations, delivery and utility of Center outputs, and needs and resources relevant to Center functioning within the context of the Commonwealth Criminal Justice System. Major findings and recommendations are also presented in the complete report and in abbreviated form within this section.

The Center has operated for 33 months under the authority of Law 116. Its broad mandate is to provide diagnostic evaluations for decision making by judges, the Parole Board, institutional treatment committee members, and probation and parole officers. These evaluations are performed by social workers and psychologists attached to the Center. Although the law requires evaluations to be performed for very specific classes of people, a moratorium has been in effect since December, 1974 which suspends these blanket requirements for all classes except for those

eligible for parole and those sentenced to confinement. The guidelines of the moratorium have not been observed, however, in that some of those exempted have been seen, and many of those mandated under the law have not been seen.

The evaluation design selected included both quantitative and qualitative components. The former was useful in analyzing case flow patterns, financial data, and other secondary data sources. Qualitative techniques concentrated on both structured and unstructured interviews with Center personnel inmates, judges, the Parole Board member, correctional personnel, and others whose knowledge of the Center assisted the project team in placing its operations in context and perspective. Most of the correctional facilities on the island also were visited in order to aid in assessing the appropriateness and utility of Center outputs.

A clear consensus exists that the Center has not been operating effectively. Among its most serious problems have been personnel turnover, poor interagency communication, and lack of agreement about the contents and utility of its reports.

Major findings and recommendations are summarized in the next two subsections.

1.2 FINDINGS

The following are major findings which have emerged from the comprehensive evaluation effort. For a more complete detail of findings see Section IX of this report.

Major Findings

- o The Center has not been in compliance with the moratorium. They have not refused referrals under sections b, c, d and f of Public Law 116. The Hato Rey Center's consistent policy throughout the moratorium has been to accept all referrals.
- o Pre-sentence evaluations requested by courts are given highest priority and are still being done even though the moratorium relieves the Center of this responsibility.
- o The perception at the Hato Rey Center, but not at the Mayaguez Sub-Center, is that referrals cannot be refused when there is a serious backlog of referrals.
- o Lengthy delay in returning many Center's reports to referral sources has caused:
 - a) a backlog of parole hearings
 - b) classification problems in institutions

- c) probation and parole revocation hearing evaluations which are not done until after revocation hearings have been held, if done at all
- d) perceptions that the Center is inefficient and useless on the part of many correctional workers, thus damaging the credibility of all Center reports
- e) harm to inmates because crucial decisions affecting their lives are delayed
- o The plan to add referrals from Ponce to the Mayaguez Sub-Center will clearly overload the resources of the Mayaguez Sub-Center leading to all the serious systemic problems that evaluation backlogs cause. The Sub-Center does not have the proper resources to cope with additional referrals. Therefore, the shift would result in the development of backlogs and eventually, a lack of credibility among referral sources. The Sub-Center will become a failure if Ponce referrals are transferred from Hato Rey to the Mayaguez Sub-Center.
- o Unfilled Parole Board positions have caused a serious backlog of pending parole hearings which adversely affects the entire correctional system and most importantly, the inmate.

- o Initially Sub-Center and Center personnel were drawn on loan from correctional agencies, primarily probation and parole. This caused serious problems within the correctional system. It disrupted on-going agency procedures, interrupted treatment continuity while failing in its mission of establishing a transition to a successful, on-going Center program.
- o Frequent turnover in Hato Rey Center directorships has caused inconsistent administrative procedures, poor case control, case backlogs and poor staff morale.
- o It is most important that Center directors be skilled administrators and concerned with effective administration first and foremost rather than concerned with accomplishing case evaluations themselves.
- o Hato Rey Center records were inadequate for administrative monitoring of work flow and for proper statistical evaluations of the type of work done.
- o Hato Rey Center intake procedures have been informal and ad hoc.
- o There is no personal communication between Hato Rey Center staff and key users of Center evaluations such as social penal workers, probation officers and parole officers. In contrast the Mayaguez Sub-Center has effective face-to-face communications with probation

and parole officers, but not with social penal workers.

- o Poor communication and coordination between the Hato Rey Center and their referral source agencies produces:
 - a) lack of concern by agencies for scheduling problems at the Center
 - b) hostility and mistrust between the Hato Rey Center and referral source agencies
 - c) perceptions by agency workers that Center evaluations are unrealistic
- o Lack of participation by line correctional workers in professional case discussions increases:
 - a) interagency hostility and communication problems
 - b) rejection of professional evaluations by line workers
 - c) the incidence of unrealistic recommendations by Center staff
- o Participation by line correctional workers in professional case discussions improves:
 - a) interagency communication
 - b) acceptance of professional evaluations by worker

- c) congruence of professional evaluations with programs available
- o Face-to-face consultations by professional workers with correctional workers is the only effective method of developing and implementing professional evaluations and recommendations about offenders.
- o Communication and cooperation between probation and parole officers and intensive treatment unit professional workers is excellent.
- o In contrast to the intensive treatment units, no psychologist or social worker from the Center provides psychotherapy or case work services for problem offenders.
- o Social penal workers in institutions are the key decision makers for imprisoned offenders and their recommendations are much more influential than Center recommendations.
- o The classification of offenders as "drug abusers" by the social penal workers is done without adequately discriminating the type and the extent of drug use.
- o Parole Board policy currently requires most "drug abusers" to participate in institutional treatment programs followed by a residential community treatment program prior to parole.

- o The most frequent programs present in institutions are religious services, a library and sports. The least frequent programs are volunteer services, psychological services and alcoholic treatment. Rehabilitation programs are lacking in institutions.
- o Center evaluations are generally not useful to institutions for rehabilitation planning because of the paucity of rehabilitation programs and lack of interagency communication.
- o Center evaluations are useful to institutions for security classification decisions because they identify personality and behavior problems relevant to security problems.
- o Center recommendations can be used by institutions and agencies as a convenient place to put the blame when case decisions later prove to be incorrect.
- o Social penal workers provide only limited direct formal or informal counseling for inmates.
- o Social penal workers appear to be adequately trained; however, they are reluctant to provide direct counseling services.
- o Probation has had very high success with low revocation of probation rates.
- o Parole has had very high success with low revocation of parole rates, with exception of 1976, where success was less, but well above average.

- o Parole Board members use Center evaluations primarily as an aid in estimating risk of future offenses by offenders.
- o Use of Hato Rey Center evaluations by probation officers is nil. Perception of the Hato Rey Center by these officers is very negative. In contrast, use of the Mayaguez Sub-Center by probation officers has been high, and their perception of the Sub-Center positive.
- o Parole officers are the line correctional workers with the most frequent access to Center evaluations for the persons they work with.
- o From 1975 through 1977 Corrections allocated approximately \$200,000 more in their functional budgets for Center operations than was actually expended in those fiscal years.
- o The major cost item for the Center is salaries. Consequently, as production of evaluations goes up, cost per evaluation decreases. There is an obvious limit to such cost savings since, if production increases too much, quality of evaluations suffer.
- o Cost per completed case has remained fairly constant over the past 2 1/2 years.
- o Staff sizes of Center and Sub-Center personnel have not changed greatly over the past 2 1/2 years.

- o Monthly salaries for Center personnel have increased very little over the past 2 1/2 years.
- o The Mayaguez Sub-Center has completed significantly more cases per professional staff than the Hato Rey Center over the past 2 1/2 years.
- o A full-time psychologist costs the Center approximately \$5 an hour in salary and fringe benefits. Part-time psychologists are retained at \$20.00 an hour.
- o Lack of funding for educational purposes and lack of formal training for Center personnel has contributed to:
 - a) unrealistic recommendations because of lack of knowledge of programs
 - b) Stifling of professional growth and reduction of professional competence below what it could be
 - c) less useful Center evaluations
- o The maximum security environment and the lack of privacy for interviewing make the State Penitentiary an undesirable location for Center interviews.

1.3 RECOMMENDATIONS

In the professional judgment of the PMS Ltd. evaluation team, given the results of this evaluation, substantial changes should be made in the Center for Classification, Diagnosis, and Treatment in order to increase both the efficiency and effectiveness of Center operations while maximizing the utilization of resources.

Major recommendations follow. Refer to Section XI of this report for all PMS Ltd. recommendations and discussion.

Major Recommendations

- o Center objectives must be less global than those indicated in Law 116. The Administration of Corrections must select the alternative which it feels is most appropriate for the Center and develop very specific organizational objectives related to this alternative.
- o Law 116 should be revised to avoid conflict with the recent judicial opinion entitling all parolees to Center evaluations. Necessary legislative amendments to Law 116 should be initiated even though the moratorium has been extended. Only those parolees with special problems or unique cases which are particularly difficult to handle, should be evaluated by the Center.

- o There should be no backlog of cases permitted, and the intake of new cases should be closed when the backlog is beginning. The Center, under the existing moratorium, should, at a minimum, refuse cases they are not legally obligated to evaluate.
- o Ponce referrals should continue to be sent to the Hato Rey Center.
- o A Sub-Center in Ponce should be created.
- o The Parole Board positions should be filled immediately. The positions should be augmented to remain current with case reviews.
- o Any Center director should be selected on the basis of administrative capabilities. Understanding of psychological principles and procedures is an asset of secondary importance.
- o Staffing of any Center or Sub-Center should always be made on the basis of permanent positions. Positions have, at the creation of the Center/Sub-Center, been staffed through temporary loans of personnel from other agencies. These loans have contributed to a lack of consistency in operational procedures and disruption within the loaning agency.

- o The Center should develop formalized intake procedures and assign specific responsibilities to appropriate staff.
- o Case evaluations should always be done by including line correctional workers in face-to-face conferences with professional staff prior to completion of the evaluation.
- o Intensive treatment units now established should be maintained and incorporated into Center services as they are currently being operated (See Alternative IV).
- o Clear and reasonable criteria for classifying drug offenders in terms of severity, frequency, and type of drug use must be developed.
- o Social penal workers should discontinue labeling of drug offenders until a drug classification system is developed.

In cases where physical dependence on narcotics is apparent, the person should be seen by a physician and, where deemed useful, referred to the Department of Addiction Services.

- o The Parole Board should reconsider their policy of mandatory participation in drug treatment programs until a drug classification system is developed and implemented.

This policy has reduced the number of paroles and created a waiting list for treatment programs.

- o Alcoholics should not be labeled as drug addicts nor treated in such programs.
- o Center professional staff and institutional personnel should jointly determine programming needs.
- o Probation and parole investigation units should remain in their respective agencies. Probation and parole practices have been unusually successful in achieving low recidivism rates. It is recommended that this system not be changed without very careful analytical thought because of the likelihood of increasing these recidivism rates due to the introduction of unforeseen and unplanned organizational diseconomics.
- o Base expectancy scales should be developed as a means of estimating risk of future offenses by parolees, probationers, and pretrial detainees. (See Alternative IV).
- o Serious consideration should be given to the use of full-time psychologists in order to reduce cost and utilize personnel more effectively.

SECTION II
INTRODUCTION

SECTION II

INTRODUCTION

2.1 PROGRAM OVERVIEW

The criminal justice system for the Commonwealth of Puerto Rico is unified and integrated. Although there is agency decentralization to accommodate geographical considerations, reporting relationships are generally those of a centralized operation. As it was conceived and presently exists, the Center for Classification, Diagnosis, and Treatment is no exception. The main Center is located in Hato Rey and serves the entire island with the exception of Mayaguez and Aguadilla; a smaller Sub-Center in Mayaguez handles cases from the western portion of the island. Although the Sub-Center has somewhat different procedures, it is organizationally responsible to the Center, and, in turn, to the Administration of Corrections.

In general terms the Center (and Sub-Center) provides a support function to line criminal justice agencies. Inmates, parolees, and probationers are evaluated either directly or indirectly by the Center in order to provide decision and management-oriented information to the courts, institutions, probation and parole. These evaluations usually consist of some combination of intelligence and projective tests, social histories and interviews. By far the most common use of these outputs is by correctional institutions and the parole board. Among the

reasons for referral requests are transfer decisions, custody reclassifications, marriage requests, treatment plans, parole decisions, presentence investigations, furloughs, revocations, executive clemency petitions, and special requests for "problem" inmates (querellas).

2.2 EVALUATION OBJECTIVES AND ISSUES

Evaluations may be classified according to the type of entity being studied, the purpose of the study, and the methodology employed.

In the present instance, the Center is a criminal justice support agency which has experienced massive internal changes within its 32 month history. The resulting disruption of records, personnel, and procedures requires a methodological approach that is consistent with and sensitive to these realities. Such an approach is concerned more with a process analysis that is decision-oriented, than it is with futile attempts to control intervening variables while pursuing ultimate measures of impact. The mutual decision to delete a recidivism study was, therefore, wise.

Any adequate program analysis requires a detailed program description. To some extent this has been a continuous task of this evaluation. The description was sufficiently complete, however, during Phase I to permit the present analysis. In broad terms this analysis is concerned with efficiency and

effectiveness as they are used technically. Efficiency analysis requires no assumptions about program inputs and outputs; it merely relates the two and is a measure of the organizational energy that is consumed (time and money) in converting inputs to outputs. Effectiveness analysis, on the other hand, is very concerned with systemic issues and with judgments on the quality and appropriateness of activities. An organization may be efficient, for example, but quite ineffective. The reverse is seldom true. Both measures will be utilized where appropriate within this report. Section V, for example, is concerned with effectiveness and efficiency, while Section VIII is concerned primarily with the latter.

Central to any discussion of effectiveness is an examination of systemic issues. While this will be done in appropriate detail within the report, there are three such issues that should be noted in this preamble.

The first and most obvious concern is that the very concept of such a Center rests upon an assumption of the validity of what is generally referred to as the medical model. The usefulness of Center activities is, therefore, predicated upon an acceptance of the personal and psychological spheres, rather than the social and economic, as containing the most fruitful approach to the understanding of crime and the control of its effects. This assumption is open to serious question.

The second issue involves Commonwealth attempts to control the consumption of illicit drugs for non-medical reasons. The procedures now being used to implement this policy have placed a severe and unnecessary burden on the criminal justice system generally and on corrections in particular. Indiscriminate arrest policies produce high inputs for both probation and institutions. Inmates entering institutions readily agree to the label "addict" in the mistaken belief that they will enter community treatment sooner. Not only is the effect of the label counterproductive, it is attached by a social penal worker who has not received appropriate training to be assigning such labels. Also, the label is attached irrespective of whether the drug used is alcohol, marihuana, or heroin; or whether actual dependence to any drug has been established.

The final systemic issue to be noted here concerns the Parole Board. At the present time there is only one active member. Although another member will be added in August, the backlog of cases will not be reduced without further staff augmentation. The net result of this situation is increased institutional populations and, therefore, costs. Another result is increased hostility and anxiety among inmates eligible for parole.

2.3 EVALUATION METHODOLOGY

The nature of this evaluation requires much more than an examination of records and procedures. A wealth of information resides with the many practitioners who work within the institutions, the Center, and other criminal justice agencies. Accordingly, the PMS project team has spent a large portion of the past ten weeks observing, interviewing, and discussing issues with these people. See Appendix A (Data Requirements Checklist).

Four probation departments have been visited; they are: central probation and the regional offices in Ponce, Mayaguez and San Juan. Three judges have been interviewed: a superior court judge in Caguas and Mayaguez, and the judge administrator of the Caguas criminal court. The remaining active Parole Board member has been interviewed on two separate occasions.

Project team members have also spent time in the Administration of Corrections central records unit and at police headquarters interviewing CJIS operations personnel.

Finally, and most importantly, a total of eleven (11) of the nineteen (19) institutions on the island have been visited. This represents every type of correctional facility in existence. In addition, the remaining seven (7) institutions were contacted by phone. These institutions, and the persons interviewed within them, are shown in the following figure, 2-1.

FIGURE 2-1

INSTITUTIONAL INTERVIEWS

<u>Institutions</u>	Interviews Conducted				
	Superintendents &/or Assistants	Social Penal Workers	Social Workers*	Custody Officers (all grades)	Offenders Other
<u>District Jails</u>					
Aguadilla		X		X	X
Humacao	X			X	
Ponce		X		X	X
Bayamón	X	X	X	X	X
<u>Camps</u>					
Guavate	X	X		X	X
Limón				X	
<u>Halfway House</u>					
Río Piedras		X			X
<u>Special Facilities</u>					
Zarzal (Addicts)	X	X			
St. Penitentiary	X	X		X	X
Industrial School for Women	X	X			X
Inst. for Young Adults	X	X			X

* Bayamón District Jail is the only facility with a social worker on the treatment committee.

The methodology for this evaluation has included both quantitative and qualitative techniques. Obviously, quantitative techniques were used to collect and analyze numerical and statistical data from Center records, and other secondary data sources such as Annual Reports from the Administration of Corrections. Qualitative techniques concentrating upon interviews with Center personnel, correctional personnel, inmates and others were used to develop in-depth knowledge of Center functioning and its impact upon correctional procedures and inmate rehabilitation.

Qualitative techniques were chosen for much of this evaluation because they are appropriate for developing the type of in-depth, detailed and comprehensive information needed for a study of Center effectiveness. Where such techniques were used, it is obvious that large sample sizes cannot be obtained, nor should they be. The project team concentrated upon in-depth interviewing of persons whose work and lives are affected by the Center and obtaining from them their perceptions of Center performance and effectiveness. In all cases, with the exception of judges, where access for interviewing was a difficult problem, we continued in-depth interviews past the point where new information was being received into the area where responses were repititious of those given by prior respondents. This assures that the information on all aspects of Center functioning we obtained is complete. Specifically, data was collected in the following manner.

Quantitative Data Sources

A random sample of 358 cases referred to the Hato Rey Center from January, 1976 to May, 1977 was taken from the Center log. This sample was coded, keypunched on cards and computer processed using the Statistical Package for the Social Sciences program. Multivariate analysis of this data was done by using crosstabulations of key variables. At the Mayaguez Sub-Center, the total population of referrals, (151) was obtained from Sub-Center records for the period of July 1, 1976 to May 26, 1977.

Annual Reports of the Administration of Corrections were used as sources for data about probation and parole workloads.

Figures on the number of Center and Sub-Center staffing came from interviews of Center personnel and from the offices of finance and personnel within the Administration of Corrections.

The number of Hato Rey Center referrals and Mayaguez Sub-Center referrals were tabulated by counting them from the log. Some months had to be estimated because of missing data.

Records were obtained for approximated two thirds (2/3) of all cases referred and completed by the Hato Rey Center during calendar year 1977. An alphabetical randomization procedure was used in which the first 71 consecutive cases (A - M) were used as data sources to characterize completed cases. Data

has been summarized on type and source of referral, nature of the evaluation, type of staff performing the service, and client characteristics, including the offense.

In addition, nine client case files from the Hato Rey Center and 15 from the state penitentiary were selected and duplicated for a detailed examination by project staff members. This allowed a different analysis of the level of documentation available at each location. In making the selection of these 15 case files, literally hundreds were examined cursorily with several criteria in mind. A range of files were sought from those extensively documented to those with little information. This range also included all types of tests and the spectrum of other reports and documents. Under these circumstances a non random procedure such as this is superior to a random one in that the range that is sought is assured. A random sample may have missed some of these variations unless it had been extremely large. Moreover, it would have served no methodological purpose. No generalizations are intended or made from this data about the frequency of any type of report or other data element. The files were intended only to allow an evaluation of their quality, appropriateness, and apparent utility. The previous paragraph explains the source of data that has been used for other types of descriptive information and frequency tabulations.

Financial data has been obtained through several sources. Various records and budgets supplied by the Crime Commission and the Administration of Corrections have been examined. This includes records made available by the offices of finance and personnel. Also, correctional administrators at several levels have been interviewed to supplement and clarify existing data on finances.

Qualitative Data Sources

Interviews were conducted with social penal workers, administrators, correctional officers and inmates from institutions representative of every type on the island. All Center professional staff were interviewed, as well as the Sub-Center and Center directors. The Sub-Center psychologist was interviewed by phone. Although the project team made two separate visits to the Mayaguez Sub-Center, the psychologist was available on neither occasion; however, he was interviewed on two occasions by telephone. Both administrators and line probation and parole officers were interviewed in Ponce, Mayaguez and San Juan.

Administration of Corrections administrators were interviewed as well as a Parole Board member, three judges, and a District Attorney.

Vocational counselors, workers from the model ex-offenders program, workers from the Department of Addiction Services and an institutional social worker were also interviewed. Additionally,

a total of nine Center evaluations (six from Hato Rey, three from Mayaguez) were chosen that varied as to type and comprehensiveness. These were carefully read and reviewed for content.

Interview gaps include judges, probationers and parolees.

As we noted previously, three judges, in fact, were interviewed. On three different occasions attempts were made to see judges in the San Juan area. In every instance the request was denied. Judges have a high backlog of cases and are extremely busy and understandably reluctant to be interviewed during free time such as lunch or after hours.

In our Work Plan we did not indicate any need to interview individual probationers and parolees. Given finite resources and time, a decision was made that very little additional information could be obtained without a considerable expenditure of effort and resources. Access to these offenders would have been much more difficult than access to inmates. Moreover, we suggest that the type and level of useful information to be offered by all three groups is roughly comparable.

Twenty-four (24) inmates were interviewed either individually and in a group setting. An average interview lasted 45 to 60 minutes. Four inmates at six institutions were selected based upon the following requirement: the inmate must have been evaluated, but not within the preceding six-month period. This

insures both knowledge of Center activities from the offender viewpoint and sufficient time to assess the extent (if any) to which the Center report had been utilized. This requirement necessitated the use of a non-random selection procedure. To have done otherwise would have ignored the nature of the information sought and the realities of the interview settings. In all cases the primary consideration of who is to be interviewed has to be governed by questions of access. We selected knowledgeable informants to interview who could be present at their agency or in their institution when we were scheduled to be there.

SECTION III

HISTORICAL DEVELOPMENT OF CENTER

SECTION III

HISTORICAL DEVELOPMENT OF CENTER

The elections of 1972 returned the Popular Democratic Party to power amidst growing concern over rising crime and an apparently ineffectual response by the criminal justice system. A major concern was the inability of the corrections system, as it existed then, to recommend and carry out treatment that was specific to the needs of the individual.

Accordingly, a private contractor was retained to assist in the formulation of proposals to reorganize and improve the Commonwealth criminal justice system. Following a lengthy period of study, Project 775 was presented to the Senate, thus providing the basis for the eventual promulgation of Law 116 on July 22, 1974. Thirteen Senators sponsored this legislation, twelve from the New Progressive Party.

Among the resulting enactments were the creation of an independent Administration of Corrections and the modification and centralization of selected functions into the new Diagnostic, Classification and Treatment Center.

Article 58 charges the Center with the responsibility for providing evaluation reports on the following classes of persons:

- a. Any offender sentenced to confinement and placed under the custody of the Administration by order of competent authority.

- b. Any felon who entails indeterminate sentence in order that the evaluation be made part of the presentence report.
- c. Misdemeanants when the court requires Administration evaluation.
- d. Pretrial detainees who, in order to use it in connection with their petition for revision of bond, voluntarily request that the evaluation be sent to the court.
- e. Any parolee placed in the custody and supervision of the Administration by the Parole Board, at the request of the latter or at the Administrator's initiative when he deems it necessary.
- f. Any probationer whose custody and supervision is placed with the Administration, at the request of the court or at the initiative of the Director when he deems it necessary.

Also, the Center shall participate in any decision as to:

1) type of institutional treatment; 2) recommendations to terminate confinement, parole or probation period or to modify the conditions or terms thereof; and 3) any critical decision-making aspect which arises in the course of the custody, confinement, or supervision of the client which may affect or propitiate considerably his full rehabilitation.

Four months after enactment, a Center was established in Hato Rey in November, 1974 with two satellites in Ponce and Mayaguez. In most cases the activities and responsibilities listed above were simply expanded and transferred to the newly created centers. Before 1974, for example, probation services were attached

to the courts and all presentence investigations were done by probation officers. Similarly, pre-parole reports were done by parole officers. If clinical evaluations were desired for parole decisions, the Parole Board had both a psychologist and psychiatrist on retainer. This situation was not satisfactory, however, in that delays of six months were common in obtaining an evaluation.

Although the law created the Center and specified its functions, initial funding was inadequate to staff it. The solution that was adopted was a short-term large-scale loan of correctional personnel. Most of these persons were probation and parole officers.

While this seemed like an acceptable solution to one problem, it created a host of new problems, some of which persist today. Ponce is a good case in point. Except for one psychologist, all personnel, including the director, were on loan from either parole or probation for a period of three months. This situation caused some disruption of operations in the agencies required to give the loans and was associated with considerable resentment and lack of commitment on the part of the new staff. The resulting morale problems and lack of adequate operating procedures severely impaired the quality of work initially produced. Center reports were regarded as poorly developed and generally useless. Despite the mandatory language in the law, this unfavorable perception was informally responsible for a decline

in the demand for these reports. Finally, amidst recriminations and organizational impasses, the Sub-Center in Ponce ceased operations in February, 1975 after completing cases already assigned.

The Sub-Center in Mayaguez, although faced with similar funding constraints, fared better. Its solution was similar in that both the physical facility and personnel, including the director, were borrowed from parole. However, communication with probation and parole, at least in the Mayaguez area, has remained good, thus enabling the Sub-Center to function more effectively and continue its operations.

Throughout its existence the Center has been plagued by procedural and staffing problems. Not all staff turnover has been of the type noted above. During the tenure of the most recent director (there have been four), more than nine professional and support staff either quit or were fired. Personality conflicts and poor management were the primary causes of this, not funding constraints.

The problem with funding has been chronic. Insufficient resources exist to implement the mandates of the Center. In recognition of this, the House of Representatives created Law 3 on December 17, 1974 amending article 58 of Law 116. This established the first of three moratoriums. The legislature noted

that since no funding had been consigned to the Center, it has been unable to render the services imposed on it by Laws 116, 172 and 239. The moratorium suspend all but the functions noted previously as "a" and "e". This second moratorium was to expire on August 31, 1977. It now appears certain, however, that the moratorium will be extended for an additional two years. On June 20, 1977 the Senate and House of Representatives sent identical bills, numbered 388 and 414 respectively, to the Governor for his signature. The Governor is expected to approve the extension by signing the House of Representatives bill (414). See Appendix B.

We would like to note another issue at this point which has been raised by correctional officials. The issue is: Will those who would have had the right to be seen by the Center (if there had been no moratorium), but were not, have the right in the future when the moratorium expires? An analysis of the specifications and intent of the law relevant to this was conducted by Lcdo. Torruellas. Although with the extension of the moratorium, this is a moot point, it does appear that such a right exists within the structure of the law. The practical implications of this points clearly to the need for legislative action within the next two years.

A more specific discussion of issues confronting the Center is the substance of the following sections.

SECTION IV
CENTER REFERRAL SOURCES

SECTION IV

CENTER REFERRAL SOURCES

The Center for Classification, Diagnosis and Treatment was originally designed to affect the correctional system at key decision points. Law 116 specifies the critical areas in which the Center could provide information and recommendations for decision making. The referral sources as identified by Law 116 are the initiating points for the generation of Center activities. The Center, then, responds to the special requests of these sources as seen in Figure 4-1.

As can be seen from the following tables, Table 4-1 and Table 4-2, the sources of Center referrals are: inmates themselves, sentencing courts, probation offices, correctional institutions and the Parole Board. At the Hato Rey Center the bulk of referrals come from correctional institutions (43.7%) asking for treatment plans, evaluations for passes and similar types of service, and from the Parole Board (41.1%) asking for preparole evaluations. The Mayaguez Sub-Center has a significant difference in source of referral requests; very few come from correctional institutions (5.3%) whereas many more referrals come from probation offices (33.8% compared to 10.1%). The percentage of Parole Board referrals between the Center and Sub-Center is almost identical (41.1% and 42.3% respectively). Although it is possible for inmates or their attorneys to request evaluations from the Center, this happens very infrequently.

FIGURE 4-1

CASE SOURCE AND REFERRAL TYPE

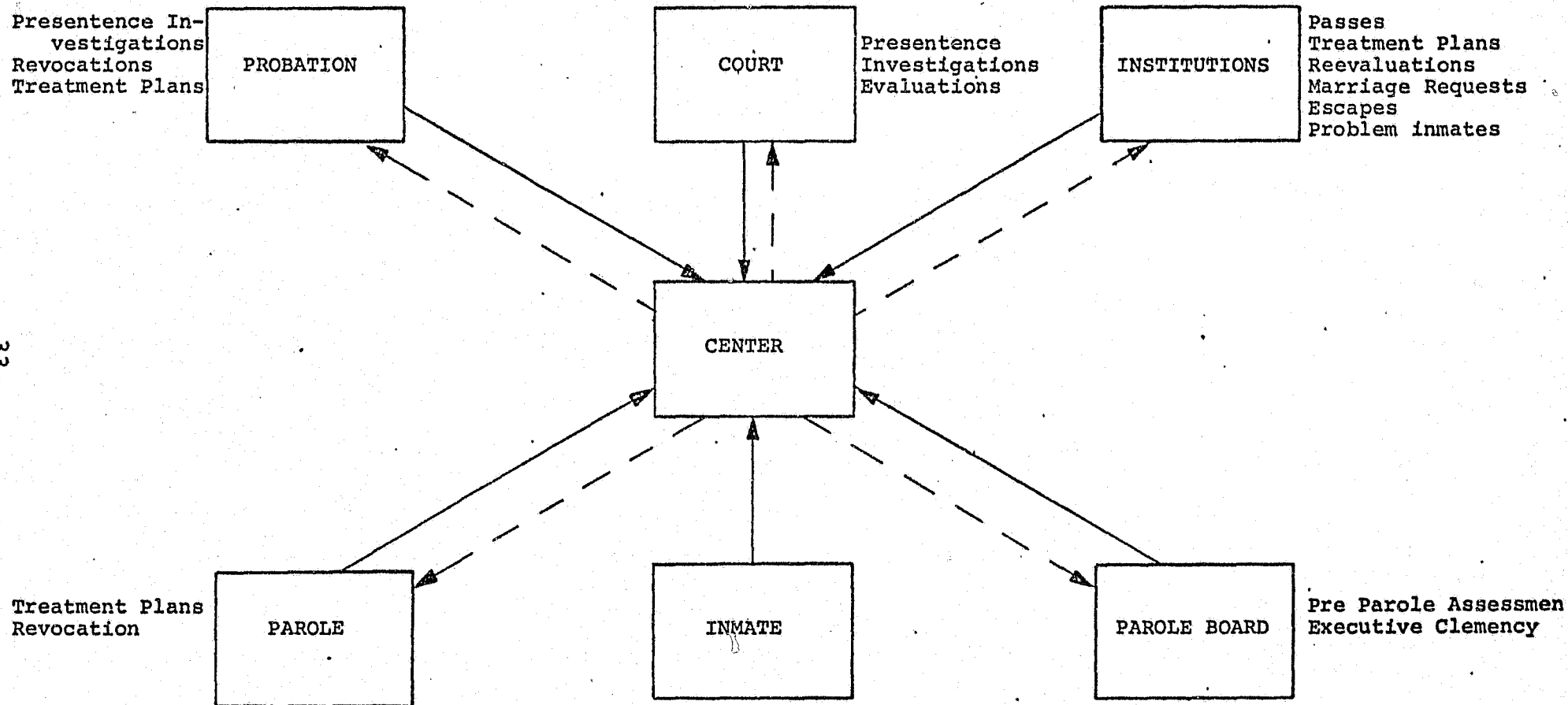


TABLE 4-1

SOURCES OF REFERRALS TO HATO REY CENTER
JANUARY 1976 THROUGH MAY 1977

Inmate Self Referral	Negligible
Sentencing Courts	3.4%
Probation Offices	10.1%
Correctional Institutions	43.7%
Parole Board	41.1%
Other	<u>1.7%</u>
	100.0%

Source: N=358, Random sample of cases January 1, 1976
to May 1977

TABLE 4-2

SOURCES OF REFERRALS TO MAYAGUEZ SUB-CENTER
JULY 1976 THROUGH MAY 1977

Inmate Self Referral	Negligible
Sentencing Courts	6.0%
Probation Offices	33.8%
Correctional Institutions	5.3%
Parole Board	42.3%
Other	<u>12.6%</u>
	100.0%

Source: N=151 Actual referrals July 1, 1976 to
May 26, 1977, Sub-Center Log Book

4.1 INMATES

The focal point of the corrections system is the inmate himself. This obvious fact is often overlooked in the face of problems of providing housing, food, record-keeping, transportation and security, within a system that extends from arrest through adjudication, probation, institutionalization and parole to final release.

The inmate has most at stake in the process of Classification, Diagnosis and Treatment. His life is affected directly by system decisions. Law 116, Title III, Section 7 (d) stipulates that pretrial detainees can request Center evaluations for bond review petitions. A recent court decision interprets Section 7 (e) as requiring a Center evaluation for all parolees.

A total of 60,000 arrests are made annually in Puerto Rico. Many persons arrested could request a Center evaluation. This number could be augmented through time as other key decisions affecting the inmate are made from presentence to parole.

The extent to which individual inmate requests for Center evaluations may be made is dependent upon the inmates' perception of the value of evaluations made on their behalf. If Center evaluations are seen as having a positive impact at the various decision points, it can be expected that inmate requests will increase. Of the 24 inmate interviews for the Center evaluation study, only one had requested and, finally, insisted on a Center evaluation.

A major question is, What can the inmate learn from Center evaluations? The tests administered by the Center indicate intelligence, social adjustment, perception, and psychological patterns. Social histories may be of use where comparisons are possible and treatment needs are highlighted. Evaluation findings may be academic in those cases where programming is not available to address identified inmate needs.

From the inmates' viewpoint, Center personnel involved with direct evaluations require an understanding of the availability of rehabilitation services within the corrections system. This understanding should be tempered with sensitivity to individual requirements. Issues of punishment, incarceration, education and vocational preparation, special needs, such as alcohol or drug dependency, and related rehabilitation issues necessary to determinations which may result from Center evaluations, should be reviewed and discussed among staff to be updated and realistic. In essence, Center personnel should be able to weigh the value of continued incarceration, change of custody, and potential effect of available programs on the inmates rehabilitative potential.

Correctional philosophy since the creation of probation in the mid 19th Century has turned increasingly to the community for rehabilitation programming. This development has moved from probation and parole to institutionalization in smaller, community

based facilities such as half-way houses. Consistent with this movement has been the easing of custody requirements for increasing numbers of inmates. Release on a daily basis to work outside the institution and to study in community schools has occurred. The granting of passes further extends the concept of community programming and recognizes the importance of the inmate's ties to his neighborhood, work, family, and friends. To the extent that interpersonal behavioral changes result from emphasis on community resources, Center personnel engaged in evaluating and recommending action should be fully cognizant of this potential for inmates to be rehabilitated in the community.

Inmates may become more and more involved in initiating actions which can affect rehabilitation decisions such as initiating referrals for Center evaluations. Recognition must also be given to the options that can be exercised by the inmate. For example, inmates can demand parole assessments 3 months prior to meeting their minimum sentence.

There is also some voluntary aspect in terms of jobs performed in the institutions and programs for which the inmate may volunteer. Center evaluations should increasingly be required to be attuned to the individual desires and necessities of the inmate to effect a change in his life and increase his potential for rehabilitation. This will require Center personnel to view inmates as individual human beings and not as mere cases to be processed.

4.2 JUDICIARY

For the past several years, approximately 30,000 people have been processed through the criminal justice system annually. Each of these persons has required court hearings relating to bail bonds. Judicial decisions are made with regard to the proper sentence to impose upon those convicted. Title III of Law 116 charged the Center with evaluating: misdemeanants at the request of the court; pretrial detainees with bail bond revisions (approximately 12,000 people are released on bail bond annually); and all convicted felons. Presumably, it was felt that these evaluations would aid the courts in making such decisions by providing pertinent information about the characteristics of each offender. Under the terms of the moratorium, the Center is relieved of the responsibility for evaluations for the Judiciary. Despite this, presentence evaluations are still conducted.

4.3 PROBATION

The two primary functions of the eleven probation offices throughout the Commonwealth are to prepare presentence investigations (social case histories) of offenders prior to sentencing by the court and to supervise all offenders placed on probation. Supervision entails working with each offender to help him make a satisfactory adjustment within the community.

and scheduling hearings on violation of probation for those offenders who are not adjusting properly. The following table, Table 4-3, outlines the volume of work for the probation offices.

TABLE 4-3

WORKLOAD OF 11 PROBATION OFFICES
FISCAL YEAR 1976

Pre-Sentence Investigations Completed	4,048
Persons Granted Probation	3,513 (86.8%)
Probationers Supervised at end of year	5,562
Released from Supervision following successful adjustment	2,770
Revoked for unsuccessful adjustment	211
Success rate	94.4%

Source: Program of Probation for Adults, Annual Report,
Fiscal Year 1975-76.

In 1974 the probation offices completed 2,570 presentence investigations and 3,214 in 1975, and had 4,254 and 4,856 persons under supervision respectively at the end of those years. Consequently, probation workloads have been increasing rapidly. The success rate in 1975 was quite similar; 93.1%. There are currently 64 line probation officers, so they each average 63 presentence reports annually and 87 persons under supervision.

The success rates of over 92% are as high or higher than that of many comparable probation offices in the continental U. S..

In their work with probationers, probation officers can use the resources of various community agencies such as the Dept. of Vocational Rehabilitation, community drug treatment, alcoholic rehabilitation agencies (both public and private) and their own local intensive treatment unit. This unit has psychologists available for consultation and psychological evaluations. It also places social workers within probation offices for the purpose of working with more difficult cases referred to them by the probation officers.

Probation officers interviewed were generally in agreement that currently high unemployment and underemployment of probationers was the biggest problem in their work, followed by the problems of alcoholism and drug abuse among a significant number of probationers.

Referrals to the Center from probation offices are for evaluations to be included with presentence reports, and for evaluations for hearings on violation of probation. Probation officer can also ask for evaluations to assist them with supervision plans.

At the Mayaguez Sub-Center, treatment plan evaluations constitute the bulk of referrals from probation to the Sub-Center.

4.4 INSTITUTIONS

Conceivably, any offender sentenced to confinement and placed under the custody of the Administration (Law 116,a) is eligible to receive an evaluation from the Center. Inmate referrals from institutions are made by the treatment committees.

Treatment committees review cases referred by the social penal workers within the institutions. These cases contain a set of recommendations which the treatment committees discuss. The outcome of discussions however, result in virtually a "rubber-stamp" approval of any recommendations made by the social penal worker.

Actual referrals made by the treatment committees to the Center and the Sub-Center depend largely upon institutional populations and reasons for referral requests.

Table 4-4 shows key dimensions of the institutional populations. Admittances of sentenced persons reflects the requirement that the Center program provide an evaluation for (a) Any offender sentenced to confinement and placed under the custody of the Administration by order of competent authority.¹

In 1975, the number of sentenced persons placed under the custody

¹ Law 116

of the Administration of Corrections was slightly higher than those in 1974, 3,253 as compared to 2,753. However, the number reduced slightly in 1976 to 2,999.

An estimated 805 cases from all referral sources were completed by the Center and Sub-Center in 1976. Although the 1976 figure of 2,999 sentenced persons is skewed somewhat by its inclusion of misdemeanants sentenced for 90 days, it still reflects that the Center and Sub-Center are far below the requirement of conducting a psychological and/or sociological evaluation for all convicted persons.

TABLE 4-4

SUMMARY OF INSTITUTIONAL POPULATIONS
FISCAL YEARS 1974, 75, 76, and 77

	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
Population, June 30	3,134	3,573	3,589	3,552 (1)
Detained	964	1,343	1,121	1,030
Sentenced	2,165	2,222	2,472	2,522
Admittances	16,310	20,324	18,937	
Detained	13,557	17,071	15,938	
Sentenced	2,753	3,253	2,999	
Passes (Furloughs)	2,258	5,621	2,109	

(1) March 31, 1977

Source: Statistical Report of the Administration of Corrections
Daily Institutional Populations

It was anticipated that referrals from institutions would be related to the size of each institution's population. Table 4-5 shows the distribution of referrals and total population by institution or group of institutions. The State Penitentiary and the district jails have referrals which exceed the proportion of population. That is, these institutions have substantially more referrals than would be justified by the size of the institutions. Conversely, half-way houses and camps have fewer referrals with respect to their populations.

District jails make large numbers of referrals because they are receiving facilities as well as detention facilities. The State Penitentiary on the other hand, since it is the only maximum security facility, has a disproportionate population of problem inmates.

Hato Rey Center receives an estimated 43.7% of their referrals from institutions, whereas the Mayaguez Sub-Center only receives 5.3% of its referrals from institutions. The Sub-Center is utilized primarily by probation and parole because the director has established strong linkages with these agencies and they perceive the Sub-Centers' evaluations as useful. Strong linkages can be attributed, in part, to the probation and parole officer participation in group discussions relating to treatment plan recommendations. Institutional social penal workers do not participate in group discussions and therefore

perceive Sub-Center recommendations as more unrealistic.
Hato Rey Center has built stronger communication with
institutions. Over one half of the total inmate population
is located in the State Penitentiary within the Hato Rey
area.

TABLE 4-5

DISTRIBUTION OF INSTITUTIONAL POPULATIONS
AND PERCENT OF CENTER REFERRALS

	<u>Referrals %</u>	<u>Population %</u>
State Penitentiary	29.0%	17.5%
Detention Center (Pda 8)	2.0%	1.0%
Youthful Offenders Inst.	6.0%	6.2%
Industrial School for Women	2.1%	2.6%
Half-way Houses	1.6%	6.2%
District Jails	36.2%	23.3%
Camps	<u>23.1%</u>	<u>43.2%</u>
Total	100.0% ¹	100.0% ²

Sources: 1 N=358, Random sample of cases January, 1976
to May, 1977

2 Statistical report of the Administration of
Corrections Institutional Population, March, 1977

Table 4-6 depicts the type of institutional referrals made 1976 and 1977 to the Hato Rey Center. In both years, treatment plans and passes comprised the largest number of referrals. It should be noted however, that due to poor record keeping systems in the Center over 43% of the cases referred in 1976 were unidentified as to type of referral request. This prohibits any inferences from being drawn with regard to shifts in referral emphasis between 1976 and 1977. The remaining distribution of referrals is relatively consistent among evaluations, re-evaluations, problem cases, marriage, and follow up cases.

The Sub-Center receives such few referrals from institutions, only 5.3%, that tabulation by type of referral is essentially meaningless. Approximately 1/2 of the referrals are made for treatment plans and the other 1/2 for pass violations.

TABLE 4-6

CENTER INSTITUTIONAL REFERRALS
BY TYPE

<u>Referral Type</u> ¹	<u>1976</u>	<u>1977</u>
Treatment Plans	21%	39%
Evaluations	9%	8%
Re-Evaluations	5%	8%
Passes	12%	25%
Problem Cases	1%	7%
Marriage	2%	-
Treatment Follow-up	2%	7%
Other	5%	7%
Unknown	<u>43%</u>	<u> </u>
Total	100% (252)	100% (106)

Source: N=358, Random sample of cases January, 1976 to May, 1977.

- 1 Referral types were distinguished in the Center log book as indicated in Table 3-6; however, we recognize that the term "evaluation" covers all referrals.

4.5 PAROLE

Prior to holding a hearing to decide whether or not to parole an inmate, the Parole Board will generally have available reports from the correctional institutions regarding the offenders adjustment during his sentence, the parole officer who has investigated the prospective parole plan in the community, and the Center reporting their psychological evaluation of the offender.

The Parole Board consists of three members. Additionally, there is a hearing examiner who handles violation of parole hearings, forwarding recommendations for or against revocation of parole to the Board. Parole will be granted upon the agreement of two of the three members. Currently, the Parole Board is seriously undermanned. One position is vacant, and another member is ill.

Parole Board hearings are usually held in the Parole Board office in San Juan, and not in the institutions as is often true in other jurisdictions.

In addition to parole hearings and violations of parole, the Parole Board is concerned with recommendations regarding executive clemency and accepts transfers of parole from other jurisdictions under the interstate Parole Compact.

Currently, Parole Board policy requires that almost all drug abusers participate in an institutional drug treatment program, followed by a community residential drug treatment program prior to receiving parole. This policy has been in effect for about one year. Granting of parole for drug addicts is based upon a favorable recommendation from workers in the community residential drug treatment program. Drug addicts are rather loosely classified as such, and current classification procedures do not distinguish the severity of drug dependence within these offenders, nor does it distinguish between types of drug use (e.g., heroin use or marihuana use).

The functions of investigation and supervision of parole for the Parole Board are carried out by parole officers. There are a total of nine parole offices. Primary responsibilities of parole officers are to conduct investigations and to supervise persons on parole. Similar to probation supervision, the goal of parole supervision is to work with parolees helping them make a satisfactory community adjustment. For those who fail to do this, the parole officer will request a hearing on violation of parole which can lead to revocation of parole.

Public and private social agencies are used by the parole officers who also have at their availability, the services of the intensive treatment unit. This unit provides psychological

evaluations for parolees referred for this service, and can provide supervision by a social worker for particularly difficult cases. Parole officer investigations include: preparole, executive clemency, revocation, interstate parole compact transfer, and institutional furlough investigations. The workload of the nine parole offices for the past three fiscal years is shown in Table 4-7.

TABLE 4-7

WORKLOAD OF 9 PAROLE OFFICES FOR
FISCAL YEARS 1974, 1975, 1976

Investigations Completed	1974	1975	1976
Preparole	910	791	759
Executive Clemency	210	233	200
Revocation reports	208	297	249
Passes	<u>2,549</u>	<u>1,835</u>	<u>1,722</u>
	3,877	3,156	2,930
Cases Supervised	2,829	2,751	2,238
New Parole Cases Received	886	684	468
Cases Closed Successfully	943	976	672
Cases Revoked			
Felony Charge	31	53	Unknown
Misdemeanor Charge	20	24	Unknown
Technical Violation	<u>17</u>	<u>11</u>	<u>Unknown</u>
	68	88	118
Success rate	92.8%	91.0%	82.4%

Sources: 1974 Department of Parole Annual Report
1975 and 1976 Annual Reports - Administration of
Corrections

Table 4-7 shows that parole supervision caseloads are dropping as well as the number of new cases received on parole. The number of revocations for technical violations actually dropped between 1974 and 1975. Even though fewer persons were released from parole in 1976, the revocation rate rose dramatically. The Parole Board member interviewed by us stated that the number of paroles granted in 1976 dropped greatly because of a delay in completing preparole evaluations at the Center. He stated that approximately 140 cases that should have been completed for their parole hearings in 1976 were held over into 1977. Additionally, drug abusers are no longer being granted parole until they have successfully completed a community residential treatment program which often takes a year to do. Consequently, fewer offenders labeled as drug abusers are currently being paroled. The Board member stated this policy is also backing up drug treatment programs (which are now full), and there is a waiting list of 40-50 persons for these programs. This further reduces the rate at which persons labeled "drug abusers" are paroled. Also, it is certain that until Parole Board positions are filled, and hopefully augmented, the number of new cases paroled will continue to decline because fewer hearings can be held. Until recently, the Board was only reviewing old cases previously denied parole and not hearing any new cases at all. The Board member states, "we have enough work for a five member Parole Board".

By administrative fiat and under the terms of the moratorium, preparole evaluations are supposed to receive the highest priority from the Center. Excluded from the Center's responsibilities under the moratorium are executive clemency evaluations and parole revocation hearing evaluations. These are still being done, although infrequently.

SECTION V

CENTER PROGRAM DESCRIPTION AND ANALYSIS

SECTION V

CENTER PROGRAM DESCRIPTION AND ANALYSIS

5.1 STAFFING AND ORGANIZATION

5.1.1 History of Staffing

Center

The Center began operations on November 1, 1974 with fourteen staff members. Today there are still 14 staff members; however, slight variations in staff positions have occurred since the Center was created. Figure 5-1 depicts Center staff at four intervals during the previous 2 1/2 years.

There has been little shift between the balance of full-time and part-time professional positions since the Center began operations. Changes in categories of staff positions within the Center have been few. During the first year and one half of operations, a part-time psychiatrist was on staff who worked four hours a week. The psychiatrist evaluated cases, but was not involved in the delivery of direct counseling services. As a result, impact was minimal; however, interviews with Center and Sub-Center staff, and institutional personnel have indicated a strong desire for a full-time psychiatrist to be available through the Center. The desire for psychiatric services was expressed with regard to the evaluation of mentally ill clients and the provision of direct counseling services.

FIGURE 5-1

HISTORY OF CENTER STAFFING

Date	Position	Full-Time	Part Time	Total
Nov. 1, 1974	Director	1		
	Social Worker	3		
	Psychologist		3	
	Psychiatrist		1	
	Executive Functionary	1		
	Secretary	2		
	Typist	3		
		10	4	14
June 30, 1975	Director	1		
	Social Worker	3		
	Psychologist	1	4	
	Psychiatrist		1	
	Executive Functionary	1		
	Secretary	2		
	Typist	3		
		11	5	16
June 30, 1976	Director	1		
	Social Worker	2		
	Psychologist	2	3	
	Social Penal Worker	3		
	Executive Functionary	2		
	Typist	3		
		13	3	16
June 1, 1977	Director	1		
	Social Worker	2		
	Psychologist	2		
	Social Penal Worker	1		
	Executive Functionary	1		
	Secretary	1		
	Typist	3		
	Office Worker	1		
		12	2	14

Source: Administration of Correction's offices of finance and personnel.

The most significant staffing changes impacting on Center operations is the continual change in directorships. Over a 2 1/2 year period, there have been 3 directors and 1 acting director. This accounts for the lack of consistency in administrative procedures, case control procedures, case priorities and case assignments. For example, the previous director who was personally responsible for assigning cases, made no assignments to one full-time psychologist for 2 1/2 months as a result of personality conflicts. Although there is no data available specifically for this 2 1/2 month time period, one would assume output of client case evaluations diminished as a result of these personnel conflicts. The most significant staff changes occurred during the previous year and one half with over nine staff members either quitting or being fired. Of these nine people, four were professional staff and five were support staff. High attrition rates were primarily due to personal conflicts with the director.

There have been some moderate personnel changes over the previous year with regard to social worker and social penal worker positions. Center staff consisted of 2 social workers and 3 social penal workers as of June 30, 1976, whereas in June 1977 only 2 social workers and 1 social penal worker were on the staff.

Little inference can be drawn from these slight staff decreases.

Sub-Center

The Sub-Center in Mayaguez opened in November 1974 with four professional staff members, including the director, on loan from parole and probation offices within the region. The psychologist and secretary were the only staff members paid directly from funds budgeted for the Center. This funding pattern remained the same until July 1976 when one additional secretary was budgeted by the Center. The director remains on loan from the regional parole office.

Figure 5-2 depicts Sub-Center staffing patterns from November 1974 to present. Sub-Center staff during the first four months of operation were significantly greater than the ensuing two years and four months. The reduction in staff is directly related to agency recall of staff members on loan. One social worker remained with the Sub-Center until March 1976 at which time the professional staff was reduced to the remaining director and part-time psychologist. The level of professional staff is the same today.

Both the director and the psychologist have remained the same since the programs' inception. This has been beneficial to the program in terms of consistency in procedures, development of relationships with local criminal justice agencies, and the quality and consistency of case files maintained. Since April, 1976, the Sub-Center has been operating with a minimum level of staff.

FIGURE 5-2
HISTORY OF SUB-CENTER STAFFING

Date	Position	Full-Time	Part Time	Total
November and December 1974	Director Psychologist Social Worker Secretary	 1	1 1 3	
		1	5	6
January and February 1975	Director Psychologist Social Worker Secretary	 1	1 1 4	
		1	6	7
March through June 1975	Director Psychologist Social Worker Secretary	 1	1 1 4	
		1	3	4
July 1975 through March 1976	Director Psychologist Social Worker Secretary	 1	1 1 1	
		1	3	4
April through June 1976	Director Psychologist Secretary	 1	1 1	
		1	2	3
July 1976 through June 1977	Director Psychologist Secretary	 1	1 1	
		1	2	4

Source: Interview with Sub-Center Director

Interviews conducted with both Center and Sub-Center staff, as well as with institutional personnel, indicated a strong desire for the addition of at least one psychiatrist to the Center staff. The Sub-Center is also in need of at least one full-time psychologist. Presently, the psychologist is working approximately 22 hours a week while only being paid for 14 hours a week. Clearly, Sub-Center case referrals necessitate a minimum of one full-time psychologist.

5.1.2 CURRENT STAFFING AND RESPONSIBILITIES

Center

The Center consists of 14 staff members subdivided into professional services personnel and administrative support services. Center personnel include the following:

- o 1 Director
- o 2 Psychologists - full-time
- o 2 Psychologists - part-time
- o 1 Social Worker II's
- o 1 Social Penal Worker
- o 1 Executive Functionary I
- o 1 Secretary III
- o 3 Office Worker/Typist I's
- o 1 Office Worker

Each category of personnel is responsible for performing specific functions within the Center. These functions are discussed in detail below.

The director is responsible for all administrative procedures relating to the Center and Sub-Center. Specifically, he is responsible for maintaining up to date evaluation reports and providing for evaluations of individuals as identified in Law 116. Due to the moratorium which has been placed on functions b, c, d, and f until the end of August 1977 the director is currently responsible for the implementation of a and e only. A refers to "any offender sentenced to confinement and placed under the custody of the Administration by order of competent authority." E pertains to "any parolee placed in the custody and supervision of the Administration by the Parole Board, at the request of the latter, or at the Administrator's initiative when he deems it necessary."

In addition, the director is to participate in the recruitment and selection of all Center and Sub-Center personnel; coordinate all Sub-Center operations and personnel activities; and attend court sessions to interpret planned/programmed decisions.

Since the Center began operations in October 23, 1974 to the present, there have been four different directors. This continual changeover in leadership has lent itself to varied

administrative approaches throughout the past 2 1/2 years. These approaches can be more readily seen through the director's involvement in Center activities.

The current director has been with the Center approximately two months. During this time, he has been familiarizing himself with previous program operations and Center outputs in an effort to assess Center activity for future planning efforts. He has met with the director of the Sub-Center on two occasions; the first to assess Sub-Center operating procedures and the second to discuss new procedural changes. He has implemented new reporting procedures, record keeping systems, intake procedures, and case control procedures.

Whereas the current director is concerned exclusively with the administration of the Center, the previous director was more directly involved with completing case evaluations.

She was active in administering tests to clients as well as participating in the conduct of client interviews. She personally evaluated all applicants for custody officer positions that were referred by the Department of Personnel. This last function has been discontinued with the current director and was not listed as a function of the director in any of the grant applications. The shift away from the administration of tests toward primarily administrative concerns has positively impacted

on the delivery of services to clients. Case backlogs are reducing and the consistency in record maintenance is improving. Several interviews conducted with institutional personnel indicated that the current director was viewed more positively and offered more credibility than the previous director because of his personal institutional experience.

All Psychologists under contract to the Center are responsible for administering and interpreting psychological tests; making psychometric and clinical evaluations; participating in group work or deliberations upon the discussion of each client's case; providing assessment/evaluation in his field as required; and participating in all required meetings. To date, psychologists have been unable to provide any psychotherapy to clients due to a considerable backlog in case referrals.

The social worker's primary responsibility revolves around making social evaluations of clients referred to the Center. In some instances, a case is referred to the Center for a social evaluation and upon conducting such an evaluation, the social worker refers the case on to the psychologist. Social workers do not, under any circumstances, administer projective tests. The social workers also provide technical assistance to the director and participate in Center group work and meetings.

The social penal worker, under the previous director, was involved in making social history evaluations. This is no longer being done as the current director feels it is a duplication of functions performed by the institutional social penal worker. The current director has modified the functions of the social penal worker in an effort to compile data on previous administrative operations to assess their relevance and adequacy for improving current Center operations. She is responsible for assigning client cases, corresponding with referral agencies, and responding to institutional requests. Specifically, she ascertains whether the client record is sufficiently complete to proceed with assigning the case to either one of the psychologists, social workers, or both. In addition, she is involved in data collection activities, administrative functions, compiling statistics for annual reports, and coordinating functions between the institutions, probation, parole, and the Sub-Center.

The director's secretary, secretary III, performs routine secretarial functions specifically for the director. Included in these duties are taking dictation, preparing correspondence, maintaining official and private archives/files for the director, and other related secretarial functions.

The office worker I is responsible for the classification and distribution of correspondence generated by the Center, maintenance of correspondence generated by the Center, and maintenance of up to date archiving of case files. She keeps a

daily control of files for use in other sections of the Center. In addition, the office worker makes appointments for cases to be interviewed in the Center, takes charge of the register of attendance of employees, and prepares requisitions of material, equipment and services.

The Center currently has three office worker/typists I's whose primary responsibilities are to type all materials assigned and to assist the secretaries in maintaining files. Other related duties include registering correspondence, cutting, reproducing and filing stencils, and photocopying and arranging materials.

Sub-Center

The Sub-Center in Mayaguez consists of three persons; the director, one part-time psychologist, and a secretary. The director's salary, however, is not paid from the Center's budget, but instead is financed by the local parole department. Approximately 80% of the director's time is allocated to Sub-Center activities.

The director is responsible for all administrative functions assumed under the Sub-Center. In this capacity, he receives requests for evaluations, implements case control procedures, maintains up to date evaluation reports and attends court sessions when necessary. Due to limited resources, the

director also plays an active role in developing social evaluations and participates in group discussions related to client case recommendations. The director must also make appointments with the institutions for client evaluations as well as schedule interviews with the psychologist. In addition, the director oversees the duties of the secretary and is responsible for completing administrative requests of the Center.

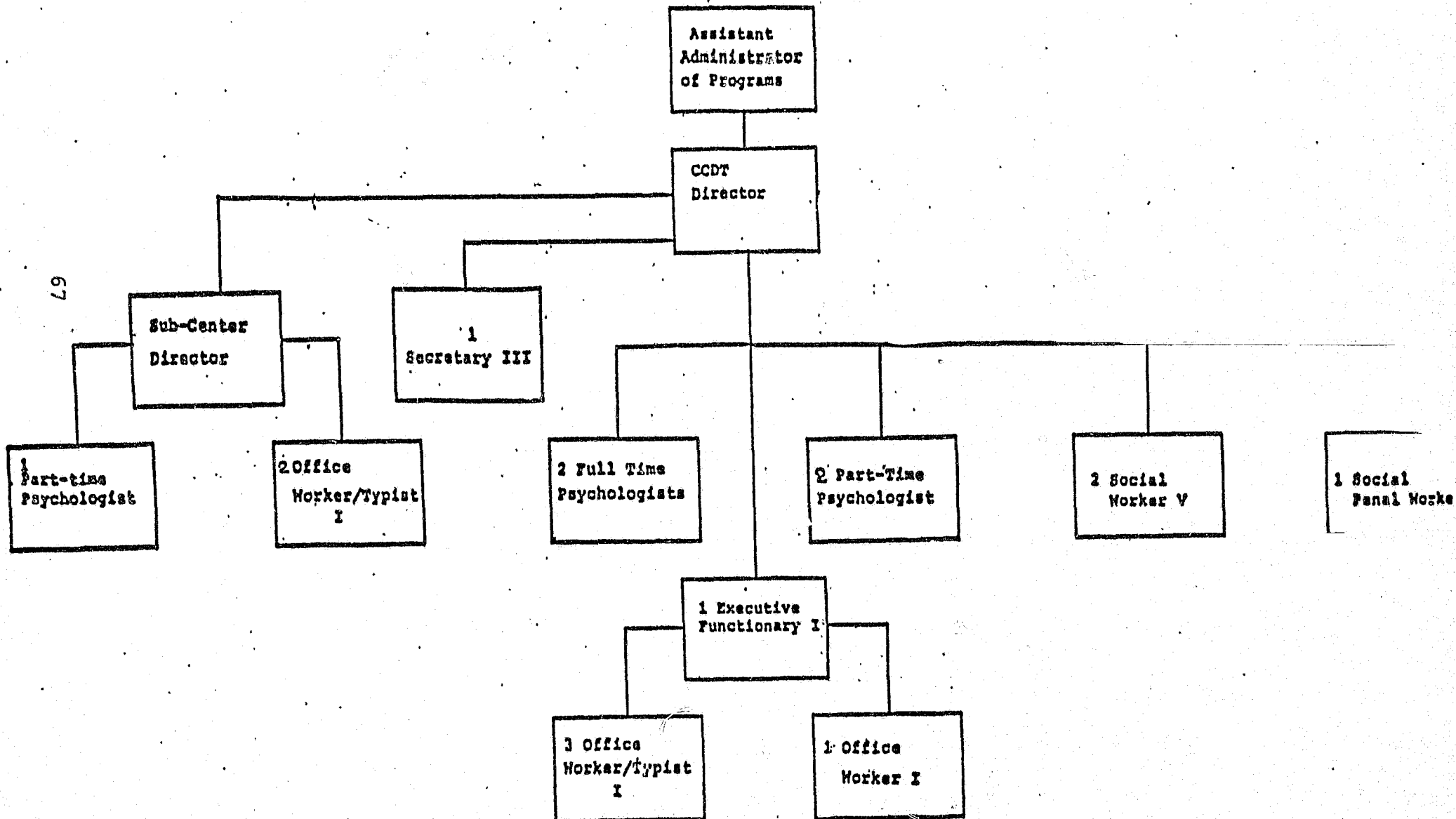
The part-time psychologist is responsible for making psychometric and clinical evaluations as well as administering and interpreting psychological tests. The psychologist is to provide psychotherapy when it is required; however, limited manpower of the Sub-Center virtually negates the ability of this individual to fulfill this responsibility. The psychologist is also present during all group sessions where the client's case is reviewed and treatment recommendations formulated.

The secretary is responsible for providing routine secretarial functions including typing material assigned, preparing cards of circulation, and photocopying and arranging materials. She also maintains up to date logs, card files, and case files.

Figure 5-3 depicts the organizational relationships of the Sub-Center and, more importantly, personnel relationships within the organization. The Center's staff consists of a professional services unit and an administrative services unit. Professional services consists of psychologists, social workers, and a social

FIGURE 5-3

ORGANIZATIONAL CHART



penal worker, all of which report to the director. Under the administrative unit, the secretary III reports to the director and the executive functionary. The office worker and office worker/typists are under the supervision of the executive functionary.

The director of the Sub-Center reports to the Center director. Both the psychologist and the secretary report to the Sub-Center director. Even though this position is partially funded by the regional parole office, the director does not have dual reporting responsibilities. He reports to the Center director only.

The director of the Center reports to the Assistant Administrator of Programming and Treatment within the Administration of Corrections.

5.2 PERSONNEL TRAINING

Center

The Center has not been involved in providing any formal personnel training for its employees nor have employees been subsidized to participate in outside training programs. Personnel are regarded as trained by nature of their related education and experience. Under the previous director, particularly difficult cases or cases which required input from other staff members, were reviewed during weekly staff meetings. The present director also holds individual and group discussions on a less formal schedule.

Some limited training has been offered to Center staff on an informal, ad hoc basis. This training is offered by Center psychologists with expertise in functional areas requested by staff members. These voluntary, informal sessions have included training in the areas of Gestalt therapy and projective testing techniques.

The attitude of the previous director hampered individual staff attempts to improve themselves through training. Following a personal dispute with the director, one of the full-time psychologists was ordered to discontinue training that she had recommended as highly relevant to his duties at the Center. Moreover, the director then refused to assign that psychologist any cases for a period of 2 1/2 months. No acceptable reason was offered. He was informed only that he must improve himself "by reading" during this entire time.

Based upon on-site interviews with the present director, psychologists, social workers, and social penal workers, several needed areas of training were identified. These training needs included the following:

- o Techniques in administering tests in group settings
- o Techniques in evaluating testing results
- o Psychological and sociological client interviewing techniques

- o Reality therapy training provided by Center staff for institutional treatment committees
- o Normal and abnormal human behavior

Training needs have been difficult, if not virtually impossible to meet as a result of there being insufficient staff members to complete all required Center functions. Staff participation in training generally requires additional resources for training costs as well as the ability of an agency to relinquish staff members for the duration of the training period. To date, neither of these options have proven realistic within existing resources and the constraints imposed by legislative mandates.

Sub-Center

Sub-Center staff also have not participated in any formalized training activities related to Center functions. The director of the Sub-Center has received some administrative training in terms of operational procedures with the Center through on-site visits made by the Center director.

Social penal workers

Social penal workers work within the Center and institutions, and as probation and parole officers. They are required to have a BA degree with at least 30 hours in either sociology or psychology. Basic training normally consists of two days per

week for seven weeks. Topics offered include criminal justice programs and procedures, Law 116, functions of the CDT Center, workshops on interviewing techniques and on the development and editing of social histories. Social penal workers received approximately 28 hours of basic training in group therapy, interpersonal relations, human conduct, behavior modification and family relations. There is also some in-service training provided in areas related to psychotherapy.

A frequent criticism of Center reports is that they are "unrealistic". In large part this is true. The fact remains, however, that psychologists and social workers can and do make suggestions in their reports which relate to observable behavior.

These suggestions could be used by social penal workers as the basis for elementary counseling and constructive intervention. We have observed that most social penal workers within institutions do have the time for counseling but are not inclined to do so. They feel that counseling or treatment belongs within formalized programs such as addiction services. Since these programs are limited, every effort must be made to maximize constructive contact on an informal basis through the expanded use of social penal workers..

Two specific suggestions follow from this discussion. First, evaluations made by the Center on confined inmates should be developed in such a way as to be specific, understandable and

useful to institutional personnel generally, and social penal workers in particular. Second, social penal workers should be given additional training designed to give them the techniques and confidence to participate in informal counseling. It should be made clear that this is an expected responsibility of their position. This training curriculum should be developed collaboratively with Center psychologists, irrespective of who eventually conducts the training.

5.3 PHYSICAL FACILITIES

Center

The Center occupies office space on the third floor of the Judicial Center building. The offices are located next to the probation offices which share a common waiting room area. This area is more than adequate to comfortably seat both Center clients and probationers awaiting appointments. Guards are present at the entrance to the waiting area and accompany clients at all times while awaiting appointments. To date, there has been no problem with regard to escapes or attempted escapes.

There are twelve offices in the Center, ten of which are single offices and the other two of which are shared. All professional staff members have individual offices. The shared offices are occupied by secretaries and office workers. The Center also has one conference room and a central reception area. The conference room is frequently utilized by the psychologist while

administering tests and interviewing clients. It is also used for group sessions and staff meetings.

The reception area consists of two desks located by the entrance to the Center offices. At present, only one of these desks is being utilized.

All office space is relatively new and provides both adequate space and privacy for client interviews. The only serious problem noted was the intermittent use of a loudspeaker system which was quite audible within the private offices of the psychologists.

Most client interviews are conducted at the Center. A few, however, are held in Humacao and Punta Lima since one of the full-time psychologists lives nearby. Both of these institutions do have adequate space and privacy.

Client interviews are also held at the State Penitentiary. This situation results from an apparent lack of custodial personnel to supervise the prisoners, as well as a shortage of vehicles to transport them. For this reason, requests for on-site client evaluations have been made.

Two problems should be noted with respect to this situation. Although some discontent has been expressed about the interviewing rooms at the prison, the most serious objection has been

the fact that custody officers were posted within audible range of the interview setting. Two-way intercom systems were occasionally turned on while confidential discussions were in progress. This general situation became so intolerable that until the recent resignation of the previous warden, psychologists had refused further evaluations there. The second problem is a more general concern expressed by psychologists and social workers over the custodial and punitive setting associated with any maximum security facility. Although interviews have resumed, the residual concern exists that such an atmosphere contaminates the quality and usefulness of tests and discussions.

Sub-Center

The Sub-Center in Mayaguez shared office space with the parole department until May 1, 1977. The parole department office space previously occupied was noisy, limited, and did not have adequate interviewing space.

Since May 1977, the office has been moved to a separate building which consists of one very large open room. The office space is sufficiently adequate to perform all necessary Sub-Center functions in terms of current interviewing procedures. There are also sufficient facilities for Sub-Center staff.

Since the Sub-Center has been in existence, all client interviews and evaluations have been performed in the psychologist's private office. The Sub-Center currently has sufficient office space

to conduct psychological evaluations; however, before shifting interviews from the psychologist's office to the Sub-Center, the office space must be partitioned into at least one private office so as to insure proper privacy for the client interview. The creation of an interviewing room would serve a dual function in that group discussions could be conducted within the same area.

5.4 ADMINISTRATIVE PROCEDURES

The Center receives referrals for psychological evaluations from probation, parole and institutions throughout the Commonwealth, excluding only those areas receiving services from the Sub-Center in Mayaguez. The Mayaguez Sub-Center services both the Mayaguez and Aguadilla regions; however, starting July 20, 1977, Ponce has been instructed by the Center to send all referrals to the Sub-Center. Although Mayaguez is currently operating efficiently within its existing resources, its resources are grossly insufficient to cope with the number of referrals generated by the second largest city on the island, Ponce. This procedural change should be postponed until Sub-Center staff is increased or existing Center resources are redistributed.

The probation department consists of 11 regional offices and one central office. The majority of referrals made to the Center are received from nine of the eleven regional offices; the remaining two offices refer clients to the Sub-Center.

CONTINUED

1 OF 3

The parole department is composed of 9 regional offices and a central office. Center parole referrals are received from 7 offices excluding the Mayaguez and Aguadilla regions, who refer clients to the Sub-Center.

All client referrals made directly from the institutions are sent to the Center with the exception of Camp Limón (Mayaguez Regional Institution) and Aguadilla District Jail which are, in turn, referred to the Sub-Center. Excluding the previous two institutions mentioned, the Center receives referrals from a total of 17 institutions.

The Sub-Center will reassign, on rare occasions, a client that is a special case or particularly difficult to handle case, to the Center. This procedure provides for the capability of obtaining more than one psychological opinion. Taking into account Sub-Center referrals to the Center, the Center, in limited instances, actually receives client cases from all 19 institutions.

5.4.1 Intake

Center

Referral agencies mail to the Center a form requesting a Center evaluation indicating the reason for referral. This form constitutes the first formal contact with the Center and results in a client case file being opened. The Center does not feel that it can refuse

any referral. Each referral is posted in a log book (maintained by year since 1975) indicating date referral was sent, date referral was received, source of referral and type of referral. Other log book data entered later in the evaluation process includes who the referral is assigned to, date of assignment, direct or indirect evaluation, type of evaluation completed, who completed the evaluation, date assigned to typist and date typed. The log book lacks any information with regard to client recommendations.

Under the previous director, opening of case files and log entries were sporadic and incomplete. This may be attributed, in part, to severe staff attrition and management conflict. Currently, however, the executive functionary receives all correspondence, opens the case file, and enters appropriate log data.

A new procedure is being implemented whereby an index card will be completed when a referral request is received. The card will then be filed in a case pending card file. This card filing system will provide a quick reference source for all active and inactive cases and will contain basic client data for internal control purposes.

When referral forms are accompanied by complete social penal worker case histories, the case is assigned to a psychologist or social worker. If client information is incomplete a letter is sent by the Center to the referral agency requesting additional information.

Three data elements must be on file in the clients case at the Center before the appointment can be scheduled. This data includes treatment committee interview, social history, and institutional background.

Cases are currently assigned by the executive functionary and the social penal worker. Assignments are made according to referral requests to either the social worker and/or the psychologist. Once an assignment has been made, a letter is sent to the referral agency indicating the scheduled appointment time. Under the new director, appointments are being confirmed, in the metropolitan area only, a second time by phone ten days prior to the scheduled date. This policy was instituted because appointments were being broken, due primarily to client transfers. Generally, most appointments are kept by the various insitutions. The State Penitentiary however, will often not send clients due to a lack of custody officers and transportation problems.

A call confirms whether or not the person has been transferred and permits rescheduling, if necessary. This policy will be discontinued when case backlogs are brought up to date. However,

to prevent similar problems from arising in the future, serious consideration should be given to maintaining this policy.

Complete client records, including social and criminal history and institutional adjustment, accompany the client when he appears at the Center for the evaluation. All evaluations are done on an individual basis in private offices located in the Center.

When an evaluation is completed, the case file is given to the executive functionary, who enters the appropriate information into the log, and assigns the case to one of the secretaries. The secretary will type the recommendations, mail them to the referral agency, and enter into the log the day the case was completed. Client cases are then refiled alphabetically.

Sub-Center

Sub-Center intake procedures vary slightly compared to the Center with regard to control procedures. When a request for referral is received by the Sub-Center, the secretary stamps the date of referral on the request, puts client name and date on the index (file) card, opens a case file, and gives both the case and index card to the director. He completes the index card which contains client name, date of receipt of the referral, nature of the case, and later, recommendations. After the index card is completed, he enters client name, referral date, purpose of referral, and referral agency in the master log. Logs

are maintained yearly. The index card is filed and the file returned to the secretary in order for her to schedule an appointment.

Most cases come complete with the referral request. If there is incomplete case information, the referral agency will be called and the material either mailed or picked up. Generally, material can be obtained within 24 hours with the exception of Aguadilla, which, because of location, takes approximately 72 hours.

Unlike the Center's card filing system, the Sub-Center maintains two card files, one by week and one by month. Each file is divided into cases pending and cases closed and further subdivided by referral source. To insure adequate case control procedures, only one card file is necessary as long as active and inactive cases are separated.

The secretary schedules client appointments with the psychologist for the first available time open. Two appointments are scheduled per case, one for the evaluation and one for the group discussion of case recommendations. A form letter is mailed to the referral agency indicating the appointment time. Usually, appointments take no more than seven working days to schedule from the time a referral is made.

Clients are seen by a psychologist in his private office.

At no time is the client ever brought to the Sub-Center for an

evaluation. For this reason, on the day of the evaluation the secretary calls the psychologists office to insure the client has kept his scheduled appointment. The Sub-Center experiences fewer problems with regard to clients keeping their scheduled appointments.

Approximately four to five days after the psychologist's evaluation is completed, the director, psychologist, and representative from the referral agency meet to discuss case recommendations. Group discussions are held with probation and parole officers only; social penal workers from the institutions are not included. However, telephone contacts are made with the social penal worker to discuss the case. Future procedures should be modified to include social penal workers in group discussions so that case recommendations are realistic to the institutional environment.

During the 5 day interval between client evaluation and case discussion the director reviews the inmate file and develops his own set of recommendations. Within the last four months, the director has been trying to interview clients before the group discussion, but has only been able to interview approximately 40% of the clients during this time.

Case recommendations are jointly agreed upon in the group discussion and dictated by the director into a tape. The secretary types a draft from the tape which is reviewed, typed final, then mailed to the referral agency.

The evaluation report of the Sub-Center is the result of the psychologist's evaluation and discussions with the parole or probation agent connected with the case. The discussions include the personality of the client and his social history, psychological considerations, and the proposed treatment plan.

The director of the Sub-Center, having been a parole officer and regional parole supervisor in 1973 and 1974, has excellent relationships with both parole and probation. The inclusion of the parole or probation officer in discussions on the case provides the agency with additional analysis on the psychological evaluation and permits the evaluation report to reflect the available programming in the community. Accordingly, a better understanding of the case is achieved and recommended treatment is in accordance with reality.

After recommendations are sent out, the master log and index card are updated. The card is refiled under cases completed in the monthly card file.

The master log is summarized weekly and a report is submitted to the Center in Hato Rey. The Center combines this data with their own and delivers weekly report to the Administration of Corrections. The Sub-Center director spends between 4 to 5 hours every Friday completing the weekly report and an additional hour is spent on typing. Approximately 20 to 24 hours a month is allocated to report preparation for the Administration of

Corrections. Given limited personnel at the Sub-Center, this level of report preparation for the Administration of Corrections is questionable. Monthly data would be sufficient to monitor project activities. In addition, the Center submits a report to the Crime Commission every three months.

5.4.2 Case Assignments

Center

Cases are assigned according to nature of referral request. There are basically two types of referrals; direct and indirect. Direct evaluations are those in which clients are personally interviewed. These evaluations generally include preparole assessments, treatment plans, passes, presentence reports, probation and parole revocations, problem inmate cases, executive clemency and escape cases.

Indirect evaluations are based solely upon review of client case files and are limited to second requests for passes, re-evaluations, and requests for matrimony. Few indirect evaluations are made by the Center.

Few formalized procedures exist with regard to the assignment of cases. The executive functionary and social penal worker are responsible for case assignments.

All indirect evaluations are assigned to the social workers, the majority of which are second requests for passes followed by matrimonial requests. The social worker compiles social

history information on clients to assist the psychologist with their clinical evaluations. New Center procedures have been implemented switching responsibility for handling treatment plan requests from the psychologists to the social workers.

Center psychologists review only direct evaluations which have previously focused upon cases referred for preparole assessments, treatment plans, passes, probation and parole revocations, presentence reports, problem inmates, executive clemency, and escapes. Psychologists will, however, no longer complete evaluations for treatment plan referrals.

Sub-Center

The Mayaguez Sub-Center conducts only direct evaluations, all of which are assigned to the part-time psychologist. The range of evaluations are all inclusive of those seen by the Center. Recently the director has begun interviewing clients after they have been evaluated by the psychologist in order to assist in formulating recommendations. To date, however, interviews have been limited due to the lack of personnel resources.

5.4.3 Case Priorities

Most professional staff from the Center agreed that preparole evaluations have the highest priority. Following this, they

felt that high priority was also given to presentence evaluations requested by the courts, and evaluations for probation and parole hearings.

Table 5-1 shows the percentage of each type of case still pending in 1976 and 1977.

TABLE 5-1

PERCENTAGES OF CASES PENDING
HATO REY CENTER - JANUARY 1976 TO MAY 1977

	<u>Cases Still Pending</u>		<u>Cases No Longer Pending</u>	
	Number	%	Number	%
All referrals combined	141	39.4%	217	60.6%
Preparole Cases	75	51.7%	70	48.3%
Evaluations requested by Sentencing Courts	1	8.3%	9	91.7%

Source: N=358, Random sample of cases, January, 1976 to May, 1977

This table shows that preparole cases have received less priority in terms of completion than cases from sentencing courts (which clearly receive the highest priority). It is surprising that preparole evaluations, which have been emphasized, had a higher percentage of cases still pending than all types of referrals combined. In fact, only evaluations for clemency and for institutional

disciplinary problems (combined equal only 1.6% of referrals) had higher percentages of incompletes cases than preparole evaluations. There were only 3 revocation cases in the sample (2 of the 3 were completed) so it is not possible to determine the priority of those cases. One professional staff member from the Center did state that court requests received priority and other cases, in fact, were done as they were received with no special priority given to preparole cases. The data from the sample supports this statement. Further, the Parole Board member interviewed stated he has a backlog of cases from last year (about 140 persons) whose hearings have been held over into this year because they do not have completed Center evaluations. This also indicates preparole evaluations are not given priority by the Center.

5.4.4 Case Evaluations

Generally, psychologists are expected to concentrate on seeing preparole cases, while social workers see other cases, such as requests for treatment plans, evaluation for passes, etc. However, since there are no formalized intake procedures at the Hato Rey Center, there is overlap in these case assignments; and psychologists frequently see other types of referrals than preparole. When this occurs, psychologists at the Hato Rey Center also administer psychological tests whereas, of course,

social workers do not.

Most of Hato Rey Center referrals are from correctional institutions and parole, Whereas most of the Mayaguez Sub-Center referrals are from probation officers and parole. At Mayaguez, the part-time psychologist rarely utilizes psychological testing. He bases his evaluations upon a review of the case history, an interview with the offender referred, and a case discussion with the parole or probation officer concerned with the case and with the Sub-Center director. Very few cases at the Sub-Center are referrals from correctional institutions. However, in these few cases, in contrast to a probation or parole case, the concerned social penal worker does not sit in on the case discussion. It is of interest to find that social penal workers are far from convinced that Sub-Center reports are of value to them, whereas probation and parole officers are generally fulsome in their praise of Sub-Center work.

Another difference is that all Sub-Center evaluations are direct: that is, all offenders are personally interviewed. Some Center evaluations are indirect, made simply upon a review of the case file (which may include a prior personal interview with the offender). The percentage of such indirect evaluations is not known since this information was not routinely recorded by the Center. At the Center, only social

workers write indirect evaluations, psychologists' evaluations are all direct.

At the Hato Rey Center, the decision as to which tests to use is made by the individual psychologist. Psychologists interviewed by us stated that this decision is based upon a review of the clients case file and the mode of referral. Consequently, they require an historical record of the offenders behavior, and will not proceed without a case history accompanying the referral. Reports completed have in common a statement of the offenders intellectual functioning, how he uses his intelligence and a psychological explanation of his character. Personality traits such as self esteem, inner and outer controls, aggression, typical responses to internal and external pressures, social judgment, frustration tolerance, appropriateness of affect, the extent of hostility and reality contact are evaluated. The personality traits emphasized by the psychologist depend upon the mode of referral. At one time, psychologists made treatment recommendations that were "ideal", recommending what should be done regardless of services available, feeling, apparently, that such recommendations would point to the need for resources and training of personnel which would lead to the establishment of programs based on these needs. Now, psychologists have been severely constrained into making only "realistic" recommendations which, for all practical purposes

means they are restricting institutional treatment plans to the recommendation of either drug or alcohol programs only.

Psychologists used both psychometric tests and projective tests. During this study, we selected nine completed evaluations from the Hato Rey Center to review. An idea of the range and type of tests used can be obtained from the cases, which are on the following page.

TYPE OF REFERRALSOURCE OF EVALUATION

- | | |
|--|--|
| 1. Preparole.
Client seen by:
Psychologist | a. Social history file
b. Personal interview
c. Hutt Adaption of Bender Gestalt
d. Raven Standard Progressive
Matrices
e. Draw Tree, Person Test |
| 2. Preparole.
Client seen by:
Psychologist | a. Social history file
b. Personal interview
c. Raven Standard Progressive
Matrices
d. Incomplete Sentence Test
e. Thematic Apperception Test |
| 3. Treatment Plan.
Client seen by:
Social Worker &
Psychologist | a. Social history file
b. Two personal interviews
c. Personal interviews with
client's father and wife
d. Professional staff discussion
e. Incomplete Sentence Test
f. Role Repetitive Test
g. Raven Standard Progressive
Matrices |
| 4. Probation Revocation.
Client seen by:
Psychologist | a. Personal interview
b. Incomplete Sentence Test
c. Role Repetitive Test
d. Raven Standard Progressive
Matrices |
| 5. Preparole.
Client seen by:
Psychologist | a. Social history file
b. Personal interview
c. Hutt Adaptation of Bender
Gestalt
d. Draw Tree, Person Test
e. Raven Standard Progressive
Matrices |
| 6. Treatment Plan.
Client seen by:
Social Worker | a. Social history file
b. Personal interview
c. Professional staff discussion |
| 7. Treatment Plan.
Client seen by:
Social Worker | a. Social history file
b. Personal interview
c. Professional staff discussion |

8. Custody Change-
Recommendation.
 - a. Social history file
 - b. Personal interview

Client seen by:
Social worker
9. Treatment Plan.
Client seen by:
Psychologist
 - a. Personal interview
 - b. Rorschach
 - c. Hutt Adaptation of Bender
Gestalt

So far, all psychological testing has been given on an individual basis. Because it would save time, psychologists are considering giving the Raven Standard Matrices and the Role Repertoire Test to groups of clients, narrowing the psychologists' time required to two or two and one half hours. Now, professional staff state that it requires three hours to read the social history, administer tests and interview the clients. Following the interview, the psychologists write their evaluation. This is usually done within the same week.

5.4.5 Meetings

Center

Weekly staff meetings were held under the previous director primarily to discuss difficult cases which arose out of the course of the week's activities. Under the new director, there has been a shift in emphasis from group to individual sessions. These meetings are held sporadically on an as needed basis. Currently, psychologists and social workers meet with the director,

individually, and review problem and/or difficult cases. This allows the director to assess the staff process of decision-making as it relates to the development of recommendations. He has a tremendous insight and understanding of institutional programs to be helpful and pragmatic in terms of developing realistic recommendations. Further, the director is able to interact with the staff and thus build better staff relationships. Occasional staff meetings held at a minimum of once a month, would enable the entire staff to gain a clear understanding of procedural changes and to bring together professional and clerical personnel.

Sub-Center

The Sub-Center director and psychologist meet frequently to discuss individual cases. While these are not formalized staff meetings, Sub-Center operations are discussed during these meetings. There is little need for any additional staff meetings given the size of the agency.

Joint meetings between the Center and Sub-Center occurred for the first time under the new directorship. During this time, the Center director has made two visits to Mayaguez to discuss operational procedures and review new case control

procedures. Several informal meetings between the two directors have taken place at the Hato Rey Center. Frequently, communication is made through telephone discussions. Combined meetings and telephone contact appears to be an adequate level of communication to maintain administrative control and insure consistency in procedures.

5.4.6 Procedural Problems

Administrative procedures are designed to aid an organization to achieve its objectives. Procedures can facilitate the achievement of objectives by reducing unnecessary activities, and indicating the best methods for staff accomplishment of goals. The major problem of the Center program is the increasing backlog of cases. Initial efforts of the staff in late 1974 focused on obtaining referrals for Center inmate evaluation services. Referrals were initially encouraged from all components of the corrections system. The increasing backlog made imperative the placing of a moratorium on selected portions of Title III, Law 116. In spite of this moratorium, backlogs have continued to increase.

The backlog is reflected in time required for case processing. Table 5-2 shows the average processing time in days for the Mayaguez Sub-Center for 1976 and 1977. A slight reduction in average processing time is shown with 48 days required from receipt of the referral at the Sub-Center to report submission

in 1976, as compared to 43 days for 1977. Unusual length of time is indicated from the date of the referral to actual receipt at the Center in 1977. The Sub-Center has no serious backlog problem.

TABLE 5-2

MAYAGUEZ SUB-CENTER
AVERAGE PROCESSING TIME IN DAYS 1976 and 1977 1/

	<u>1976</u>	<u>1977</u>
From referral date to receipt at Center	6	19
To date of psychologist interview	17	20
To date of report completion	48	43

1/ 1976 sample of 42 cases drawn from 1/1/76 to 4/5/76,
1977 sample of 19 cases drawn from 1/1/77 to 4/15/77.

Source: Sub-Center Log Book 1976 and 1977

The situation for the Center in Hato Rey is more serious.

Table 5-3 shows processing time for completed cases. The average processing time for completed cases was 67 days. The Sub-Center average processing time over roughly the same period was 43 days. At least three cases in the Center required 200 days and one required almost a year. The longest processing time for a single case in the Sub-Center was 84 days.

TABLE 5-3

HATO REY CENTER
PROCESSING TIME FOR COMPLETED CASES
JANUARY 1976 TO MAY 1977

<u>Months for Completion</u>	<u>Number of Cases</u>
0	35
1	56
2	32
3	31
4	11
5	8
6	4
7	3
11	1

Source: N=358, Random sample of cases January 1, 1976 to May 1977 number of completed cases = 181

Each decision affecting an inmates life has a high priority for that specific individual. The moratorium has placed the priority of Center activities on parole decisions and incoming treatment plan decisions. The Center, however, continues to respond to requests for passes, revocation hearings, reduction of minimum sentence, treatment plans involving programming in the community, classification of custody, and special treatment program needs. Referrals from probation have not been encouraged and have decreased substantially from 1974:

Center evaluations are required after a referral has been made for certain key decisions. The parole board and institutional treatment committees will await the evaluations before making many decisions. Accordingly, quick turn-around is required by these agencies. With the existence of a backlog, an automatic delay results even though an evaluation could conceivably be completed within two to three weeks. If a backlog continues to increase, the time required for turn-around becomes even more extended.

The apparent inability of many inmates to be present at the Center for their appointments further delays the process of Center evaluations. This is a result of conflicts in the scheduling of inmate activities, unavailability of transportation, unavailability of correctional officers to escort inmates, distance of institutions to the Center, and related problems.

The Center is presently addressing this problem by attempting to over schedule appointments so that inmates will be available and the time of Center personnel can be better utilized on examinations and interviews. The Center has instituted a new procedure to decrease the backlog through the assignment of treatment plan referrals to the social workers and the assignment of parole referrals to the psychologists.

SECTION VI
CENTER OUTPUTS

SECTION VI

CENTER OUTPUTS

6.1 OVERVIEW

The one major criticism repeated by correctional workers in institutions and probation and parole officers throughout the island is that Center recommendations are not realistic. This is a serious problem, since correctional workers feel that referring offenders to the Center is a waste of time and cooperation given to the Center by them is begrudging. Some workers feel that they are worse off because the Center has been established. The Center only means more work and no benefits for either themselves or their clients. Many workers commented that whole paragraphs of some Center evaluations would be copied or paraphrased from their own case histories. Typical was a comment by one supervisor that their workers only had BA degrees (not all in the social sciences) and the evaluations of these workers were superior to Hato Rey Center evaluations. Several people commented that a few evaluations were so poor you could not tell they were about the person referred.

Similar were complaints that preparole investigations were unnecessarily duplicative of the parole officer's investigation and the institutional social history file. Another comment was that Center evaluations were too technical, not specific enough, often contradictory and rarely concerned with family

interactions. Family relationships are usually highly important to offender rehabilitation (for good or for bad). Center personnel never make home visits, or have knowledge of the offender's institutional or home environment. Center personnel seem ignorant of institutional and community programs available throughout the island, so that Center recommendations have not been relevant to actual programs.

Another consistent complaint has been the length of time required for most evaluations to return from the Hato Rey Center. Even if one is finally sent, some probation officers mentioned that often the hearing on violation of probation has been held by the time the report requested for the hearing is received. Institutional social penal workers mentioned that custody classification and job assignments have been made sometimes for months, when evaluations from the Center are received. For example, one man was classified minimum custody and had been working successfully during the day for several months in the community. Then the Center evaluation, months overdue, arrived stating the man was hostile, aggressive and had poor internal control. They felt constrained to change his custody status to medium and remove him from his job, all of which was very disruptive to the man and made correctional personnel appear disorganized, perhaps even heartless and stupid, to other inmates.

Consequently, many correctional workers avoid making referrals

to the Center whenever possible. If not possible, they will live with the results. One official stated he will implement any realistic Center recommendations, however, "I have never seen any realistic recommendations".

These highly negative comments were often juxtapositioned with pleas for help with offender management. Correctional workers wished for assistance in understanding and coping with difficult offenders. Many felt that psychological data can be useful for such offenders while not really necessary otherwise. Consequently, they felt that all parole cases, or all felonies, etc., need not be evaluated by the Center, but only those offenders whose behavior and/or personality characteristics are beyond the expertise of correctional workers.

To a large degree, recognition of these problems is reciprocal between correctional workers and professional Center staff. Professional staff mentioned to us that they lack knowledge of institutional programs (except what clients tell them second hand) and that the pressures of "turning out" evaluations have prevented them from visiting institutions or meeting with correctional workers who use their reports. They expressed the feeling that many social penal workers, probation officers and parole officers do not have the educational background required to understand their reports. (Some correctional workers agree with this, others strongly disagree).

Professional workers also agree that many decisions they are supposed to be involved with (e.g., passes, custody changes) are inappropriate for the Center and should be decided solely by correctional workers. Also, professional workers at the Center are aware of the paucity of institutional programs. As one worker said: "There are no programs, so why should we do treatment plan evaluations?" Some professional personnel felt their educational background could be put to better use developing and manning programs to train correctional workers.

It is interesting to note that all community correctional workers mentioned high unemployment and underemployment of probationers and parolees as one of their major problems. This is a social and economic problem, not a psychologically caused problem. The other pressing problems mentioned by both institutional and community correctional personnel were drug and alcohol abuse. Although psychological difficulties may confound these problems, they also carry a large component of social causation. Consequently, it seems that Center evaluations should not be programmatic in emphasis. Correctional workers can easily tell if a man should go into a drug or alcohol abuse program without a psychological evaluation. They know if an offender is unemployed and needs a job, or unskilled and needs education or job training, without a psychological evaluation. They know that a man who is short tempered and has a history of assaultive

behavior requires close surveillance and close custody, also without need of a psychological evaluation. What they are often unclear about is what techniques and approaches they should use with varying offenders (who have differing personality characteristics) in order to encourage and motivate specific problem solving as it relates to each offender. Often, of course, correctional workers know how to do this successfully with many offenders. However, for their self described "difficult cases" they do not know. For example, how does a person motivate this particular alcoholic into an alcohol treatment program, or how can he minimize future drug usage by that particular long term addict?

Approaches to such problems obviously have to vary according to the personality characteristics of the offender involved, as well as his family and social situation. It is in these areas that psychological evaluations and case consultation can be of great assistance to correctional workers because of the professional education into personality dynamics and psychotherapeutic techniques held by psychologists and social workers. Of course, professional terminology has to be translated into layman's language (a lack in some Center evaluations) but this is a relatively easy task. Further,

face-to-face case consultation is of far more value to correctional workers than written evaluations. This process educates the correctional worker about psychodynamics and therapeutic approaches and educates the professional worker about correctional problems and available programs.

Wherever on the island a model of professional case consultation is followed, correctional workers speak very highly of the psychological services provided and of the work of the professional unit. This holds true for the intensive treatment units and for the Mayaguez Sub-Center. Correctional workers were highly pleased with these agencies, mentioning specific instances of successful work in collaboration with them. The one exception was the responses of correctional institutional workers about the Mayaguez Sub-Center, about which we received the typical comments that recommendations were unrealistic, etc. It is to be noted that the Mayaguez Sub-Center does relatively few treatment plans for correctional institutions and, more importantly, that the institutional social penal workers do not participate in the face-to-face staff conferences about their referrals.

6.2 ANALYSIS OF WRITTEN EVALUATIONS

Review of a small sample of nine evaluations from the Hato Rey Center and three evaluations from the Mayaguez Sub-Center

indicates that the primary difference between them is that the Mayaguez reports are written by the director, whereas the Hato Rey reports are written by the professional worker who did the evaluation and were countersigned by the director. Evaluations from both the Center and Sub-Center average about two pages in length, followed by a page of three or four recommendations. Occasionally, recommendations for psychotherapy or for alcohol treatment include the proviso that they should be made part of the conditions of release from prison. Similar recommendations are made for furloughs, where the Center may recommend urine surveillance, or other special conditions. Most correctional workers state they are conscientious in following through with such recommended conditions, but that it does not take a psychologist to figure out the necessity for most of them.

Again, some recommendations are impractical. One Center professional worker said he makes his recommendations and it is the problem of the institution to figure out how to implement them. One institutional worker stated the recommendations were most useful for custody changes and for passes. His reasoning was that Center "stamp of approval" on custody changes or furloughs relieved the institution of responsibility for unpopular decisions, should something go wrong. Consequently, one of the functions of specific Center recommendations can be to relieve correctional agencies and workers from

responsibility for poor decisions.

An important fact is that Center professional staff accept the classification of drug abuser made by social penal workers. There is a danger of the usage of the term "addict" becoming a powerful negative label, particularly since there is only a minimal attempt to differentiate between severity of use and type of drug used. Also, many inmates incorrectly believe that being categorized as an "addict" will help them get out of prison and into a community corrections agency sooner. Residence in a community residential treatment center is now required before most addicts will be paroled. Thus, there is pressure for even non-users of drugs to label themselves "addict". Consequently, great care is needed in making evaluations of drug abuse, and this care is rarely taken.

Even though Hato Rey Center evaluations are based upon psychological testing, there seems no real significant difference between those evaluations and the ones from Mayaguez, where psychological testing is rarely done. The director of the Sub-Center states that the psychologist feels that a standard psychological interview can develop the information required most of the time.

Psychological terminology, which seems more frequent in the Hato Rey Center reports, does carry certain case management

implications. Professional workers are probably correct in feeling that many correctional workers are not knowledgeable of these implications. Also the evaluations contain, of course, positive character labels, (such as "sincere") and negative ones (such as "low motivation") that undoubtedly affect how the offender is perceived by persons who read the report. One correctional worker complained that psychological evaluations were mainly a series of negative labels. This is a danger that should be guarded against.

In general, Center evaluations tend to be rather typically psychologically oriented reports which focus upon the individual offender and his character.

6.3 CASE CHARACTERISTICS

The Hato Rey Center and the Mayaguez Sub-Center, while operated under the same legislative authority, had substantially different types of referrals, number of case completions per staff, and other program characteristics. The program description information included in this subsection is arranged to contrast both operations.

6.3.1 Number of Referrals

Tables 6-1 and 6-2 show the number of referrals, according

to available information, for both the Center and Sub-Center.

For the Hato Rey Center, monthly referrals have ranged from a low of 80 to a high of 165. The number of average monthly referrals over both years is 120. Referral data was not available for Fiscal Year 1975.

The Mayaguez Sub-Center, which covers the Mayaguez and Aguadilla regions, has recorded referrals from November 1975 to the present. In the first two months of the Sub-Center operation a substantial number of referrals were received. Referrals then tapered off and varied widely from a low of four to a high of thirty-nine per month.

Referrals for the Sub-Center have declined over the past two years. This decline is due to the diminished number of referrals from probation. The decline in probation referrals has made difficult any analysis of the wide variation of referrals which is in marked contrast to the lower variation range of monthly referrals for the Hato Rey Center.

TABLE 6-1

HATO REY CENTER
REFERRALS, FISCAL YEARS 1976 AND 77

	<u>1976</u> (1)	<u>1977</u> (2)
July	117	80
August	117	165
September	117	157
October	123	103
November	110	103
December	118	122
January	84	111
February	154	92
March	108	154
April	114	136
May	161	119
June	<u>81</u>	<u>122</u>
Total	1,404	1,464

(1) Estimated for July, August and September

(2) Estimated for June

Source: Hato Rey Center Log Books 1976 and 1977

TABLE 6-2

MAYAGUEZ SUB-CENTER
REFERRALS, FISCAL YEARS 1975, 76 AND 77

	<u>1975</u>	<u>1976</u>	<u>1977</u>
July		12	18
August		12	17
September		18	13
October		39	14
November	54	18	9
December	41	18	15
January	27	25	5
February	4	25	4
March	10	11	7
April	6	15	18
May	8	33	36
June	<u>6</u>	<u>8</u>	<u>36</u>
Total	156	234	192

Source: Mayaguez Sub-Center Log Books 1975, 76, and 77.

6.3.2 Completed Cases

The bulk of completed cases done by the Center are from probation, parole and institutions. Self referrals for evaluations from inmates are negligible in occurrence, and requests from the sentencing courts for presentence investigations comprise about 3% of referrals. The following table, 6-3, gives the characteristics of completed cases for the Hato Rey Center and the Mayaguez Sub-Center. Again reflecting differing sources, the Mayaguez Sub-Center has a much higher percentage of probation cases and a much lower percentage of institutional cases than the Hato Rey Center.

TABLE 6-3
CHARACTERISTICS OF COMPLETED CASES
FISCAL YEAR 1977

	(1) <u>Hato Rey Center</u>		(2) <u>Mayaguez Sub-Center</u>		<u>Both Centers Combined</u>	
	Number	%	Number	%	Number	%
<u>Probation</u>						
Treatment plans	1	1.6	29	25.2	30	17.0
Presentence	1	1.6	5	4.3	6	3.4
Revocations	—	—	10	8.7	10	5.7
	2	3.2%	44	38.2%	46	26.1%
<u>Parole</u>						
Preparole	31	50.9	52	45.3	83	47.2
Treatment plans	1	1.6			1	.6
Revocations	2	3.3	7	6.1	9	5.1
Exec. Clemency	3	4.9	3	2.6	6	3.4
	37	60.7%	62	54.0	99	56.3%
<u>Institutions</u>						
Passes	4	6.6			4	2.3
Pass Violations	2	3.2	4	3.5	6	3.4
Treatment plans	14	23.1	5	4.3	19	10.8
Exec. Clemency	2	3.2	—	—	2	1.1
	22	36.1%	9	7.8%	31	17.6%
Total	61	100.0%	115	100.0%	176	100.0%

(1) Sample, N=61

(2) Actual referrals, July 1, 1976 to May 26, 1977

Sources: Mayaguez Sub-Center Summaries of Log Books.
Sample of case folders from Center files.

Table 6-4 contrasts the type of case completions for the Mayaguez Sub-Center for 1976 and 1977. Average number of monthly case completions was decreased by 50% in this period as a result of the decline in probation cases. The average number of parole cases completed per month increased from 5 in 1976 to 6 in 1977. The number of institutional cases decreased over the same period. The net result is that the decline in case completions is due to the dramatic drop of approximately 10 probation cases per month from 1976 to 1977.

TABLE 6-4
MAYAGUEZ SUB-CENTER
AVERAGE MONTHLY CASE COMPLETIONS
FISCAL YEARS 1976 and 1977

	1976		1977	
	Number	%	Number	%
Probation	14	70.0	4	36.4
Parole	5	25.0	6	54.5
Institutions	<u>1</u>	<u>5.0</u>	<u>1</u>	<u>9.1</u>
Total	20	100.0%	11	100.0%

Source: Mayaguez Sub-Center Log Books.

Table 6-5 shows case completions and referrals for the Center and Sub-Center. Completed cases are those cases where an evaluation was done and returned to the referral source by the Centers. According to the data available the Mayaguez Sub-Center has a higher completion rate at 76.2% than the Hato Rey Center which shows 44.8% for Fiscal Year 1976. Cases are not completed due to incomplete case folders submitted by institutions, failure of clients to keep appointments scheduled, and resolution of cases such as parole decisions before cases are processed by the Center or Sub-Center.

TABLE 6-5
CASE COMPLETIONS AND REFERRALS

	<u>Hato Rey Center Fiscal Year 1976</u>	<u>Mayaguez Sub-Center July 1, 1976 to May 6, 1977</u>
Referrals	1,404	151
Completions	627 (1)	115
Completions as % of Referrals	44.8%	72.2%

Sources: (1) Center Annual Report, Fiscal Year 1976
Hato Rey Center and Mayaguez Sub-Center Log Books

Table 6-6 shows client characteristics for Center referrals submitted as of January 1977 which have received evaluations. The median age for clients is 28 and the average education is eight grade. 96% of the clients referred were men. 54% of the clients were single and 28% were married. 63% of the clients had at least one previous offense and in 11% of the cases, it was unknown as to whether there was a previous offense. The most frequent offenses for which clients are currently incarcerated are drugs (18%), breaking and entering (17%), arson (11%), and robbery (10%).

TABLE 6-6

CLIENT CHARACTERISTICS FOR HATO REY CENTER
REFERRALS - 1977

<u>Age</u>	<u>Number</u>	<u>Percent</u>
19-20	8	11%
21-25	18	25%
26-30	16	23%
31-35	15	21%
35-40	8	11%
40 and over	6	8%
	<u>71</u>	<u>100%</u>
<u>Education</u>		
Less than 1	10	14%
1-9	41	58%
10-12	17	24%
12 and over	3	4%
	<u>71</u>	<u>100%</u>
<u>Sex</u>		
Male	68	96%
Female	3	4%
	<u>71</u>	<u>100%</u>
<u>Marital Status</u>		
Single	38	54%
Married	20	28%
Divorced	4	5%
Other	9	13%
	<u>71</u>	<u>100%</u>
<u>Previous Offenses</u>		
Yes	45	63%
No	18	25%
Unknown	8	11%
	<u>71</u>	<u>100%</u>

TABLE 6-6

CLIENT CHARACTERISTICS FOR HATO REY CENTER
REFERRALS - 1977

	<u>Number</u>	<u>Percent</u>
<u>Offenses in order of frequency</u>		
Drugs	13	18%
Breaking and entering	12	17%
Arson	8	11%
Robbery	7	10%
Grand Larceny	5	7%
Attempted Murder	4	6%
2nd Degree Murder	4	6%
Others	18	25%
	<u>71</u>	<u>100%</u>

Source: N=sample of 71 cases January 1, 1977 to July 1, 1977
selected from Hato Rey Center files.

Table 6-7 depicts the type of referrals for the Hato Rey Center made and completed during January 1, 1977 and July 1, 1977. The majority of referrals were made for pre-parole assessments (49%) and treatment plans (28%). There was an equal distribution of referrals for passes and pre-sentence reports. The vast majority of evaluations were conducted by psychologists (70%) while the remaining 30% of cases were split between social workers and social penal workers.

TABLE 6-7

HATO REY CENTER REFERRALS AND EVALUATIONS - 1977

	<u>Number</u>	<u>Percent</u>
<u>Type of Referrals</u>		
Parole	36	51%
Treatment Plans	19	27%
Passes	4	6%
Pre-Sentence	4	6%
Matrimony	3	4%
Probation	1	1%
Study-Release	1	1%
Others	3	4%
	<u>71</u>	<u>100%</u>
<u>Evaluations</u>		
Psychologists	50	70%
Social Workers	11	15%
Social Penal Workers	10	15%
	<u>71</u>	<u>100%</u>

Source: N=Sample of 71 cases January 1, 1977 to July 1, 1977 selected from Hato Rey Center files.

Table 6-8 details parole recommendations of the Center. Eight of the thirty-six (22%) parole recommendations were favorable or approximately one out of every five parole recommendations made are favorable without conditions. The number of favorable recommendations with conditions equals 50%. Stipulations of conditions can be detrimental to the client. For example, several inmates interviewed had been recommended for transfers to a half-way house; however, half-way houses were full and the individuals remained institutionalized. One out of every six people (17%) receive favorable recommendations only after they have received, and successfully completed at least one pass. The result of such a recommendations is that the client must wait anywhere from 2 to 8 months before receiving a pass and subsequently parole. Eleven (11%) percent of the parole recommendations were unfavorable. Only four out of 36 cases suggested the need for any psychological follow-up.

TABLE 6-8

PAROLE RECOMMENDATIONS
OF THE CENTER

	<u>Number</u>
Favorable	8
Favorable with conditions	
Drug Therapy	7
Alcohol Therapy	1
Psychological Therapy	1
Residential Programs	4
Close Supervision	5
Favorable after passes	
One Pass	3
Two Passes	1
Three Passes	2
Unfavorable	
Institutional Drug and	
Alcohol Therapy	1
Psychological Therapy	1
Neurological Exams	1
Three-months examination	1
Total	<hr/> 36

Source: N=Sample of 71 cases, January 1, 1977 to July 1, 1977
selected from Hato Rey Center files.

6.4 AGENCY UTILIZATION OF OUTPUTS

6.4.1 Inmates

To determine the effect of Center evaluations on inmate utilization of Center outputs, inmate interviews were conducted at various correctional institutions. A total of 24 inmates were interviewed: exactly 4 at each of 6 institutions. The institutions were: Bayamon, Institution for Young Adults, Womens Institution, State Penitentiary, Guavate Camp and Aguadilla District Jail. Inmates from the Aguadilla District Jail are in the region of the Mayaguez Sub-Center.

The inmates interviewed were selected so that approximately 6 months would have lapsed from their interview at the Center in order to determine time required for response and notification to the inmate of evaluation results.

Inmates interviewed had been evaluated by the Center and Sub-Center. An average of 5.6 months occurred from the time of their Center program examination to the time of the inmate interviews. They had been in prison for a median period of 21 months at the time of the inmate interviews.

The inmates interviewed were referred to the Center or Sub-Center for the following purposes:

o Treatment Plans (change of custody level, special drug problems)	5
o Parole	7
o Pass	7
o Parole Violations	1
o Community Program (2 for Study Release)	3
o Escape	1

Only one of the inmates initiated a referral (self-referral).

Procedures

The average time required for testing and/or interview was 1 1/2 hours. The longest examination required 5 hours; the shortest: 15 minutes. Three inmates indicated that the examination took only a half hour.

All of the inmates, except for two, were seen by a psychologist only. Of the two exceptions, one saw a Center social penal worker and the other saw both a psychologist and a Center social penal worker. Inmates at the State Penitentiary were examined by the institution's full-time psychiatrist before seeing a Center psychologist.

Most of the examinations (15 of 24) consisted of both tests and interviews. Six were interviews only. The three Aguadilla

inmates were sent to the Mayaguez Sub-Center which rarely utilizes testing. Three inmates were given tests only.

Results of the Center and Sub-Center examinations were relayed to the inmates through their institutional social penal worker. The average time for waiting for results was nine weeks. Of the 24 inmates, four were not informed of the results. Of these, three were from the Institution for Young Adults (a total of four were interviewed at that institution) and one was from the State Penitentiary. The inmate from the State Penitentiary was scheduled to meet with the Treatment Committee on the day of the inmate interviews.

The social penal workers information to the inmate usually consisted of the general tone of the evaluation, such as favorable or unfavorable. A few inmates were informed of specific recommendations. Others were told that specifics were confidential.

Inmate Observations

The overall impression of the Center given by the inmates in the interview was positive. Eight of the twenty-four inmates said they were definitely helped through Center recommendations. Seven expected that the Center would have a

beneficial impact on their situations. Two were not helped, but felt they had gained some self knowledge through the process ("I learned about my IQ" and "I passed the test"). The Center apparently enjoys a positive reputation among most inmates. ("I understand from other inmates that the Center is good and helps us") and a large majority (17 of the 24 interviews) hope that it continues in operation.

Seven of the inmates interviewed had definite negative impressions of the Center. Three of the four inmates at Guavate Camp were negative and their concerns were that Center recommendations for programs were not relevant to their cases; (one was recommended for a drug treatment program and his problem with drugs had occurred two years ago). Of the three at Guavate, each had been recommended for a program that did not exist at the camp (vocational training in electricity, alcohol treatment, and drug treatment). One remarked that before the Center had begun operations, passes were more frequent.

Two of the four persons interviewed at the State Penitentiary were concerned with the overwhelming power of the social penal workers in key situations of classifying level of custody, recommendations for programs and parole, authorization of visitors, and defining addiction and classifying inmates as drug or alcohol dependent. They both stated that social penal workers often ignore Center recommendations that go counter to their own

recommendations. One stated that the State Penitentiary Treatment Committee used the Center reports as if they were toilet paper.

The one woman inmate who had negative comments felt that recommendations based on a half hour interview were worthless. She felt that social penal workers had more contact of a continuing nature and were therefore better able to make program recommendations relevant to different individuals. One inmate at Bayamon was told by his social penal worker that the Center report stated he had no internal control. The inmate said, "By this, the Center has told me nothing, I thought they would recommend an alcohol treatment program and no mention was made of it. I have previously had four passes and should be getting a favorable recommendation for parole".

The inmates interviewed at Aguadilla were all positive about the Mayaguez Sub-Center. The young offenders offered no negative remarks; however, only one knew of the results of his examination.

Other Observations:

- o "Center evaluations should be performed before minimum sentence has been reached".
- o "The Center should exist because they know when one is ready for the community".

- o "Without the Center, I would not have received a pass".
- o "Without the Center, permission for study release would not be granted for me".
- o "Only people in minimum custody can be sent to the Center for parole recommendations".
- o "It is unfair for the Parole Board to require me to go out on three passes before considering my case".
- o "Drug programs should be voluntary".

6.4.2 Judiciary

Three judges were interviewed about their opinion of Center work. None of the three judges even knew of the existence of the Center. These are all judges who sentence offenders, and if they are typical, judicial use of Center outputs is clearly minimal. All three judges felt that Center evaluations could be useful to them, particularly for evaluating persons they felt might have mental problems. One judge stated that more of his colleagues would use the Center, he was sure, if they knew of its existence. The judges expressed the opinion that a future goal of the Center should be better service to the courts.

Probation officers work closely with the courts, and the judges interviewed felt that, administratively, probation services should

be under the courts' direction. Two of the three judges expressed doubt over the wisdom of separating the functions of presentence investigation and probation supervision into two units.

Statistical data compiled by us from Center records indicates that some judges do refer defendants directly to the Center for evaluations (in fact, the Center gives these requests highest priority) so obviously some judges know of the Center's existence.

Regarding Center reports to the courts, one probation official complained that the Center sometimes sends indirect evaluations to the courts for revocation hearings or for presentence investigations, and that the courts will not use indirect evaluations for such important decisions. He felt that all Center reports to the courts should be based upon direct psychological evaluations.

6.4.3 Probation

The major difference in utilization of Center outputs by probation is the fact that the Hato Rey Center is used infrequently by probation compared to the Mayaguez Sub-Center. The Mayaguez Sub-Center generally receives requests for help in formulating treatment plans from probation with much more frequency than requests for presentence evaluations or for revocation hearing evaluations.

Probation officers from more distant locations were "out of luck". Again, the intensive treatment unit is used for psychiatric and psychological evaluations, case consultation and supervision of certain difficult cases. Here also, use of Center outputs is practically nil.

Records at the Hato Rey Center were kept in such a fashion that it is impossible to state from a statistical sample what type of referrals they have been receiving from probation. However, interview data suggests that the Hato Rey Center does not contribute greatly to the functioning of probation offices. Probation workers at Ponce stated that their judges do not use the Center for presentence evaluation. There is the intensive treatment unit in Ponce which probation officers use for psychological testing and for help in developing treatment plans. We were told that only revocation cases are referred to the Center, but the Center does not usually see them. Our conclusion is that the use of Center outputs by this office is nil.

Probation officials in San Juan made similar statements about the Center. Only revocation cases are referred by the probation officers, but most of the evaluations are not done. Those that are done occur because probation officers in San Juan and Bayamón have learned how to pressure the Center into evaluating their men.

In both offices it was mentioned that historically the Center began on the wrong foot. During the first several months of operation, many cases were referred by probation officers to the Center, but few evaluations were returned.

There was high Center personnel turnover, leading to ineffective evaluations for those cases that were seen. All of this generated resistance to the use of the Center by probation officers that is still present. "The Center is a good thing only if it would work properly". Workers in probation clearly do not perceive the Hato Rey Center as working properly.

In contrast the Mayaguez probation office speaks well of the Sub-Center. They refer drug addiction cases who have violated the law for evaluation, as well as most hearings on violation of probation. Also they refer difficult cases where they feel the Sub-Center may be of some help. They also have an intensive treatment unit which they use for these cases.

The referring probation officers take part in the case evaluations prior to the report of the Center. "Sometimes their recommendations are useful, sometimes they advise us to do what we are already doing". The probation office, through personal contacts, can accelerate cases through the Sub-Center for presentence reports and hearings on revocation. Currently, because of regulations requiring priority for preparole evaluations, the Sub-Center is discouraging referrals from probation. Consequently, they are now completing ten fewer probation cases a

month than in the past. Despite this current reduction in services, the Mayaguez Sub-Center seems well thought of by probation officers, and Sub-Center evaluations have been utilized by them.

6.4.4 Institutions

All offenders sentenced to confinement and placed under the custody of the Administration of Corrections are required to have a Center evaluation by law. A estimated 627 inmates in 1976 have received evaluations from the Center. An additional 178 inmates have been evaluated by the Sub-Center during this same period. These evaluations combined, fall far short of the total number of persons sentenced to confinement during that same year (2,999). The law is vague and can be interpreted to include misdemeanants as well as felony offenders. However, the Center is still falling short of complying with the moratorium even assuming that only felony offenders would be evaluated.

There are several causes for the non-compliance with the moratorium. Institutions elect not to refer clients to the Center because turn-around time for case evaluations is too long, anywhere from two to eight months. Secondly, evaluation recommendations are viewed as impractical and unrealistic. Psychologists, for the most part, tailor recommendations to fit the "ideal" needs of the individual. For example, a typical

recommendation would suggest that the inmate receive individual psychiatric counseling. The identification of a severe psychological problem within a client and the recommendation of intensive psychological or psychiatric care may be unrealistic in certain locations or institutions on the island. Transfers may be required to other institutions and the active acquisition of services required in order to fulfill the treatment plan.

The majority of institutional referrals made to the Center are for treatment plans. Treatment plan recommendations are utilized by institutional personnel for inmate management and custody decisions. Treatment recommendations of the Center program includes psychological and psychiatric treatment, addiction services, need for intensive supervision, and some education requirements. The treatment plan proposed by the Center program, in order to be effective, must relate to the availability of treatment resources in both the institutions and the community.

Interviews with superintendents and treatment committee members reflected that program related recommendations were difficult, and often impossible, to implement due to a lack of institutional programming.

Programs that are available within the institutions vary

according to the type of institution, level of security and location.

Figure 6-1 depicts program resources among 16 of the 19 institutions. The 3 half-way houses are not listed because the nature of such facilities assumes extensive utilization of community resources.

The greatest program need identified in Center recommendations is for drug addiction programs. The labeling effect of classifying the vast majority of inmates as drug addicts has also generated additional program needs for addicts. Six of the 16 institutions have no drug treatment programs available, yet interviews with treatment committee members suggested that approximately 65% of their entire inmate population were classified as drug addicts. Proper classification for drug addiction is imperative so that actual drug addicts may benefit from the existing resources. However, resources must also be expanded. Drug addiction services are rendered primarily by the Department of Addiction Services and CREA. These services are only offered part-time and thus, to only a limited number of the inmates incarcerated.

The second most important service identified is alcohol programs. Currently four institutions receive part-time

EXISTING INSTITUTIONAL PROGRAMS

Institutions	Alcohol Program	Crafts	Crea	Dept. of Addition Services	Educational Programs	Farming/ Agriculture	Library	Medical Services	Model Ex-Offender Program	Psychiatric/ Psychological Services	Religious Programs	Sports	Vocational Prison Industries	Work Release	Volunteer Services	Total programs by institutions
1. Aguadilla District Jail	X		X		X		X		X		X					6
2. Arecibo District Jail			X		X		X	X	X		X		X		X	8
3. Guayama District Jail								X				X				2
4. Humacao District Jail							X	X			X	X	X			5
5. Ponce District Jail				X	X		X	X			X	X	X	X		8
6. Guavate Camp		X	X			X	X	X	X		X	X	X			9
7. La Pica Camp		X				X	X		X		X	X			X	7
8. Limón Camp	X					X			X			X				4
9. Punta Lima Camp		X				X	X	X	X	X	X	X				8
10. Zarzal Camp		X		X	X	X	X				X	X				7
11. Sabana Hoyos Camp						X										1
12. Detention Center Pda. 8	X			X			X		X		X	X				6
13. Industrial School for Women			X	X						X	X		X			5
14. Regional Metro. Institution				X	X		X	X			X					5
15. Institution for Young Adults			X	X	X				X		X	X	X			7
16. St. Penitentiary	X			X	X		X	X	X	X	X	X	X			10
Total of each program	4	4	5	7	7	6	11	8	9	3	13	11	7	1	2	98

volunteers from Alcoholics Anonymous. Since alcohol programs are limited, social penal workers tend to classify alcoholics as drug addicts in order that they participate in some type of drug treatment program. This results in an overburdening effect on drug programs with an inappropriate client population receiving services. Further, alcoholics resent being labeled as addicts and reject participation in such programs.

Vocational training programs are also limited and are offered in only seven institutions. Automotive mechanics and auto body and paint work are the primary training areas offered. Other types of vocational training are offered, but on a much more limited basis. These programs include carpentry, electrical training, refrigeration, barber shops, typing and printing. Women are limited to participating in sewing and beautician classes. Overall, more varied vocational training programs are needed which enhance marketable skills.

Work activities of the inmates vary from institution to institution. While maintenance and food service are available jobs at each institution, rural camps have agricultural activities and the more urban areas provide maintenance services to other government agencies.

Psychiatric/psychological services are virtually non-existent. The State Penitentiary has available the most extensive psychiatric services, with one full-time psychiatrist, and at that, few inmates in need of services within this institution can be seen. Vega Alta and Punta Lima have services available one to two times a week. The Vega Alta psychiatrist, however, does not counsel individuals. He dispenses prescriptions only. The Center, as well as institutional personnel, feel psychiatric/psychological services are greatly needed.

Figure 6-1 reveals that rehabilitation programs, with the exception of drug programs, occur infrequently in institutions. Work release, volunteer services, psychological services, alcohol programs, for example, are unusual, whereas pastimes for inmates such as libraries and sports are frequently present. Even programs such as sports, religion, and education are not offered frequently enough.

The remaining programs such as sports, religion, and education are provided on a very limited basis. These programs are necessary for relieving inmate tensions, but must be offered more frequently.

Interviews conducted with social penal workers and inmates have identified a dire need for the development and utilization of community based resources and volunteers. Community reintegration is the key to future success. Work release and educational release programs are two methods of bridging the gaps from institution to community adjustment.

Volunteers, on the other hand, can bring the community to the inmates by developing linkages with outside social service agencies. In addition, volunteers can aid in finding housing and employment opportunities for inmates upon release. These are the two most critical dilemmas facing the inmate awaiting parole.

The lack of availability of institutional programming has had a negative impact on the degree to which Center recommendations can be implemented. Also, the existence of a program within an institution does not assure that there are sufficient slots to accommodate additional participants. For example, the available jobs for inmates in some institutions are not sufficient to accommodate all inmates. As a result, a large number of inmates have a substantial amount of unoccupied time.

Problems also exist in terms of Center staff awareness of program availability. In terms of treatment plan recommendations, a detailed knowledge of institutional programming would be required by Center program personnel in order to make realistic recommendations. This information would require a knowledge of the type of programs available in each institution and their capacity to absorb additional inmates. Stronger linkages should be developed between Center staff and the Administration of Corrections. Such linkages would increase Center staff awareness of program availability and, in turn, Center evaluations could contribute to the identification of future program needs.

6.4.5 PAROLE

Parole Board

All preparole cases are required to have a Center evaluation both by law and by administrative fiat. The Parole Board member interviewed estimates that 9 of 10 persons now have a Center evaluation for their hearing. Often, there is a considerable delay, and there are about 140 persons backlogged from 1976 for lack of a Center evaluation. The Center also does evaluations for executive clemency petitions and for scheduled hearings on violation of parole.

The board member described reports from the Center as helpful for decision making. They are not poor, nor would they be rated as excellent. "They don't have the time". He does not notice any particular difference in the reports from the Mayaguez Sub-Center and the Hato Rey Center and feels that a trained psychologist can evaluate persons satisfactorily without always using psychological testing. The overall quality of all Center reports then, is good. "We have no gripes". Without Center evaluations, their work would be harder, and the Center is needed.

The primary value of Center reports is the description of personality traits given. Essentially, the Board's concern

is with risk of future criminal behavior. In the minds of board members, we are told, is the question: "Is this man going out to commit crimes?". Consequently, psychological profiles that indicate a man has a low frustration tolerance, an anti-social system of values, etc., would indicate the risk of future crime is considerably increased. It was stated to us that this emphasis upon risk, coupled with Center evaluations, may well operate to reduce the number of paroles granted. Since Center psychologists tend to recommend parole if the man is eligible, the descriptions of interview and test results are considered important, but "not necessarily" the recommendations of the Center.

It seems evident that the Parole Board generally uses Center evaluations as an aid in determining the risk of violation of parole presented by the offender. It should be pointed out that a base expectancy scale, which could be developed for Puerto Rico, is a far more accurate and a far less expensive means of categorizing offenders by risk of future crime than are clinical evaluations such as those done by the Center.

Currently the Parole Board is seriously understaffed because of illness and a vacancy, delaying the rate of new

hearings held. Further, there is a new requirement that persons classified as drug abusers be paroled after successful treatment in a residential community treatment Center which is further reducing the number of persons paroled.

Parole Offices

Concurrently with a preparole referral to the Center, an offender is referred for a preparole investigation by a parole officer. The officer will investigate the person's living arrangements, his prospective job placement and often talk with family members and other concerned persons in order to evaluate the suitability of the offender's parole plan and the problems it entails. The few parole investigations that we saw were very comprehensive. Officially, employment is required for parole eligibility, but unemployment and underemployment rates are such as to make that requirement unrealistic, and the Parole Board no longer abides by it.

Interviews at parole offices in San Juan and Ponce revealed that the Center is not a resource of great importance to them, and, again, intensive treatment units are used for psychological evaluations, case consultation and for supervision of some of the difficult cases. Very few cases under supervision are sent to the Center. In cases of revocation hearings,

the Parole Board will make any referral request to the Center, not the parole office.

It was mentioned by a supervisor that there is no communication between the Center staff and parole office staff even though they feel face-to-face meetings are "necessary" for effective work. Potentially, the Center was seen as useful if it would provide evaluations for treatment plans and information on how to best work with a particular offender. A parole officer stated that a good evaluation would be one where "I get to know how he (the parolee) really ticks and I can work with the guy...".

Parole office evaluations of Center reports were mixed, but generally not favorable. The Center, they say, often regurgitates information from institutional and parole office case histories. It was mentioned that occasionally the evaluation seems so off target, that they wonder if the Center saw the same person they are supervising. (Another worker and the Parole Board member disputed this opinion stating that Center evaluations are almost always accurate). Again, recommendations are perceived as unrealistic (e.g., drug treatment is recommended where there are no current openings in agencies for treatment; or they recommend an alcoholic be ordered not to drink). Despite this "unrealism" parole officers said they generally attempt to enforce Center

recommendations because they are required to do so. The frustration for the officers in this situation was apparent; and it is not suprising that some felt the Center was a hindrance to their work, and that they would be better off without current Center practices and evaluations.

Center evaluations are worked out independently of preparole investigations by parole officers, and officers usually do not see the Center evaluation until a month or so after the man is received for supervision.

In sum, parole officers probably receive more Center evaluations than any other line correctional worker. It seems apparent that Center evaluations are utilized only to a very minimum extent. The content of the reports and the lack of professional contact between agencies is such that Hato Rey Center reports are simply not appropriate or valuable for parole officers.

Again, the exception is the Mayaguez Sub-Center. The Mayaguez Sub-Center was seen by the parole office as "very, very useful". These parole officers attend case conferences prior to the writing of the evaluation, and the coordination between the Center and parole was described as "excellent". Center evaluations focus upon behavior patterns and realistic steps that the parole officer can take in working with the man. Again an intensive treatment unit is also available and utilized. (The

part-time psychologist for the Center and for the intensive treatment unit is the same person).

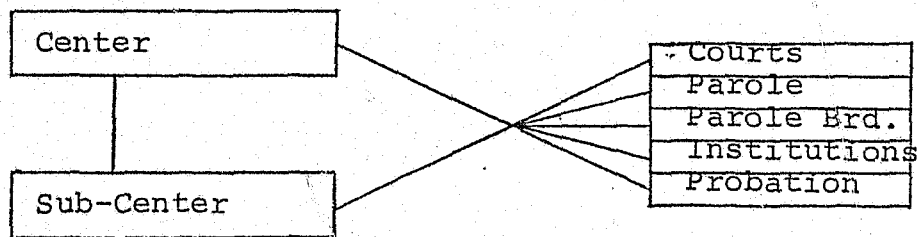
One difference between the procedures at Mayaguez and at the Hato Rey Center is that the parole officers participate in case discussions. The presence of the correctional line worker forces the psychologist to be realistic in his treatment recommendations and only recommend what is readily available. If one recommendation is not feasible, others can be explored. Further, psychological attributes and psychodynamics have to be presented in terms the parole officer can understand, and case interventions planned that the parole officer can implement. Loose terms, such as "provide strict supervision" can be spelled out operationally. All in all, it is a mutual educational process.

SECTION VII
INTERAGENCY RELATIONSHIPS

SECTION VII
INTERAGENCY RELATIONSHIPS

7.1 COORDINATION

On a functional level the Sub-Center operates as a semi-independent entity with its director reporting to the director of the Center in Hato Rey. Each, therefore, has the need to maintain an adequate flow of information with criminal justice agencies that provide inputs and receive outputs. There are five such agencies represented in the simple diagram below:



IDEAL RECIPROCAL INFORMATION FLOW

The fact is that this type of reciprocal information exchange is rare. None of the three judges interviewed, for example, had ever heard of the Center. The supervisor of probation in San Juan has spoken or met with Center personnel only twice in 2 1/2 years. Parole officers around the island have maintained a similar level of relative isolation. Institutional treatment committees receive Center evaluations

but only rarely discuss them with professional staff. Also there is no formal and little informal communication among the professional staff of the Center and Sub-Center.

Among the complaints most commonly heard about the Center are:

- o Turn-around time is excessive
- o Recommendations are vague, idealistic, and/or contradictory
- o Factual information about either the person or his offense is incorrect
- o Psychologists are deceived by clients, thus producing a useless evaluation
- o Recommendations assume availability of institutional or community resources which do not exist or are not accessible

This dismal situation does not exist uniformly in that the Mayaguez Sub-Center maintains a strong level of communication with its regional offices of probation and parole. In contrast to most other regional offices, a mutual consensus exists that Sub-Center reports are very useful.

Generally, poor communication has produced practical problems at a level other than the quality of the evaluation. Appointments

for inmates at the Center have not been routinely confirmed in the past. It was not unusual for an inmate from the State Penitentiary to fail to appear either due to an administrative mixup or to the fact that he had been transferred without notifying the Center. This problem was especially disruptive to schedules in light of the fact that the State Penitentiary is the single largest source of referrals (29%). The present director now requires confirmation of appointments and has reduced the magnitude of the problem accordingly.

Poor communications on both a personal and organizational level is generally associated with hostility and mistrust. The situation here appears to be no exception. Given these facts, the policy of the Administration of Corrections must be not only to promote a more open flow of information, but also to avoid any actions which might aggravate the general uneasiness about the operations of the Center. As a specific example we note that it has been suggested that social penal workers go from the Center to the various institutions to check on conditions generally and the implementation of treatment plans specifically. While the Center should have that information, it is certain that the mission of the social-penal workers will be misjudged by the institutions. A formal request to the institutional administrators for the

information would be a more productive and less awkward approach. This request should outline both the type of data the Center needs for follow up, as well as a mutually agreeable procedure for obtaining it.

An example of poor interagency coordination is the relationship of the Center, half-way houses, and the other institutions. A full-time psychologist serves the three half-way houses by assisting in community adjustment plans and by administering psychological tests to all potential residents to determine if they are suitable for admission. This is done despite the fact that such a determination has been made already by, in most cases, the institutional treatment committees and the Center. If the benefit of a psychological evaluation is required, it should be done by the Center and then used by the treatment committee in its joint decision. An after-the-fact screening which can have the effect of reversing a prior decision, is not only duplicative of efforts, but is made on less information than is available to the treatment committees.

7.2 AGENCY RESOURCES

Probation, with caseloads of 100 per probation officer, can do little more than provide minimal supervision of the caseload. Actual treatment or programming must be supplemented by other agencies. Similarly, parole officers serve more as brokers to services than as treatment specialists.

In making treatment plan recommendations for probationers and parolees, an understanding of available programs is essential. The Center does not provide direct services and only makes psychological evaluations and programming recommendations in the cases of specific clients.

A generally effective level of use is being made of community resources by correctional agencies.

To the extent that these include psychological or psychiatric services, the workload of the Center is reduced accordingly.

Not surprisingly, these resources are used most intensively by parole and probation regional offices; there are nine (9) of the former and eleven (11) of the latter on the island.

Many of these community agencies are used in an effort to ease the most pressing problems for probationers and parolees, namely employment and adequate housing. The official unemployment rate among the general population for the Commonwealth is 20% with informed estimates going much higher.

There are approximately 20 major social service divisions that are operational within the Commonwealth, a few of these, such as the Social Treatment Center, have as many as 9 separate programs. A directory of these should be available to all probation

and parole officers.

Correctional agencies that are distant from either San Juan or Mayaguez tend to depend more heavily on local resources. Ponce, for example, makes extensive use of the Department of Addiction Services. Their staff consists of a full-time general practitioner, a part-time psychiatrist and five full-time counselors. Other community programs frequently encountered are CREA and PRESCO, which are drug and vocational rehabilitation programs..

A special note is needed about the intensive treatment units (ITU's) attached to probation and parole. These units are uniformly awarded high praise by those who are familiar with their operation. Each regional probation and parole office share an ITU except in San Juan where they are separate. All units are staffed at a minimum with either one or two social workers. In the large cities of San Juan, Ponce, and Mayaguez, the services of a part-time psychiatrist and psychologist are also available.

The advantage of these ITU's lies in their physical proximity and close organizational relationship to the officer who has encountered a problem and made a specific request for assistance. Social workers and line officers work together in a collaborative

relationship. There are no geographical or organizational barriers to a flexible and constant exchange of information. Unstructured free time is often spent together in discussions that range from leisure to caseload problems. The effect of this is to minimize misunderstandings and maximize the utility of assistance to the person making a request.

Assistance may take the form of an evaluation to aid the officer in facilitating community adjustment, or it may consist of actually transferring the case to the social worker. In a few instances the officer may be informed frankly that the client is so resistive to intervention that it would be a waste of time for the ITU to accept the case. Such candid assessments are the only practical method of managing limited resources.

SECTION VIII
FINANCIAL ANALYSIS

SECTION VIII

FINANCIAL ANALYSIS

The experience of the Center program, including the Hato Rey Center and the Mayaguez Sub-Center, provides the foundation for estimating the required resources for achieving Center program objectives. The financial analysis presents historical costs, cost per case completion, case completions per staff, and projected case costs. This financial analysis provides the basis for cost estimates of recommended and analyzed alternatives for the Center program.

8.1 PROGRAM COSTS

The Center program is human service oriented and the major cost item is salaries. Salary information for the past three fiscal years and costs for part-time consulting psychologists were obtained from the finance and personnel offices of the Administration of Corrections. Fringe Benefits and office expenses were approximated using application budgeted amounts and estimates of required office space and office equipment.

8.1.1 Center Program Expenditures

Table 8-1 shows the staffing for the Hato Rey Center since the beginning of operations in November, 1974. The size of staff over that time period remained roughly constant and part-time consulting psychologists and a psychiatrist were consistently used.

TABLE 8-1
HATO REY STAFFING
1974 to 1977

<u>Position</u>	<u>Number</u>	<u>Time</u>	<u>Monthly Salary</u>
November, 1974			
Director			\$1,563
Social Workers	2		780
Social Worker	1		680
Secretary	1		450
Secretary	1		390
Typist	3		350
Ex. Asst.	1		465
Psychologists	3	Part-time	20 per hour
Psychiatrist	1	Part-time	25 per hour
June 30, 1975			
Director	1		\$ 980
Psychologist	1		730
Social Workers	2		780
Social Worker	1		630
Ex. Asst.	1		465
Secretary	1		450
Secretary	1		390

<u>Position</u>	<u>Number</u>	<u>Time</u>	<u>Monthly Salary</u>
June 30, 1975 cont.			
Typist	3.		350
Psychologists	4	Part-time	20 per hour
Psychiatrist	1	Part-time	25 per hour

June 30, 1976

Director	1		\$1,563
Social Worker	1		780
Social Worker	1		730
Psychologists	2		655
Social Penal Officers	3		495
Ex. Secretary	2		450
Typists	3		350
Psychologists	3	Part-time	20 per hour

June 1, 1977

Director	1		\$1,180
Social Worker	1		830
Social Worker	1		810
Psychologists	2		655
Social Penal Officer	1		495
Ex. Asst.	1		465
Secretary	1		450
Typists	3		350
Psychologist	1	Part-time	25 per hour
Psychiatrist	1	Part-time	20 per hour

Source: Administration of Corrections, finance and personnel offices.

Monthly salaries increased very little. Table 8-2 shows estimated expenditures from fiscal years 1975 through 1977. Salaries were derived from the staffing levels shown in Table 8-1. Fiscal year 1975 covers the 8 months from November 1, 1974 to June 30, 1975. Expenditures for part-time psychologists have decreased gradually over the 3 year period, but in 1977 this component still constituted 15% of expenditures. As of June 30, 1977 all part-time psychologists contracts have expired and no new funding has been appropriated. Service received from the part-time psychologists in 1977 was the equivalent of 57% of a full-time staff member. This was calculated at the rate of \$20.00 per hour which results in a total of 1,080 consulting hours.

TABLE 8-2

HATO REY CENTER
ESTIMATED EXPENDITURES
FISCAL YEARS 1975, 76 AND 77

	1975 (8 months only)	1976	1977
Salaries	\$49,700	\$84,400	\$84,200
Fringe Benefits (1)	16,930	16,880	16,840
Psychologists (P/T) (2)	11,210	14,170	21,600
Office Expenses (3)	<u>10,000</u>	<u>17,000</u>	<u>17,700</u>
Totals	\$82,540	\$132,450	\$140,340

Source: Based on staffing levels and estimates of offices support costs.

- (1) 22% for 1975, 20% for 1976 and 77
- (2) Part-time rates of \$20 and \$25 per hour
- (3) Includes office space, phone, furniture rental or depreciation, and utilities and travel

8.1.2 Mayaguez Sub-Center

The Mayaguez Sub-Center in the beginning months of November, 1974 through February, 1975 was aided by part-time assistance from regional probation and parole offices. This contribution of real manpower was included in the staffing and cost estimates. The current director of the Sub-Center is still being paid from Parole Office funds.

Table 8-3 shows staffing for the Sub-Center for fiscal years 1975 through 1977. After the initial start-up, there has been little change in the size of the staff. The consulting psychologist has served the Sub-Center since the very beginning.

Although Table 8-3 indicates that he has only been paid for 35% and 15% of his time respectively, he has actually worked an additional eight hours a week. This would increase his percentage of time from 35% to 52% and from 15% to 35%; however, funding has been discontinued as of June 30, 1977, and he currently is not working for the Sub-Center.

TABLE 8-3

MAYAGUEZ SUB-CENTER
STAFFING, FISCAL YEARS 1975, '76 AND '77

<u>Position</u>	<u>Time (%)</u>	<u>Monthly Salary</u>
November and December, 1974		
Director	80	\$730
Psychologist	35	20 per hour
Social Worker	60	830
Social Worker	60	830
Social Worker	40	830
Secretary	100	350
January and February, 1975		
Director	50	\$730
Psychologist	35	20 per hour
Social Worker	60	830
Social Worker	60	830
Social Worker	40	830
Social Worker	40	830
Secretary	100	350
March through June, 1975		
Director	80	\$730
Psychologist	35	20 per hour
Social Worker	25	830
Secretary	100	350
July, 1975 through March, 1976		
Director	50	\$740
Psychologist	15	20 per hour
Social Worker	25	830
Secretary	100	350
April through June, 1976		
Director	50	\$740
Psychologist	15	20 per hour
Secretary	100	350
July, 1976 through June, 1977		
Director	80	\$755
Psychologist	15	20 per hour
Secretary	100	350

Source: Based on interviews with Sub-Center director and psychologist.

Table 8-4 shows the estimated expenditures for the Sub-Center for fiscal years 1975 through 1977. The 1975 expenditures for 8 months reflects the heavy input from part-time staff of the regional parole and probation offices. Expenditures have been constant over the past two years.

TABLE 8-4

MAYAGUEZ SUB-CENTER
ESTIMATED EXPENDITURES, FISCAL YEARS 1975, 76 AND 77

	<u>1975</u>	<u>1976</u>	<u>1977</u>
Salaries	\$14,410	\$10,500	\$11,480
Fringe Benefits (1)	3,170	2,100	2,296
Psychologist (2)	3,000	5,320	4,000
Office Expenses (3)	<u>4,000</u>	<u>6,180</u>	<u>6,360</u>
Totals	\$24,580	\$24,100	\$24,136

- (1) 22% for 1975, 20% for 1976 and 1977
- (2) \$40 per case.
- (3) Includes office space, phone, furniture rental, utilities and travel

Source: Based on staffing levels and estimates of office support costs.

8.2 EXPENDITURES AND FUNDING SOURCES

Table 8 -5 shows the expenditures for the Center and Sub-Center for the past three fiscal years. The expenditures for the combined program have been increased at an annual rate of 5.1% between 1976 and 1977.

TABLE 8-5

ESTIMATED EXPENDITURES
FOR CENTER AND SUB-CENTER
FISCAL YEARS 1975, 76 and 1977

	<u>1975</u>	<u>1976</u>	<u>1977</u>
Hato Rey Center	\$82,540	\$132,450	\$140,340
Mayaguez Sub-Center	<u>24,580</u>	<u>24,100</u>	<u>24,136</u>
Total	\$107,120	\$156,550	\$164,476

Source: Based on staffing levels and estimates of office support costs

Table 8-6 shows program expenditures as compared to application budgets and estimated expenditures allocated between the Federal and State shares. According to expenditure estimates, the State share in 1975 and 1977 did not equal the application budget State shares. The State expenditures for 1976, however, far exceeds the budgeted amount for the application and more than compensates for the deficiencies of 1975 and 1977.

TABLE 8-6

APPLICATION SHARE AND ALLOCATION OF CENTER
PROGRAM EXPENDITURES
FISCAL YEARS 1975, 76 and 77

	<u>1975</u>	<u>1976</u>	<u>1977</u>
Application	\$111,111	\$ 83,333	\$174,583
Federal	100,000	75,000	81,000
State	11,111	8,333	93,583
Expenditures	\$107,120	\$156,550	\$164,476
Federal	100,000	75,000	81,000
State	7,120	81,550	83,476

Sources: Crime Commission Records
Administration of Corrections Annual Budgets

The Center program was included in the Administration of Corrections budgets for 1976, 1977, and 1978. Table 8-7 shows the budgeted amounts and the estimated expenditures over the 4 year period.

If the budgeted amounts had been actually expended for Center operations for Fiscal Years 1976 and 1977, staff augmentation would have been sufficient to double the number of case completions for the two years.

TABLE 8-7
CENTER PROGRAM EXPENDITURES
AND BUDGETS, 1975, 76, 77 AND 78

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>
Functional Budget	-0-	\$400,000	\$246,635	\$224,759
Estimated Expenditures (1)	\$107,120	156,550	164,476	-
Surplus (Deficiency)	107,120	(243,450)	(82,159)	-
Cases Completed	540	805	830	-
Additional Potential for Case Completions		1,255	415	

(1) Includes Federal Share

8.3 COST PER CASE COMPLETIONS

Cost for completed cases for both the Hato Rey Center and the Mayaguez Sub-Center were calculated for the past 3 fiscal years. The number of cases completed is a function of the quality of case evaluations, number of referrals received, scheduling (including the problem of missed appointments), effectiveness of administrative procedures, staff effectiveness and organizational aspects.

Table 8-8 shows the cost per completed case. The cost per case completion was fairly constant for the Hato Rey Center for the past three year period. A decline for 1976 and an increase for 1977 are shown for the Mayaguez Sub-Center. This variation may be explained by the decreasing number of referrals from the probation office over the past two years. Each evaluation at the Mayaguez Sub-Center is a psychological evaluation and the limit on funds available for the part-time psychologist may also have affected the number of case completions for 1977. The psychologist in 1976 also contributed to the Sub-Center beyond the amount billed, approximately 8 hours a week. A result of the decreasing number of cases completed at the Mayaguez Sub-Center is an increase in the cost per case completed from \$135 in 1976 to \$224 in 1977.

Combined cost per completed case remained fairly constant over the three year period.

TABLE 8-8

ESTIMATED COST PER COMPLETED CASE
FOR CENTER AND SUB-CENTER
FISCAL YEARS 1975, 76 AND 77

	<u>1975</u>		<u>1976</u>		<u>1977</u>	
	Cases	Cost	Cases	Cost	Cases	Cost
Hato Rey Center	420	\$197	627	\$211	700	\$200
Mayaguez Sub-Center	<u>120</u>	207	<u>178</u>	135	<u>130</u>	186
Combined Center and Sub-Center	540	\$199	805	\$194	830	\$198

8.4 CASE COMPLETIONS PER STAFF

Another measure of productivity is the number of annual case completions per staff. Table 8-9 shows the annual case completions per total staff for both the Center and Sub-Center for fiscal years 1975 through 1977. Full-time equivalent was estimated from the staffing shown in Tables 8-1 and 8-3. Part-time psychologists were estimated at 57% for the Center and 11% for the Sub-Center for 1977 (\$20 per hour with a 1,888 working hours year).

Over the 3 year period, the Hato Rey Center increased the number of cases completed per total staff. Overall case completions for the program also increased. The Mayaguez Sub-Center completed fewer cases for 1977 as compared to 1976.

TABLE 8-9
ANNUAL CASE COMPLETIONS PER STAFF (1)
CENTER AND SUB-CENTER
FISCAL YEARS 1975, 76 AND 77

	<u>1975</u>	<u>1976</u>	<u>1977</u>
Hato Rey Center	31	43	60
Mayaguez Sub-Center	55	81	68
Combined	34	48	61

(1) Part-time staff rated as 1/2 time

Another method of comparing performance which is commonly used in the cases of investigations conducted by parole and probation officers is the case completions per professional staff. For extensive presentence and parole investigations it is estimated that an officer can complete between 144 to 168 cases in a year if he or she works full-time on investigations. This reflects a monthly rate of 12 to 14 cases per officer.

Table 8-10, annual case completions per professional staff, shows a substantially lower figure for the Hato Rey Center, while the Mayaguez Sub-Center is at the 144 level. The difference for the Center may be attributed to the higher level of intensity that may be required for a psychological evaluation compared to a presentence or parole investigation. A comparative review of reports from the Center and Sub-Center and presentence investigations and preparole reports indicates that there may not be a higher level of effort required to prepare Center case evaluations as compared to the Sub-Center and parole and probation investigations.

TABLE 8-10

ANNUAL CASE COMPLETIONS PER PROFESSIONAL STAFF
CENTER AND SUB-CENTER
FISCAL YEARS 1975, 76 and 77

	<u>1975</u>	<u>1976</u>	<u>1977</u>
Hato Rey Center	56	66	106
Mayaguez Sub-Center	80	148	144
Combined	60	75	111

8.5 CASE COMPLETION COST PROJECTIONS

The new director of the Center program has instituted guidelines for the assignment of cases to professional staff. All parole cases are assigned to psychologists; and all institutional cases, except for those very special circumstances, are assigned to the Center's social workers. Individual targets are set for full-time staff members and the new Center director anticipates that approximately 168 cases will be completed per month in the future.

For the period May 23, 1977 to June 17, 1977 (4 weeks) a total of 122 cases were completed by the Center. If this same output were maintained for the year, a total of 1,586 cases would be completed in fiscal year 1978. Potential cost per case would be \$88 in 1978 as compared with \$200 in 1977.

The target of 1,586 which would be realized through a case completion rate as evidenced over the past 4 weeks might result in a decline in the quality of case evaluations. The midpoint between the estimated 700 cases completed in fiscal year 1977 and the 1,586 targeted cases would result in a revised and possibly more realistic estimate of 1,200. Realizing this level, an average of 100 cases per month, would result in a reduction of cost to \$117 per case as compared to the cost of \$200 per completed case in 1977. Case completion per professional

staff would be 182 which compares favorably with the 144 to 168 investigations conducted annually by probation and parole officers, and the 144 annual case completion of the Mayaguez Sub-Center.

SECTION IX
FINDINGS

CONTINUED

2 OF 3

SECTION IX

FINDINGS

The findings contained in this section have resulted from the analysis of data, information, perceptions, attitudes, and materials collected during the course of this evaluation.

- o The Center has not been in compliance with the moratorium. They have not refused referrals under sections b, c, d and f of Public Law 116. The Hato Rey Center's consistent policy throughout the moratorium has been to accept all referrals. Under the moratorium they should only have been doing institutional evaluations and parole evaluations.
- o Pre-sentence evaluations requested by courts are given highest priority and are still being done even though the moratorium relieves the Center of this responsibility.
- o The perception at the Hato Rey Center, but not at the Mayaguez Sub-Center, is that referrals cannot be refused even when there is a serious backlog of referrals. This perception does not seem to fit the intent of the moratorium.
- o Evaluation data and analysis indicates that the objectives of the Center require clear definition.

- o Lengthy delay in returning many Center's reports to referral sources has caused:
 - a) a backlog of parole hearings.
 - b) classification problems in institutions.
 - c) probation and parole revocation hearing evaluations which are not done until after revocation hearings have been held, if done at all.
 - d) perceptions that the Center is inefficient and useless on the part of many correctional workers, thus damaging the credibility of all Center reports.
 - e) harm to inmates because crucial decisions affecting their lives are delayed.
- o The plan to add referrals from Ponce to Mayaguez Sub-Center work will clearly overload the resources of the Mayaguez Sub-Center leading to all the serious systemic problems that evaluation backlogs cause. The Sub-Center does not have the proper resources to cope with additional referrals. Therefore, the shift would result in the development of backlogs and eventually, a lack of credibility among referral sources. The Sub-Center will become a failure if Ponce referrals are transferred from Hato Rey to the Mayaguez Sub-Center.

- o Unfilled Parole Board positions have caused a serious backlog of pending parole hearings which adversely affects the entire correctional system and, most importantly, the inmate.
- o Initially Sub-Center and Center personnel were drawn on loan from correctional agencies, primarily probation and parole. This caused serious problems within the correctional system. It disrupted ongoing agency procedures, interrupted treatment continuity while failing in its mission of establishing a transition to a successful, ongoing Center program. Shortly after opening, the Ponce Sub-Center was closed, and the Mayaguez Sub-Center was reduced from four to two staff members.
- o Frequent turnover in Hato Rey Center directorships has caused inconsistent administrative procedures, poor case control, case backlogs and poor staff morale. In contrast, staff stability at the Mayaguez Sub-Center has led to better interagency communication, interagency relationships and record keeping.
- o It is most important that Center directors be skilled administrators, and concerned with effective administration first and foremost,

rather than concerned with accomplishing case evaluations themselves.

- o Hato Rey Center records were inadequate for administrative monitoring of work flow and for proper statistical evaluation of the type of work done. Necessary improvements are now being implemented.
- o Hato Rey Center intake procedures have been informal and ad hoc. More formal procedures would result in prioritization of case evaluations, in improved internal control and improved record keeping.
- o The previous Center director was evaluating candidates for correctional officer positions which was not a function of the Center.
- o The new director of the Center, who is an administrator, is perceived more positively by institutional personnel than previous directors who were professional psychologists. He is obviously improving Center procedures.
- o There is no personal communication between Hato Rey Center staff and key users of Center evaluations such as social penal workers, probation officers and parole officers. In

contrast, the Mayaguez Sub-Center has effective face-to-face communication with probation and parole officers, but not with social penal workers.

- o Poor communication and coordination between the Hato Rey Center and their referral source agencies produces:
 - a) lack of concern by agencies for scheduling problems at the Center,
 - b) hostility and mistrust between the Hato Rey Center and referral source agencies,
 - c) perceptions by agency workers that Center evaluations are unrealistic.
- o Lack of participation by line correctional workers in professional case discussions increases:
 - a) interagency hostility and communication problems,
 - b) rejection of professional evaluations by line workers,
 - c) the incidence of unrealistic recommendations by Center staff,
- o Participation by line correctional workers in professional case discussions improves:
 - a) interagency communication.

- b) acceptance of professional evaluations by workers.
- c) congruence of professional evaluations with programs available.
- o Face-to-face consultations by professional workers with correctional workers is the only effective method of developing and implementing professional evaluations and recommendations about offenders.
- o Communication and cooperation between probation and parole officers and intensive treatment unit professional workers is excellent. Intensive treatment unit evaluations and casework services are perceived by probation and parole officers as useful and effective.
- o In contrast to the work of the Hato Rey Center, the intensive treatment unit professional services are effectively used by line-correctional workers.
- o In contrast to the intensive treatment units, no psychologist or social worker from the Center provides psychotherapy or casework services for problem offenders.
- o Social penal workers in institutions are the key decision makers for imprisoned offenders, and their recommendations are much more influential

than Center recommendations.

- o The classification of offenders as "drug abusers" by the social penal workers is done without adequately discriminating the type and the extent of drug use.
- o Parole Board policy currently requires most "drug abusers" to participate in institutional treatment programs followed by a residential community treatment program prior to parole.
- o Many inmates believe they will be released earlier if they are classified as a "drug abuser". Therefore, many persons are in drug treatment programs who do not belong and who detract from the effectiveness of these programs. Classifying so many persons as "drug abusers", coupled with the requirement that most "drug abusers" receive residential community treatment before parole is granted, has led to a rapid reduction in the number of released parolees.
- o The most frequent programs present in institutions are religious services, a library and sports. The least frequent programs are volunteer services, psychological services and alcoholic treatment. Rehabilitation programs are lacking in institutions.

- o Center evaluations are generally not useful to institutions for rehabilitation planning because of the paucity of rehabilitation programs and lack of interagency communication.
- o Center evaluations are useful to institutions for security classification decisions because they identify personality and behavior problems relevant to security problems.
- o Center recommendations can be used by institutions and agencies as a convenient place to put the blame when case decisions later prove to be incorrect.
- o Social penal workers provide only limited direct formal or informal counseling for inmates.
- o Social penal workers appear to be adequately trained according to the training curriculum; however, they are reluctant to provide direct counseling services and have trouble understanding the technical words used by the Center in their evaluations.
- o Probation has had very high success with low revocation of probation rates.

- o Parole has had very high success with low revocation of parole rates, with exception of 1976, where success was less, but well above average.
- o Parole Board members use Center evaluations primarily as an aid in estimating risk of future offenses by offenders.
- o The most serious problems facing persons on probation and parole are housing shortages and high rates of unemployment and underemployment, not psychological problems.
- o Use of Hato Rey Center evaluations by probation officers is nil. Perception of the Hato Rey Center by these officers is very negative. In contrast, use of the Mayaguez Sub-Center by probation officers has been high, and their perception of the Sub-Center positive.
- o Parole officers are the line correctional workers with the most frequent access to Center evaluations for the persons they work with. Generally, Hato Rey Center evaluations and recommendations are not appropriate or useful to parole officers in their work. In contrast, Mayaguez Sub-Center evaluations

are considered valuable by parole officers.

- o From 1975 through 1977 corrections allocated approximately \$200,000 more in their functional budgets for Center operations than was actually expended.
- o The major cost item for the Center is salaries. Consequently, as production of evaluations goes up, cost per evaluation decreases. There is an obvious limit to such cost savings since, if production increases too much, quality of evaluations suffer.
- o Cost per completed case has remained fairly constant over the past 2 1/2 years.
- o Staff sizes of Center and Sub-Center personnel have not changed greatly over the past 2 1/2 years.
- o Monthly salaries for Center personnel have increased very little over the past 2 1/2 years.
- o The Mayaguez Sub-Center has completed significantly more cases per professional staff than the Hato Rey Center over the past 2 1/2 years.

- o A full-time psychologist costs the Center approximately \$5 an hour in salary and fringe benefits. Part-time psychologists are retained at \$20.00 an hour.
- o Lack of funding for educational purposes and lack of formal training for Center personnel has contributed to:
 - a) unrealistic recommendations because of lack of knowledge of programs.
 - b) stiffling of professional growth and reduction of professional competence below what it could be.
 - c) less useful Center evaluations..
- o The physical facilities at the Hato Rey Center are good. The physical space at the Mayaguez Sub-Center is adequate, but they require an enclosed interviewing room.
- o The maximum security environment and the lack of privacy for interviewing makes the State Penitentiary an undesirable location for Center interviews.

- o The Administration of Corrections has not set clear priorities in terms of emphasizing community or institutional programming.

SECTION X
POLICY ALTERNATIVES

SECTION X

POLICY ALTERNATIVES

10.1 INTRODUCTION

The PMS evaluation team has utilized an evaluation design which has concentrated upon a qualitative methodology. The evaluation activities have resulted in a complete institutional program analysis and analysis of Center functioning which has provided an empirical basis for a rational delineation of policy alternatives for the Center. PMS presents five policy alternatives for systems modification of the Center:

- o Alternative I : Compliance with Law 116
- o Alternative II : Administration of Corrections' strategy for the operation of the Center
- o Alternative III : Center operations on a special request basis only
- o Alternative IV : Center operations incorporating intensive treatment units
- o Alternative V : Base expectancy

Cost implications for the first four alternatives are presented following a description of the alternative. Costs are calculated according to realized costs of the Center program for Fiscal Year 1977 and potential reductions as indicated by increased Center case completions for June 1977. Reduced cost should be associated with improved processing of cases.

10.2 ALTERNATIVES

10.2.1 Alternative I: Compliance with Law 116

Description

To be in compliance with the law, the Center is charged with the responsibility for providing evaluation reports on the following classes of persons:

- a. Any offender sentenced to confinement and placed under the custody of the Administration by order of competent authority.
- b. Any felon who entails indeterminate sentence in order that the evaluation be made part of the presentence report.
- c. Misdemeanants when the court requires Administration evaluation.
- d. Pretrial detainees who, in order to use it in connection with their petition for revision of bond, voluntarily request that the evaluation be sent to the court.
- e. Any parolee placed in the custody and supervision of the Administration by the Parole Board, at the request of the latter or at the Administrator's initiative when he deems it necessary.
- f. Any probationer whose custody and supervision is placed with the Administration, at the request of the court or at the initiative of the Director when he deems it necessary.

Also, the Center shall participate in any decision as to:

1) Type of institutional treatment; 2) Recommendations to terminate confinement, parole or probation period or to modify the conditions of terms thereof; and 3) Any critical decision-making aspect which arises in the course of the custody,

confinement, or supervision of the client which may affect or propitiate considerably his full rehabilitation.

Major considerations are as follows:

- o Sentenced Offenders: Section 7(a) states that "any offender sentenced to confinement" be provided adequate evaluation. This has been interpreted to mean all sentenced offenders. In Fiscal Year 1976 there were 2,999 sentenced admittance to institutions. Cost Table 10-1 summarizes completed cases and associated costs for compliance with Law 116. Estimates for case completion requirements are based on case-flows for probation, institutions, and parole.
- o Pre-Sentence Investigations: In Fiscal Year 1976, there were 4,048 pre-sentence investigations conducted by probation officers. The estimate of 4,000 shown in the table could be reduced if misdemeanants are included in PSI's completed in Fiscal Year 1976. However, Section 7(c) requirements could rise (see next heading).
- o Misdemeanants: Data on total misdemeanants convicted were not available, and the estimate of

200 may be low. To a limited extent, the court does request PSI's in selected misdemeanants cases.

o Pre-Trial Release: In Fiscal Year 1976, approximately 16,000 instances of detention before trial occurred. Many of these persons were released immediately and the estimated turnover time per detention was approximately 3 weeks. An estimate of 2,000 probation requests, or one of 8 detentions, is considered a conservative number. The actual requests could increase as defense attorneys become aware of Section 7(d).

o Pre-Parole: In Fiscal Year 1974, there were 910 pre-parole investigations conducted by parole officers. The number declined to 759 for fiscal year 1976. The estimate of 1,000 pre-parole evaluations may be low and for the coming year could be as high as 1,500 in order to complete the backlog and reach a three-month lead to completion of minimum sentences.

o Probation: In Fiscal Year 1976, 3,513 persons were placed on probation. Total compliances of Section 7(f) would be accomplished with 3,500

evaluations. However, Section 7(f) qualifies this category with "at the request of the court or at the initiative of the director when he deems it necessary". In any case, conducting PSI evaluations would result in each probationer having been evaluated. The only adjusted total estimated cases takes into account this overlap.

- o Other Requests: This category is the second highest for case completions in Fiscal Year 1977. Compliance with Law 116 stipulations for revocations and other incidents requiring case evaluations could result in a higher number, especially if institutions required an evaluation for all passes.

Costs

Table 10-1, Costs for Compliance, shows a range of approximately \$1 million to \$2 million in order to evaluate the cases required for total compliance. The \$1 million figure is based on an increased output of twice that of Fiscal Year 1977. Quality of evaluations could decrease somewhat. The last estimate for compliance would be \$1.5 million considering staffing logs, agency liaison problems and realistic potential for increased production. In comparison, Center program expenditures for Fiscal year 1977 were estimated at \$164,476.

TABLE 10-1

COSTS FOR COMPLIANCE WITH LAW 116,
TITLE III, SECTION 7 (a-f)

	<u>Cases Completed F.Y. 1977</u>	<u>Estimated Cases for Compliance</u>	<u>Costs</u>		
			<u>F.Y. 1977</u> <u>\$198</u>	<u>Compliance</u> <u>\$198 (1)</u>	<u>\$88 (2)</u>
Section 7(a) Sentenced Offenders	169 (3)	3,000	\$33,462	\$594,000	\$264,000
Section 7(b) Pre-sentence Investigations	17	4,000	3,366	792,000	352,000
Section 7(c) Misdemeanants	0	200	0	39,600	17,600
Section 7(d) Pretrial Release	0	2,000	0	396,000	176,000
Section 7(e) Preparole	415	1,000	82,170	198,000	88,000
Section 7(f) Probation	44 (4)	3,500	8,712	693,000	308,000
Other Requests(5)	<u>185</u>	<u>1,000</u>	<u>36,630</u>	<u>198,000</u>	<u>88,000</u>
Totals	830	10,700 (6)	\$164,476	\$2,118,600	\$941,600

(1) Cost per case for F.Y. 1977

(2) Cost per case with increased prediction as indicated by June, 1977.

(3) Institutional treatment plans

(4) Treatment plans

(5) Includes revocations, executive clemency, parole treatment plans, institutional passes and pass violations, and escapes

(6) Adjustment for double counting (4,000) Pre-sentence investigations can serve for 500 sentenced offenders and 3,500 probationers

Conclusion

The likelihood of an estimated 812% increase to \$1,500,000 is unrealistic given that a moratorium was imposed for budgetary reasons as well as problems associated with compliance.

10.2.2 Alternative II: Administration of Corrections' strategy for the operation of the Center

Description

The Administration of Corrections has developed a proposal to reorganize Center operations and functions. The Center is to intervene with clientele in two ways during the next year:

- 1) All cases of prisoners convicted of mayor offenses so that the evaluation may form part of the pre-sentencing report.
- 2) In those special cases where the programs solicit the intervention of the Center, including all those cases which complete the minimum sentence, in accordance with the mandate to the courts in the civil case number 75-828, Efraín Montero vs. Rafael Hernández Colón, et al, of the 14th of April of 1976^{1/}

^{1/} Strategy for the operation of the Center of Classification, Diagnosis and Treatment

The clients initial contact with the Center will be made with the intake unit who will assign an evaluation date and refer the case to the unit of investigation. Investigation units will be located in each Center, and will be responsible for developing pre-sentence/pre-parole investigations by studying the cases in the community. Information on the case will be submitted to the unit of evaluation which will evaluate the case and make recommendations to the referral source. Suggested composition of the units of evaluation includes psychologists, social workers and occupational therapists. Individual evaluations will be performed through the "long linked" approach whereby one client will proceed through a succession of interviews with varying types of professional workers in an "assembly line" process. Each evaluation will be discussed in a group. Subsequent case evaluations will be seen only by the intake unit and unit of evaluation. Organizationally the Center will be composed of a Central Office in the Metropolitan Area and two Sub-Centers, one in Mayaguez and one in Ponce. The Hato Rey Center will be composed of an executive unit, an intake unit, 2 units of investigation and a unit of evaluation. The executive unit will be expanded to include the Director, a Sub-Director and Executive Functionary, and 2 secretaries.

The Sub-Centers will consist of investigation and evaluation units only. Intake responsibilities will be assigned by the Supervisor of the Officials of Social Penal Services.

Probation and parole investigative functions will be removed from their respective agencies in areas where there is a Center and/or Sub-Center. In outerlying regions investigation units will remain in their respective agency; however, the supervision and investigation functions will be separated.

Cost

The strategy outlined in the memo dated May 23, 1977, attached to the Administration's proposal, indicated the following targeted case completions as shown in Table 10-2.

The estimated cases for compliance, Table 10-1 indicates 10,700 which is close to the 9,000 estimate contained in the memo. The proposal may have minimized the Section 8(a) required of sentenced offenders (+2,500) and over estimated pre-sentence investigations (-916).

The combined costs to complete Section 7(b), (e), and others (3,084 cases) would be approximately \$693,000. This would considerably exceed the Center present expenditures of \$164,476. The estimated costs for salaries and fringe benefits for all Center program personnel as proposed by the Administration of Corrections would be approximately \$693,000, whereas the 1977

Center program expenditures for salary and fringe benefits totals approximately \$115,000. Therefore, an estimated \$578,000 would be needed to supplement the Center budget for personnel resources alone. The increase budget is expected to be derived from switching probation and parole investigation resources to the Center.

TABLE 10-2

CENTER PROGRAM PAYMENT AND COST ESTIMATES FOR EVALUATIONS

	<u>Case Completions</u>	<u>Costs</u>
		\$77
Section 7(b)		
Pre-sentence Investigations	4,916	\$378,532
Section 7(e)		
Pre-Parole	1,000	77,000
Other	3,084	237,468
Total	9,000	\$693,000

Conclusions

The strategy proposed by the Center appears to be an effort to comply with Law 116. Compliance to the law is expected to be achieved through the reassignment of probation and parole investigation personnel to the Center program. By shifting these resources to the Center, pre-sentence and pre-parole evaluations

are expected to be completed on every individual. However, the compliance will be in name only, in that probation and parole officers are not trained social case workers, nor do they have proper psychological training. For this reason, their evaluations are not psychological assessments and therefore, would not satisfy the intent of the law. In addition, the shifting of probation and parole officers to the Center will leave the remaining probation and parole supervision units fragmented, enhance communication barriers, create diseconomics of organization, and, most importantly, it may negatively impact on current low recidivism rates. Further, the development of pre-sentence and pre-parole evaluations are unnecessary for every individual. Not all cases will necessitate psychological or even sociological assessments for appropriate decision making purposes.

Line correctional workers can make realistic and appropriate recommendations for most cases. Only the most difficult or problem cases require specialized attention. For this reason, probation and parole investigations should continue to operate within their current organizations where they have already demonstrated effectiveness. The Center could then concentrate on complying with the moratorium while moving toward enactment of legislative changes.

The "long-linked" approach mentioned in the strategy is good if the goal of the Center is production oriented e.g., efficient processing of evaluations. However, the goal of delivering effective professional service will not be met through rapid assembly line processing. Effectiveness, as depicted in this report, is directly related to the degree with which Center program professional personnel interact with referral agencies.

Several components of the strategy are very good. Most important is the need for a Sub-Center in Ponce. Second is the creation of an intake unit. Also, the addition of an occupational therapist is needed in light of severe under-employment and unemployment.

10.2.3 Alternative III: Center operations on a special request basis only

Description

Another alternative would be to structure the Center procedures so that they would only provide evaluations following specific requests from referral agencies. This would mean that the Center would do no evaluations routinely, as now occurs with most pre-parole cases. Evaluations would only be done for those offenders where correctional workers felt there was need for the Center evaluation and made a specific request for an evaluation by the Center.

Implementation of this alternative could proceed while the moratorium^{1/} remains in effect. It would require authorization through legislation changing Sections 7(a,b,d, and e) of Public Law 116, so that there would remain no question that referrals to the Center are made only upon request of correctional agencies involved, and not as a blanket matter for certain classes of offenders.

Center responsibility would then become to evaluate any person under the jurisdiction of any public agency within the criminal justice system who is referred for an evaluation by officials of that agency. Further, it is felt that it would still be appropriate for offenders to be able to initiate evaluations themselves directly to the Center.

Cost

PMS recommends that the Center program provide psychological and/or sociological evaluations to the court, probation, institutions, Parole Board, and parole on a special request basis. This form of operation would require administrative interpretations and classifications for Sections 7(c and f) and legislative changes for Sections 7(a,b,d, and e). Under Section 7(e), court interpretation, however, has made an evaluation required for all eligible parolees.

^{1/} P de S 388 and P de la C 414 extending the moratorium to August 1, 1979 have passed in each house. It is expected that 414 will be signed by the Governor shortly.

Table 10-3 shows estimated cases and costs for special request evaluations.

The cases required for special requests were estimated at 10% of the estimated cases for compliance with Law 116 with the exception of the category "other". The "other" category had 185 cases in Fiscal Year 1977 and could easily increase to an additional 115 cases.

If the Center can conduct evaluations at approximately \$88 per case completion, the estimated expenditures of Fiscal Year 1977 (\$164,476) should be sufficient to meet the target of 1,670 cases. The figure of \$198.00 per case provides a good estimate of cost per psychological evaluation. The figure of \$198.00 per case provides a good estimate of cost per psychological evaluation. The figure of \$88.00 per case includes a substantial portion of cases evaluated by social workers. The Center program cost, if investigation are included as a function, would require the addition of salaries for investigative personnel.

TABLE 10-3
COSTS FOR SPECIAL REQUEST EVALUATIONS

		Estimated special Request cases	Costs	
			\$198.	\$88.
Sentenced Offenders	300		\$59,408	\$26,400
PSI's	400		79,200	35,200
Misdemeanant	20		3,960	1,760
Pre-Trial Release	200		39,600	17,600
Pre-Parole	100		19,800	8,800
Probation	350		69,300	30,800
Other	<u>300</u>		<u>59,400</u>	<u>26,400</u>
	1,670		\$330,660	\$146,960

Conclusions

This alternative would eliminate the many needless Center evaluations now being completed, and would concentrate the evaluation efforts upon persons who are most likely to require such specialized professional evaluations. Most offenders do not require psychological or social casework evaluations, and requiring them to be done on a blanket basis is not sensible. However, many correctional workers such as social penal workers, probation and parole officers, and judges expressed the opinion that Center evaluations are most helpful (or could be most helpful) for their more difficult "problem cases" where they are at a loss to understand the character and behavior of the offender, where they suspect mental disorder, or where they wish help in developing approaches for working with the offender. This alternative would meet these correctional needs expressed by workers. Further, offenders could initiate referrals themselves (or their attorneys could on their behalf) when they felt the evaluation could be of service to them. Costs are reasonable for this alternative and no organizational changes are required. Legislative approval would be required, but legislative changes of some type are required anyway, unless the very expensive, counter productive alternative of full compliance with Law 116 is decided upon. The question is simply, What type of legislative changes should be sought?

The major drawbacks to this alternative are inter-organizational. It makes no provision for better inter-organizational communication, and this, as we have recommended, would surely have to be implemented. Also, it is unlikely that acceptance of Center evaluations and full implementation of their recommendations will occur without face-to-face case conferences with line correctional officers prior to writing the evaluation. This procedure also ensures realistic and attainable recommendations and rehabilitation goals which would have to be implemented. Establishing such interagency coordination and communication would add somewhat to the cost of this alternative, but would clearly be worth it in terms of greatly increasing effectiveness.

10.2.4 Alternative IV: Center operations incorporating intensive treatment units

Description

This alternative is similar to the previous one in that evaluations would be made only when requested by agencies. The proposal suggested here would decentralize Center operations into the six (6) intensive treatment units located in San Juan (2), Bayamón, Ponce, Mayaguez and Caguas. The Center would be retained only as an administrative unit with a small staff responsible for coordinating the activities of these decentralized units. Intensive treatment unit staff should include at least one social worker and one psychologist (as most now do). Presently, ITU's are responsible only to probation and parole.

As suggested here, they would receive requests for evaluation from institutions, and, in a few cases, from the courts. Such a model would add the provision of direct therapeutic services for clients who have demonstrated specialized needs.

Again, the same legislative changes would be required eliminating blanket evaluations for certain classes of offenders in favor of permitting referrals for evaluation by correctional agencies of their more difficult cases. Additionally, this alternative decentralizes Center operations by placing professional staff in larger cities and within agencies. Center personnel would be assigned to work in probation and parole offices as intensive treatment units are now doing. Also, close liason could be established with nearby correctional institutions which have substantial rates of referrals. This type of decentralized operation has the powerful advantage of forcing horizontal (inter-agency) communication which greatly enhances the frequency and effectiveness of contacts both on a formal and informal basis. Reports generated -whether sociological or psychological- without the benefit of joint discussions, are of minimal utility.

PMS Ltd. recommends that serious consideration be given to combining the Center operation with intensive treatment units. This alternative could continue to use evaluation skills (psychology and social work), and also provide treatment

resources relevant to psychological recommendations.

One obvious benefit would be that recommendations for specialized services could be matched into available program resources. The number of client vacancies would be known to evaluation personnel. Therapy recommendations would be realistic in contrast to the recent evaluation experience.

Cost

Integrating this program resource into the Center would require an additional budget of approximately \$151,997, the amount stated on the application for Crime Commission Funding for Fiscal Year 1977. Actual ITU expenditures were not analyzed and the application amount would have to be amended accordingly.

Conclusions

This alternative has the advantage of following the intensive treatment unit model which has proven to be successful in not only providing social casework and psychological services to offenders, but also in receiving acceptance from correctional workers. This success is not coincidental; it is based on the fact that organizational arrangements assure close communication and coordination between professional staff and line correctional workers. Again, referrals for professional evaluations would be reserved for those offenders who require such services. Psychologists and social caseworkers would be working

in their areas of expertise, close to correctional workers, enabling them to provide these workers with pragmatic consultation and assistance. Many of the problems of unrealistic recommendations, lack of treatment follow through, and interagency mistrust and hostility would be greatly reduced. Interagency staff meetings need to be scheduled and maintained, and correctional line workers should be present at all case conferences prior to the writing of evaluations and treatment plans. The close physical proximity of professional staff to line workers makes these requirements relatively easy to accomplish.

Further, this alternative has the advantage of providing training and education, through the medium of case conferences and mutual interaction, to both professional staff and correctional line workers. Knowledge and skills should grow within both groups.

Organizational changes required for this alternative are minimal. The intensive treatment units already exist. Some effort would be required to expand services into correctional institutions, but the Hato Rey Center already does a large number of evaluations for these institutions. What is needed is more emphasis upon face-to-face interaction with personnel from institutions, which should be possible to accomplish once the burden of blanket evaluations is removed from the Center. Blanket evaluations waste professional time by requiring evaluations of many

offenders whose rehabilitation is not difficult, and where correctional workers understand fully what needs to be done. This alternative concentrates professional services on evaluating those offenders whose problems are not well understood and whose rehabilitative potential is questionable, coupling the evaluation with direct advice to the line correctional worker on how best to proceed with each individual offender referred.

PMS Ltd. believes that it is best, in the absence of strong countervailing evidence, to continue and to expand successful correctional programs. Measured by the responses of correctional workers interviewed, the intensive treatment units, and the Mayaguez Sub-Center (which are similar in case consultation procedures) are successful. This alternative offers the best chance of building upon such success.

10.2.5 Alternative V: Base Expectancy

Description

One of our long-term recommendations is that the Administration of Corrections participate in the development of a series of base expectancy scales for help in arriving at decisions regarding probation, parole and pre-trial release. Essentially, base expectancy scales can place persons into risk categories in terms of whether or not they will commit further offenses in the future. Base expectancy scales are statistical prediction

devices, as compared with psychological evaluations of the risk of further offenses which are, in effect, clinical predictions. A series of experiments over the years has established that statistical prediction devices are more accurate (and they are always much less expensive) than clinical predictions. Statistical prediction devices are quite similar to actuarial tables used by insurance companies. Based on their experience with insured persons over the years, an insurance company can predict what percentage of people with certain attributes (e.g., age, medical history, sex, marital status, etc.) will survive to age 70. They cannot make individual predictions but simply provide the "odds" in terms of percentages. Similarly, base expectancy scales use past experience with persons over the years to develop attributes (e.g., age, sex, criminal record, offense, etc.) that indicate the probability that persons with certain attributes will violate the law again. Again, they cannot make individual predictions, but simply state that a person is in a low risk category where 8 of 10 persons will not violate the law, or a medium risk category where 4 of 10 persons will violate the law, etc. This information can help in decision making (e.g., to release or not, level of supervision required, etc.). Base expectancy scales could be developed for pre-trial detainees, probationers, parolees and pre-parolees that would establish relative risk categories.

Several facts must be remembered about statistical prediction devices, such as base expectancy scales. They must be simple, efficient, reliable and valid.^{1/} Consequently, they can be easily tabulated from case records by a trained clerical worker, or a trained line correctional worker, substantially reducing salary costs over clinical predictions which are produced as a part of psychological evaluations. The attributes used for scoring are ultimately based on social conditions which can change; therefore, such scales have to be developed and periodically revalidated in the local culture where the offenders originate.

The procedures for developing base expectancies involve looking at the past experience of offenders in terms of success or failure and finding which attributes are statistically related to success or failure. Then, significant attributes are statistically weighted and totaled to develop a range of scores that relates to chances of success or failure. Statistical procedures for doing this, although somewhat complex, have been developed. This is a retrospective design. The scale is then validated by a prospective design, applying it to persons currently under supervision to see if it continues to make accurate predictions in the future. Such prospective validation

^{1/} H. Mannheim and L. Wilkins Prediction Methods in Relation to Borstal Training. London, Her Majesty's Stationery Office, 1955

should be done periodically, and is actually accomplished as long as the scale is in continual use. Thus, past experience establishes a base expectancy used to predict future experience.

It should be repeated that base expectancy scales have repeatedly proven more accurate than clinical prediction. However, they are an aid in decision making. They should not be used as the sole basis for decisions. Sound correctional judgment is still called for. Base expectancy scales simply help to further rationalize correctional judgments.

Conclusions

Base expectancy scales are the only feasible means of classifying very large numbers of offenders in terms of risk. Therefore, it is possible for the Administration of Corrections to develop base expectancy scales that can classify in terms of risk pre-trial detainees, all persons under supervision and all pre-parolees. We recommend that developing such scales be done in the future. It should be noted that if the (CCH) component of CJIS is fully implemented and regularly updated, this information can be easily utilized to develop and validate base expectancy scales.

SECTION XI
RECOMMENDATIONS

SECTION XI

RECOMMENDATIONS

In the professional judgment of the PMS Ltd. evaluation team, given the results of this evaluation, substantial changes should be made in the Center for Classification, Diagnosis, and Treatment in order to increase both the efficiency and effectiveness of Center operations while maximizing the utilization of resources. Recommendations are presented in this section toward the achievement of that goal.

All recommendations contained in this report are considered by the PMS evaluation team as a viable and practical means to improve Center operations, outputs, and the quality of service delivery. Recommendations affecting the Center program are presented first, followed both short term and long term systems recommendations.

11.1 PROGRAM RECOMMENDATIONS

- o Center objectives must be less global than those indicated in Law 116.

The Administration of Corrections must select the alternative which it feels is most appropriate for the Center and develop very specific organizational objectives related to this alternative.

An elementary management by objectives approach could be implemented whereby the Center's goals are

related to specific operational objectives.

- o Law 116 should be revised to avoid conflict with the recent Judicial opinion entitling all parolees to Center evaluations.

Necessary legislative amendments to Law 116 should be initiated, even though the moratorium has been extended, to revise the judicial opinion entitling all parolees to Center evaluations. Only those parolees with special problems or unique cases which are particularly difficult to handle, should be evaluated by the Center. Legislative amendments should allow the Center the discretion to receive referrals on those individuals deemed in greatest need of an evaluation. Evaluations of each parolee are useless given limited community programming. Therefore, resources should be expended for those individuals who can benefit most from evaluations.

- o There should be no backlog of cases permitted and the intake of new cases should be closed when the backlog is beginning. The Center, under the existing moratorium, should, at a minimum, refuse cases they are not legally obligated to evaluate. To date, the Center has not refused cases under sections b,c,d, and f of Law 116. The Center should return

all referrals under these sections to their originating agency and proceed evaluating only those cases which fall under sections a and e. However, while immediately striving to comply with the law, the Center, should be simultaneously moving toward changes which would allow the Center to accept referrals on a special request basis only (See Alternative III and IV).

- o Ponce referrals should continue to be sent to the Hato Rey Center. Referrals from Ponce are frequent enough to merit the creation of a Ponce Sub-Center; however, until a Sub-Center is created, all Ponce referrals should continue to be sent to the Center. As a result of the termination of all part-time psychologists' contracts, the Sub-Center currently has neither a psychologist nor a social-worker on staff: therefore, the proper professional staff are not available to perform any evaluations, including referrals from the Mayaguez area, let alone Ponce. Even if the part-time psychologist were to receive a new contract, which does not appear likely in the near future, he does not have sufficient time to see those cases referred from the Mayaguez and Aguadilla regions. At present, he spends eight hours a week

over his weekly contract time of 14 hours for which he does not get paid.

- o A Sub-Center in Ponce should be created.

This Sub-Center should accept referrals from the Ponce region only. This would reduce the Hato Rey Centers workload while providing more readily accessible services to the Ponce region. Further, given that Ponce is the second largest city on the island there would be enough cases generated from this region to merit a Sub-Center.

- o The Parole Board positions should be filled immediately. The positions should be augmented to remain current with case reviews. Two Parole Board positions should be added to the existing three positions, thus increasing the boards capacity to clear the backlog of cases, and remain current with case referrals. Not only does a backlog impact on institutional populations but, most importantly, it impacts on the inmates' length of stay in the institution.

- o Any Center director should be selected on the basis of administrative capabilities. Understanding of psychological principles and procedures is an asset of secondary importance. Institutional and/or

community service experience are also assets with respect to referral agency perceptions and inter-relationships with the Center.

- o Staffing of any Center or Sub-Center should always be made on the basis of permanent positions.

Positions have, at the creation of the Center/Sub-Center, been staffed through temporary loans of personnel from other agencies. These loans have contributed to a lack of consistency in operational procedures and disruption within the loaning agency.

- o Permanent positions would lend more continuity to operating procedures and provide a better foundation for interagency relationships at a lower per case cost.

- o The Center should develop formalized intake procedures and assign specific responsibilities to appropriate staff. Specific intake procedures should be developed, outlining case prioritization, criteria for case assignments by type of referral, and case flow within the organization. Case control procedures must be integrated into intake procedures to assure adequate record keeping of all referrals and case assignments.

There is currently a general lack of intake

procedures and case assignments are randomly made by either a secretary or social penal worker, depending upon personnel availability at the moment. Specific personnel should be assigned intake responsibilities to assure continuity in case assignments, control procedures, and recordkeeping.

- o Extraneous responsibilities not mandated by Law 116, such as evaluating correctional workers, should be absolutely avoided.
- o Regular personal communication between Center personnel and referral agency personnel is essential. Scheduled interagency staff conferences to discuss mutual procedures and problems should be established and maintained.
- o Case evaluations should always be done by including line correctional workers in face-to-face conferences with professional staff prior to completion of the evaluation.

After each case is evaluated, a representative from the referral agency should participate in a group discussion with the psychologist and/or social worker who conducted the evaluation. Recommendations should be jointly discussed and agreed

upon before being documented in the case file.

Face-to-face conferences will lead to more realistic recommendations, a commitment on the part of the line correctional worker to implement recommendations, and enhanced inter-agency communication.

- o Intensive treatment units now established should be maintained and incorporated into Center services as they are currently being operated.
These units offer a model of effective professional service to Corrections that should be expanded, (see Alternative IV).
- o Clear and reasonable criteria for classifying drug offenders in terms of severity, frequency, and type of drug use must be developed.
Collaboratively, the Administration of Corrections and the Department of Addiction Services should develop criteria and procedures for uniformly implementing a classification system for drug users.
- o Social penal workers should discontinue labeling drug offenders until a drug classification system is developed.

In cases where physical dependence on narcotics is apparent, the person should be seen by a physician and, where deemed useful, referred to the Department of Addiction Services.

- o The Parole Board should reconsider their policy of mandatory participation in drug treatment programs until a drug classification system is developed and implemented. This policy has reduced the number of paroles and created a waiting list for treatment programs. Implementation of specific drug classification criteria would identify serious drug abusers who could benefit from the limited treatment programs available.
- o Inmate self-classification as a drug abuser should not be accepted as the primary criterion for admission into any drug program.
- o Alcoholics should not be labeled as drug addicts nor treated in such programs. Additional programs and services for alcoholics should be identified and made available within the institutions. Volunteer services such as Alcoholics Anonymous

- o Base expectancy scales should be developed as a means of estimating risk of future offenses by parolees, probationers, and pre-trial detainees. (See Alternative V)
Serious consideration should be given to the use of full-time psychologists in an effort to utilize personnel resources more effectively. Some concern has been expressed over the difficulty in finding qualified psychologists willing to work full time for the Center given existing salaries. Salaries should be adjusted upward to attract qualified psychologists. Salary increases ranging between \$100 and \$200 a month would result in a reduction of costs over the employment of part-time psychologists. However, until full-time psychologists are added to the staff, part-time psychologists should be extended contracts.
- o Full-time psychologists' workload requirements should be increased from six evaluations a week to a minimum of 10 evaluations a week. Part-time psychologists currently complete four cases a week working a fourteen hour week. Therefore, full-time psychologists working a forty hour week should realistically be capable of completing a minimum of 10 evaluations.

- o Formal training appropriate to Center work should be provided for professional staff. Self-perceived inadequacies related to Center work could be utilized as a basis for identification of future training needs. Opportunities and incentives to participate in training ought to be developed.
- o At least one interviewing room should be built in the Mayaguez Sub-Center. Inmates could then be interviewed at the Sub-Center by the director as well as the psychologist. In addition, the interviewing room would serve as a conference room for group discussions.

11.2 SYSTEM RECOMMENDATIONS

Public Law 116 is completely unrealistic as now constituted

There is no possibility that the Center will ever be financially or organizationally capable of complying with all of the law's requirements. Further, from the standpoint of correctional practice and proper rehabilitation procedures, the current law is dysfunctional and diverts financial and professional resources from more important tasks and goals that professional workers could accomplish.

which have demonstrated success, would be an effective utilization of community resources.

- o Center professional staff and institutional personnel should jointly determine programming needs. Appropriate rehabilitation programming as identified through individual case evaluations, coupled with institutional management concerns and daily observations of inmates' behavior, can contribute to the development of the most suitable institutional programming needs as well as the identification of community based services.
- o Probation and parole investigation units should remain in their respective agencies. Probation and parole practices have been unusually successful in achieving low recidivism rates. It is recommended that this system not be changed without very careful analytical thought because of the likelihood of increasing these recidivism rates due to the introduction of unforeseen and unplanned organizational diseconomics. In addition, separation of supervision and investigation functions would fragment agencies, disrupt organizational activities, enhance communication barriers, and contribute to personnel resentment (See Alternative II).

11.2.1 Short Term Recommendations

An immediate problem is the backlog of cases for evaluation. Since decisions at other parts of the system are dependent upon these evaluations (eg., parole, transfers, passes, etc.), resolution of the problem is not only an organizational necessity, it relates directly to the issue of fairness, in that hopes and expectations cannot be set aside or crushed without courting a groundswell of resentment by the inmates. If necessary, intake of new cases should be curtailed and decision-makers within the correctional system should be given realistic estimates of the delay to be expected on those decisions which they cannot (or will not) make themselves. Adequate professional staff should be made available to the Center until a reasoned policy decision has been made about its future.

In Section X the project team outlined five (5) possible policy alternatives. Examination of the first alternative indicated that full compliance with the law would be extremely costly and generally unproductive.

The second alternative was also found to be expensive, although some costs incurred in transferring personnel could be considered artificial. More importantly, PMS Ltd. believes that this proposal not only would not satisfy the intent of the law, but also would unnecessarily disrupt the functions of parole and probation.

In terms of financially and practically sound, relatively short term options, PMS Ltd. strongly suggests that the Administration of Corrections elect either Alternative III or Alternative IV. Having carefully examined existing needs and organizational entities, we submit that either of these options would be feasible within the Commonwealth criminal justice system. Neither is exorbitantly expensive and either could be implemented with the knowledge of a moratorium extension. Both options are organizationally sound, and are designed to avoid the types of problems that now plague present Center operations.

11.2.2 Long Term Recommendations

Given the likelihood of a moratorium extension for an additional two years, there is sufficient time to implement a restructured program, and then formulate and sponsor suggestions for legislative changes that are both consistent with present operations and supportable with empirical data.

The second long term recommendation (Alternative V) is the development of a base expectancy approach as an aid to decision making. Such scales could be used at a low cost and with high reliability in the areas of pre-trial detention, pre-parole hearings, and probation and parole supervision.

SECTION XII
FUTURE AREAS OF CONCERN

SECTION XII
FUTURE AREAS OF CONCERN

o DEVELOPMENT OF A BASE EXPECTANCY MODEL

Consideration should be lent to the concept of developing a series of base expectancy scales. The procedures for developing base expectancies involve looking at the past experience of offenders in terms of success or failure and determining which attributes are statistically related to that success or failure. The Administration of Corrections could participate in the development of such a model.

o DEVELOPMENT OF CRITERIA FOR CLASSIFYING DRUG OFFENDERS

The labeling affect of "drug addicts" has severely impacted on various elements of the Correctional System, particularly the Parole Board and drug treatment programs. To make appropriate parole decisions related to this specific client group, as well as provide drug treatment services to the individuals in greatest need of service, proper criteria for classifying drug offenders must be developed.

o CJIS IMPLEMENTATION

Several CJIS terminals are located in institutions throughout the island. These terminals may be accessed for Computerized Criminal History (CCH) information provided the necessary data has been entered into the computer, specifically fingerprinting. For an individual criminal history to be entered into the data base, the person must have been fingerprinted. PMS Ltd. recommends that everyone be fingerprinted when they are convicted of a criminal offense. Also, the CCH component of CJIS should be regularly updated. This information could dramatically reduce current record-keeping problems related to access and retrieval of records as well as the problem associated with cross referencing aliases. Further, the Administration of Corrections could utilize the CCH for decision-making related to custody and release decisions. Full implementation of CCH would considerably reduce record accessing problems and somewhat ease the task of compiling a base expectancy model.

o DETERMINE ORGANIZATIONAL RESPONSIBILITY FOR SOCIAL SERVICE DELIVERY

The Administration of Corrections should, in conjunction with appropriate social service agencies, determine who will be organizationally responsible for administering

programs utilized by offenders. Proper control procedures related to case feedback and entrance criteria must also be jointly developed.

o EVALUATING THE TRAINING PROGRAM FOR SOCIAL PENAL WORKERS

An evaluation of the type and quality of training received by social penal workers and an assessment of the relevance and use of training is needed. The social penal workers are key decision makers at three levels; institutions, probation, and parole. The impact of their recommendations is felt by the inmates at all key decision points. For this reason, it is critical to know if their training relates to, and is sufficient for, these individuals to make proper assessments. Further, on-site observations by the project team indicate that the social penal worker has additional time available for the provision of counseling services. Training is being delivered in counseling techniques yet social penal workers are, at best, providing very little counseling. A more detailed evaluation of social penal worker training related to task analysis, could provide a basis for the most effective utilization of personnel resources.

SECTION XIII

APPENDICES

APPENDIX A
DATA REQUIREMENTS CHECKLISTS

Date _____

Name(s) and Position of Respondent(s):

Location of Interview: _____

Person(s) Conducting Interview:

DATA REQUIREMENTS CHECKLIST

CENTER AND SUB-CENTER

- o Describe Center activity following receipt of a referral request.
- o How does the Center que requests for evaluations and treatment plans?
- o What information does the Center elicit in its preparation of a social history?
- o What information does the Treatment Committee include in the social history file that is sent to the Center?
- o Do the parole assessments include treatment plans for community adjustment?
- o Which evaluations are made directly?
Which indirectly?
- o How are problem inmate cases presently handled?
- o To what extent could the Center provide useful services for handling problem inmates?
- o Has a psychiatrist ever served the Center in any capacity?
- o Do the Center/Sub-Center professional staff feel a psychiatrist is needed?
- o What type of formal or informal training have Center staff received?
- o Is there a consensus that additional training is needed for Center staff? If so, what type?
- o What type of training would the Center regard as appropriate for the Treatment Committee?
- o Do Center staff feel qualified to deliver training to either custody officers or Treatment Committee members (time permitting)?

Data Requirements Checklist
Center and Sub-Center

2.

- o What do the psychologists see as the purpose of their interviewing and testing (relative to referral agency and client)?
- o Are psychologists aware of other useful methods for evaluating and classifying inmates?
- o How are the tests that are being used selected?
- o What are the most important reasons for the large volume of transfers?
- o What are the attrition characteristics of professional staff in the Center?
- o Describe any meetings the Center has had with other criminal justice agencies to coordinate their activities.
- o What are the specific duties of the social penal worker as actually performed?
- o Does the Center/Sub-Center pay for the transportation of any clients for evaluation purposes?
- o What are the organizational relationships of the Sub-Center director to the Center and Parole Department?
- o Describe any relevant internal or external constraints affecting the operations of the Center?
- o What is your response to the idea that a base expectancy model be developed for classification by risk, parole decisions, and ROR decisions?
- o How do Center staff feel about participating in the development of a base expectancy model?
- o Do you feel that there are any advantages in the proposal to transfer the Center to the State Penitentiary?
- o How do Center staff members feel about the Mayaguez approach?
- o What do you believe the future goals of the Center should be?
- o Irrespective of resource constraints, how would you improve existing Center operations, procedures and priorities.

DATA REQUIREMENTS CHECKLIST

TREATMENT COMMITTEE

- o What programs for inmates does this institution now have?
- o What additional programs for inmates within institutions are both feasible and desirable?
- o What community resources does this institution use?
- o Are there other community resources which are known but not used? If so, why not?
- o How are custody officers selected to participate in the Treatment Committee?
- o How are cases referred to the Treatment Committee?
- o How does the Treatment Committee decide which cases are referred to the Center?
- o What are the specific duties of the social penal worker as actually performed?
- o What information does the Treatment Committee include in the Social History file that is sent to the Center?
- o How did the former Boards of Classification differ from the present Treatment Committees?
- o What were the relative advantages of each?
- o To what extent does the institution utilize Center recommendations?
- o What type of training would the Treatment Committee consider useful?
- o What agency or persons would be most suitable to provide training to Treatment Committees?
- o How do Treatment Committee members feel about the Mayaguez approach?
- o What specific problems does the institution see in Center recommendations?

Data Requirements Checklist
Treatment Committee

2.

- o Do you feel that there are any advantages in the proposal to transfer the Center to the State Penitentiary?
- o How are transfer decisions made?
- o What are the most important reasons for the large volume of transfers?
- o In terms of institutional management, how are problem inmates identified?
- o On the average, how many problem inmates does your facility have?
- o How are problem inmates cases presently handled?
- o Could the Center provide useful services for handling problem inmates?
- o What is your response to the idea that a base expectancy model be developed for classification by risk, parole decisions, and ROR decisions?
- o What do you believe the future goals of the Center should be?
- o Irrespective of resource constraints, how would you improve existing Center operations, procedures and priorities?

DATA REQUIREMENTS CHECKLIST

JUDGES

- o Who conducted evaluations prior to 1974 for Court Ordered requests for special cases?
- o How did the former Boards of Classification differ from the present Treatment Committees?
- o What were the relative advantages of each?
- o Has the quality of pre-parole assessments changed as a result of the Center's existence?
- o Which Center evaluations should be done directly. Which indirectly?
- o What type of cases are judges currently referring to the Center?
- o Are there other cases they feel should be referred to the Center?
- o How useful do you consider Center evaluations for your decisions?
- o Is there a consensus that additional training is needed for Center staff. If so, what type?
- o What agency or persons would be most suitable to provide training to Treatment Committees?
- o To what extent could the Center provide useful services for handling problem inmates?
- o Describe any relevant internal or external constraints affecting the operations of the Center.
- o Do you feel that there are any advantages in the proposal to transfer the Center to the State Penitentiary?
- o Do you think the Probation Department should be under the direction of the Court or the Corrections Administration?

Data Requirements Checklist
Judges

2.

- o There is a proposal to create a separate unit to do only probation investigation work. What are your feelings about supervision and investigation functions being separated?
- o If investigation is to become a separate function, would it be appropriate to locate it under the direction of the Center?
- o What is your response to the idea that a base expectancy model be developed for classification by risk, parole decisions, and ROR decisions?
- o What do you believe the future goals of the Center should be?
- o Irrespective of resource constraints, how would you improve existing Center operations, procedures and priorities?

APPENDIX B

HOUSE OF REPRESENTATIVES' BILL 414
SENATE BILL 388.

(Texto de Aprobación Final por la Cámara)

(20 DE JUNIO DE 1977)

ESTADO LIBRE ASOCIADO DE PUERTO RICO

8ª ASAMBLEA
LEGISLATIVA

1ª SESIÓN
EXTRAORDINARIA

CAMARA DE REPRESENTANTES

P. de la C. 414

17 DE JUNIO DE 1977

Presentado por los representantes *Viera Martínez, Granados Navedo, Urbina Urbina, señora Monrouzeau Martínez, señores Ayala Del Valle, Misla Aldarondo, Barrera Vázquez, Martínez Colón, Rivera Morales, Batista Montañez, Salichs, Sagardía Sánchez, Valentín Acevedo, Torres Quiles, Fonseca Jiménez, Cruz Ortiz, Soldevila, Hernández Rodríguez, Navarro Alicea, Estevez Datis, Collazo, Colón Lugo, De Jesús, Donés Rosario, Esteves López, Iglesias Rodríguez, Marrero Hueca, Molina Vázquez, Morales García, Rivera Quiñones, Robles Albarrán, Rojas Reyes y Rosario Báez*

Referido a la Comisión De lo Jurídico Penal

LEY

Para enmendar el Artículo 58 de la Ley núm. 116 de 22 de julio de 1974, enmendada, cuyo título es "Ley Orgánica de la Administración de Corrección"; enmendar el Artículo 3 de la Ley núm. 172 de 23 de julio de 1974, enmendada, que enmienda la Regla 162 y adiciona la Regla 162.1 a las Reglas de Procedimiento Criminal; y para enmendar el Artículo 2 de la Ley núm. 239 de 23 de julio de 1974, enmendada, que adiciona la Regla 162.2 a las Reglas de Procedimiento Criminal, a los fines de aplazar hasta el 1 de agosto de 1979 la vigencia de algunas disposiciones de la Ley núm. 116 y la totalidad de las Leyes núm. 172 y núm. 239, todas ellas en relación con el Centro de Clasificación, Diagnóstico y Tratamiento.

EXPOSICIÓN DE MOTIVOS

La Ley núm. 116 de 22 de julio de 1974, enmendada que creó la Administración de Corrección, en su Artículo 7 dispone para la creación de un Centro de Clasificación, Diagnóstico y Tratamiento con el propósito de centralizar los servicios de clasificación y diagnóstico y de establecer directrices de tratamiento para proveer evaluación adecuada de los delincuentes en las distintas etapas de corrección en que puedan encontrarse. Al contemplarse la creación del citado centro fue necesario enmendar las Reglas de Procedi-

miento Criminal para atemperarlas a las nuevas exigencias, lo que se efectuó por las Leyes núm. 172 de 23 de julio de 1974 y núm. 239 de 23 de julio de 1974.

Sabido es que las actividades del Centro conllevan fuertes erogaciones de fondos públicos y que la situación precaria del Erario Público hizo necesario que se aplazara la vigencia de la antes mencionada Ley núm. 116 en lo que se refería a las actividades del citado Centro de Clasificación, Diagnóstico y Tratamiento y como consecuencia también la vigencia de las Leyes núm. 172 y núm. 239.

En vista de que, al presentarse el nuevo año fiscal, la situación económica no ha variado favorablemente, se hace necesario que una vez más se aplaze la vigencia de las antes citadas leyes.

Decrétase por la Asamblea Legislativa de Puerto Rico:

1 Sección 1.—Se enmienda el Artículo 58 de la Ley núm. 116

2 de 22 de julio de 1974, enmendada, para que se lea como sigue:

3 "Artículo 58.—Esta ley empezará a regir el 1ro. de julio de
4 1974, pero los incisos (b), (c), (d) y (f) del Artículo 7 em-
5 pezarán a regir el 1ro. de agosto de 1979."

6 Sección 2.—Se enmienda el Artículo 3 de la Ley núm. 172
7 de 23 de julio de 1974, enmendada, para que se lea como sigue:

8 "Artículo 3.—Esta ley empezará a regir el 1ro. de agosto
9 de 1979."

10 Sección 3.—Se enmienda el Artículo 2 de la Ley núm. 239
11 de 23 de julio de 1974, enmendada, para que se lea como sigue:

12 "Artículo 2.—Esta ley empezará a regir el 1ro. de agosto
13 de 1979."

14 Sección 4.—Esta ley empezará a regir desde la fecha de su
15 aprobación.

ESTADO LIBRE ASOCIADO DE PUERTO RICO

8ª ASAMBLEA
LEGISLATIVA

1ª SESIÓN
EXTRAORDINARIA

SENADO DE PUERTO RICO

P. del S. 388

20 DE JUNIO DE 1977

Presentado por los señores *Ramos Barroso y Nogueras, Hijo*

Referido a la Comisión De lo Jurídico

LEY

Para enmendar el Artículo 58 de la Ley núm. 116 de 22 de julio de 1974, enmendada, cuyo título es "Ley Orgánica de la Administración de Corrección"; enmendar el Artículo 3 de la Ley núm. 172 de 23 de julio de 1974, enmendada, que enmienda la Regla 162 y adiciona la Regla 162.1 a las Reglas de Procedimiento Criminal; y para enmendar el Artículo 2 de la Ley núm. 239 de 23 de julio de 1974, enmendada, que adiciona la Regla 162.2 a las Reglas de Procedimiento Criminal, a los fines de aplazar hasta el 1 de agosto de 1979 la vigencia de algunas disposiciones de la Ley núm. 116 y la totalidad de las Leyes núm. 172 y núm. 239, todas ellas en relación con el Centro de Clasificación, Diagnóstico y Tratamiento.

EXPOSICIÓN DE MOTIVOS

La Ley núm. 116 de 22 de julio de 1974, enmendada que creó la Administración de Corrección, en su Artículo 7 dispone para la creación de un Centro de Clasificación, Diagnóstico y Tratamiento con el propósito de centralizar los servicios de clasificación y diagnóstico y de establecer directrices de tratamiento para proveer evaluación adecuada de los delincuentes en las distintas etapas de corrección en que puedan encontrarse. Al contemplarse la creación del citado centro fue necesario enmendar las Reglas de Procedi-

miento Criminal para atemperarlas a las nuevas exigencias, lo que se efectuó por las Leyes núm. 172 de 23 de julio de 1974 y núm. 239 de 23 de julio de 1974.

Sabido es que las actividades del Centro conllevan fuertes erogaciones de fondos públicos y que la situación precaria del Erario Público hizo necesario que se aplazara la vigencia de la antes mencionada Ley núm. 116 en lo que se refería a las actividades del citado Centro de Clasificación, Diagnóstico y Tratamiento y como consecuencia también la vigencia de las Leyes núm. 172 y núm. 239.

En vista de que, al presentarse el nuevo año fiscal, la situación económica no ha variado favorablemente, se hace necesario que una vez más se aplaze la vigencia de las antes citadas leyes.

Decrétase por la Asamblea Legislativa de Puerto Rico:

1 Sección 1.—Se enmienda el Artículo 58 de la Ley núm. 116
2 de 22 de julio de 1974, enmendada, para que se lea como sigue:

3 “Artículo 58.—Esta ley empezará a regir el 1ro. de julio de
4 1974, pero los incisos (b), (c), (d) y (f) del Artículo 7 em-
5 pezarán a regir el 1ro. de agosto de ~~1977~~ 1979.”

6 Sección 2.—Se enmienda el Artículo 3 de la Ley núm. 172
7 de 23 de julio de 1974, enmendada, para que se lea como sigue:

8 “Artículo 3.—Esta ley empezará a regir el 1ro. de agosto
9 de ~~1977~~ 1979.”

10 Sección 3.—Se enmienda el Artículo 2 de la Ley núm. 239
11 de 23 de julio de 1974, enmendada, para que se lea como sigue:

12 “Artículo 2.—Esta ley empezará a regir el 1ro. de agosto
13 de ~~1977~~ 1979.”

14 Sección 4.—Esta ley empezará a regir desde la fecha de su
15 aprobación.

END