

Overview

Dept. of

Corrections

1/31/92

STATE OF ALASKA THE LEGISLATURE

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Mary Van Nimwegen

2/11/92 HHESS

4/9/91 HHESS

CORRECTIONAL INDUSTRIES COMMISSION MEETING
January 16, 1992

MOTION: The Commission recommends to the Commissioner of Corrections the finding that the proposed use of inmate labor to clear Alaska Railroad right-of-way minimally impacts the private sector. The Commission further finds that the proposal is in the best interest of the State. This finding and recommendation will be evaluated by the Commission in the fall of 1992.

Motion carried by unanimous consent. Commissioner Hames abstained from voting.

MOTION: The Commission recommends to the Commissioner of Corrections the finding that the proposed telephone information service for State agencies has a minimal impact on the private sector and is in the best interest of the State to operate as a correctional industry.

Motion carried by unanimous consent. Commissioner Hames abstained from voting.

SEX OFFENDER TREATMENT TASK FORCE
(Final Report and Recommendations)

State of Alaska
Department of Corrections

January 2, 1992

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MISSION STATEMENT

To evaluate and make recommendations on the most effective institutional placement of sex offender programs.

INTRODUCTION

The Department of Corrections has been offering sex offender treatment programing since the early 1980's. Programs presently exist in Lemon Creek, Hiland Mountain and Fairbanks. Technical evaluations of these programs have been done by Rob Freeman-Longo and William Pithers. The Pithers report was not available to the task force. The task force decided that the quality of the programs was beyond the scope of the inquiry and elected to focus on issues of efficiency, institutional ability to provide treatment, and number and type of inmates needing treatment. The passage of HB366 which requires prisoners to participate in sex offender treatment will no doubt impact in ways that are difficult to predict (see March 18, 1991 memo from Mike Taylor).

METHODS OF RESEARCH AND EVALUATION

Documents used by the Task Force are as follows:

- * Department's statewide Sex Offender Tracking Report (HCRO170P)
- * Sex Offender Statement of Standards 1990
- * Rob Freeman-Longo's Report
- * 1991 Survey by Trevor Jones
- * Memorandum from Sue Ford dated 11-6-91
- * Memorandum from Paul Turner dated 10-27-91.
- * Memorandum from Mike Taylor dated 3-18-91.

The Task Force initially identified the factual information that would be needed in order to make informed recommendations to the department. It was clear from the outset that there was a dearth of factual data readily available. Various members of the task force were assigned specific subject matters to research. The greatest task was in "pulling" information from the Tracking Report.

DISCUSSION

Statistical Data to be Maintained by Department

The sex offender tracking report contains a good deal of information, but not in usable form. Jim Pagels and other staff at HMCC took several days to hand count and organize tracking information so that the questions below could be answered. Based upon information given to the task force, there is good reason to suspect that the tracking system itself is "breaking down" because staff are not inputting required information. Staff are not doing this because the document is not being circulated consistently and there is the impression that information that is put into the system doesn't stay there. In short, the sex offender tracking document is not maintained accurately.

Listed below is the statistical data that should be maintained in a "user friendly" format:

1. Number and location of sex offenders.
2. Custody of sex offenders.
3. Number of sex offenders with court ordered treatment.
4. Lengths of sentence and bracketed release dates.
5. Number and location of treatment slots.
6. Number of sex offenders who have refused treatment.
7. Number of sex offenders who failed to complete treatment.
8. Number of vacant sex offender beds.
9. Number and location of approved treatment providers.
10. Number and location of sex offenders with less than 18 months.
11. Number of sex offenders being released each year without treatment.
12. Number and location of sex offenders on formal probation.
13. Cost of treatment beds/vendor.
14. Number and location of sex offenders in treatment beds.

Utilization of Treatment BedsCustody of Sex Offenders

Community	41
Minimum	43
Medium	236
Close	199
Maximum	16
Unclassified	15
Total	550

Existing Sex Offender Treatment Programs

	<u>Beds</u>	<u>Inmates in Treatment</u>
FCC	35	18
HMCC	80 (10 of which are pre-treatment)	70
LCCC	12	9
Total	127	97

Inmates eligible, interested and not receiving:
7 close and 12 other = 19

It appears that the present beds are adequate for the existing populations if they were all filled. However, it also appears that the Cleary cap on Fairbanks makes the continuation of a Sex Offender Treatment Program there unlikely. This question will be addressed more fully under Treatment Programs at Fairbanks Correctional Center and in recommendations six and seven. If the Fairbanks program is closed, HMCC and LCCC could be expanded as follows:

<u>HMCC</u>	<u>LCCC</u>
80 + (10 bed increments up to an additional 40)	26
120	26 = 146

LCCC should be able to take care of all close custody inmates (12 in treatment now and seven more interested), and HMCC could grow according to increased demand as the effects of HB366 are felt. Obviously, no one can predict the long term impact of HB366 but certainly it could be dramatic. Also, as HMCC converts to more SOTP beds it displaces inmates who are not sex offenders and housing must be found for them.

Of the total number of sex offenders in the prison system, 48 have requested treatment, but are not in treatment. Of those 48, only 19 are actually eligible by virtue of the time remaining until the end of their sentence. Twenty-four have too long and four are too short (under 18 months).

The treatment beds at FCC are not being appropriately utilized primarily because of the Cleary population cap which forces the department to keep transferring inmates from FCC to other locations around the state. Of the 35 beds at FCC, 18 were occupied on the date data was gathered. This number is considered representative since the Cleary cap became effective.

It appears that the number of treatment beds is adequate for the existing number of appropriate and interested sex offenders, but as discussed elsewhere in this report, Fairbanks presents a special set of concerns that are addressed in recommendation six and seven.

Close Custody Sex Offender

The task force felt it was important to determine whether or not close custody sex offenders required treatment. The question was whether or not the department should wait for close custody offenders to be reduced in custody before being eligible for treatment. Based upon the large number of close custody offenders and the ability of the department to provide beds with appropriate security, the task force concluded that treatment could and should be provided to these offenders.

Treatment Program at Fairbanks Correctional Center

FCC is not utilizing its 35 beds as noted under "Existing Sex Offender Treatment Programs" above. Unless the department expands the correctional center there is little hope that the treatment program can survive. The priority concern for FCC at this time and for the foreseeable future is maintaining the overall population count. Little if any weight is given to whether or not an inmate is in sex offender treatment when the decision is made to transfer. The task force attempted to get statistical information regarding transfers precipitated by the Cleary cap as compared to other types of transfers, but was unable to do so. The impression of the institution is that transfers have increased dramatically since implementation of the Cleary cap. In any event these beds are not being used even though there are inmates to fill them. It should also be pointed out that the present Cleary Maximum Operating Capacity of 202 will change to 183 on January 1, 1992. It is, frankly, unlikely that the department will be able to meet this cap without exceeding the capacity of other institutions.

Community Corrections

Although the task force was not assigned any community corrections issues, the task force felt that there were institutional issues that were inseparable from community corrections issues. Attached is a report from Sue Ford that identifies the number of sex offenders in community treatment, those not in treatment, those who "successfully" completed treatment, and those who would be in treatment if approved providers were available. P.O. Ford points out that the statistics are conservative due to her limited ability to collect information. Nonetheless, the number of sex offenders in the community who have not completed treatment and who are not presently in treatment is significant and will likely increase in the future. Also, P.O. Ford points out that some appropriate offenders are not being referred for treatment even though it is available, but the largest number of untreated sex offenders reside in areas of the state where there are no providers.

Paul Turner has written a memorandum (attached) recommending the utilization of the Alaska Division of Mental Health and Developmental Disabilities community mental health system to provide outpatient sex offender treatment services. The community mental health system would seem to be a logical resource for providing treatment to offenders in their local community. A major obstacle for providing treatment to sex offenders in the community has been that many of them do not live where services are available. This is especially a problem for Natives. As Dr. Turner points out,

Good psychological adjustment and better outcome results for mandated sex offender treatment would be expected if offenders lived in their communities with their family (as applicable) and maintained their ties to their culture, extended family, social network, lifestyle and vocational opportunities.

Obviously, the department would need to play a major role in training the staff of the Division of Mental Health for this new and specialized task.

The following tentative release dates for sex offenders are:

<u>Time Period</u>	<u>No. of Released Sex Offenders</u>
10/16/91-12/31/91	64
01/01/92-12/31/92	52
01/01/93-12/31/93	100
01/01/94-12/31/94	50
01/01/95-12/31/95	54
01/01/96-12/31/96	37
01/01/97-2025-	77
Unsentenced	<u>86</u>
Total =	520

The department needs to be prepared for the increase that will occur between 1/93 and 12/93

SUMMARY OF RECOMMENDATIONS

1. Sex offender treatment should be provided to all custody levels, excluding maximum custody. The traditional time frame of between 18 months and six years of the tentative release date or parole eligibility date should be continued. Lemon Creek should serve only close custody sex offenders, and the number of beds should be increased to 24 or 26. (A decrease in custody would not necessarily cause a transfer.)
2. The number of sex offender treatment beds at Hiland Mountain should be increased from the present 80 as needed. This could perhaps be in increments of 10 since that is the number of beds per wing. The beds are for medium/minimum/community custody inmates.
3. The contract for sex offender treatment at Fairbanks Correctional Center should be allowed to expire. If there are any financial savings from closing FCC, those monies should be considered for expanding the training for community mental health workers and field probation officers in sex offender monitoring skills.
4. The department should review the present level of compliance with court ordered sex offender counseling in community corrections.
5. The sex offender tracking report needs substantial revision in the way it organizes and makes information available. One should be able to answer the following questions readily:
 1. Number and location of sex offenders.
 2. Custody of sex offenders.
 3. Number of sex offenders with court ordered treatment.
 4. Lengths of sentence and bracketed release dates.

5. Number and location of treatment slots.
 6. Number of sex offenders who have refused treatment.
 7. Number of sex offenders who failed to complete treatment.
 8. Number of vacant sex offender beds.
 9. Number and location of approved treatment providers.
 10. Number and location of sex offenders with less than 18 months.
 11. Number of sex offenders being released each year without treatment.
 12. Number and location of sex offenders on formal probation.
 13. Cost of treatment beds/vendor.
 14. Number and location of sex offenders in treatment beds.
6. The task force recommends closing the sex offender treatment program in Fairbanks, however, the consequences of such a dramatic change at Fairbanks need to be evaluated immediately. The task force identified the following concerns:
- a) Fairbanks Correctional Center will be left primarily with short-term and pre-trial offenders.
 - b) As a result of the above, FCC's programs need to be evaluated for applicability to the new prisoner population profile.
 - c) What is FCC's mission?
 - d) What will be the impact on the prison industries at FCC?

7. For many years Fairbanks Correctional Center has housed long-term and close custody inmates. The prison culture has adapted to this role. If the department is going to allow FCC to evolve into a different kind of prison, a good deal of work needs to be done. The department should be cautious in allowing the Cleary prison cap to be the singular driving force for the future of FCC. In the past, plans had been made for the expansion of Fairbanks. It is a regional center drawing inmates from a substantial geographical portion of the state. It is questionable policy to allow FCC to become a "drive-through" correctional center. If the Cleary cap were excluded, all of the other forces which determine the growth or absence of growth for a correctional center, would likely cause FCC to expand. The department needs to take a very close look at the dynamics of this situation.
8. The department should explore the utilization of the Alaska Division of Mental Health and Developmental Disabilities as a resource for providing sex offender treatment and monitoring in the community. The Department of Corrections would need to provide training to mental health staff in order to ensure that the appropriate treatment model was used.
9. The task force recommends the Department of Corrections look closely at utilizing special needs halfway houses for sex offenders who did not receive or complete in-house sex offender treatment. The utilization of a sex offender halfway house could fulfill the treatment needs and concerns of those sex offenders who fall into the following categories:
 - a) Those who received less than 18 months to serve.
 - b) Those who refused in-house sex offender treatment.
 - c) Those who were terminated or failed to complete sex offender treatment.

A sex offender halfway house would provide room and board to sex offenders from the bush and other outlying communities while they receive treatment. Further research would need to be undertaken by the Department to determine whether to have these facilities run by state or private organizations/contracts.

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APPENDIX A

Memo from Mike Taylor dated 3-18-91

MEMORANDUM

State of Alaska

Department of Corrections

TO: Marianne McNabb
Criminal Justice Planner
Anchorage Central

DATE: March 18, 1991

TELEPHONE: 465-3376

THRU:



SUBJECT: Legislative Research
Agency Request for INFO

FROM: Mike Taylor
Program Coordinator
Statewide Programs

Per your request I am forwarding the following information regarding statistics related to the Sex Offender Treatment Programs administered by the Division of Statewide Programs.

- An analysis of the cost of running the programs;

	Anchorage Langdon Clinic -----	Fairbanks Fairbanks Tx. Asso. -----	Juneau Tongass C.C.C. -----
Annualized Funding	\$ 488,200.00	\$ 192,348.00	\$ 192,340.00
Treatment Slots			
Prison	80.0	35.0	12.0
Community	60.0	15.0	40.0

(NOTE: Based on allowable levels per contractual obligations);

Current Participants			
Prison	79.0	32.0	11.0
Community	8.0	17.0	10.0

(NOTE: Based on Contractor reported participants per January 1991 monthly billing for services);

Budget Distribution			
Prison	\$ 217,760.00 (89.2%)	\$ 82,831.50 (81.5%)	\$ 77,140.00 (79.8%)
Community	\$ 26,340.00 (10.8%)	\$ 18,742.50 (18.5%)	\$ 19,500.00 (20.0%)

I have also attached a copy of my data base for each program which shows the distribution of hours which have been billed to the Department of Corrections by billing category. Please give me a call if you require any additional information regarding any the Sex Offender Treatment Programs to fulfill the Legislative Research Agency request of February 26, 1991.

MT/mt

cc: Richard Bentson, Director
Statewide Programs

(NOTE: All figures are based on Contractor proposed budget distribution)

Annual personnel costs
for corrections officers
working on programs

\$ 200,000.00

n/a

n/a

(NOTE: This cost was arrived after discussion with superintendent, and correctional officer responsible for programs at Hiland Mountain. The amount represents the personnel costs for four full time correctional officers. Currently there are a total of nine corrections personnel involved in the HMCC Sex Offender Program. The four officers assigned to the sex offender treatment cost was based on the institutional personnel's estimate of allocation of the officer's roles between security and treatment.)

Man/Day cost based on
projected participants

Prison

\$ 21.82

\$ 13.00

\$ 35.32

Community

\$ 2.41

\$ 6.87

\$ 2.68

(NOTE: This is the cost of treatment for full utilization of treatment slots and full expenditure of contractual encumbrances.)

Man/Day cost based on
participant level (1/1/91)

Prison

\$ 22.10

\$ 14.22

\$ 38.53

Community

\$ 18.09

\$ 6.06

\$ 10.71

- How many hours per day and per week are inmates involved in the programs?

Following are general distribution numbers indicating proposed allocation of hours in the Contractor submitted budgets for the period January 1 - June 30, 1991.

Service Distribution

Direct Services

76.11%

89.0%

89.3%

Indirect Services

23.89%

11.0%

10.7%

Individual Treatment

Prison

50.0

31.0

48.0

Community

8.3

12.0

12.0

Group Treatment

Prison

62.3

58.0

64.0

Community

30.0

16.0

12.0

(NOTE: All figures are based on Contractor proposed budget distribution)

APPENDIX B

Survey by Trevor Jones dated October 1991

A Survey of Studies and Papers
Referring to the Treatment of Sex Offenders

compiled by
Trevor Jones
Fairbanks Treatment Associates employee

October 1991

The goal of this project at its onset was to statistically identify the recidivism benefit of treatment vs. non-treatment of sex offenders. Unfortunately, I have to report that it would be difficult to impossible to identify any general evidence supporting or opposing the efficacy of treatment. It might be more accurate to state that from the pool of research available, one could draw any conclusion one wanted. For example, Sturgeon & Taylor (1980) demonstrated a recidivism rate of 15.4% for a group of 260 treated pedophiles and rapists. Their control group of 122 untreated Sex offenders demonstrated a recidivism rate of 25%. Interpretation would suggest that treatment reduced recidivism by 9.6%. In another study, Frisbe (1969), the recidivism rate for 617 treated offenders was reported at 19.4%, and the control group of 365 untreated offenders was 11.5%. If one were to apply the same type of interpretation here as in the first study, one would have to conclude that treatment increased recidivism by 7.9%. While it is my own personal opinion that treatment is beneficial, the use of recidivism statistics would be a poor measure to base this opinion on. The reasons for recidivism being a poor measure of treatment outcome are multitudinous. It would be impossible to construct an exhaustive narrative on this subject, so I will only suggest a few. Probably the most important factor hampering the assessment of recidivism is the difficulty of discovering that any offense has occurred. It has been suggested that as few as 10% of

sexual offenses are reported. Equally difficult is the burden of proof and maintaining a conviction for the few cases that are reported. The use of recidivism statistics can only be useful when they are applied in some form of comparison, either to an untreated control group or to another treatment program. Unfortunately, in almost all cases reviewed, the treated and control groups differed at the outset in ways other than if they received treatment or not. For example, in Alaska because sex offender treatment programs are not filled to capacity, and nearly all who wish to participate in a treatment program have that opportunity, the only offenders who could be used as a control group would be those who refused treatment, because of the dissimilarity, any statistical comparison to such a control group would be questionable. Similarly, comparing one program's statistics to another's is misleading because of the many differences between various treatment programs. One of the most significant problems in comparing programs lies in the samples that could be developed. For example, if we were to compare Alaska's programs to those in the lower 48, there are no other inmate populations that have a Native American population of 32% (1989). The national average is only 2.8% (1989). Samples also differ based on program admission policy. Some programs accept only the most amiable offenders while others treat the least amiable offenders. Other problems arise with the definition of recidivism. Some studies define recidivism as being

reconvicted for the same sexual offense, others as being convicted of any criminal offense, and still others as such activities as walking to close to a school or playground.

Although recidivism would seem to be such a poor measure, we unfortunately have little else to work with. With the cautionary discourse provided above, we must begin to do what we are cautioned against. The best one can do is control the statistical application to only appropriate cases. Because the variability between treatment programs hampers the ability to generalize between these programs and research projects, a concerted effort must be made to apply only studies to programs that best match one another, and in which careful work has been done to define and accurately identify all research criterion. If we were to make some sort of comparison to the programs in Alaska, the best would be one of three relapse prevention programs in the Lower 48. The Vermont Treatment Program for Sexual Aggressors (VTPSA) has been working with sexual offenders using a relapse prevention model since 1982. Initial treatment outcome statistics that they have provided on their program suggests this approach represents an effective method for decreasing recidivism particularly with pedophiles. The VTPSA study's relapse rate was in stark contrast to most sex offender recidivism data previously reported for similar time periods. In the VTPSA study, relapse prevention appeared to effectively diminish reoffense rates. (Pithers, Cumming 1989)

As policy makers grapple with difficult decisions concerning sex offenders, programs, the community, costs and so on, and if recidivism rates are removed, what measures are available? Potentially, one could employ an assessment of victim impact, fiscal cost to society, what the community at large feels is an appropriate treatment of an offender (such as retribution, restitution, or rehabilitation). Of these, the most measurable is fiscal cost to society.

As the fiscal costs of sexual offenses are considered, one can only ask, "What would it take for a sex offender treatment program to pay for itself?" In an attempt to answer this question, I have taken some figures from the sex offender treatment program in Fairbanks, Alaska. The cost of this program is ~~\$5,828.00~~ ^{On 38 Beds} ~~5,343.96~~ per man, per year (1991). In addition to this, it costs another ~~\$1,38,987.00 (1989)~~ ^{31,156.40 (1990)} per year to incarcerate each offender (based on statewide statistics). Assuming that an individual reconvicted of a sexual offense would receive the presumptive sentence of 8 years, at cost of ~~\$209,451.00~~ ^{249,251.20} we can project that if only 1 individual released each year were deterred from reoffending, this would more than pay for the entire program at a cost of \$192,348.00 per year (1991). This estimate only considers the direct cost to the Department of Corrections and ignores the cost of apprehension, trial expenses, and parole supervision. In addition to this, there are other victim related expenses such as costs incurred by services from Department of Social Services,

hospital expenses, victim evaluation, victim witness services, and victim treatment. If these costs were considered they would add an additional \$24,898.00, (Prentky and Burgess 1989), to our original estimate of cost for a reoffense.

Since these figures seem somewhat incredible, I would like to stress that they are in no way exaggerated. Because of the incredible cost of incarceration it takes little success for a treatment program to become cost effective. But more important than the potential fiscal gain of treatment, is the immeasurable benefit of any reduction in victimization.

COMMUNITY TREATMENT

In addition to what has been discussed above, I was also asked to provide any information concerning community treatment that I became aware of during my study.

Presently, I am aware of an interest in the possibility of shifting an emphasis toward community treatment as opposed to prison based treatment. It seems that in the face of limited resources, a decision must be made as to where these resources can best serve the client and community. Based on my own limited experience, prison based treatment seems more efficient simply because the continuity of the therapy process is maintained much more successfully

than is possible in the community. I believe that it is difficult to maintain the continuity and momentum of treatment in the community because members attend only weekly groups, and monthly individual sessions. This is furthered hampered by any absences which not only affect the individual absent, but also the members of his group who are deprived of a consistent treatment environment and the absent individuals participation in the group process. It is simply easier to maintain progress through daily groups, with full attendance. There is little problem with getting back on track from the previous group meeting when that group met yesterday as opposed to the week before. In Fairbanks, during the summer, it is unfortunately not uncommon for a group's composition change nearly 100% from week to week due to work related, vacation related, and unexcused absences. While most might agree that a residential milieu treatment structure may be of greater benefit to treatment of participants, it is difficult to determine if emphasis on this type of program best serves the community. I make this statement based on information provided by Linda Smith. In a report she wrote in 6/91, she commented:

"Of interest is that 42 (of 76) offenders, or 55%, were sentenced to straight probation or received sentences of such short duration that they weren't able to participate in the institutional programs. Although it has been the position of DOC that the best treatment

for sex offenders is residential milieu, it's clear the judges aren't buying that completely. DOC may want to reconsider that position and look at perhaps expanding the length of DOC supported community based sex offender treatment" (Smith 1991).

While I am unaware of the exact typeologies of these offenders, I can easily say that unless these two groups (prison sentences and probation sentenced) are very dissimilar, this failure to find prison dispositions should be of great concern. If it is unlikely that longer prison sentences will be given, then longer, much more intense community treatment should be seriously considered.

OTHER ISSUES OF COMMUNITY TREATMENT

Wodarski and Whitaker pointed out many concerns surrounding community treatment. In their article they provided:

1. "If the perpetrator is simply released on condition of completion of a treatment program, victims do not believe their emotional damages have been properly compensated through adequate punishment of the perpetrator." (Wodarski and Whitaker 1989)
2. "If the offense is incest, it is not unusual for the victim to be removed from the home while the perpetrator remains in the home."

3. "If the perpetrator is placed on probation, it is possible for the family unit to reconcile and to remain intact as a family unit. If, on the other hand, he is absent from his family for a long period, the family tends to dissolve." (Giarreto, 1982)

4. The environmental settings of prisons and hospitals are completely different from the community, thus behavior changes which might take place as a result of counseling in these settings have little generalizability to the "real" world.

5. Community treatment is also less costly in the sense that it provides an opportunity for the offender to provide for his or her family care.

6. In terms of human costs, community treatment furthermore is indicated. In the community, incest perpetrators retain the opportunity to modify family relationships and to establish a supportive, as opposed to exploitive, relationship.

Wodarski and Whitaker concluded their article by stating:

"The treatment of certain sex offenders in the community makes sense in terms of social and monetary costs. Individuals will be less demoralized while more family units will be preserved... The development and provision of appropriate services, however, represent a substantial challenge. The necessary research to accomplish these goals has yet to be undertaken."

Originally, I had hoped to make some comments on the comparability of prison based vs. community treatment. Based on the research literature I reviewed in preparation for this paper (summarized in the first portion of the paper), it seems pointless to attempt such treatment outcome comparisons. What I did find that addressed prison and community treatment suggested that the transition between the two should be made in as many small steps as possible, that a treatment participant should not suddenly graduate from a prison setting into a community program, that the participant should be transitioned gradually into the community program.

THE USE OF PARAPROFESSIONAL STAFF

While this is not a subject much reviewed, I did find some things written about it in program descriptions. Although it seems that nearly all treatment programs employ one form or another of paraprofessional staff, there seems to be no specific ratio. Of what I could find, the number of paraprofessional staff ranged anywhere from 28 down to 2 in each program. Duties of the staff also varied between programs. Some provided direct treatment such as the facilitation of groups, while other programs may have used these staff as research assistants.

CONCLUSION

In conclusion, I again have to regretfully report that there is little consistent empirical evidence to base treatment outcome conclusions on. Presently, there are studies that in progress that may be of significance. Based on their projective research design, they look to be more promising than the retrospective research designs of the past. Unfortunately, information from these studies is not fully available. I like to add to all my cautionary notes that the authors who most influenced me in this opinion, (Furby, et al), even in light of finding little statistical support for treatment, believe that outcome data from specialized treatment programs will demonstrate therapeutic efficacy. (Weinrott, 5/88) Initial data from these studies would seem to be very promising, and will be of great interest to the sex offender treatment programs of Alaska, because they are based on relapse prevention which is the treatment model employed by the programs being researched. Lacking these studies, we are left with cost benefit analysis. Although these studies as presented tend to rely heavily on recidivism data, the estimates of costs are very accurate. The understanding of how little it takes for treatment to become cost effective can only prompt us to persevere in providing sex offender treatment.

Ultimately the process leading to decisions regarding efficacy of treatment becomes a "shot from the hip." People who are engaged in making policies regarding the treatment of sex offenders are "gamblers." Knowing the costs of sex offender treatment and the cost of recidivism, one in support of treatment must gamble that the prevention of at least one or two offenses is a possibility. And if that is the case, the gamble will pay off fiscally and in ways that are immeasurable when victimization is considered.

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APPENDIX C

Memo from Sue Ford dated 11-6-91

STATE OF ALASKA
 Department of Corrections
 Adult Probation/Parole
 110 Trading Bay, Suite 190
 Kenai, AK 99611

MEMORANDUM

TO: Ken Brown
 Superintendent
 Wildwood Correctional Center

FROM: Susan J. Ford *JF*
 Probation Officer III
 Kenai

DATE: November 6, 1991

RE: Task Force Data on
 Sex Offenders

COMMUNITY CORRECTIONS SEX OFFENDER STATISTICS

City	# in SOT	# not in SOT	# successfully completed	# who would be in SOT if approved provider available
Ketchikan	7	8 (3 no treat- ment order)	0	6
Juneau	28	18	13	4
Sitka	0	9	0	3
Kodiak	12 (all non- approved providers)	3	1	15
Dillingham	0	17	0	17
Kenai	11 (9 non- approved providers)	8	7	13
Palmer	21	0	3	0
Anchorage	150	14 (8 no treat- ment order)	22	3
Bethel	0	60 (41 no treat- ment order)	1	15/50
Barrow	0	14	0	14
Nome	0	33	4	17
Kotzebue	14 (all non- approved providers)	0	0	0
Fairbanks	20	56 (13 no treat- ment order)	19	N/A
TOTAL:	<u>261</u>	<u>238</u>	<u>70</u>	<u>132</u>

To better understand the numbers presented above it is important to recognize that Department of Corrections approved sex offender treatment providers are only available in the communities of Ketchikan, Juneau, Kenai, Anchorage and Fairbanks. In Kenai the approved provider has an eight month waiting list. A new sex offender treatment group is just getting underway on a trial basis.

In other areas of the state, as well as communities with DOC approved providers, probation and parole officers are utilizing the services of non-approved DOC mental health providers to provide some level of treatment to their sex offenders. Thus, the category entitled "# of sex offenders in treatment" reflects a mixture of both approved and non-approved treatment providers.

The statistics provided by the Palmer and Anchorage offices are incomplete. Palmer had an employee on extended maternity leave and did not report the sex offender statistics from her caseload. The Anchorage office had only 50% of their probation officers respond to the questionnaire. However, Probation Officers Lee Jones and Ron Travis carry a specialized caseload of sex offenders. Lee believes there are only 20 to 30 additional sex offenders who are not included in their statistics.

Another factor which should be taken into account when reviewing the statistics is that a percentage of the sex offenders on probation and parole have no order for sex offender treatment. For instance, in Bethel there are 60 sex offenders on supervision but only 19 have orders to be in treatment. In some areas of the state individual probation officers are not enforcing Court or Parole Board orders for sex offender treatment because of a conflict with their own personal philosophies, i.e., they don't believe sex offender treatment is effective or that sex offenders can be "cured."

The Fairbanks Probation Office completed a study of their sex offenders under community supervision in May, 1991. Of the 56 sex offenders not in treatment, 13 had no Court or Parole Order for treatment, 10 were treatment complete per a DOC approved provider, 7 had not been referred to treatment by the P.O., 6 had received the maximum treatment benefit according to a DOC approved treatment provider, 4 it was unclear why they weren't in treatment, 3 had completed one year of DOC funded community sex offender treatment and did not continue, 2 dropped out of treatment with no revocation action, 2 were on a waiting list for treatment, 2 were pending revocation action for non-compliance, 2 were treatment complete per non-DOC approved treatment providers, 2 were assessed as not in need of treatment per a DOC approved provider, 1 received the maximum benefit per a non-DOC approved provider, 1 was assessed as not in need of treatment per a non-DOC approved provider, and 1 was assessed to be too severely brain damaged to be in treatment.

Ken Brown
Memorandum
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In summary, it is clear that in those areas where there is no DOC approved sex offender treatment offered, probation officers and judges are not requiring/ordering treatment at the same rate it is being required/ordered in those communities with DOC approved treatment. A large percentage of the sex offenders on probation and parole are residing in those communities where there is no approved sex offender treatment or no treatment at all. It would appear there is a need for more sex offender treatment providers in the village and bush areas where so many of the offenders reside. The utilization of community mental health centers as providers for sex offender treatment would appear to be a recommendation that this task force might want to seriously consider.

cc: Bonnie Majak, FCC
Hubert Nelson, WCC
Susan Jannusch, ACO
Jim Pagels, HMCC
Paul Turner
Dan Carrothers, LCCC
Art Schmidt, PCC
Peggy Brockman, SCCC

APPENDIX D

Memo from Paul Turner dated 10-27-91

PAUL E. TURNER, PH.D.

Clinical Psychologist

Post Office Box 270
Kenai, Alaska 99611
(907)283-7015

October 27, 1991

Ken Brown Superintendent
Wildwood Correctional Center
Chugach Avenue
Building 10
Kenai, Ak. 99611

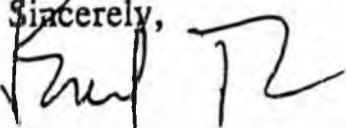
Re: Task Force

Dear Mr. Brown:

I am enclosing my outline of the mental health issues you asked me to address at the task force meeting. Please consider editing these draft liberally and in keeping with the overall draft of the task force.

If you have any questions, please contact me at your convenience.

Sincerely,



PAUL E. TURNER, PH.D.
Clinical Psychologist

Enclosure

W.C.C.

OCT 29 1991

RECEIVED

**KEN BROWN, SUPERINTENDENT
WILDWOOD CORRECTIONAL CENTER
MENTAL HEALTH RECOMMENDATIONS
PAGE 2**

USE OF MENTAL HEALTH RESOURCES WITH SEX OFFENDERS

This task force recommends the utilization of the resources within the Alaska Division of Mental Health and Developmental Disabilities community mental health system to provide outpatient sex offender treatment services.

The Division of Mental Health and Developmental Disabilities has a system of community mental health providing the state with comprehensive mental health services through over 20 community mental health programs. These services are provided on an itinerant basis in some instances and are available on a sliding fee scale basis. Historically, there has been some reticence to treat sex offenders within the community mental health system.

A major problem for the Department has been the lack of approved providers for sex offenders. There is differential enforcement of the requirement that offenders be in treatment with approved providers. Further, many offenders live in remote, bush or rural areas in Alaska and are not afforded the availability of any sex offender treatment. At times, probationers cannot return to their community because of a lack of treatment resources. The requirement of treatment was not intended to sever the ties between a probationer and his family or community. This issue is particularly serious with regard to individuals and Native Alaskans from bush or rural areas. This issue is even more confounded when the victim(s) are not located in the offender's community. Good psychological adjustment and better outcome results for mandated sex offender treatment would be expected if offenders lived in their community with their family (as applicable) and maintained their ties to their culture, extended family, social network, lifestyle and vocational opportunities. This does not mitigate the need for mandated sex offender treatment or the stipulations of limitations on contact with victims.

It would be a straightforward task to sample the community mental health system to determine the problems these agencies have with sex offender treatment including such things as a lack of training, problems with coordination of services with the Department and so forth.

It is recommended that the Department enter into a cooperative agreement with the Division of Mental Health and Developmental Disabilities to provide outpatient services to sex offenders on probation or parole. The cooperative agreement should clearly outline means and methods to provide a continuity of services from incarceration to the community in order to provide outpatient sex offender services to all probationers and parolees of the Department of Correction who are amenable to community sex offender treatment. The cooperative agreement should outline means for coordination of services between local community mental health and probation offices. It is recommended that the Department provide training of community mental health staff for treatment of sex offenders on an outpatient basis. It is recommended that training be provided in association with the annual

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WILDWOOD CORRECTIONAL CENTER
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Division of Mental Health training conference, regular meetings within the community mental health system or at separate training meetings specifically for sex offender treatment. Training should occur on an annual basis. It is recommended that the Department draft a model outpatient sex offender treatment contract for use within the Division of Mental Health community mental health system.

Sincerely



PAUL E. TURNER, Ph.D.,
Clinical Psychologist

cc: File

STATE OF ALASKA
DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT PROGRAMS

CONSULTANT'S REPORT ON PROGRAM EVALUATION

Janice K. Marques, Ph.D.

Purpose of Consultation

The purpose of the consultation was to assist the Alaska Department of Corrections in evaluating its Sex Offender Treatment Programs (SOTP). Assistance was to be provided both in developing an evaluation component for SOTP, and in integrating the evaluation into the existing treatment programs. More specifically, the primary goals of the consultation were to: (1) evaluate the current SOTP to determine evaluation questions to be answered, and measures to be included in the evaluation; and (2) propose a data collection framework that would allow the Department of Corrections (DOC) to integrate this evaluation effort into its ongoing SOTP. The consultant was also asked to provide general background information on recidivism research, including a brief summary of recent findings, an assessment of the current state of the art in treatment outcome research, and a description of the problems facing those trying to conduct or interpret treatment outcome studies.

A number of more specific goals and tasks were also established in the consultation contract, including:

- (a) determine the Department's primary evaluation issues and priorities regarding the SOTP;
- (b) provide a conceptual analysis of the treatment programs and their application of the relapse prevention model;
- (c) formulate evaluation questions, and propose specific measures and data collection procedures for the evaluation;
- (d) assist DOC in preparing a report addressing the measurement of SOTP effectiveness;
- (e) determine what current data are relevant to evaluation questions;

(f) propose a framework and guidelines for data management, analysis and interpretation; (g) advise DOC on methods for comparing Alaska statistics with those from other states; and (h) suggest methods for ensuring data reliability and validity.

This report will address each of these goals. For clarity, the background information on recidivism research will be presented first. Information and suggestions relevant to specific goal (d) will be included in this first section, since DOC's report on program effectiveness will need to cover the issues surrounding the conduct of treatment outcome research with sex offenders. The remaining sections of the report will address the rest of the specific goals in the order listed above.

Method

This report is based on information from: (a) the existing literature on sex offender treatment and program evaluation; (b) various written materials provided by DOC, including SOTP treatment manuals, DOC's Statement of Standards, evaluation reports written by Rob Freeman-Longo and William Pithers, contracts with treatment providers, reports prepared for legislators, and samples of current data collection instruments; and (c) interviews with staff in the Anchorage Central Office, Hiland Mountain/Meadow Creek Correctional Center, and the Justice Center of the University of Alaska, Anchorage.

Treatment Outcome Research with Sex Offenders¹

Background. In recent years, victimization research has consistently documented that American women and children are at significant risk of sexual assault, and that these experiences often have long-term and serious effects on their lives. For example, a recent report from the Los Angeles Epidemiologic Catchment Area Project found that 13.5% of women report being

raped during their adult lives (Sorenson, Stein, Segal, Golding & Burnam, 1987). For children, the risk of sexual abuse is likely to be even higher, with prevalence rates from a recent national survey indicating that 27% of women and 16% of men experienced some form of sexual abuse as children (Finkelhor, Hotaling, Lewis & Smith, 1990). These figures, along with equally disturbing reports of the potential impact of sexual assaults on victims (e.g., Briere, 1988; Burnam et al., 1988), clearly document the enormous cost of sexual aggression.

Greater recognition of the extent and impact of this problem has resulted in increased efforts to determine how sexual aggressors can be stopped. Although the past decade has seen an unprecedented number of special commissions, conferences, and legislation pertaining to sexual aggression, no consensus has been reached concerning the appropriate societal response to the problem. Indeed, at the same time that some states were passing laws to establish new rehabilitative programs, others were rescinding them. The State of Washington, for example, has enacted sweeping law changes within the last year, including a new commitment category for sexual predators, as well as increased availability of treatment for sex offenders in the prison system. The State of Florida, in contrast, has terminated its long-standing treatment program for incarcerated sex offenders. As Furby, Weinrott, and Blackshaw (1989) recently observed, "With respect to the relative appropriateness of simple incarceration versus inpatient treatment, states appear to be passing one another like ships in the night" (p. 3).

Research on the Effects of Treatment on Recidivism. While the controversy surrounding efforts to find appropriate social and legal responses to sexual aggression has a number of determinants, the lack of convincing empirical data on the effectiveness of sex offender treatment has certainly been an important factor. In their extensive review of sex offender recidivism studies, Furby et al. (1989) concluded that past

research has generally not supported treatment. Among the eight studies that directly compared treated and untreated groups of offenders, reoffense rates were higher for the treated than for the untreated subject in five, results were mixed or there were no differences in two, and findings were positive in only one.

The positive study in this review was conducted at Atascadero State Hospital and examined the conviction rates of Mentally Disorder Sex Offenders (MDSOs) for five years following their release from the hospital in 1973 (Sturgeon & Taylor, 1980). One group of MDSOs had been released with a staff recommendation that they were no longer a danger (known as the A Recommendation); a second group were MDSOs who were returned to court with a staff recommendation as still a danger and not amenable to treatment (known as the B Recommendation); and the third group was a cohort of sex offenders who were released from a California prison without receiving treatment. The results indicated that those who had received the A Recommendation were less likely to have committed a new sex offense (12%) than either those who received the B Recommendation (24%) or those in the prison cohort (25%). Unfortunately, these groups were not directly comparable; that is, they differed on a variety of factors such as offense type, race, marital status, and criminal history. Although the results indicated that staff recommendations may have been somewhat predictive of future success in the community, the authors appropriately noted that "none of these data prove that any particular treatment is effective in helping rehabilitate sex offenders" (p. 62) and that such evidence would require a randomized experimental design.

Since the publication of the Furby et al. (1989) review, several other recidivism studies have been completed. Rice, Harris and Quinsey (1990) reported on a 46-month follow-up of 54 rapists released from a maximum security psychiatric hospital. They found that 28% were subsequently arrested for a new sex offense, 43% for a subsequent violent offense, and 59%

for any type of offense. In a similar study (Rice, Quinsey, & Harris, 1991), the same authors reported the recidivism rates of 136 extrafamilial child molesters. During the follow-up period, which averaged 6.3 years, 31% of the subjects were convicted of a new sex offense, 43% committed a new sex offense or other violent crime, and 58% were arrested for some crime that returned them to an institution. They did not find any significant differences between those subjects who had only been evaluated and those who had also received some form of treatment. Again, however, since these groups differed on a number of variables, this finding could not be clearly interpreted.

A review of recent outcome studies that was published by the Solicitor General of Canada (1990) was more encouraging. Four of the five studies that included both treatment and comparison groups found that treatment significantly reduced reoffense rates. In one study of a cognitive-behavioral treatment program, Marshall and Barbaree (1990) found recidivism rates of 17.9% among heterosexual child molesters (men who molested girls) and 13.3% among homosexual molesters (men who molested boys). These offenders had all received treatment, and had been at risk in the community for an average of four years. Untreated child molesters in a comparison group had a reoffense rate of 42.9%. It is unclear, however, if the comparison group differed from the treated group on any important risk factors for recidivism.

The one study in the Canadian review that used random assignment to treatment (Romero & Williams, 1983) failed to find a significant treatment effect. Nevertheless, in contrast to the conclusions of Furby et al. (1989), the Canadian reviewers concluded that there is evidence that current sex offender treatment programs are effective, particularly cognitive-behavioral programs that "address a range of sexual offenders' risk factors/ needs and include relapse prevention components" (p.19).

Despite this trend toward more positive findings regarding sex offender treatment, most outcome studies continue to be plagued by methodological weaknesses. For example, many studies that report low recidivism rates for treated subjects fail to specify their definition of recidivism, the length of time subjects were at risk in the community, or the recidivism rates that were found for similar subjects who did not receive treatment. As a result of these methodological problems, solid conclusions about treatment effectiveness cannot be drawn at this time. In order to make a substantial contribution to answering the question of whether treatment can reduce the likelihood of reoffending among sex offenders, a variety of important methodological issues must be more adequately addressed in future outcome studies. These include:

1. Control group adequacy. A common strategy in the past has been to simply record the percentage of offenders who reoffend after release from a treatment program. This percentage is then compared with the percentage of sex offenders without treatment who have reoffended in a variety of other studies. Unfortunately, such an approach does not take into account the fact that the sex offender population is heterogeneous, with individuals varying in terms of their degrees of risk to reoffend. It is clear that if studies of treatment effectiveness are to make a contribution, they must have adequate control groups. It is commonly recognized that the ideal comparison group would be offenders who were equally interested in treatment but who were randomly assigned to an untreated control condition (Furby et al., 1989; Grossman, 1985; Marshall & Barbaree, 1990; Rice et al., 1991).

2. Sample selection and description. Care must be exercised in the design of the sampling procedures in research on sex offender treatment. The number of subjects selected must be large enough to ensure that adequate statistical power will be available for data analysis and hypothesis tests. Random assignment to treatment and control conditions should be considered if possible. It is also important to assess

background characteristics of subjects thoroughly, in order to determine whether a reasonably representative sample has been selected.

For sex offenders, such factors as age, employment, marital status, criminal history, victim preference and types of offenses committed appear to affect the likelihood of reoffending (Abel et al., 1987; Amir, 1971; Chappell, Geis, Schafer, & Siegel, 1971; Finkelhor, 1984; Fitch, 1962). The use of highly selective samples, or the failure to provide a sufficiently thorough description of the subjects, will limit the utility of the findings. In addition, the ability to partition the sample on the basis of such characteristics as offense type or previous criminal history may provide useful information regarding the differential responsiveness to or effectiveness of treatment. A comprehensive sample, however, requires more detailed subject descriptions and more complex data analyses (Furby et al., 1989).

3. Treatment interventions. Although there is an emerging consensus regarding the important components of sex offender treatment, there is wide variability in how the recommended treatment strategies are implemented. Treatment structures and components vary across settings and even within a single setting across extended periods of time. It is necessary to thoroughly document the content and delivery of all treatment components if the results are to be replicable. The specific activities, their sequence, and the degree to which staff may deviate from protocols could affect recidivism rates. As a result, it is important to deliver the treatment in as consistent a manner as possible (Furby et al., 1989).

4. Measuring treatment effects. It is insufficient to simply demonstrate that a given treatment program, with its wide variety of treatment activities, may reduce recidivism. Why a program worked or failed to work is also a critical issue. Therefore, specific intermediate therapeutic objectives and the extent to which they are reached must also be examined. Without the ability to relate specific in-treatment changes to

outcome, little practical knowledge is gained from an evaluation effort. Ideally, an outcome study is designed so that each treatment intervention has its respective measure that can be associated with future effects in long-term adjustment and success (Furby et al., 1989).

5. Attrition. In many treatment programs, large numbers of offenders are terminated or withdraw from treatment prior to completion. It is not unusual for this level to be as high as 30-50% (Knopp, 1984). It has been observed that the value of a program is not only indicated by the success of those who complete treatment, but also by the number who refuse to enter it or drop out once they have started therapy (Foa & Emmelkamp, 1983). Successful programs, therefore, must manage attrition in order to maximize treatment delivery to the widest range of offenders. Those who do withdraw or are terminated after some degree of exposure to therapy must also be taken into account when examining total treatment effectiveness.

6. Definition of recidivism. When designing an evaluation of treatment, careful consideration must be given to the ultimate criteria for effectiveness. There is currently no consensus on the best definition of recidivism for sex offender outcome studies. Should a child molester, for example, be considered to have reoffended if he exposed himself to an adult, or was found with a collection of child pornography? Should a rapist be classified as a recidivist if he commits a non-sexual assault on a woman, or on a man? The answers to such questions will greatly affect the results that will be derived from any study (Furby et al., 1989).

In addition, the criminal justice system serves as a major source of error in the measurement process (Repucci & Clingempeel, 1978). Whether a defendant is charged with a sex offense, or some other violent offense without a sexual connotation may often have less to do with the act committed than the propensities of the local police department, prosecutor's office, or court. An act that may be filed and vigorously prosecuted as a sex crime in one county may be

brought to trial and disposed in a very different manner in another county. Defendants and their legal counsel may plea-bargain sex offense charges to avoid the stigma of sexual perversion. Clearly, these sources of error can seriously undermine the objectivity of the ultimate measure of treatment effectiveness. As a result, studies that rely exclusively on official records of charges and convictions will yield incomplete, and low, estimates of recidivism (Grossman, 1985). Recidivism figures that are based on information from a variety of different measures should provide a more complete picture of treatment effectiveness.

7. Follow-up periods. Even with the incorporation of a control group into the study design, care must be taken to assure that characteristics of their postrelease supervision do not bias comparisons. Furby et al. (1989) note that because subjects receiving experimental treatments are likely to receive more intensive supervision, they are at greater risk for discovery than are controls, thus leading to possibly higher arrest rates for them and the erroneous rejection of potentially valuable treatment interventions.

In addition, the length of follow-up is important. The longer a group of sex offenders is followed in the community, the greater is their time at risk, and therefore the greater will be the expected rates of reoffending (Furby et al., 1989). California researchers have completed a re-analysis of one of the cohorts studied by Sturgeon and Taylor (1980), prisoners who received no treatment, for the purposes of estimating the sample size required for adequate statistical power in a follow-up study (Marques, Day, Nelson & Miner, 1989). The amount of time at risk for the cohort at the time of the re-analysis was 15 years. The results indicated that a minimum of five years at risk would be required for approximately 75% of the offenders who reoffend to be reported via official records.

8. Correlates of reoffending. A well-conceived evaluation study looks not only for treatment effectiveness, but also attempts to uncover correlates of reoffending. Rice and her

associates (Rice et al., 1990; Rice et al., 1991) have found such variables as criminal history, psychopathy and deviant sexual arousal to be significantly predictive of future recidivism. Investigation of the characteristics of those who reoffend allows for a determination of not only what treatment may be effective, but for whom it may be effective as well. Such information is critical in guiding the design and implementation of future treatment strategies.

9. Data analysis. A final consideration is the way in which the data are to be summarized and analyzed. Often, recidivism data have been presented as simple percentages of individuals who reoffend. This approach assumes that the time at risk for all subjects in the sample is uniform. More sophisticated analyses allow for incorporating varying times at risk by employing survival analytic strategies developed for actuarial or "life tables" that calculate the likelihood of subjects reoffending during a certain period of time. This method presents the percentage of offenders who reoffend during the first year at risk in the community, then removes them from the calculation for the second year and so on. It takes into account varying periods of risk for offenders and also permits an examination of not only how treatment affects the number who relapse but also how it affects the length of time until a reoffense occurs. A thorough evaluation should also include, in addition to the percentage of offenders who recidivate and length of time to reoffense, the number of offenses (and victims) involved, and some measure of the seriousness of the crimes (Furby et al., 1989).

In summary, the evaluation of the effectiveness of sex offender treatment requires the use of the most rigorous and comprehensive designs possible. The question is no longer viewed as simply: Does treatment work? Instead, it has become: What treatment works, for what kind of offender, in what type of setting, and with what definition of success?

Department of Corrections' Evaluation Issues and Priorities

Three major evaluation issues were described by DOC administrators. The first concerned the quality of the treatment provided by SOTP: Are the programs in the mainstream? Can the treatments provided be considered state of the art? Is the program adequate in terms of intensity, duration, and continuity (institution to community)? Is the program in compliance with DOC's Statement of Standards? Is treatment provided consistently across various sites and providers? Are treatment regimens determined by individual assessment data? Are the treatments provided the same as those described in treatment manuals?

The second evaluation issue described was the effectiveness of the SOTP. The questions here, of course, concern whether treatment works: Does treatment reduce the reoffense rate among sex offenders? What kinds of offenders are most effectively treated? Are the participants reaching the in-treatment goals established by the programs and the Statement of Standards? Is the SOTP a cost-effective alternative to incarceration alone?

The third evaluation issue concerned how SOTP should be evaluated. What are the best methods for determining the adequacy and effectiveness of SOTP? Are the established program evaluation procedures sufficient? What specific process and outcome measures are needed to address the evaluation questions listed above? How can program evaluation become an integral part of the ongoing SOTP? Can a reasonably valid treatment outcome study be conducted within the DOC system?

In terms of evaluation priorities, the question of effectiveness comes first. A well-documented, highly structured and intense program that has no effect on reoffending cannot be considered successful. On the other hand, good treatment outcome studies take a great deal of time and effort to complete. It is important, therefore, to

implement process measures early in any program evaluation in order to ensure treatment fidelity and monitor treatment progress. In the following sections of this report, specific outcome and process measures for the SOTP evaluation will be proposed.

Conceptual Analysis of SOTP's Relapse Prevention Program

The SOTP Statement of Standards and individual program descriptions from the three treatment facilities were reviewed in order to begin to address DOC's evaluation questions concerning the quality of treatment. It should be noted that this analysis will provide only a very general evaluation of treatment quality, since: (a) the consultant only visited one of the three programs for a few hours, and did not observe any treatment activities; and (b) comprehensive evaluations of the quality of treatment have recently been performed by both Mr. Freeman-Longo and Dr. Pithers. The focus of the following analysis of the program will be on whether SOTP is in the mainstream of sex offender treatment, and whether it is articulated clearly enough to be evaluated, especially with regard to treatment fidelity and the measurement of specific in-treatment changes relevant to the SOTP treatment model.

A general assessment of the quality of treatment can be made by comparing SOTP with the current trends in sex offender treatment. At this time, although the public policy controversy regarding sex offender rehabilitation continues, there appears to be an emerging consensus among treatment providers regarding the essential components of "state of the art" treatment for this population. First, it is generally accepted that the overall goal of treatment is one of management or control, not cure. This rejects the notion that sex offending is an illness from which one will recover and that successful treatment will result in the elimination of the disorder. Instead, it suggests that successful interventions are those that train offenders to reduce exposure to situations

that place them at risk for reoffense, and accept responsibility for their own illicit sexual behavior (Knopp, 1984; Marques & Nelson, 1989; Marshall, Laws, & Barbaree, 1990; Nelson, Miner, Marques, Russell, & Achterkirchen, 1988).

Second, sex offender treatment is viewed as a sophisticated clinical specialty dominated by multimodal assessment and treatment packages designed to measure and modify specific determinants of sexual offending. The three most common targets of treatment are: (a) deviant sexual interests or preferences; (b) cognitive distortions about illicit sexual behavior; and (c) a broad range of skill deficits such as social incompetence, lack of empathy, and impaired anger or affect management (Abel, Becker, & Skinner, 1985; Annis, 1982; Knopp, 1984; Marshall & Barbaree, 1990).

Another recent and promising development is that programs are focusing more on teaching offenders specific skills in the area of relapse prevention; that is, training the offender how to recognize the chain of events and specific risk factors that have led up to his sex crimes, and how to interrupt that chain of events in order to avoid reoffense (Marques, 1984).

Finally, there is an increased emphasis on a continuum of care for offenders that includes a strong community supervision component. Community aftercare services for sex offenders being released from institutional programs are essential to facilitate community readjustment, deliver booster sessions to prolong treatment effects, and provide direct supervision over an extended posttreatment period (Maletzky, 1991; Marshall et al., 1990).

The treatment philosophy described in the Statement of Standards and the individual program descriptions clearly represents a mainstream approach. Sex offending is seen as a complex, multidetermined behavior; treatment is geared toward control, not cure; personal responsibility is emphasized; and offenders are taught to recognize and interrupt their offense patterns. Two factors are listed as necessary for the commission of sex offenses: (a) deviant sexual interests and

(b) a personality disorder/thought process that allows the person to act on those interests. While at first this analysis seems a bit oversimplified, further review of the program descriptions reveals that the second factor (the enabling personality disorder/thought process) encompasses a number of the internal and interpersonal risk factors that are considered important in sex offender treatment.

As was pointed out by Dr. Pithers, the weakest part of the Statement of Standards is the description of assessment and treatment components. The assessment of sex offenders is crucial to effective treatment and to sound program evaluation. As was concluded by the Solicitor General of Canada (1990): "While there is no standard assessment procedure for sexual offenders, experts generally agree on broad areas that need to be assessed. These areas include sexual history, sexual preference, hormonal (testosterone) levels, sexual attitudes, substance abuse, cognitive abilities, interpersonal skills, and potential for violence. Detailed, corroborated information on the offence(s) is essential. Phallometric assessment (e.g., a physiological measurement of sexual arousal), although not immune to deliberate faking, is essential for identifying deviant sexual arousal and useful for planning and monitoring treatment" (p.27).

Assessment procedures should identify factors that contribute to sexual offending for each individual offender. With this type of assessment, treatments can be provided that directly address the risk factors that are identified. If the treatment is theory-based (e.g., SOTP's relapse prevention model), assessment procedures should include measures that directly reflect the variables of interest to the program (e.g., factors "a" and "b" above). In the SOTP, while the physiological assessment directly addresses the deviant interests factor, a number of measures related to the broader personality disorder/thought process factor are not included. Also, many of the specific variables included in descriptions of the treatment sequence (e.g., motivation, anger management

skills, locus of control, victim empathy, problem solving skills, relapse prevention skills) are not assessed.

In terms of treatment modalities, the descriptions in the Statement of Standards also fall somewhat short. As Dr. Pithers noted, state of the art sex offender treatment is now based on highly specialized therapeutic components. Although SOTP's behavioral treatments are clearly designed to modify deviant sexual interests, the specific targets for the other components are not described. It is not clear, for example, how individual, group, and educational modalities are used to address the issues considered central to the SOTP theoretical framework. Similarly, while the importance of aftercare is clearly reflected in the SOTP Standards for Community Treatment of Sex Offenders, the content and in-program goals of the community services are not specified.

In contrast, the treatment sequence sections of the Statement of Standards and the individual program descriptions include clear statements regarding the specific factors that are of interest in SOTP. While not systematically assessed pre-post, the factors that define treatment progress are listed in each phase's goals, requirements, and evaluation forms. One can assume that these factors are in fact the focus of treatment interventions; what is needed is a description of how the various individual, group, educational, and milieu activities are supposed to work. Again, as was recommended by Dr. Pithers, specific treatment protocols that specify the content, sequence, and goals of each group are needed. It should be emphasized that this does not necessarily mean that the staff must develop all of this material; many treatment manuals for the components of a relapse prevention program are currently available (e.g., those from the Sex Offender Treatment and Evaluation Project in California).²

At this time, the SOTP has a treatment philosophy and a framework that are definitely in the mainstream of sex offender treatment. Until the content and goals of the programs' assessment and treatment components more clearly articulated,

however, evaluation of treatment fidelity and relevant pre-post changes in program participants will be difficult.

One final thought on the quality of treatment. As Dr. Pithers noted, DOC's current level system for determining aftercare intensity has some problems. In addition to those noted by previous evaluators, there is another issue that deserves attention: the fact that offenders who have completed or are still in institutional programs when they are released are given the most intense aftercare service, while those who drop out or are expelled from treatment get the least. Although this system may indeed treat those who are the most "amenable", it also fails to offer the most intense treatment available to the highest-risk offenders (e.g., those who refused or failed institutional treatment). Recent research findings suggest that treatment may have its greatest impact on higher-risk offenders (Gordon, Holden & Leis, 1991). In the interest of public safety, then, DOC should consider trying to include institutional failures as well as successes in its most intensive community programs. One possibility is that treatment staff could refer more participants to aftercare, albeit with different treatment "grades", instead of dismissing so many participants late in the institutional program.

Proposed Evaluation Questions, Measures, and Data Collection Procedures; Current Data That Are Relevant to the Evaluation

This section of the report will formulate questions that can be addressed by specific evaluation measures, and will recommend evaluation strategies to be used in the SOTP. First, questions and strategies for the measurement of treatment outcome will be described; second, additional approaches that may be useful for evaluating the treatment process will be suggested. Since different evaluation strategies require different types of data collection procedures, this section will also discuss specific data sources that should be used, including those that are currently available in DOC.

The treatment outcome question of most interest, of course, concerns recidivism: "Does treatment significantly reduce rates of reoffending?" Related outcome questions include "What types of offenders are most effectively treated in SOTP?", "What are the best predictors of reoffense/successful adjustment?", and "Is treatment cost-effective?".

As was described earlier, treatment outcome studies are very difficult to conduct; as a result, few of the existing studies are free of major methodological problems. Only rarely (e.g., Marques et al., 1991) is treatment outcome research conducted within a valid experimental design (i.e., random assignment to treatment or control conditions). For DOC, in fact, a "pure" outcome study that involved assigning some treatment volunteers to a no-treatment control group would be in conflict with the program's mission, that of "providing a comprehensive system of sex offender assessment, treatment, aftercare, and community supervision for convicted sexual offenders committed to DOC."

This is not to say that agencies with a clear treatment mission should avoid outcome evaluation. Indeed, there is increasing public and political emphasis on accountability, and on spending only on programs that can show that they work. As a result, DOC is encouraged to start a program of outcome evaluation by: (a) analyzing existing data on how treated and untreated offenders have performed in the community after their release (a retrospective study); and (b) incorporating an outcome evaluation component into its ongoing SOTP program (for prospective studies).

While the most valuable information on treatment effectiveness will come from (b), the most immediate information will come from (a). That is, if a system is started in 1992 to collect data on sex offenders from their admission to DOC, through treatment (or no treatment) in SOTP, and then through five years postrelease, significant results will not be available for years. Despite this obvious problem, it is recommended that DOC construct a sex offender data base

that will allow for the conduct of prospective evaluation studies. Ideas for this system will be presented later in this section.

In the meantime, in order to respond more immediately to questions about the effectiveness of SOTP, DOC should conduct a modest retrospective study of SOTP's effectiveness. Rather than attempting to measure the impact of all the programs since their inception, a follow-up study involving a sample of treated offenders and a sample of untreated offenders is recommended.

It should be noted that a waiver of informed consent would be needed for this type of study, since subjects would not be contacted directly. The research protocol should be reviewed by an Institutional Review Board in order to ensure that the subjects of the research are adequately protected.

For simplicity, the study could focus on only one of the programs, preferably the largest one. During the consultation visit, DOC staff at Hiland Mountain/Meadow Creek indicated that they were, in fact, already attempting a follow-up study of 840 treatment participants from 1983 to the present time. Data available included entry status and date, dates of advancement within the program, total treatment days, exit status and date, and type of reoffense (rule violation/misdemeanor/felony, sex/non-sex crime).

The easiest way to do a modest outcome evaluation at this time would be to do a retrospective analysis of this existing information, supplemented by data on a number of demographic and historical variables and a more thorough search for evidence of recidivism. A Research Analyst, working under the (proposed) Director of SOTP, with the assistance of the DOC Planning and Research Unit, SOTP treatment staff and possibly interns or student assistants, could probably complete such a study within a year.

As is the case in all retrospective studies, the researcher will need to make some compromises regarding the quality and quantity of data to be used in the study. Also, since the

Hiland SOTP has evolved significantly since it began in 1982, the study should not include individuals treated before the current "assault cycle" cognitive treatment was introduced in 1984. After a power analysis is done to determine necessary sample size, decisions can be made about the number of subjects to include and the length of the follow-up period. A compromise will be needed to balance sample size and time at risk. That is, as more subjects (later graduates) are included, the average follow-up time will be shorter. It is not necessary, however, to have the same follow-up time for all subjects, as long as most have been at risk for at least five years. For example, if the sample is all offenders released between 1985-1988, time at risk will be 4-7 years as of 1992.

First, since the data are available, the evaluation should describe all the sex offenders at Hiland during the study period. DOC's OBSCIS data can provide demographic and history data on all the offenders, and data from DOC's sex offender tracking system or Hiland's internal system can be used to identify those who were ineligible for treatment. After the pool is described, further analyses should focus on those who were eligible.

Because of the high rate of attrition in the Hiland program, the study should include all eligible subjects in some of the analyses, with the sample stratified on some measure of exposure to treatment. Again, in the interest of simplicity, a combination of time in treatment and progress in treatment (e.g., phases completed) is recommended. In this regard, refusers would have "0" scores for treatment, early dropouts might range between "1" and "3", half-completers/medium stays "4" to "6", nearly complete/long stays "7" to "9", and treatment completers "10". Additional information on treatment progress from SOTP case files (e.g., discharge summaries) may also be used to refine the scores. Note that if these subgroups differ significantly on measures related to recidivism (especially type of offense and extent of criminal history), appropriate statistical controls will need to be applied in the outcome analyses.

Another measure of treatment exposure will be required to reflect the DOC system of providing aftercare service (community treatment for released offenders). That is, those who have progressed furthest in institutional treatment ("maximum/partial benefit") get more intense treatment after their release. As a result, some measure of the intensity of aftercare/supervision will also need to be included as a "treatment dose" variable in this study.

In terms of recidivism data, all possible sources of information on subjects' postrelease activities should be considered. Although Hiland staff are working hard to get information on all returns to custody, additional resources are needed to make sure that all events are included. OBSCIS movement files and rapsheets from the Department of Public Safety should be major sources of data. If staff are available, data from current and archived case files should be obtained in order to get more accurate descriptions of the time and type of offense committed. Getting information "closer to the crime" will allow evaluators to identify charges that were omitted on rapsheets or plea-bargained, and to rate the severity of the crimes.

For data analysis, the use of survival analysis, discussed in the background section of this report, is strongly recommended. The question "Does treatment work?" will be best addressed by comparing the reoffense rates and survival curves of the various study subgroups. Obviously, the most important independent variable is treatment exposure/progress. Rates of reoffending for subjects with various levels of treatment (e.g., none, some, most, all) should be reported, along with analyses of the effects of treatment on time to reoffense, number of offenses and victims, and severity of the crimes. In addition, other factors that may interact with the treatment effect should be investigated, particularly offender type (rapist, heterosexual molester, homosexual molester, bisexual molester), and criminal history (sex and non-sex priors).

The second outcome evaluation task, incorporating a program evaluation component into the ongoing SOTP, is a bit more complex. This system should allow evaluators to accurately report on overall treatment effects, and to describe varying effects on different types of offenders, predictors of reoffense, and the cost-effectiveness of treatment.

At a minimum, data elements for a basic outcome evaluation component include information on: (a) pretreatment offender characteristics (demographics, criminal history, type of instant offense, assessment data on various risk factors); (b) treatment variables (time in treatment, components/phases completed or other measures of progress); (c) prerelease assessments (scores on various risk factors at the end of the inmate's prison stay); (d) community treatment (type provided, compliance, progress); (e) community adjustment (housing, work, social supports, activities); and (f) all incidents resulting in contacts with law enforcement (parole violations, new charges for sex and non-sex crimes).

In terms of data collection procedures, the following recommendations are made. A research file should be created that includes all sex offenders entering DOC, beginning with the basic structure of the current sex offender tracking system (including reasons for ineligibility). Demographic, criminal history, and offense information should be entered for all offenders. Most of this information is currently available in the Department's OBSCIS files. Care should be taken to include historical risk factors in sexual offending (prior sex and non-sex offenses, multiple sexual deviancies and types of victims, use of force, etc.) Presentence investigations may be needed in addition to OBSCIS to complete the risk factor profile. Treatment candidates should be identified through the current system, and offered treatment when they are eligible.

Pretreatment assessment data should be collected by institution staff on all subjects who volunteer for treatment, and if possible, on those who refuse treatment as well. Again, the measures used should address major risk factors for sex

offending (e.g., deviant sexual interests, cognitive distortions, poor personal and social controls), as well as other factors that are important to the theoretical framework of the program (e.g., lack of knowledge about one's offense cycle and high-risk elements). A long list of standard assessment measures was provided by Dr. Pithers in his evaluation report; examples of additional theory-based measures are included below in the discussion of process evaluation.

Although detailed information on treatment is not necessary for basic outcome evaluation, some measures of exposure to treatment and treatment progress (see above description of "treatment dose") should be included. If Dr. Pithers' suggestion of providing more highly structured treatment components is implemented, the subject's file should include a list of components completed as well as other measures of progress. Reasons for voluntary or involuntary termination from the program should also be entered. Again, it is important that subjects who decline, drop out or are expelled from institutional treatment be tracked in the system. This will allow evaluators to analyze treatment effectiveness much more thoroughly.

Prerelease assessment data should be collected by institution staff on all subjects currently in treatment and, when possible, on all eligibles, especially those who at least started the treatment program. (Any studies of the predictors of reoffense will be much stronger if prerelease data are available for all subjects, not just those who are "treatment complete"). This would essentially involve readministering the pretreatment battery of standard tests, along with some mastery measures for the treated subjects. As always, assessment should focus on factors known or predicted to be related to recidivism, including those of interest to the relapse prevention model.

After the subject's release, aftercare providers should be required to submit information on treatment contacts, progress, and community adjustment. These data do not need to be extensive; a simple checklist would probably do.

For recidivism, the system should include multiple indicators of criminal activity. Again, current data sources include the OBSCIS movement files, rapsheets from the Department of Public Safety, and case files in Probation/Parole Offices. In the ongoing California outcome study (Marques et al., 1991) the use of actual incident descriptions from parole files has yielded significantly higher estimates of reoffense rates than the use of rapsheets alone. Incidents from files should also be used to get more accurate ratings of the time of offense, number of offenses, number of victims, and severity of crimes. If the population is especially mobile, FBI rapsheets may also be worth obtaining on some periodic basis. (There should be information on mobility from the retrospective study described above; otherwise, Permanent Fund files could be checked to find out how many are leaving the state).

As was suggested above, data analysis should employ survival analytic strategies that allow the researcher to calculate the likelihood of subjects reoffending during a certain period of time. In terms of what constitutes a reoffense, multiple definitions are suggested. That is, a complete outcome picture would require analyses of rates of reoffense and time to reoffense, with "reoffense" variously defined as "any offense", "any crime against a person", and "any sex offense". Sex offenses may be further distinguished as "hands-on" or "hands-off" crimes.

Once this system is in place, it can be used to generate outcome evaluation reports on a periodic or special request basis. Obviously, since collecting some of the information (e.g., case file data) will be labor-intensive, a schedule for updating this will be required. Whether this is done on a quarterly or annual basis will depend on available resources. In this regard, DOC may want to explore the use of interns from the Justice Center of the University of Alaska Anchorage to collect and/or analyze case file material.

It should be emphasized that the system proposed above is not an experiment, but rather an ongoing monitoring and

evaluation component. As was noted earlier, it is not feasible for DOC to conduct an experimental (e.g., random assignment) study of treatment, particularly in light of the Department's treatment mission. This does not mean that it would be impossible to conduct some methodologically stronger outcome research within SOTP. If there is interest, a design such as randomly assigning subjects to various levels or models of aftercare could produce some important findings. DOC's Research Analyst Steve Schwartz suggested this idea, and would certainly be qualified to collaborate on such a study.

Although it does not need to be part of the ongoing system, information necessary for the conduct of cost-benefit analyses should also be compiled by SOTP. In addition to information on the time, number, type and severity of reoffenses, this would require data on the cost of treatment services (above standard institutional and parole/probation costs), and the cost of reoffenses (law enforcement, courts, incarceration, supervision, victim services, etc.). A methodology for such studies has been developed by Prentky and Burgess (1990). A cost-benefit analysis might be another activity of interest to interns or collaborators from the UAA program.

Finally, the issue of process evaluation. This is an area that requires a clear conceptualization of the treatment model and components. First, some attention must be given to treatment fidelity: Is the program providing the treatment it describes? Unless treatment is thoroughly described and documented (in treatment manuals), and consistently delivered to participants, evaluation findings will be difficult to interpret. The thorough program reviews conducted by Mr. Freeman-Longo address the question of treatment fidelity, but only on an annual basis. Additional methods should include: (a) observation of treatment sessions by the (proposed) Director of SOTP, and (b) use of mastery tests to see if treatment participants are really learning the relapse prevention model and techniques. This can be done by simple pass/fail assignments.

The most important process questions concern why a treatment worked or did not. If a study includes a clear statement of in-program goals and corresponding measures for those goals, the relation between those measures and recidivism can be explored. As was noted previously, while the description of SOTP components is still somewhat vague, the requirements for advancement in treatment are stated quite clearly in the program descriptions. What is needed is for the SOTP clinicians to define, in a measurable sense, the most important of these in-program goals. What changes do they want to see in an offender to consider him successfully treated in the SOTP relapse prevention program? What measures in the SOTP pre-post assessment battery best address these changes?

For illustration purposes, examples of in-program goals and measures from the Sex Offender Treatment and Evaluation Project are provided in Table 1. It is recommended that SOTP develop a similar system of assessing the impact of treatment, and that the system focus on a small number of key attitudes, behaviors and skills. This will require some work by the treatment staff, especially on the task of selecting measures for the more personal items, e.g., "complete understanding of offense cycle and patterns". Again, however, a number of standard measures for factors such as locus of control, cognitive distortions, deviant sexual interests, and coping skills are currently available, many of which were included on Dr. Pithers' list of assessment procedures. For treatment goals that are highly idiosyncratic and not easily addressed by standard measures, the use of Goal Attainment Scaling (Kiresuk & Sherman, 1968; Quinsey & Harris, 1976) is recommended.

Finally, another group of process measures will be needed if SOTP goes to the more structured program of specialized treatment components recommended by Dr. Pithers. In that case, some measure of mastery or change should be included for each component. Again, for purposes of illustration, a list of the measures used for the Sex Offender Treatment and Evaluation Project is provided (see Table 2).

SEX OFFENDER TREATMENT AND EVALUATION PROJECT
TREATMENT PHASE GOALS

If SOTEP's Relapse Prevention (RP) model is being successfully applied, subjects completing the program should demonstrate the following:

1. AN INCREASED SENSE OF PERSONAL RESPONSIBILITY AND DECREASED USE OF JUSTIFICATIONS FOR SEXUAL DEVIANCE

Measures: Locus of Control (intake-prerelease)
Multiphasic Sex Inventory (CDI and J Scales)
(intake-prerelease)

2. A DECREASE IN DEVIANT SEXUAL INTERESTS

Measures: Physiological assessment (intake-prerelease)
Multiphasic Sex Inventory (intake-prerelease)

3. AN UNDERSTANDING OF, AND ABILITY TO APPLY, THE BASIC CONCEPTS AND TECHNIQUES OF RP

Measures: Tests of RP concepts (Core RP Group)
Clinician ratings of Cognitive-Behavioral Chain
and Decision Matrix (prerelease)

4. AN IMPROVED ABILITY TO IDENTIFY THEIR HIGH-RISK SITUATIONS (internal and environmental factors that can facilitate relapse)

Measures: Clinician ratings of Cognitive-Behavioral Chain
High-Risk Situations Test (treated and untreated
subjects at prerelease)

5. BETTER SKILLS IN THE AREAS OF AVOIDING AND COPING WITH HIGH RISK SITUATIONS

Measures: Sex Offender Situational Competency Test
(intake-prerelease)

SEX OFFENDER TREATMENT AND EVALUATION PROJECT
TREATMENT COMPONENT EVALUATIONS

1. CORE RELAPSE PREVENTION (RP) GROUP
 - Cognitive-Behavioral Model of Relapse
 - Test of RP Concepts

2. SEX EDUCATION GROUP
 - Standard measures of sexual knowledge (anatomy/function)

3. HUMAN SEXUALITY GROUP
 - Attitudes Toward Women Scale
 - Thorne Sex Inventory

4. RELAXATION GROUP
 - Digital skin temperature after relaxation exercises
 - Subject ratings of effectiveness of various techniques

5. STRESS/ANGER MANAGEMENT GROUP
 - Daily Hassles Inventory

6. SOCIAL SKILLS GROUP
 - Social Reactions Inventory
 - Social Interaction Role Play

7. SUBSTANCE ABUSE GROUP
 - Situational Competency Test
 - Self-Efficacy Card Sort

8. BEHAVIOR THERAPY
 - Physiological assessment

Framework and Guidelines for Data Management, Analysis and Interpretation

A number of issues concerning data management, analysis and interpretation have already been addressed. In this section, additional suggestions for organizing and analyzing the SOTP evaluation data will be offered. Since these activities will be determined by the type and level of evaluation effort ultimately pursued by DOC, these suggestions will be general in nature.

After developing some of the basic data collection instruments for the retrospective study, the investigator should work with DOC Planning and Research Unit staff on setting up the project's data management system. Due to the fact that a variety of computer systems will be involved, consultation from the faculty of UAA's Justice Center, and the cooperation of other agencies (e.g., Department of Public Safety) will also be required. While the study proposed in this report would not require repeated analyses over time, it is recommended that all of the study data be coded and entered into an electronic data base, to allow various analyses to be done without going back to raw data. Building this kind of data base will also aid in the later development of the ongoing program evaluation system recommended in the previous section.

Because the information in the system will include sensitive historical and clinical data, care must be taken to protect the identities of subjects and to limit access to the files. Review of the data protection procedures by an Institutional Review Board should ensure adequate safeguards in this area.

Once again, care should be taken to include all available data sources in the analysis of outcome. First, reoffense information from the most available source (e.g., rapsheets) should be analyzed, in order to report information quickly on as many subjects as possible. Then, data from the case files of all study subjects should be added to the analysis to

provide a more complete reoffense picture. Information from sources that are available for only part of the study sample (e.g., aftercare therapist reports) should be analyzed separately to avoid bias in the group comparisons. Analyses should also be conducted using various definitions of reoffense; for example, both sex crimes and other crimes against persons may be of interest, especially when dealing with official records that may reflect plea-bargained convictions.

As was discussed before, the large number of dropouts presents a problem in data analysis. If all subjects are included, and are grouped by "treatment dose" levels (categories from "none" to "treatment complete"), a number of approaches can be used. One could, for example, conduct an analysis of variance using all levels of exposure/progress, as well as an analysis involving only the extreme (untreated vs. complete) subgroups.

Since the evaluator will have no control over group assignment (treated vs. untreated), the study should also include methods such as analysis of covariance to at least partially separate the effect of treatment differences from that of selection differences. For example, if offenders with one incest charge predominate in the "treatment complete" group, while most rapists and predatory molesters with long criminal histories are in the untreated group, such selection differences must be taken into account in the analyses.

Finally, as there will be differential periods at risk, the life-table method used in survival analyses is recommended for calculating the likelihood of men in the sample recidivating during a specified follow-up period. A number of other summary statistics for recidivism research are discussed by Furby et al. (1989).

For the ongoing evaluation system, many of the same guidelines are proposed. A project manager needs to be assigned to begin to build the necessary evaluation data base from the OBSCIS base, and to design the elements to be included

in the system. Treatment staff should be included early in the planning process, especially since they will be needed to select appropriate process measures, and to report on the progress of treatment participants.

The analysis of treatment effects, even within an ongoing evaluation effort, is complicated and time-consuming. "Treatment", as discussed in this report, is not an all-or-none experience. In addition to varying on important pretreatment characteristics, subjects will bring different levels of skill and motivation into the program, and will have different exposures to treatment (in terms of length of treatment, number of treatment components completed, etc.). As above, analysis of covariance can be used to take these differences into account. Another approach, described by Furby et al. (1989), is to "place the treatment and potential biases in competition with one another as alternative explanations for the results. Typically, this will require multiple analyses, each of which estimates the effects of a different pattern of potential biases. If, after all plausible biases have been accommodated, a group difference still emerges, then one might feel reasonably comfortable about interpreting it. Of course, such a conclusion is solidified if the result converges with those of other studies"(p. 10).

Regardless of the analytic approach used, evaluation reports should include descriptions of the various study groups (including dropouts), descriptions of the treatment components provided in the program, pre-post comparisons on relevant assessment measures, analyses of the overall effects of treatment on various measures of recidivism, and specific analyses for various subgroups (e.g., offender types). In addition, reports should clearly identify variables that interact with treatment or predict reoffense. It is especially important to determine if the achievement of in-program goals or completion of any particular treatment component is significantly related to recidivism. These analyses are critical in designing data-based program improvements.

Due to the complexity of the analyses, it is recommended that a schedule be established early in the program for producing periodic reports for administrators and other interested parties, rather than attempting to provide results on a request basis. Unless there are special circumstances or undeniable requests, an annual report on the overall program evaluation should suffice.

The interpretation of outcome evaluation data must take into account all of the factors discussed in the background section of this report, as well as those in the discussion of validity below. Given the multitude of sources of error and bias, most applied studies do not yield clear-cut, easily replicable results. Interpretations must be limited to the subjects, treatments, and measures employed in the study. If the results are presented in the context of a detailed description of the treatment and research methods, however, they can definitely help answer the question of whether treatment works.

Methods for Ensuring Reliability and Validity, and for Comparing Alaskan Statistics with Those from Other States

In order to have confidence in the results of the SOTP evaluation, DOC administrators must be assured of the reliability and validity of the data included in the analyses. Also, since correctional treatment programs for sex offenders have been and are currently being evaluated in other states, DOC staff need to know whether Alaska's findings are comparable with those from similar studies elsewhere. This final section of the report will address these two issues.

All evaluation studies should include procedures designed to maximize the reliability of the measures that are used. Reliability is an index of the consistency of a measuring instrument in repeatedly providing the same score for a given subject. In some cases, such as coded criminal history data from OBSCIS files, reliability is a small issue. In others,

such as scores on measures of treatment progress (e.g., how thoroughly an individual understands his offense cycle), methods are required to ensure that reliability is at an acceptable level.

Most of the independent variables that have been recommended for study in this report can be measured in fairly reliable ways. Data on type of offense, stable offender characteristics (such as history and demographic characteristics), and time in treatment are likely to be very reliable. So are other treatment data such as number of components and phases completed, and scores on standardized pretreatment assessment measures. The major independent measures needing a close reliability check will be those that assess progress in treatment, especially if clinician ratings are more heavily weighted than data from standardized measures in the computation of scores. For data from ratings, care should be taken to have two trained raters independently score the same individuals. If interrater agreement is acceptably high, evaluators can have confidence that the measures are reliable enough to use in a treatment progress assessment. Since developing rating scales, training raters, and doing reliability checks are time-consuming activities, the use of standardized measures that are linked to specific in-program goals is recommended.

Ensuring the reliability of the major dependent measures is also crucial. It was suggested above that multiple measures be used in order to get as much information as possible on reoffense activities. Again, in some cases, such as rapsheets, measures are likely to be very reliable. As one gets away from official documents and into sources such as case files, however, reliability becomes an issue. For example, if research staff retrieve case files and collect information on all incidents described by Parole/Probation Officers, methods for coding and quantifying the data must be developed and tested for reliability. Often the description of an event is not easily categorized in terms of sex/non-sex and severity.

At times, the evidence presented is compelling, at times very weak. So, coding systems must be tested to ensure that interrater reliability is high and that conflicting scores can be resolved. Again, this does not necessarily require the development of a new procedure; such a coding system is being used by California's Sex Offender Treatment and Evaluation Project, and is available from the author.

Validity is a broader and more complex issue than reliability. In a general sense, validity refers to the methodological or conceptual soundness of the research. For example, the question "Does this study really test what it is supposed to test?" is about validity. There are many specific types of validity and methods of testing it, but for this report, only the general question stated above will be addressed.

In order to be assured that an outcome study with sex offenders is a valid test of treatment, all of the methodological issues described in pages 6-10 of this report must be addressed. The term "addressed" is used, rather than "resolved", because applied studies of ongoing programs are never methodologically perfect. What is needed for DOC's purposes is a clear statement of the goals of the evaluation and the type of treatment being tested, a description of how the study methods will attempt to achieve the goals, and a list of possible sources of bias/error with methods that are being used to minimize error. In some cases, limitations on the study's validity are inherent in the design. For example, excluding certain target groups limits the study's findings to offenders who meet the criteria for inclusion; offering a treatment program with a restrictive philosophy and a single treatment modality limits the test to that kind of treatment.

In other cases, attempts to reduce threats to validity must be a high priority for the investigator. Again, the most important variable in treatment outcome research with offenders is the criterion variable, reoffense. As was described earlier, it is very difficult to determine with any precision

the occurrence of a new crime, the type of offense, and the time that an offender¹ remained crime-free. If a majority of crimes are undetected, the test of treatment will not be valid. This is especially true if more crimes in one study group (e.g., untreated subjects) go undetected than in another group (e.g., treated subjects).

The previous section on data collection procedures includes a number of recommendations for maximizing the validity of the STOP evaluation. Most of these involve using multiple measures of the study's most important variables, treatment and reoffense. A valid test of treatment requires a detailed description of the interventions that were used, and the subject's progress in/exposure to treatment. For reoffense, the most detailed, closest-to-the-event descriptions of postrelease problems must be used in conjunction with more easily accessible rapsheet information.

Another approach to the validity question is to compare the methods and findings of DOC's evaluation with those of other studies. If, for example, a number of outcome studies that treat child molesters with an intensive cognitive-behavioral program found four-year recidivism rates of around 15%, the validity of a similar study in Alaska that found a rate of 9% would be questioned. Such a divergence would at least suggest a look at how recidivism was defined and measured in the Alaska study.

Unfortunately, given all of the variables that are included in applied outcome research, it is rare to find studies that are directly comparable. Although a number of states are currently conducting evaluation research in their sex offender treatment programs, there is significant variety in the types of offenders involved, the type and length of treatment, intensity of aftercare and supervision, and the definition and measurement of "treatment failure". Despite these differences, it is important to determine where one state's effort fits into the big picture of sex offender treatment.

It is strongly recommended that DOC's new Director of SOTP monitor the program developments and evaluation findings from other states and Canada. For example, as the reviews cited in the background section of this report indicate, a number of researchers have conducted retrospective studies of treatment similar to the one suggested here. In addition, many states with institutional programs are currently setting up evaluation components for ongoing monitoring of treatment outcomes. Of particular interest to Alaska would be the new evaluations planned for the treatment programs at Oregon State Hospital and the Washington State Program at Twin Rivers. The Washington program in particular seems quite similar to the Alaska program in regard to screening criteria, treatment setting and duration, cognitive-behavioral methods, and community aftercare. If a careful review of the treatment and research methods used elsewhere indicates a high degree of similarity, the results from their evaluations can be used to bolster the credibility of DOC's findings.

It should be noted that it is also important to compare findings with programs that include different treatment approaches from those in SOTP. For example, if another program has identified a highly effective treatment or supervision strategy, SOTP may want to include a similar component in the future. Comprehensive evaluation efforts such as the author's Sex Offender Treatment and Evaluation Project will likely produce this kind of component-level results.

At this time, some the strongest evaluation efforts are taking place in the federal and provincial treatment programs in Canada. The Correctional Service of Canada has been very active in developing new programs, assessing risk factors in sex offenders, and testing the effectiveness of its treatments. A recent issue of the Forum on Corrections Research describes this work, and is available from Frank Porporino, Ph.D., Director General, Research and Statistics Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario, Canada K1A 0P9.

Author's Notes

- 1 Some of the material in this section was adapted from Marques, J. K., Day, D. M., Nelson, C., Miner, M. H., and West, M. A. (1991). The Sex Offender Treatment and Evaluation Project: Fourth Report to the Legislature in Response to PC 1365. Sacramento: California State Department of Mental Health.
2. Treatment manuals are available from Craig Nelson, Ph.D., Sex Offender Treatment and Evaluation Project, Atascadero State Hospital, P.O. Box 7001, Atascadero, CA 93423-7001.

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ALASKA DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT PROGRAMS:
EVALUATION AND RECOMMENDATIONS

October 30, 1991

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Alaska Department of Corrections
Sex Offender Treatment Programs:
Evaluation and Recommendations

Goals of the Evaluation

This report evaluates the design and implementation of the Alaska Department of Corrections' sex offender treatment programs within institutions and the community. The following goals were established for this evaluation:

- a. Review of program design with specific emphasis on operating philosophy
- b. Review of treatment modalities currently in use
- c. Review length of treatment, including phases of treatment and intensity of treatment
- d. Review whether appropriate treatment are matched to individual offenders and offense types
- e. Review screening criteria for program referral and admission
- f. Review level and type of staffing
- g. Evaluate the appropriateness of institutional milieu versus community-based treatment
- h. Review continuum of treatment services from high-risk community education groups through intensive aftercare
- i. Evaluate centralized versus regional delivery of institutional treatment services
- j. Evaluate the extent to which sex offender treatment programs are integrated within institutional settings
- k. Review potential for use of Depo-Provera within institutional treatment programs
- l. Evaluate the extent to which developmentally disabled sex offenders are effectively treated
- m. Review role of specialized probation/parole officers
- n. Analyze established program evaluation procedures

The extent to which sex offender treatment programs are integrated within the legal and correctional systems can profoundly enhance or debilitate therapeutic efficacy. Therefore, this report also recommends a number of systemic changes that may improve the functioning of these programs.

Information Considered During Evaluation

The conclusions of this report are based on several sources of information. Between July 15 and 23, 1991, site visits were made to every institutional treatment program. Discussions were held with mental health practitioners involved in both the institutional and community-based programs. Within the institutional programs, meetings were held with treatment providers, offenders engaging in the treatment programs, corrections staff (including those directly (e.g., Wing Counselors at Hiland Mountain) and less directly (e.g., Wardens) involved with the programs). In each setting, at least one probation officer involved with the respective program was contacted. In total, these meetings involved a total of 51 employees or contractors with the Department of Corrections and approximately 40 offenders in treatment (most of whom were at Hiland Mountain). In addition to site visits, a total of 823 pages of written information was reviewed. This information consisted of Robert Freeman-Longo's reviews of program compliance with the "Sex Offender Treatment Programs Statement of Standards", the "Statement of Standards", program descriptions and treatment schedules, intake and screening forms, contracts with treatment providers, criteria used to determine treatment phases, three projects completed by offenders in partial fulfillment of phase criteria, discharge summaries for offenders who had been involved in institutional treatment, and a considerable collection of memoranda.

Thus, information reviewed during this analysis has come from many sources. However, conclusions drawn from this information are the responsibility and work of the author of this report.

This report is organized in the following manner. Information concerning the superstructure of treatment across sites and Departmental operation of programs will be detailed first. The second section of this report provides documentation relevant to the individual treatment programs.

Review of Program Design with Emphasis on Operating Philosophy

The basic program design, as delineated in the "Sex Offender Treatment Programs Statement of Standards" and descriptions of the three residential treatment programs, is generally good. The "Statement of Standards" clearly articulates the fundamental assumptions of the treatment design (i.e., multi-modal treatment implemented within a relapse prevention framework), recognizes that a range of therapeutic interventions must be employed to match the variation in sex offenders' assets and deficits, recommends a psychosexual assessment package to differentiate treatment needs, and asserts that these interventions should be delivered with respect for "individual dignity of program participants" (p. 2). The "Statement of Standards" clearly asserts that it intends to "provide minimal standards to insure professionalism" (p. 2).

From a management perspective, the "Statement of Standards" details the expectations of contractors. From a clinical

perspective, the "Statement of Standards" is sometimes vague. This may result from: 1) its attempt to define minimal expectations for both prison-based and outpatient treatment, 2) the difficulties inherent in defining standards for a program involving several sites and teams of providers, or 3) the developmental stage of the program. The clinical expectations of the "Statement of Standards" might be clarified by adding a higher level or "preferred" set of standards. In this manner, the "Statement of Standards" clearly will delineate the minimal expectations practitioners must meet to maintain contractual compliance and also demonstrate the expectation that mental health providers should strive to maintain a higher level of professional service.

Among the standards defined vaguely are those regarding psychological testing and group counseling sessions. Suggested modifications in these standards, which might best be considered recommendations for "preferred" standards, are detailed later in this report (See sections entitled "Review of Treatment Modalities Currently in Use" and "Screening Criteria for Program Referral and Admission").

While the written program design is generally good, and the three program descriptions are very similar, the degree to which the design actually has been implemented varies greatly across sites. This variation is evident in the therapeutic staffs at the three sites. Hiland Mountain uses mental health professionals and correctional officers (referred to as Wing Counselors); Fairbanks

uses mental health professional, a paraprofessional, and a nurse; Lemon Creek employs only mental health professionals. In the case of Hiland Mountain, the largest program, notable variations exist across the mental health professionals within the site. The implementation of the program design at the various sites is detailed in the final section of this report.

The program design would appear to work adequately with Native Alaskans. However, the implementation of the design may need to be altered for these groups and treatment providers who are unfamiliar with Native Alaskan groups may need to take part in training to sensitize them to issues unique to these populations. If such modifications in implementation are made, a special program for Natives would not appear necessary.

The Tongass Community Counseling Center staff employed in the Lemon Creek program have done an exceptionally creative job of adapting the design for implementation with Natives. To assist new residents' involvement in treatment, residents making good progress are assigned the role of "Elder". The importance of the Native Alaskan's community is recognized by this program (and used to therapeutic advantage) by involving them in the "External Supervision Dimension" of Relapse Prevention, referring to this as the "Safety Net Contract". In addition, these providers have identified the importance of providing basic instruction in human development to subcultural groups, recognizing that their culture may endorse beliefs about childhood development that hinder

progress in treatment. Similar creative adaptations in the basic model can be implemented at minimal cost.

Review of Treatment Modalities Currently in Use

The "Statement of Standards" defines the need for:

1) individual counseling, 2) family counseling, 3) group counseling, 4) educational classes, 5) behavioral treatment, and 6) anti-androgen treatment (e.g., Depo-Provera). Thus, the "Standards" call for a comprehensive array of therapeutic services. However, the "Statement of Standards" does not adequately define the specific types of treatment included under each of these broad categories.

Greater specification of treatment modalities may not be necessary for individual, family, or anti-androgenic interventions. However, in order to demonstrate that the program is truly specialized for sex offenders, group and behavioral treatments need to be spelled out in greater detail. (The 1990 Edition of the Statement of Standards I reviewed indicates that a list of Educational Classes would be generated by contractors. I am not aware if this has been accomplished.) The current definition of group counseling in the "Statement of Standards" primarily addresses management concerns (i.e., minimum hours of group counseling per week, need for cotherapists in groups, number of participants per group), rather than specifying clinical concerns (e.g., specifying essential group treatment components).

Neglecting to define group treatment more precisely carries the risk that even highly motivated and professional providers may conduct relatively unspecialized group therapy with sex offenders. Abundant data exists to demonstrate that traditional group (and individual) therapy with sex offenders is ineffective and, in some cases, may make matters worse (See Furby, Weinrott & Blackshaw, 1990). Vague definitions also make it difficult to determine the extent to which treatment providers are addressing issues considered central to effective sex offender treatment (e.g., social competence, emotional management, identification and management of risk factors).

It is important to identify treatment components more precisely. Developing a table of accepted treatment interventions, similar to that shown below, would offer a structure that treatment providers could use to guide the development of highly specialized therapeutic components.

Treatment Components

I. Group Therapies

- Victim Empathy
- Personal Victimization
- Emotional Recognition
- Situational Anger Management
- Management of Chronic Anger
- Journaling
- Offense Patterns
- Couples Therapy
- Communication Skills
- Sexuality Education

Cognitive Distortions
Relapse Prevention
Peer Group
Transition Group

II. Behavioral Therapies for Arousal Disorders

Covert Sensitization
Verbal Satiation
Masturbatory Satiation
Olfactory Aversion

III. Individual Therapy

IV. Psychohormonal Intervention

V. Adjunctive Therapies

Marital Therapy
Family Therapy
Substance Abuse Counseling
Vocational Education
Educational Remediation

Once an accepted group of specific treatment groups has been identified, treatment protocols could be developed that would specify the content and sequence of each treatment group. Treatment protocols would facilitate program evaluation, enhance consistency of treatment across sites, demystify the treatment process, and assist training of new treatment providers.

Development of treatment protocols could be performed by the Central Director of Sex Offender Programs [See the section of this report entitled "Level and Type of Staffing"] in conjunction with selected contractual treatment providers. Funds would need to be provided to reimburse contractors for their participation in this process.

Length of Treatment; Treatment Phases; Treatment Intensity

Length of Treatment. Treatment of sex offenders would be a much easier enterprise if one was able to define, a priori, the proper duration of treatment for all such offenders. The program would be easier to explain to administrators, Judges, attorneys, media representatives, and the offenders themselves. Program management would be facilitated if one could plan on every sex offender deriving benefit from X amount of treatment delivered with Y degree of intensity. While one may operationalize assembly of automobiles in this fashion, it is beyond the realm of reason to anticipate that all sex offenders will benefit equally from treatment, let alone benefitting equally across the same time span.

Length of treatment is a complex issue. The time needed to effectively treat a sex offender is dependent on factors such as the unique personal assets and deficits of each offender, his motivational persistence during the difficult process of change, the intensity and specificity of therapeutic interventions available to the offender, the skills and knowledge of therapists with whom the offender works, and the extent to which the offender is supported by others who are aware of his history of abuse. Since these factors vary across offenders, it is infeasible that they will benefit equally from the same treatment duration.

Time of Admission to Prison-based Programs. The "Statement of Standards" calls for incarcerated sex offenders to enter treatment "within 18 months to six years of projected release/parole

eligibility date. Inmates with the least amount of time left to serve will be given a priority for admission into the program" (p. 8). Some of the people interviewed during site visits expressed concern that the 18 month window and the requirement to give priority to "short-timers" may not be working effectively. This concern was heightened by institutional Probation Officers, many of whom observed a growing tendency for referrals to be made only late in an offender's sentence.

While it appears reasonable to give priority to inmates who have the least amount of time remaining to their release date, attempts to adhere rigidly to this standard may have unintended deleterious effects on treatment. Some offenders who are highly motivated and possess considerable personal assets may accomplish considerable change during 18 months of treatment. However, other offenders (e.g., highly motivated but extremely disordered, marginally motivated with high personal assets) may have difficulty accomplishing sufficient change within 18 months. Thus, entering offenders into treatment solely on the criterion of remaining sentence length neglects the reality that offenders may require different lengths of intensive treatment based on their degree of motivation and the number of issues that must be addressed during their treatment.

I recommend greater flexibility in admissions decisions. If an error is to be made, it is advantageous to enter offenders into treatment somewhat too early, rather than too late. If offenders

enter treatment early and make significant personal change, treatment providers will have the opportunity to assess how effectively the individual works to maintain his change. If not too prolonged, this "maintenance phase" during incarcerative treatment may be advantageous. In contrast, if offenders do not have sufficient time in treatment, they may need to exit the program when their own vulnerability is heightened (e.g., recent disclosure of their own sexual victimization) and, therefore, potentially be at higher risk of relapse than if they had not entered the treatment program.

Treatment Phases. Concern has been expressed about the way in which Phase Criteria currently are used to determine progress in treatment. Some offenders progressing out of treatment are termed "treatment complete". This term apparently refers to offenders who have completed all the Phase Criteria but who remain at high-risk of relapse. The existence of "treatment complete" offenders has raised a question about the adequacy of the criteria associated with completion of Phase Three. The question is: "How can someone have completed all the criteria used to evaluate progress in treatment and still be considered at imminent risk of relapse?"

In order to maintain credibility, the treatment program may need to revise the Phase Criteria to eliminate the potential of offenders completing the criteria only to be considered at high-risk of reoffense. It may be that this revision needs to consider psychosexual assessment data and environmental concerns, rather

than reflecting solely the completion of assignments and demonstrations of prosocial behaviors during treatment sessions and on the treatment unit. It may be possible to address this problem by adding a fourth Phase involving a transitional release sequence or residential treatment in a half-way house. This would allow treatment providers and parole officers to closely monitor an offender's maintenance of change as he begins to encounter risk factors for sexual abuse. It would help to counter the anxiety that treatment professionals experience when facing decisions about graduating offenders from a prison-based treatment program.

Sex offenders who were currently in Phase Three were interviewed during site visits. Many of these individuals suggested that treatment needed to be more individualized at the beginning of each Phase. There was an expressed need for closer interaction with therapists when special assignments are given.

Treatment providers believe that more incentive needs to be created to motivate sex offenders to create personal changes. Several suggested that presumptive sentencing should be eliminated and that opportunity for parole should exist.

Other individuals suggested that the Phase Criteria should place greater emphasis on building self-esteem. The issue of self-esteem in sex offenders has generated a great deal of debate. Many sex offenders experience low self-esteem during the course of their offending, upon their apprehension, and upon entry into treatment. The offenders feel ashamed and embarrassed. It is difficult to

imagine anyone feeling otherwise when their performance of sexual abuse has been unveiled.

Some treatment programs have attempted to deal with offender's low self-esteem by offering interventions specifically intended to enhance one's feelings of self-worth. Some programs have carried this concept to the extreme and offered only interventions designed to enhance self-image. Steve Wormith, from Correctional Services of Canada, has reported data demonstrating that recidivism rates are increased if offenders only receive self-esteem building interventions. Obviously, other answers are needed.

I believe that sex offenders acquire genuine self-esteem as they encounter the personal challenges of specialized treatment and meet those challenges. As these individuals discover that they possess more emotional strength and greater skills than they had believed possible, belief in oneself grows. As one develops the ability to understand others' emotions as never before, belief in oneself grows. As one learns procedures to meet life's stresses with a quiet confidence, belief in oneself grows. By meeting the challenges and conquering them, sex offenders leave treatment with genuine self-esteem. This derivation of self-esteem has far greater longevity than that experienced after a treatment group that artificially instills a momentary sense of self-esteem.

Considerable concern has been expressed about the percentages of offenders who either choose to leave or are removed from treatment. While I did not review specific treatment "casualty"

data, I was informed that estimated casualty rates range from 8% in the Lemon Creek program to 91% in the Hiland Mountain program. Some individuals interviewed during site visits expressed a belief that drop-outs and dismissals tend to occur during the later stages of the Phase Criteria. One person noted that an offender in the Fairbanks program was dismissed after 30 months involvement. Several others pointed to offenders who had dropped out of treatment after 1 to 2 years and returned to the general prison population with a profound sense of hopelessness.

Hypothesized causes of this pattern of drop-outs and dismissals varied. One person asserted that early Phase Criteria are too easy, allowing offenders to believe that they are accomplishing significant change, while Phase Three Criteria are too difficult, discouraging offenders and allowing them to feel deceived about the earlier suggestion that they were making reasonable progress in treatment. Other staff members voiced the opinion that late Phase dismissals reflect treatment providers' anxieties about the effect of recidivism on their reputations. In other words, rather than "graduating" offenders at the end of Phase Three, the providers may be more inclined to dismiss the offender from treatment. When asked to support this hypothesis with facts, one staff member mentioned the case of an offender who entered a treatment team meeting to be considered for advanced status (i.e., Phase Three) but left the team meeting unfavorably dismissed from the program. Still others felt that dismissals late in treatment

might be associated with providers' concerns that new offenders would not be transferred to take the place of dismissed offenders. Therefore, providers hang on to current clients, progress them through the first two Phase Criteria, and only after beginning to consider "graduating" the offender, realize that the offender has not made adequate gains.

Nearly all sex offender treatment programs are plagued by the problem of treatment drop-outs and dismissals. In the Vermont Treatment Program for Sexual Aggressors, 50% of the offenders entering the prison-based program during its first 5 years of existence dropped-out or were dismissed. However, during the last 5 years the drop-out and dismissal rate is closer to 25 - 30%.

A variety of factors affect drop-out rates. Some offenders enter treatment in an effort to serve "easy time" or believe it will increase the possibility of early release, not because they are motivated to change their behaviors. Such offenders often drop out of treatment when their expectations are not met. Programs that do not screen offenders adequately may have higher drop-out and dismissal rates. Changes in therapeutic personnel can be disruptive and lead to a greater rate of drop-outs temporarily. Treatment providers can become frustrated and overly aggressive within the therapeutic relationship.

Drop-out rates might be minimized by providing pre-treatment groups to educate offenders about specialized sex offender treatment, more thoroughly screening offenders prior to admission,

supporting therapists to diminish countertherapeutic behaviors associated with burn-out, and supervising therapists to enhance consistency of approach.

In defense of the treatment programs, one person observed that even many of the offenders dismissed from treatment believe that they derived some benefit from it.

Screening Criteria for Program Referral and Admission

The program design calls for matching offenders' treatment needs with highly specialized, focused interventions. In reality, essentially no screening of offenders exists at any point in the system. The program operation could be enhanced greatly by developing a systematic approach to assessment of individual offender' needs and recommending relevant dispositions for treatment and security needs.

The first point at which such assessment might be implemented is at the Presentence Phase of Adjudication. Two components to this assessment are recommended: 1) specialized Presentence Investigations completed by Probation Officers whose training has sensitized them to considerations unique to sex offenders and 2) specialized Psychosexual Evaluations completed by mental health professionals who have experience working with sex offenders. Taken together, these two sources of information provide: 1) a broad and detailed picture of the offender's lifestyle and background and 2) a fine-combed analysis of aspects of the

offender's functioning that may predispose sexual abuse (e.g., beliefs, displacement of responsibility, sexual arousal pattern, emotional management).

When an informed Judiciary is presented with this information, sentences may be tailored to enable the most appropriate disposition for each offender. The need for such information becomes more significant in light of HB-366, which provides Judges the ability to sentence offenders to specific treatment programs. If specialized Presentence Investigations and Psychosexual evaluations are not performed, the only information available to Judges at sentencing that is relevant to sex offender triage will be the offender's record of prior sex offenses. Thus, dispositions will be made in the absence of most information relevant to sex offender treatment. The implications of this process are staggering. While some dangerous offenders might be permitted access to the community through probationary sentences, some offenders who might function safely in outpatient treatment will be sent to prison unnecessarily.

In addition, unless programs have a mechanism for removing unamenable sex offenders from the treatment program, such programs will become overwhelmed with offenders who have no interest in changing their behaviors or values. Offenders motivated to change will progress out of the program, while those who do not desire to change will be left behind. Eventually, the preponderance of unmotivated sex offenders will become so great that even highly

motivated offenders will not be able to withstand the influence of residents resisting change. Even the most effective treatment program will collapse within this framework. Again, the importance of triage is evident.

Specialized assessment of sex offenders is also important to the identification of treatment needs. Therefore, additions are recommended to the assessment battery identified in the "Sex Offender Treatment Programs Statement of Standards". Many of the procedures listed in the table below assess narrow aspects of an offender's attitudes and behaviors which can then be addressed through very specific treatments. In addition, two of these assessment devices (i.e., the Penile Plethysmograph and the Psychopathy Checklist) have been demonstrated a strong relationship to treatment prognosis in recent research.

Psychosexual Assessment Procedures

Attitudes Toward Women (Spence & Helmreich, 1978)
Autobiography (Long, Wuesthoff & Pithers, 1989)
Beck Depression Inventory (Beck, 1967)
Buss-Durkee Hostility Inventory (Buss & Durkee, 1957)
Clarke Sexual History Questionnaire (Langevin, 1983)
Cognitive Distortions Scale (Abel, Becker, Cunningham-Rathner, Rouleau, Kaplan & Reich, 1984)
Fear of Negative Evaluation Scale (Watson & Friend, 1969)
Interpersonal Reactivity Index (Davis, 1980)
Millon Clinical Multiaxial Inventory (Millon, 1977)
Minnesota Multiphasic Personality Inventory
Multidimensional Self-Esteem Inventory (O'Brien & Epstein, 1983)
Multiphasic Sex Inventory (Nichols & Molinder, 1984)
Multiscore Depression Inventory (Berndt, 1986; Western Psychological Services)
Novaco Anger Scale (Novaco, 1975)

Penile Plethysmograph
Psychopathy Checklist (Hare, 1980)
Rape Myth Acceptance Scale (Burt, 1980)
Relapse Fantasies (Marlatt & Gordon, 1985)
Rotter Locus of Control Scale (Rotter, 1966)
Self-monitoring (MacDonald & Pithers, 1989)
Sex Fantasy Questionnaire (Wilson, 1978)
Situational Competency Test (Chaney, O'Leary & Marlatt, 1978)
Social Avoidance and Distress Scale (Watson & Friend, 1969)
Social Support Scales (Russell & Cutrona, 1984)
State-Trait Anger Expression Inventory (Spielberger, Jacobs,
Russel & Crane, 1983; Psychological Assessment Resources)
State-Trait Anxiety Scale (Spielberger, Gorsuch & Lushene,
1970)
Wechsler Adult Intelligent Scale-Revised (Wechsler, 1981)

In addition to identifying more specifically offenders' behavioral excesses and deficits for the focus of treatment, many of these measures may be used as process measurements of therapeutic progress and as information for release considerations. Also, by establishing a record of assessments of an offender's behavioral change, maintenance of change can be evaluated after the offender is out of formal treatment. "Maintenance evaluations" could be performed at regular intervals or upon the request of a probation/parole officer who believes the offender may be resuming the relapse process. In this fashion, decisions about admission, release, and supervision may be made in a rational, data-based, manner rather than on the basis of clinical intuition alone.

Is the Match of Individual Offenders and Treatments Appropriate?

A reasonable range of therapeutic interventions is listed in the "Sex Offender Treatment Programs Statement of Standards". However, as mentioned previously, the assessment process does not identify the behavioral excesses and deficits of offenders as precisely as possible. Therefore, it is likely that the match between an offender's needs and the treatment program is not as close as possible. Despite this, since the treatment program applies the available interventions broadly across all offenders, the program should be able to meet the needs of most offenders.

It may be important to consider that broadly applying therapeutic interventions across a group of clients may not be the most efficient or effective treatment process. Treatment resources are expended inefficiently when therapeutic interventions are applied to clients who may not need them. Applying interventions to offenders who do not need them may also compromise therapeutic outcome. For example, socially skilled offenders who are required to take part in social skills training may conclude that they are being asked to engage in treatment that has no relevance to their actual problems.

The absence of readily identifiable process measurements of change also makes it difficult to determine whether the existing treatment components reasonably match offenders' needs. Process measurements would allow one to evaluate the extent to which each individual in therapy had benefitted from each treatment group in which they had participated.

Thus, the absence of a thorough assessment process logically suggests that the match between treatment and individual offenders is less than ideal. Use of a wide-range of interventions with offenders likely addresses most of their needs. However, this style of service delivery may compromise therapeutic efficiency and efficacy.

Level and Type of Staffing

The level and type of staffing within each program site appears generally adequate and, in some instances, excellent. Exceptions to this general pattern are noted below:

1. The Hiland Mountain program receives more funding than other programs and treats more offenders. This program has the highest public and political visibility. Therefore, this program should have the strongest direction.

The Program Director at Hiland Mountain is the only person in such a position who does not hold a terminal degree (i.e., Ph.D., M.D., D.S.W., etc.). Her professional training as a social worker (M.S.W.) does not permit her (in most states) to administer or interpret many psychological assessment techniques.

The Highland Mountain Program Director is a highly controversial person. Some of the staff with whom she works appreciate her strong convictions and willingness to "take on the management". However, most of the individuals contacted during this site visit did not regard her as an appropriate person for the

position of Program Director. The reasons for this claim ranged from her "overly confrontational, borderline abusive" therapeutic style, to her "blowing up" at institutional administration which some viewed as "making matters worse", to her inflexibility.

It may be advisable to have a terminally degreed individual whose professional training has prepared him/her to administer and interpret psychometric procedures, and to supervise others using such techniques. In addition, the person in this position needs to be able to respond assertively, not aggressively, to differences of opinion with supervisees and administrators. Since this individual may also be the leader in remediating a poor relationship between the Langdon Clinic and the Department of Corrections, the ability to tolerate ambiguity during conflict resolution will be essential. The person in this position also provides spiritual leadership to others working in the program. Their ability to manifest strength, confidence, and patience in times of distress is essential to effective program management.

2. The Fairbanks program contractually employs the facility nurse to conduct plethysmographic assessments. The nurse works every other week in the prison. This individual's work schedule makes it difficult to schedule evaluations and sometimes leads to cancellation of evaluations. As a result, offenders apparently have been released from the program without ever engaging in a plethysmographic evaluation. In addition, the dual roles of health care provider and plethysmographic technician may be conflictual

and disadvantageous.

3. If specialized Presentence Psychosexual Evaluations were to be used more frequently by the Court, additional mental health providers and funds may be needed to respond to the demand. Due to potential conflicts of interest, it would be advantageous that funds supporting these evaluations not come from the Department of Corrections. Funds for these evaluations should come from: 1) offender payments, 2) third-party payments, or 3) funds appropriated specifically for this use to the Judiciary, Prosecuting Attorneys, and Public Defenders.

4. A strong recommendation is made that a Central Director of Sex Offender Treatment should be employed to oversee and supervise all residential and outpatient sex offender treatment programs affiliated with the Department. Among the functions of this position could be: 1) Review and approve assessment and treatment procedures, 2) mediate and make recommendations for concerns of the Department and its contractual treatment providers, 3) chair the committee that approves outpatient providers, 4) respond to media inquiries about the treatment program (since responses made by treatment experts are generally more informative than those of administrators), 5) have direct input into Departmental policies that may affect treatment, 6) increase coherence of the residential and outpatient treatment programs, 7) enhance liaison with outside agencies whose support of the program is important (e.g., victims' groups) and/or whose function affects the ability to treat sex

offender effectively (e.g., the Judiciary), 8) provide the program with "an identity", and 9) provide emotional leadership to treatment providers. Given these functions, the individual in this position should possess a terminal degree in a mental health profession, experience in sex offender treatment, a demonstrated ability to manage treatment programs, and supervision skills.

5. Requests for proposals for outpatient and follow-up treatment programs should be separated from those used to solicit contractors for the institutional programs. In addition, it may be advantageous to develop smaller contracts with several vendors for outpatient/follow-up treatment services. This may allow more mental health practitioners to seek contracts to provide sex offender services, diminish the potential development of "group think" within a single group of professionals, and result in reduced contract costs.

6. Sex offender treatment programs can be run effectively with contractual mental health providers (as is the case in the Vermont's program). Alternately, the Department could seek to employ mental health providers to conduct the program.

In my experience, programs run by employees generally are less expensive than those run by contractors. Over time, programs tend to become dependent on a small group of providers. If programs become dependent on contractors, the potential exists that demands for sizable increases in compensation can occur. In the short-term, the Department may see little option but to yield to these

demands. In contrast, if the treatment program becomes dependent on services provided by employees, Cost-of-Living-Allowances often are regulated by the State at relatively low percentages. Within this scenario, the relative cost-savings of employee-run programs will increase over time. In addition, the hourly compensation of professional employees typically is less than that of contractors. However, the apparent savings are eroded since contractors are paid only for the number of hours of service provided while employees receive compensation for hours during which direct services are not offered (e.g., "down time").

Appropriateness of Institutional Milieu Versus Community-Based Treatment

Institutional and community-based treatment are two components of a comprehensive approach to sex offender therapy. Each component is essential to the creation of an effective treatment program.

Institutional programs need to exist to serve offenders who are at such risk of relapse (e.g., an excessive number of high-risk factors, inability to proscribe access to high-risk factors through probation conditions) that their treatment cannot reasonably be initiated in the community. Community-based programs need to exist to serve offenders who have been released from institutional programs or who have relatively few risk factors and whose access to risk factors can be minimized through special conditions of probation.

Few therapists, who have experience working with sex offenders, regard the sexual aggressor as "curable". No existing therapeutic intervention eradicates, across time and situations, the offender's sexually deviant fantasies.

However, many sex offenders enter treatment believing that therapy will affect a "cure". When suffering from physical maladies in the past, a quick trip to the physician and ensuing medication usually led to elimination of the disorder. Treatment has been something done to him, rather than an activity requiring his active involvement. Thus, the sex offender may enter treatment for sexual deviance with similar expectations about a quick fix that makes few personal demands.

Unfortunately, many treatment programs effectively promote the offender's belief in the possibility of "cure" by failing to prepare clients for the likelihood of lapses (i.e., a return to the moods, fantasies, and thoughts associated with the relapse process).

Similarly, institutionally-based treatment programs, functioning without associated outpatient follow-up groups, promote the deceptive assurance that treatment ends upon discharge. Clients who leave therapy with such misconceptions are primed for relapse. (Pithers, Cumming, Beal, Young, & Turner, 1989).

To avoid this problem, a comprehensive program must offer institutional, transitional, and community-based treatment programs for sex offenders. Maintaining this continuum of clinical services offers the greatest potential of assisting sex offenders to maintain enduring personal change and, therefore, provides the greatest measure of protection to society. All of the programs within this continuum must share the same theoretical orientation in order to maximize effectiveness.

Continuum of Treatment Services from High-Risk Community Education Groups through Intensive Aftercare

A continuum of treatment services for sex offenders is essential. A comprehensive array of treatment options allows offenders to receive the most appropriate treatment in the most appropriate setting. This permits optimal treatment outcomes without exposing the community to undue risk. In addition, prolonged involvement in outpatient treatment enhances maintenance of behavioral change, regardless of the initial setting in which treatment occurred.

Sentence Criterion for Residential Treatment. As was mentioned previously in this report, the "Statement of Standards" calls for incarcerated sex offenders to enter one of the three treatment programs "within 18 months to six years of projected release/parole eligibility date. Inmates with the least amount of time left to serve will be given a priority for admission into the

program" (p. 8). The potential flaws in this procedure were detailed in an earlier section of this report (See "Length of Treatment; Treatment Phases; Treatment Intensity").

I suggest the following changes in procedure for consideration. Sex offenders sentenced to prison should be housed initially in an institution containing a treatment program. While at this facility, the resident should be required to take part in a brief orientation to the correctional system and its sex offender treatment programs. This process would counter the disinformation about the program arising out of the prison culture and the resulting anxieties that inhibit some offenders from entering treatment. At the end of this phase, offenders should be asked to sign a form indicating their interest or disinterest in being evaluated for the program. Offenders who indicate their disinterest should be required to sign the form again at regular time intervals. This process would avoid the pitfall of offering offenders only one opportunity to gain entry to treatment or placing total responsibility on the offender for initiating a second approach.

It may be useful to identify different treatment tracks, one of which would offer prolonged intensive treatment and the other providing shorter educational interventions. Offenders whose assessment data and sentence length make them appropriate for prolonged intensive treatment would be sent to programs similar to those currently in existence. Rather than attempting to fit

"short-timers" into the intensive programs, a more educational approach, focused on victim empathy and life skills (e.g., relapse prevention, emotional management, sex education) may be employed. The program intended for "short-timers" could also be used as a "pre-treatment" program for offenders from other cultures, easing their entry into the intensive treatment program.

Outpatient/Follow-up Treatment. Follow-up services for sex offenders released from institutional treatment programs are essential. Currently, the Department provides funding for one-year of follow-up treatment. After that time, the offender assumes responsibility for payment.

One-year of follow-up service is better than no service during an important transitional phase. However, if the intent is to maximize community safety, two shortcomings to this plan are evident. First, while research suggests that rapists may be at the highest risk of relapse during the first year after release from incarceration, child abusers are at the highest risk of relapse only two to three years after release. Thus, the one year follow-up does not cover the period of highest risk for pedophiles and incest offenders. Second, the one-year follow-up period begins when the offender is placed on furlough, not when the offender is released from the correctional facility. The potential exists that the year of Departmentally-supported treatment could expire shortly after the offender is released from the correctional facility.

Regardless of the Department's willingness to pay for sex

offender's follow-up treatment, the recommended duration of follow-up services should be prolonged. The percentage of offenders who reoffend increases with greater time-at-risk. However, one researcher (Nelson, personal communication) has asserted that the greatest percentage of reoffenses occur within the first five years after treatment termination. Thus, given the improbability of funding or legislation that would permit life-long probation/parole supervision of sex offenders, mandating a five-year period of follow-up treatment and probation/parole supervision would represent a reasonable compromise.

Different problems arise once offenders are required to assume financial responsibility for their own treatment. Many offenders work seasonally and may neglect to budget finances. This problem potentially could be dealt with by enhancing offenders' life management skills or through a parole condition requiring seasonally employed offenders to make regular payments in a "treatment escrow account". In addition, some seasonal work requires offenders to be away from their home community for months at a time, making impossible regular attendance at treatment groups. This problem could be resolved by prohibiting offenders from seasonal employment that takes them away from home, requiring them to complete regular homework assignments in workbooks during their absence, or using collateral contacts who have been informed about the offender's relapse process as sources of information about the offender's maintenance. As an example, collateral

contacts could be requested to routinely complete a form, listing an offender's high-risk factors, by checking off any risk factors that have been observed.

Data from a Fairbanks Probation Officer suggests that offenders in treatment commit fewer violations than those not in treatment. Therefore, in addition to protecting community safety, follow-up treatment could potentially represent a cost-savings relative to probation/parole violations which result in incarceration. Therefore, if the Department intends to shift allocations for sex offender treatment, consideration should be given to enhancing (e.g., more frequent assessments, offering couples' therapy) and prolonging the period of follow-up treatment in the community.

Another way of shifting available treatment funds would be for the Department to fund group therapy only and/or to fund this treatment only for indigent offenders. Offenders who require individual therapy could be required to pay for some portion of their treatment. Alternately, individual therapy could be funded for a specific offender if treatment providers can demonstrate the need. Offenders who have the capacity to pay for services should be required to pay. Failure to impose this burden on offenders who possess financial resources shifts the burden to the taxpayers of Alaska. Clearly, the burden should be placed in the hands of the individual whose behaviors are responsible for the existence of the need, not the public victimized by those behaviors.

Requirement that Released Sex Offenders Live in Anchorage. To facilitate group follow-up treatment, sex offenders released from Hiland Mountain are required to reside in the greater Anchorage area regardless of whether this was their original community. In part, this decision appears motivated by a dearth of specialized treatment providers and a desire to keep offenders in an area of Alaska readily accessible to Parole Officers. At the same time, these individuals are not permitted to associate with other former inmates who also were in the prison-based treatment program.

Particularly in the case of Native Alaskans to whom community is meaningful, and to offenders from very isolated regions, the need to reside in Anchorage and avoid contact with other former program participants may be countertherapeutic. One concern is that these circumstances could predispose offenders to experience precursors to sexual abuse (i.e., profound loneliness, anger resulting in "victim-stancing", seeking relief from boredom and difficult emotions through substance use/abuse). Parole Officers reported that such offenders are more likely to seek companionship in self-defeating ways (e.g., bars).

High-Risk Educational Groups. High-Risk Educational Groups are a very recent innovation in the overall program structure. They are intended to help prepare offenders who have not been in the prison-based programs to take part in the outpatient groups. Early opinions about the High-Risk Groups range from "they may be useful, but its too early to tell" to "they don't seem to be

working".

My experience suggests that the success or failure of such an effort depends largely on the criteria used for entry to such groups. The groups tend to work effectively when used to treat offenders who are motivated for treatment, but who have been unable to enter treatment as a result of factors beyond their control (e.g., lack of available bedspace in an intensive program, a sentence structure that prohibits entry, etc.). The current criteria for inclusion in these groups are: 1) program drop-outs, 2) offenders terminated from treatment, and 3) offenders who have refused treatment. Given these criteria, my belief is that these groups may represent a poor investment of treatment resources.

These groups tend to be a relatively poor investment when they represent a "last ditch" effort to reach offenders who deny responsibility for offenses or who have expressed ongoing disinterest in changing their behaviors. Generally, few of these individuals will be motivated by a time-limited intervention to pursue more intensive treatment. Rather than using precious treatment funds in an effort to persuade the unconvinced, the funds may be put to better use by prolonging the outpatient follow-up treatment of more motivated offenders.

Evaluate Centralized Versus Regional Delivery of Institutional Treatment Services

Whether to centralize or regionalize services is a complex issue. Given the current state of the individual sex offender treatment programs in Alaska, and the relationship between contractual treatment providers and the Department, this consideration becomes still more complicated.

If a centralized program was the favored option, the obvious choice would be to place the program at Hiland Mountain. Hiland Mountain and Anchorage vicinity offer: 1) the most "treatment-friendly" physical plant; 2) the greatest opportunity to have flexibility of choice in contracting with treatment providers; 3) proximity to the state's population center (offering the greatest opportunity for offender employment); 4) nearby universities which would offer the potential of interns from graduate training programs and enhanced resource development through library and research resources. However, the working relationship between the Department and the contractual treatment providers at the Langdon Clinic currently is strained. If the Department opted for a centralized program, the potential exists that the Department might need to contract with other mental health professionals in the Anchorage area to provide services.

Several structures for service delivery are apparent:

- 1) multiple, equivalent programs (i.e., the current service delivery structure);
- 2) a single, intense, centralized program; and
- 3) an intense centralized program that receives offenders from regionalized, pre-treatment programs. This list ignores another

yet another option of having different treatment programs for distinct populations (e.g., Native Alaskans) since I do not believe this is necessary if treatment providers exercise creativity in adapting the current treatment model.

The most expensive model is the current one, involving several distinct and intensive treatment programs conducted at different sites. Assets of this model are that it: 1) allows treatment of the greatest number of offenders; 2) permits creation of highly specialized programs (e.g., intellectually low functioning, female offenders); 3) fosters treatment of offenders closer to their home, facilitating family treatment and release planning; and 4) spreads ownership of the program more widely. Potential liabilities of this model include: 1) the administrative costs affiliated with each site; 2) the potential for destructive lack of integration of, or rivalry between, sites (in the absence of an Central Director of Sex Offender Programs).

A single intense treatment program would: 1) minimize ongoing management problems. However, the liabilities associated with this model in a state of Alaska's geographic enormity are immense. These include: 1) the lack of geographic proximity to the program minimizes the involvement of critical resources (e.g., supervising Parole Officer, outpatient mental health providers, offenders' families); 2) large, centralized programs often result in less individualized attention to the unique characteristics of each offender; and 3) documentation of assessment and treatment

sometimes is less adequate in immense programs than smaller ones.

My recommendation would be to consider working toward a centralized program that receives offenders from one or more regional pretreatment programs. Regionalized, pre-treatment programs could be implemented at the higher-security facilities typically used to house offenders when they first enter the Department's custody. At these pre-treatment sites, offenders sentenced for sex crimes (and who meet minimal criteria (e.g., not a career criminal) could participate in a mandatory inmate orientation that includes basic information about the sex offender program. After this orientation is concluded, offenders could then be required to sign a "treatment interest" form indicating whether they wish to take part in a pre-treatment program or to be removed from the "treatment track" altogether. Some offenders who initially deny interest in treatment later change their mind. Therefore, offenders who choose not to participate in treatment should be requested periodically to sign the "treatment interest" form.

I believe that the Department and the Parole Board should be encouraged to adopt separate policies that would not reward sex offenders who decide not to participate in treatment. If one believes that treatment is essential to enhance community safety, sex offenders who do not take part in treatment should not be released prior to offenders who have the courage to choose the more difficult path of taking part in treatment that requires personal

change. To fully invoke a system that does not reward offenders who avoid treatment, and which protects society from such offenders for a longer period of time, presumptive sentencing may need to be eliminated.

Pretreatment groups could be used to prepare offenders for the intensive, centralized treatment program. The pretreatment phase could be used to familiarize some offenders with the fundamentals of group treatment (e.g., the need to make personal disclosures, the need to listen actively to other group members). Some literature suggests that pretreatment exposure to group therapy can enhance treatment outcomes for individuals from lower socio-economic levels. Some of the topics covered in pretreatment groups could include: 1) recidivism rates for treated and untreated offenders, 2) child/human development, 3) effects of sexual/physical/emotional abuse on children and adults, 4) types of denial of responsibility for sexual abuse and their impact on the treatment process, and 5) dealing with family and friends who have supported denial, including the possibility of couples' and family therapy. Within this structure, pretreatment could be a method for addressing issues pertinent to subcultural groups which might otherwise interfere with their ability to participate meaningfully in intensive treatment.

Once an offender has completed the pretreatment phase (as reflected in assignments and process assessments), he could be transferred to the centralized, intensive residential program.

This program could be conducted at a less secure facility since sex offenders' custody levels usually drop rapidly soon after incarceration. It would involve more mental health professionals, and more frequent and more specialized treatment groups, than the pre-treatment program. Among the topical groups at the centralized program could be: 1) victim empathy, 2) personal victimization, 3) behavior therapy for arousal disorders, 4) emotional management, 5) relapse prevention, and 6) release planning. Again, completion of the intensive program would be defined by phase criteria including completion of assignments, behavior in the prison and in treatment groups, and signs of constructive change on process assessments.

As suggested previously, community reintegration is more complicated when offenders are treated in a centralized program that is far away from their home communities. To enhance maintenance of therapeutic change and community safety, a structured release program should be established. The following paragraphs describe the transitional release process employed in the Vermont Treatment Program for Sexual Aggressors. These paragraphs are included in this report only as an example of one type of a progressive release sequence.

At an appropriate stage of treatment and under adequate supervision, each offender practices his newly-acquired behaviors in the community on time-limited passes. When an individual demonstrates continued progress in residential therapy and appropriate behavior

during furloughs, he is placed on work release. This enables the offender to obtain employment in the community, but requires him to return to the correctional facility during non-work hours. After a period of successful work release, the offender receives extended furloughs. During this phase of treatment, the client resides in a halfway house or in the community, but his freedom of movement is restricted to approved locations at designated hours. During the work release and extended furlough phases of treatment, the client continues to participate in treatment at the facility. He also begins to attend outpatient therapy groups which will be the sole source of treatment once he is released on parole. If the offender demonstrates highly appropriate behaviors throughout the extended furlough treatment phase, he is recommended for parole. Upon receiving parole, the client is mandated to attend outpatient therapy groups facilitated by specially-trained treatment providers.

In this manner, the transition from residential to outpatient treatment is accomplished in a carefully controlled, progressive manner. Since family members and probation and parole officers represent important resources in monitoring the behaviors of sex offenders, clients are required to sign confidentiality waivers and

to inform these individuals about their risk factors and offense patterns. By following this structured and collaborative approach to treatment and maintenance of change, the probability of therapeutic success and community safety may be enhanced. (Pithers, Martin, and Cumming, 1989).

Obviously, only those sex offenders who appear to have benefitted from treatment should be considered for this transitional process. In addition, the process must be monitored carefully. The situations to which the offender has access must be selected with care to avoid exposing an offender to extremely high-risk factors. The offender should be supervised by someone who is trained in the relapse prevention model.

Departments of Corrections have become increasingly nervous about establishing pre-release programs for offenders. For offenders who have participated in treatment and demonstrated behavioral change, a structured, supervised, progressive release process enhances community safety. Clearly, this process will be associated with lower recidivism rates than releasing offenders from correctional facilities directly to the community without the opportunity to establish a support network that is informed about the precursors to his offenses.

Extent to Which Sex Offender Programs Are Integrated within Institutional Settings

The extent to which sex offender treatment is integrated

within the institutional setting varies across settings. The Highland administration appears ambivalent about the program, possibly as a result of conflicts with the Program Director and the Langdon Clinic. The Lemon Creek administration values the program and has made accommodations in the physical plant and work schedules to support it. The Fairbanks administration strongly wants to preserve its program.

Before discussing integration with institutional management, it is important to address integration with Department-wide administration. One of the most frequently voiced frustrations heard during site visits concerned the Classification Director's refusal to give priority to the needs of treatment programs and sex offenders seeking treatment. As a result, treatment programs have had empty beds for as long as 6 months while offenders accepted into treatment have awaited transfer. In another case, the Classification Director transferred sex offenders out of a treatment program even though these offenders were actively involved in treatment and the treatment team had requested that program residents not be transferred.

A number of potential problems may be caused by the failure to assign priority to transfers of sex offender into existing openings in treatment programs. One of the most salient concerns is the possibility of litigation arising from the failure to treat willing sex offenders when bedspace in the treatment program has been available. In addition, contractual funds are expended less

efficiently when vacancies exist. Therapists are paid the same amount whether they treat 8 offenders or 5 offenders; paying them to treat 8 offenders obviously is the better deal. Vacancies in treatment programs also affect the treatment process and offender motivation. When treatment teams are aware that transfers into the program occur slowly, they may permit resistant and disruptive offenders to remain in the program longer than advisable. In fact, this already has happened in one of the programs. Some of the offenders with whom I met expressed frustration that some disruptive and belligerent offenders had not been removed from their treatment program even though they had initiated a request that these offenders be removed. Treatment staff also are less consistent in enforcing rules. They may become more reluctant to remove offenders from the program on a temporary basis (30-60 days) for disciplinary purposes.

Clearly, the Classification Director should be encouraged to prioritize transfers for treatment programs. The Department's sex offender treatment programs are specialized and should not be treated as if it were any other correctional program. Sex offender treatment resources are expensive. The Department cannot afford to waste resources that are sorely needed by offenders for even one month, let alone six. The Commissioner's support may be needed to develop policies or a supervision mechanism that will ensure that the Classification process facilitates immediate transfers of sex offenders for treatment purposes.

Hiland Mountain. At Hiland Mountain, the program received unequivocal support during its early days. If any error in program management took place, it was supporting the program with such enthusiasm that sufficient oversight did not occur. In more recent days, the Department has exercised much greater control oversight of the contracts for services.

It is not possible for me to determine whether the program has ever been integrated within the institution. However, it is evident that the program is not currently integrated with the institutional management. One individual summarized the situation, "Power and control are at the heart of the matter. Its a turf issue. Whose jail is this? Whose program is this? The program was designed to be shared but it isn't." Yet another individual commented, "There is a real problem with contractors being willing to work with the Department. Most contractors try to dictate terms to the Department." Many of the upper-level professionals interviewed and the documents reviewed during the site visits reflected the sense of struggle for control of the program.

In the struggle to determine who will control the program, at least some of the integrity of the program has been sacrificed. The reality is that this is a treatment program that exists within a correctional setting. Contractual mental health professionals can not be permitted to control Departmental and institutional policies and procedures. However, they reasonably may expect to be consulted for input when the Department or institution are

considering policies and procedures that could affect the program. Similarly, Departmental and institutional personnel should not assume the expertise to make unilateral decisions that affect the treatment program. However, since the Department funds the program and the program is housed in an institution, the Departmental and institutional administrators should have the opportunity to approve changes in the treatment program that affect Departmental policies and procedures.

Lemon Creek. The Lemon Creek program has suffered historically due to frequent changes in therapeutic staff supplied by the Tongass Community Counseling Center. Reportedly, these changes were the result of the dissatisfaction of treatment providers at Tongass with their own administration. As a result, the providers left the Counseling Center. These administrative problems apparently have been resolved and the Tongass staff currently involved in the Lemon Creek program appear highly motivated, creative, and have developed an excellent relationship with the institutional administration.

Approximately one year ago, Lemon Creek modified and dedicated one unit of the prison for sex offenders in the treatment program. Additional modifications in the physical plant were underway at the time of the site visit to complete a professional space for plethysmographic evaluations. The administration has agreed to allow offenders to be freed from work assignments to attend treatment groups. Since treatment groups occur almost daily, this

represents a significant gesture on the part of the institutional management. It is also exactly the type of support needed to allow treatment programs to blossom.

The management team at Lemon Creek regards the Tongass staff as doing "a good job" and "exceeding state standards". The only comments approaching criticism involved a belief that the anger management treatment component could be shored up and the desire that treatment providers would be willing to run treatment groups during evening hours.

Decisions about offenders are made by a treatment team composed of treatment professionals and institutional staff. Disagreements emerge, but the team usually processes decisions to consensus. Authority issues have not emerged.

Fairbanks. Fairbanks also houses program residents together on a special unit. The institutional administration regards the treatment program as offering an operational resource to the facility since they are able to go outside the building to work. Since 40 to 60% of the population in Fairbanks are pre-trial detainees who cannot go outside to work, the 28 sex offenders in the treatment unit perform most of the maintenance work around the institution.

Institutional management expressed concern as to whether a long-term treatment program can continue to be housed in a booking facility, especially as overcrowding becomes more problematic. The population cap at Fairbanks will be 183 in January 1982. The

institutional management believes that meeting this cap would necessitate transferring all sex offenders elsewhere, with the population at Fairbanks becoming a mixture of detainees, offenders with short sentences, and individuals awaiting release. It should be noted that in December 1990 approximately 8 to 10 prisoners were transferred to meet a population cap of 202. Some of the transferred prisoners were involved in the treatment program. The Departmental Classification Officer ignored input from the treatment teams request to refrain from transferring sex offenders actively involved in treatment. The Classification Officer is viewed as having made a "clear, clean decision that ignored treatment needs."

There may be other grounds for concern that the Fairbanks administration may fail to keep sufficient boundaries between the treatment program and institutional management. The Chairperson of the treatment team is also the Chairperson of the classification committee. While this individual may be able to keep separate her roles in the two committees, her dual role is open to being perceived as a conflict. In the management of treatment programs it is important not only to avoid improper conduct, it is important to avoid even the appearance of questionable conduct. Integration of treatment programs within institutions is important, but blurred boundaries should not be mistaken for integration.

Fairbanks has enjoyed contracting with the same treatment providers since September 1985. The institutional administration

and contractual treatment providers enjoy a close relationship.

Use of Depo-Provera within Institutional Treatment Programs

Provera, the trade name under which Upjohn markets Medroxyprogesterone Acetate, is a synthetic female hormone that, when used with males, lowers the level of male hormones (androgens) circulating in the blood stream. Depo-Provera is the name given to the form of Provera that is administered through muscular injection. Androgens are believed to be associated with both sexual and, to some extent, aggressive behaviors in males.

A very small percentage sex offenders experience obsessive fantasies about sexual abuse. In some cases, despite the offender's best intentions, these fantasies seem to intrude into the individual's consciousness.

Their situation is somewhat analogous to that of an individual who hears a song over the radio early in the morning. Occasionally, people will find themselves hearing the song inside their head without conscious intent. Sometimes, throughout the course of an entire day, the song will continue to intrude into their thoughts to the point where it becomes quite annoying. The song may continue to be heard until the individual retires for the evening. However, upon arising the following day, the song typically is no longer heard.

For some sex offenders, fantasies of sexual abuse are similar to that intrusive song. Only the song of sexual abuse may be

present every morning when the offender awakens and throughout every day of his life. There is not the promise that the song will end with a good night's sleep. Some offenders experience such powerfully intrusive sexual fantasies that they have difficulty attending to the content of treatment groups without being distracted by their fantasies. Obviously, for such individuals, additional forms of treatment are warranted. Rather than feeling like some sort of medicinal thought control, access to the relief offered by Depo-Provera may feel like a wonderful gift to some offenders.

It must be noted that Depo-Provera does not change the offender's sexual preferences. If, prior to administration of Depo-Provera, an offender experienced greater sexual arousal to fantasies of young boys than adult females, he will still experience greater arousal to young boys after he is placed on the medication. It simply will take the offender longer to become aroused under Depo-Provera. The increased latency of arousal provides the offender with a greater opportunity to remove himself from situations in which sexual abuse is possible.

Depo-Provera appears to effectively disrupt the frequency and strength of internally-generated, obsessive fantasies in some sex offenders. That is, the medication reduces the incidence of fantasies occurring in the absence of external stimulation (e.g., presence of a child, photographs of children). However, external stimuli associated with child abuse often continue to evoke sexual

arousal, although it takes the individual longer to become aroused. Thus, even with Depo-Provera, offenders cannot be permitted to have contact with stimuli that may predispose sexual abuse.

Depo-Provera also is not effective with all sex offenders. Few sex offenders have androgen levels that are higher than average. Therefore, it is crucial that this medication not be regarded as a magical, "silver-bullet". It is simply one of a number of therapeutic interventions that may be useful, but whose use needs to be determined on the basis of each offender's unique constellation of personal assets and deficits.

It must be mentioned that while Depo-Provera is approved by the Food and Drug Administration (FDA), it is not approved specifically for use with sex offenders. However, physicians have the ability to use an FDA-approved medication for unapproved uses as long as their use of the medication is sound and defensible. Given this situation, I would suggest that Depo-Provera only be employed after provision of informed consent. Since incarcerated offenders represent a special group whose ability to provide true informed consent may be compromised, I recommend that the explanation and signature of the informed consent document should be monitored by an outside party (e.g., the offender's attorney). The person monitoring the consent process also should sign the document as a witness. Provisions for discontinuation of psychohormonal treatment must be stated explicitly in the consent document.

As mentioned previously, some sex offenders experience such intrusive fantasies that they are unable to pay attention during treatment groups. Obviously, program residents who cannot attend to the content of treatment groups are not going to benefit from them. Therefore, it is important to provide such individuals with access to a psychohormonal treatment that may enable them to derive greater benefits from group interventions. Depo-Provera is one such form of treatment.

All medications can have undesirable side-effects (e.g., aspirin can cause bleeding from stomach lining). Depo-Provera also is associated with a range of negative side-effects, most notably weight gain and increased blood pressure. Therefore, I suggest that this medication only be considered for use after other forms of treatment (i.e., behavioral therapies to change sexual arousal patterns) have been employed and found ineffective.

Extent to Which Developmentally Disabled Sex Offenders Are Treated Effectively

I am unable to comment on the extent to which developmentally disabled sex offenders are treated effectively. Unfortunately, the site visits did not afford an opportunity to acquire information that would allow a response to this issue.

Role of Specialized Probation and Parole Officers

It is important to avoid endorsing the myth that specialized treatment alone is sufficient to reduce the recidivism rates of sex

offenders. Sex offenses generally are not the result of psychiatric or medical disorders, but rather the manifestation of a choice to engage in a violent, criminal act. Since sex offenses are the result of choice, not the manifestation of a "disease", no existing form of treatment that can "cure" sex offenders. No form of treatment has the power to remove the offender's ability to make decisions. Since sex offenses are the result of choice, sex offenders can learn to control their abusive patterns.

Since even successfully treated sex offenders occasionally will choose to indulge in abusive fantasies and or precursors to abusive behaviors, it is essential that Probation and Parole Officers become involved in supervising the offender's behaviors. Specialized supervision enables detection of offense precursors at the earliest possible moment.

Criteria used to assess risk of general criminal offenders have little relevance to sentencing considerations with sex offenders. Very few Probation/Parole Officers in Alaska appear to possess specialized skills in preparation of Presentence Investigations or in supervising sex offenders. Specialized Probation/Parole Officers are a critical missing link in the development of a comprehensive approach to the treatment and management of sex offenders.

The three specialized Probation Officers with whom I met (two in Anchorage and one in Fairbanks) appeared highly motivated, wondrously skilled, and largely have pursued training opportunities

and readings on their own. They firmly believe there is great need for more specialized officers in Alaska. I concur.

Clearly, there is a pressing need to identify more Probation/Parole Officers to work with sex offenders and their treatment providers. Specialized Probation Officers are needed to support triage of sex offenders at the Presentence Phase. At the supervision stage, specialized Probation/Parole Officers are able to identify and monitor for precursors that are unique to each sex offender. By monitoring for precursors specific to each sex offender rather than the entire constellation of risk factors for general criminal offenses, the efficiency and efficacy of supervision is increased. In addition, specialized Probation/Parole Officers can work to create a collateral network that is fully informed about the sex offender's risk factors for sexual abuse. Thus, community members who have more frequent contact with the sex offender than the Probation/Parole Officer are able to identify the offender's risk factors and inform the offender and supervising officer of their observations. Thus, providing interested Probation/Parole Officers with routine, periodic, specialized training on sex offender supervision represents a crucial step toward creating a comprehensive, integrated program of treatment and supervision.

Large caseloads are a major inhibitor to Probation/Parole Officers who are interested in working with sex offenders. Supervising sex offenders effectively requires more work than

supervising other offenders. While generalizations are generally unfair, sex offenders often are more skilled manipulators than other offenders. Therefore, closer attention needs to be paid to their behaviors and statements. It takes time to develop the collateral supervision network that is critically important in monitoring the offender's risk factors for sexual abuse. It takes time to meet with treatment providers and discuss the significance of nuances of the offender's recent behaviors. Sex offenders are at high risk of relapse and their reoffenses can create horrible damage to another person. Thus, the emotional demands of supervising sex offenders are greater than with other offenders. Probation/Parole Officers working with sex offenders clearly need to be given smaller caseloads. By having other Parole Officers supervise high caseloads of low risk offenders, it may be possible to manage the creation of specialized sex offender Parole Officers.

Another inhibitor to Probation/Parole Officer specialization is the lack of routine, periodic training in this field. Trained Probation/Parole Officers can make a major difference in the effort to develop a systemic approach to sex offender treatment and management. Trained Probation/Parole Officers can indirectly educate other components of a comprehensive system (e.g., prosecutors, defense attorneys, Judges) by preparing reports that describe the reasoning underlying their recommendations. Through their work, treatment programs become empowered and understood by others whose work directly affects the treatment process. Training

on preparation of specialized Presentence Investigations and supervision strategies for sex offenders should occur regularly at periodic intervals.

Probation/Parole Officers working with sex offenders also should be supported through the creation of a regional or statewide network. Providing the resources for specialized Probation/Parole Officers to meet quarterly (at a minimum) would allow them to share newly acquired skills or information, enhance consistency of approach, and provide emotional support.

It should be noted that some treatment providers expressed concern that Probation/Parole Officers were not sufficiently supportive of treatment. Among the occurrences leading to this concern were: 1) a Probation Officer's statement to an offender that the educational group for high-risk offenders was equivalent to a treatment group, 2) new Probation Officers who were not aware that a supervision manual exists and was used as the basis of a training session 6 months earlier, 3) a Probation Officer's neglect to take action for 2 weeks after being informed that a high-risk sex offender was drinking alcohol, and 4) Probation Officers permitting sex offenders to meet the requirement to engage in treatment by seeing unspecialized therapists in individual treatment. These countertherapeutic episodes may be a sign of lack of specialized training, rather than an indication of lack of concern or malfeasance.

Existing Program Evaluation Procedures

Currently, the only evidence of program evaluation is the site visits performed by Robert Freeman-Longo. These reviews have provided useful information about the extent to which treatment providers and programs have adhered to the "Sex Offender Treatment Programs Statement of Standards" and deserve to be continued.

In addition to these reviews, it is essential that the program implement process and outcome evaluations. Process evaluations are essential to validate the effectiveness of the various treatment modalities called for in the "Statement of Standards". This type of evaluation will facilitate revisions in treatment components to enhance their efficacy. Process measurements of offenders also may be crucial to defend the program when it is publicly scrutinized for releasing an offender who later relapses. A major reason for the collapse of some sex offender treatment programs was their inability to demonstrate a rational and defensible basis for the decision to graduate or release an offender who then committed an egregious relapse.

Prior to making irreversible decisions about the nature of the treatment program, an outcome evaluation should be performed. The outcome data from each treatment site should be analyzed separately. Since an outcome study is to be conducted under the consultative supervision of Dr. Janice Marques, recommendations for outcome evaluations are not included in this report.

Outcome evaluations based on recidivism data should be

interpreted with extreme caution. The maximum percentage of recidivistic offenders that one can reasonably expect to identify is constrained by the percentage of offenses that are reported to authorities. Thus, if one assumes that only 10% of all rapes are reported to authorities and that the perpetrator of each reported rape is apprehended, the highest recidivism rate that one can reasonably hope to identify is 10%. Therefore, one must be exceedingly cautious about basing decisions solely on recidivism data. At the same time, recidivism research needs to be conducted if only because it is often the first, and sometimes the only, item of information requested by groups providing oversight of the program.

Additional Information Regarding Specific Programs

Hiland Mountain Sex Offender Treatment Program

The majority of the documents reviewed during this consultation concerned the program at the Hiland Mountain Correctional Center. These documents either raised concerns about this treatment program or contained responses to expressed concerns. Some of these documents conveyed strong emotions about the nature of the Hiland Mountain program. Given this debate, and the central role that this site plays in the Department's planning, the Hiland Mountain Sex Offender Treatment Program received closer scrutiny than the other programs.

Operation of the Hiland Mountain Program. Historically, the Hiland Mountain program operated with considerable autonomy from the central office and institutional staff of the Department of Corrections. From a contractor's perspective, autonomy offers the ability to create effective treatment programs by flexibly responding to the changing demands of the clients and the setting.

From the Departmental perspective, offering autonomy to contractors is an act of trust based on assumptions that the contractor: 1) offers highly professional services, 2) offers these services in a manner that is beyond reproach, 3) will inform the Department when conditions arise that require Departmental action (e.g., changes in contractual terms, recommendations for changes in facility operation to enhance treatment), and 4) is sensitive to the security needs and procedures of the correctional system. When any of these conditions are open to question, adequate management of a program requires that some measure of oversight be instituted by the Department, at least until sufficient trust is regained to permit resumption of more autonomous functioning.

Issues leading to need for greater oversight. Some actions of the current contractor for the Hiland Mountain program, the Langdon Clinic, have resulted in the Department electing to institute greater oversight of the contractor. Some of these actions (e.g., billing for work not done, failure to keep appointments reliably) apparently were performed by individuals no longer associated with

the Langdon Clinic. Some of the actions are more difficult to defend (e.g., billing for several months services to a deceased person). Increased Departmental oversight is manifested in closer monitoring of invoices for payment of services, shorter contract durations, and a greater role in program management by institutional administration.

Many of the Departmental staff at Hiland Mountain endorsed the therapeutic model that serves as the basis for the sex offender program, but expressed great concern about how some of the Langdon Clinic staff have implemented the model. Among the more pointed comments were: "The program is essentially dishonest. It says it is voluntary but it isn't." "Stereotyping of offenders is abundant." "The program is too secret. It doesn't share information with others." "Everything is black-and-white, wrong-and-right. There is no gray." "Some of the therapists are arbitrary, abusive, and use a double-standard." "There is no modeling of constructive behaviors." "Groups appear too assaultive." "There is no reward for involvement in treatment. They fail to recognize progress." "Some of the providers are here for the power and the money." "Hiland staff are afraid to say what they think because they see Langdon as having the power. They're afraid to disagree because they are afraid of being ridiculed or regarded as a fool." "Langdon is too powerful." "Compassion is lacking, ridicule has taken its place." "Samenow's work has been taken to an extreme and abused." "Some of the therapists don't

care about a therapeutic relationship. Its more of a power relationship." "When there was a waiting list [for the treatment program], they were ruthless." "[The Program Director] sets the wrong tone for the program. She's very controlling. She's a nice person in many ways, but very volatile." "I no longer feel able to tell offenders to be honest and everything will work out okay. This gets offenders to the medium level [Phase Two], but not to the high stage of treatment [Phase Three]." "The treatment model seems appropriate if the practitioners implement it well. I see some problems with personalities that affect implementation." "Failure to tailor goals to special populations may make treatment self-defeating." "There needs to be greater clinical oversight of the contractor and the current contractor may not respond favorably."

Greater oversight appears warranted at the moment. However, after years of autonomous functioning, closer supervision doubtlessly feels intrusive. From the contractor's perspective, increased oversight is perceived correctly as a sign of damaged trust. The contractors perceive the closer supervision to have been imposed without discussion. The contractors believe that the behaviors of a former colleague have caused, in large part, the closer oversight. Concern exists about how long they will be held responsible for that individual's behaviors. Thus, considerable frustration exists about the current level of oversight and the way in which this oversight has been implemented.

The Langdon staff understandably is concerned about the way in

which they are viewed by the Department. Unfortunately, the situation has been compounded by the manner in which a few of the Langdon staff have demonstrated their frustration. The Program Director appears embroiled in the current atmosphere of distrust and appears to perceive the conflicts as personal attacks and as a struggle for control. Her strong emotional response makes more difficult efforts at resolution and restoration of trust.

As the Department has managed contracts more actively, some decisions have been made without notifying the contractors. While oversight appears necessary at the moment, some Departmental responses may interfere with program operation and treatment. The local administration of Hiland Mountain has asserted the right to veto decisions made by the treatment team. Regardless of its intent, within the prevailing climate between the Department and contractor, the administrator's ability to veto treatment team decisions carries a powerful message of distrust of the contractor's clinical judgment. While the administrator should have the authority to veto treatment team decisions as a result of concerns for facility security, this individual should not be permitted to override clinical decisions made by the treatment team.

Concerns of the Contractor. The Langdon Clinic expresses concern that both the Department and some of their own staff might be "digging a deeper hole" for themselves. They experience the relationship with the Department as being so frustrating that they

have considered not renewing the contract. The Langdon staff regard the current Departmental approach to their work with sex offenders as micromanagement without macromanagement: the details are being scrutinized while more global issues are neglected.

Among the issues concerning the Langdon staff are: 1) six month contracts, which make treatment planning and recruitment of staff difficult; 2) close review of invoices and refusals to pay for disputed services; 3) the addition of clauses to contracts for Fiscal Year '91 after the contract was signed; 4) modification of the treatment standards without input from the contractors; 5) appointment of Wing Counselors to the treatment program without input from their staff; 6) failure to provide contractual funds to support administrative or indirect costs and research; and 7) the sense that security appears to have taken precedence over treatment concerns.

Potential Steps to Resolution. A clear potential exists that the trust between the Department and the Langdon Clinic has been breached beyond repair. Restoring this trust will require work and a willingness to take some risks. One of the necessary risks is open discussion of the current level of distrust, the basis for this distrust, and concrete changes that may permit development of greater trust. Currently, both the Department and contractor appear to be failing to share information openly. Each perceives the other as keeping secrets, generating suspicion about motives bordering on paranoia.

If the Department and the contractor want to resolve the current distress, a number of steps may be helpful over time. An initial mediated meeting may help to clear the air. Additional steps might include: 1) delineation of who is responsible for making decisions regarding overall program management, individual treatment decisions concerning clients, and decisions regarding the way in which the treatment program relates to the institutional environment (e.g., assignment to and supervision of Departmental personnel in the treatment units); 2) discussion of the implications of the last report prepared by Robert Freeman-Longo; 3) resolution of the personal disaffiliation between the Program Director and Warden at Hiland Mountain; 4) negotiations to clarify ownership of information generated from the program; and 5) discussion about the extent to which the current level of program oversight will be maintained or modified.

It is recommended that the following steps be considered:

- 1) Overall program management should be the primary responsibility of a new Departmental position mentioned previously, Director of Sex Offender Treatment Programs. This person should make decisions about program management with input from clinical contractors and, as necessary, institutional and central office management. Treatment decisions regarding clients should be made by the treatment team alone, without the involvement of the Director of Sex Offender Programs.

Since the treatment program exists within a prison, security

concerns occasionally may need to take precedence over therapeutic judgments. Thus, the institutional management team should have the authority to override treatment team decisions, but solely for security concerns. I would suggest that whenever an administrative override of a clinical decision is made, the appropriateness of the override should be reviewed automatically by the a Central Office team involving (at a minimum) the Director of Security, the Director of Statewide Programs, the Director of Sex Offender Treatment Programs (or their designees).

2) To minimize the number of occasions when institutional concerns are not available to the treatment team while it is contemplating decisions about program residents, it is recommended that the Warden appoint someone (e.g., Program Coordinator, institutional probation officer) to represent the institution's perspective.

3) I reluctantly recommend that consideration be given to changing the role of the current Program Director. It is my opinion that the current director does not possess the professional background and skill that is essential for someone in this role. The Program Director needs to set the standard and serve as a model for other professionals and paraprofessionals involved in the treatment effort.

During this site visit, the current Program Director received her strongest support from the Wing Counselors. The Wing Counselors, many of whom are frustrated with the Department's

inability or unwillingness to provide them with desired changes in their positions, see the current director as someone who is willing to challenge institutional management.

Far more people expressed the belief that the Program Director's responses to difficult situations often have made them worse. In my experience, when a person in her position conducts herself in such a manner, the program becomes distressed and fractionated. It is the responsibility of the Program Director to exercise judgment, even during moments of great dispute, that enhance harmony. Otherwise, program staff, participants, and others are affected negatively by the disharmony. Such has been the case at Hiland Mountain.

4) The role of institutional Program Director should be articulated clearly. The relationship of this position to that of the Program Director from the Langdon Clinic should be delineated. It is suggested that the institutional Program Director be considered the representative of the Department during treatment team meetings.

If a high degree of trust between parties can be restored, the Department is encouraged to resume a more autonomous management style. If trust is restored, ongoing meetings should be held to permit regular discussion about small disputes rather than waiting until meetings are motivated by crises.

The Role of Wing Counselors. Much discussion has centered on the use of correctional officers as Wing Counselors. The

discussion generally has concerned the disparities between the roles and compensation of Wing Counselors versus Correctional Officers working in traditional roles.

According to the Wing Counselors, they lose approximately \$300/month plus overtime opportunities relative to other Correctional Officers. Wing Counselors also asserted that they are less likely to be promoted than others. They observed that Wing Counselor positions are unpopular among most Correctional Officers and that such positions typically remain unfilled for several months.

Relative to traditional Correctional Officers, Wing Counselors believe they have more specialized skills and greater responsibilities (e.g., running treatment groups, writing summaries). They indicated that it takes 7 to 10 months before a new Wing Counselor develops treatment skills. They also noted that their intensive work with sex offenders is more stressful than supervising behaviors of other inmates. I believe this to be true.

Several attempts reportedly have been made to resolve this dilemma. Efforts have been made to develop a unique job classification for Wing Counselors, to offer them 10 hour shifts, and to reward them with college credits for coursework. None of these efforts has reached fruition. As a result, Wing Counselors have lost faith that anyone takes their position seriously and their sense of hopelessness was evidenced during our group meeting. Some of the Wing Counselors feel uncommitted to the treatment

program because they do not know if it will continue to exist, further compounding their sense of hopelessness.

The Wing Counselors see treatment becoming more diluted and receiving less Departmental support. They view the involuntary transfer of Jim Pagels to a Shift Supervisor position as one manifestation of the erosion of Departmental support. At one point, Mr. Pagels was prohibited (by institutional administration) from discussing the program with community groups and the media. The Wing Counselors believe he was transferred because he was gaining influence and was removed by the institutional administration for that reason. His replacement was assigned to the position and is viewed by staff as disinterested in the program.

Wing Counselors view the Langdon staff, particularly Dr. Marty Atrops, as being very supportive of their work. They have held 3 potlucks with them in the last 3 years at which the Wing Counselors were given certificates by the Langdon staff. Differences of opinion exist but the Wing Counselors do not perceive any power struggles occurring.

The Wing Counselor model is obviously at a crossroads. If the Department intends to preserve this model, some change must be made to demonstrate a recognition that their work is different and more specialized than that of the traditional Correctional Officer. In the absence of such recognition, Wing Counselors will either quit or, even worse, remain in their positions but perform poorly and

interfere with the treatment process. Additional training opportunities should be afforded Wing Counselors. Topics for training might include methods for confronting offenders without being abusive and adaptations in counseling approaches for Native Alaskans.

While the Wing Counselors take their responsibilities very seriously and some have developed quite superb skills, I am not convinced that this model is essential to the program's functioning. The consistent presence of the same Correctional Officer on a treatment unit facilitates the development of a therapeutic milieu. However, these Correctional Officers do not need to be, and, perhaps, should not be the individuals conducting treatment groups.

An alternate model would call for graduate-level Psychological Interns to participate in the treatment process. Half-time interns can be employed in many areas of the country for approximately \$7,500 - 8,500 for 11 months.

Several benefits might offset the additional cost of an intern for each of the treatment units. By bringing graduate students into the program, the Department would expand the network of professionals who have been trained to assess and treat sex offenders. This would increase the availability of services to offenders and would also enable the Department to have more options for contracts for such services. Since graduate students often are required to complete Masters and Doctoral research projects, their

employment could facilitate the development of process measurements to evaluate progress in treatment and outcome evaluations. Publications resulting from this research could be used to gain increased support for the program from legislators and the academic community, as well as offering the Department greater note nationally. Supervising interns often is regarded by treatment professionals a way of remaining intellectually stimulated. Finally, interns would not face the conflicts of the dual role of therapist and supervisor which are inherent in the Wing Counselor positions.

Discharge summaries. Discharge planning reportedly has improved within the past year. However, discharge summaries from Hiland Mountain could provide a more detailed analysis of the offender's high-risk factors. These summaries could differentiate the high-risk factors that are early precursors to relapse (i.e., suggesting the offender is not managing life effectively, but not that he is at imminent risk to reoffend) and those that are immediate precursors to relapse (i.e., indicating that the offender is at imminent risk of reoffense). In addition, more discussion of the offender's strengths could assist outpatient treatment planning and offer a balance to a reporting of the offender's deficits.

Comments of Participants in the Hiland Mountain Program. The individuals currently in treatment at Hiland Mountain vividly described what amounts to two distinct treatment programs. One group of offenders expressed gratitude for the skill of their

therapists and the personal changes that they were able to accomplish. The second group felt denigrated and angry. It is critical to note that, almost without exception, membership in these two groups was defined by residential unit. Clients who felt that they had benefited from treatment had worked with one group of therapists (led by Marty Atrops, Ph.D.); those who felt discouraged and angry had worked with a different group of therapists (led by Jackie Joday, M.S.W.).

I am predisposed to view offenders' complaints about therapists and therapy with circumspection. The need to confront offenders often provokes a degree of resentment and anger. However, in the case of Hiland Mountain, most of the offenders working with Dr. Atrops and his colleagues felt positively about their experience while those working with Ms. Joday and her colleagues felt abused. It was the consistency of this view that impressed me. This dichotomy was expressed most poignantly by one offender (whose words are paraphrased): "I feel very good about myself and the changes I have made in my life. I would like to be able to talk with men from the other unit about my changes. I don't feel able to do that because those guys don't feel the same way I do about their treatment. If I were to tell them about how good my treatment has been, I'd depress them more."

The consistency of this view among most staff and offenders suggests that some restructuring of contractors appears warranted.

Lemon Creek Sex Offender Treatment Program

The Lemon Creek Sex Offender Program contracts with a non-profit agency, the Tongass Counseling Center, for its treatment staff. The program uses mental health professionals exclusively as treatment providers.

Treatment staff. Only two mental health providers currently work in the program. As a result of reported instability of administration in the Tongass Counseling Center (which has been corrected), there have been excessive changes in the therapeutic staff in past years. However, the two individuals providing services in the program appear excellent and their supervisors appear very supportive of their work in the sex offender program. They are described by program residents, a probation officer, and institutional administration as having a confrontational, but respectful, approach to sex offenders. The probation officer meets with the treatment providers on the last Tuesday of each month. He depicts the treatment program as being "exactly what we needed."

As mentioned previously in this report, the treatment staff have made a number of very creative modifications of the basic treatment model which assist its implementation with Native Alaskans. These adaptations may be essential to the success of the Lemon Creek program since approximately 75% of the program participants are Native Alaskans. The treatment providers suggested that the existence of numerous subcultures within Alaska could impede any effort to develop a single, centralized, treatment

program. Among the changes they would recommend in the program operating philosophy are more attention to the need for Native Alaskans to deal with grief and family or clan issues.

Number of outpatient program participants. While this program has a contract that will reimburse it for services to 40 outpatient clients, only 22 were in outpatient treatment at the time of the site visit (8 in a high-risk educational group; 14 in regular treatment groups). Lack of enforcement of the requirement that sex offenders take part in specialized sex offender treatment may be one of the causes of this low rate of service utilization.

Comments of Participants in the Lemon Creek Program. The program residents interviewed at Lemon Creek were at an earlier phase of treatment than those interviewed from other programs. The Lemon Creek residents strongly wanted the program to remain and felt they were beginning to make constructive changes.

Discharge summaries. One person interviewed during the site visit suggested that discharge summaries have seldom been provided from Lemon Creek. Although I had not learned of this concern prior meeting with the treatment providers, it may be that part of this difficulty was caused by the rapid turnover of treatment providers in the past.

Fairbanks Sex Offender Treatment Program

The Fairbanks sex offender treatment program appears to be the least expensive of the three sites. It is highly supported by

institutional administration. The treatment providers expressed concerns about the future of the program, stating that it is "as disturbed" as it has ever been. This disturbance is seen as resulting from the offenders' perception that the Department is not committed to the Fairbanks treatment program.

Program residents. According to institutional administrators, the Fairbanks program takes offenders who have a very short time remaining in their sentence (i.e., 6 months remaining to release date). It is estimated that, within the last 6 years, this program may have accepted 6 such short-term offenders. The rationale for such acceptances is that these offenders will be introduced to treatment in the prison and continued in outpatient treatment.

Fairbanks does not appear to screen offenders. One individual contacted during this site visit stated that Fairbanks accepts "some high risk offenders, some real high risks." The credibility of the Fairbanks program has been impugned by their apparent recommendation for parole of some offenders who have had "3 or 4" prior convictions for sex offenses. While some of these repeat offenders reportedly have completed the treatment program, the parole board has declined to grant parole. Sex offenders dropped from other programs can enter the Fairbanks program. This can create a systemic problem, becoming what amounts to "program shopping". The Department should create a policy defining whether treatment drop-outs and dismissals will be eligible for entry into other programs.

Need for staff training. Treatment providers expressed concern that, while the program receives administrative support, line officers convey attitudes that diminish the offenders' interest in treatment. Apparently, some correctional officers have informed sex offenders that "treatment is a waste." While it may not be necessary (or appropriate) to have correctional officers serving as therapists (Wing Counselors), it is important to have a consistent, supportive, correctional officer in the treatment unit.

Need for contractual flexibility. The contractors believe the program would function more efficiently if they were permitted to shift hours designated for specific activities within their contract.

Probation officer. The primary probation officer for sex offenders expressed some dissatisfaction with the current treatment program. Concern was voiced about the perception that the offenders do not seem to have a primary therapist, but are shifted between contractors without apparent reason. In a similar fashion, the probation officer asserted that leadership of groups is inconsistent; the therapist leading a treatment group may change from week to week.

The probation officer believes that case management meetings with the treatment providers are ineffective and inefficient. The therapists do not seem prepared to discuss cases in detail. In addition, both providers attend treatment team meetings,

representing a greater fiscal expenditure than if only one attended. However, since the primary therapists do not co-lead all groups, both therapists may need to attend treatment team meetings.

Comments of Participants in the Fairbanks Program. Phase Three program participants believe that the program's positives outweigh its negatives. Their three major concerns were: 1) the lack of new residents entering the treatment program, 2) the need to create a division of power between the program and the prison, and 3) the need for one of the institutional administrators to spend more time in the program.

Phase Three participants were frustrated that new members of the treatment unit "are getting away with too much." Since program vacancies are filled only after extended delays (reportedly as long as 6 months), program participants believe treatment staff have become lax about enforcing rules that could lead to temporary or permanent removal of program residents. The Classification Officer should be encouraged, or Departmental policies developed, to give priority to inmate transfers for treatment purposes. Offenders also believe that long-termers should be permitted to enter the program rather than permit beds to remain empty. They also recommended allowing offenders to enter treatment earlier in their sentence while they may be most amenable.

The offenders recommended that adjunctive treatments, such as Alcoholics' Anonymous, should be offered within the sex offender treatment program. Currently, program residents need to take part

in adjunctive treatments with the general prison population. [In my experience, the general prison population tends to be less seriously engaged in adjunctive treatments than sex offenders who are taking part in a specialized program.] They would also like more opportunity for individual treatment.

Program residents believe that Phase levels should not be considered in making decisions about custody level. Their concern is magnified by the fact that one institutional administrator serves as the Chairperson of both the treatment team and classification board. The program residents are worried that treatment providers may be reluctant to disagree with this administrator since she also contracts with the treatment providers.

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ALASKA CORRECTIONAL INDUSTRIES COMMISSION

FEASIBILITY ANALYSIS

PROPOSED INDUSTRY

TRAVEL TELEMARKETING, RESERVATION, AND MAIL FULFILLMENT SYSTEM

EFFECTIVE DATE: January 10, 1992

FEASIBILITY ANALYSIS

I. PROPOSED INDUSTRY - TRAVEL TELEMARKETING, RESERVATION, AND MAIL FULFILLMENT SYSTEM

A. INDUSTRY CONCEPTUALIZATION

The proposed purpose of this correctional industry would be to allow Alaska Correctional Industries to assist other state agencies in conveying information to the general public, inside and outside the State of Alaska, in order to answer questions regarding the state services and/or information now provided. This proposed service industry would respond to requests for travel and tourism information in Alaska. A proposal to also establish a reservation system to secure reservations on any of the state operated transportation systems may be considered. The telemarketing of this information would also be considered as a potential function of this industry.

B. POTENTIAL MARKET

Four state agencies have expressed an interest in securing services potentially offered as part of this industry from the Alaska Correctional Industries program. The Alaska Marine Highway System/Department of Transportation, the Alaska Railroad Corporation (a quasi-state agency), the Division of Tourism/Department of Commerce and Economic Development, and the Alaska Tourism Marketing Council are considered as the initial markets for this service.

Currently, all four agencies offer their unique services through in-house staff positions and/or through contracts with private sector vendors. Due to the extensive travel boom to Alaska over the last decade and a reduction in the availability of state general fund resources, these agencies have found it difficult to keep pace with the public's increased inquiries for their services and information. Delays in responses, unavailability of adequately staffed offices, and the inability to follow up on late schedule changes have created complaints from in-state residents and potentially a loss of revenue from out-of-state residents unable to plan and/or schedule their vacations.

Therefore, the initial defined target market for this industry would be for Alaska Correctional Industries to provide a level of supplemental services to those state agencies that can not be currently met by their existing level of staffing. Consideration must also be given to capturing any

business that has consistently been awarded to a private vendor out of state if correctional industries can provide a cost efficient alternative with comparable service.

C. PROPOSED SERVICES TO BE PROVIDED

Four types of services have been identified by the four state agencies initially involved in this feasibility study. All or some level of the following services could be provided by Alaska Correctional Industries to assist the state in its current level of service. The following is the description and definition of the services under discussion:

1) Informational Mailing Service- Alaska Correctional Industries could operate a mail fulfillment operation. State agencies would forward lists of addresses and identify what type of packaged information should be forwarded to their customers and/or customer mailing lists.

2) Toll Free Information Line- Alaska Correctional Industries could establish a toll free national 800 telephone number which would be advertised in all State of Alaska promotional travel brochures. All inquiries would be answered by ACI inmate employees. Programmed information prepared by the state agencies would be disseminated over the telephone. Any free published information requested could be forwarded by the ACI Informational Mailing Service. Those customers requiring assistance from specific agencies could be advised of the proper telephone contact for direct assistance.

3) Reservation System- A reservation system to allow the state's customers to secure reservations on any of the state operated transportation services would be operated by Alaska Correctional Industries. The ACI staff would supplement existing state agency personnel in peak high demand times and/or be charged with specific functions (for example...schedule delays or cancellations notices). The ACI staff would require access to the state agency's existing reservation system.

4) Telemarketing Services- State agency promotional campaigns that identify a target market where telephone solicitations would be effective could contract with the Correctional Industries Program for telemarketing services. The agency would prepare the marketing presentation and ACI would be responsible for the delivery of the presentation to the specified market.

D. SUGGESTED SALES APPROACH

One sales approach would be to complete a product line

determination for review by GS&S in order to utilize the "state use law" that is currently in effect within Section 33.32.030 of the Alaska Statutes. It is anticipated that Alaska Correctional Industries would be effective in providing a better than comparable service at fair market value. Under this scenario, state agencies would then be required to purchase the service as provided by Alaska Correctional Industries in the contract awards manual. Some quasi-state agencies (ie. the Alaska Railroad) are not required to purchase under the requirements of the contract awards manual.

Another approach, and probably more effective, would be to have the state agencies that are currently interested in some level of service develop a memorandum of understanding with Alaska Correctional Industries to describe and define the services they would be interested in securing. A fair market price for the program's services could then be established in conjunction with a pricing determination by the Division of General Services and Supply, Department of Administration.

E. IDENTIFICATION OF ANY POTENTIAL CONFLICTS

Existing research of this service occupation indicates that the state agencies currently service their reservation needs and information processing within their own agencies utilizing state positions. However, private sector contracts, both in-state and out-of-state have been established in some instances to assist in providing the following services:

Marine Highways System -AMHS currently provides all their own information mailing with their existing reservation staff. All of their telephone inquires are routed to their reservation clerks who also currently answer general tourism related questions.

According to George Foster, Reservations and Marketing Manager, AMHS for the first time has secured a private sector contract with the advertising firm of Bradley and Associates (an in-state vendor) to complete a telemarketing survey.

Alaska Railroad Corporation -ARRC has completed most of the noted service functions in-house with no assistance from private sector businesses and/or contracts. The ARRC does however purchase mailing lists from the Alaska Visitors Association (20,000 addresses) and other related travel sources for direct mail marketing campaigns. During the past, these mailings have been accomplished through an in-state mail fulfillment house.

Division of Tourism -The Division of Tourism employs staff in Juneau that primarily process mail and telephone inquiries in-

house from the public. In providing information to answer these inquiries, the division also provides documentation in support of the Alaska Railroad, the Alaska Marine Highways,as well as federal and other state agencies (ie. Fish and Game, Job Service, etc.).

Alaska Travel and Marketing Council -In previous years, the Council has contracted with an in-state private vendor to compile a computerized listing of individuals that had initiated requests for the Alaska Travel Planner. The private vendor then forwarded the computerized listings to a mail fulfillment house in Portland, Oregon for the actual mailing of the planner. This arrangement experienced problems when the in-state private vendor was unable to maintain and process an up-to-date current listing of interested parties that would allow for the mailing of the planners in a timely manner. Highly fluctuating demands on the vendor's data entry workloads caused delays. According to Tina Lindgren, Executive Director of the Council, this contract has not been continued this year.

Currently, the Council maintains a contract with the out-of-state informational mail forwarding house in Portland, Oregon. This vendor now receives post cards direct from the interested parties for the travel planners and then the vendor mails the travel planners directly to the interested parties. The vendor also is responsible for providing computerized reports and data base lists to tourism partners. Services are also secured from a Canadian mail fulfillment house to provide the information to Canadian consumers utilizing Canadian postage in a cost efficient manner.

Approximately 720,000 travel planners were forwarded last year to consumers planning trips to Alaska and travel agencies that facilitate travel plans for tourists. Ms. Lindgren has indicated that the Council has not been able to award the printing contract for the travel planners to a commercial printer in Alaska. She indicated that up to this point in time, it has not been cost effective to ship the printed planners from the "lower 48" printer to Alaska, warehouse the planning books, and then ship the planners back to locations in the "lower 48".

In the past there has been some criticism regarding the use of an out of state mail fulfillment house to answer Alaskan travel inquiries. In addition, there have been inquiries on why an out of state printer has been utilized. Cost efficiencies and quality of service have been the controlling principals attributing to these decisions.

F. IMPLEMENTATION BY OTHER STATES

According to the 1991 Correctional Industries Directory as produced by the Correctional Industries Association, Inc., there are at least 15 states involved in some form of data entry, record conversion, mail surveys/marketing, telemarketing, and/or travel information assistance.

A New York Times article (attached) published on 11/24/91 indicates that approximately one dozen states have used inmates to answer travel and tourism inquiries or are considering doing so. Another New York Times article (attached, 1/2/92) indicates that approximately 15 states have set up telemarketing centers where inmates dial or receive business calls.

According to a 1990 update to the Guidelines for Prison Industries, Institute for Economic and Policy Studies, Inc., January 1990, 9 states are actively involved in telemarketing activities for either state agencies or in cooperative ventures with the private sector. Among these 9 states, there are 15 individual telemarketing operations either servicing state and/or private sector needs. In total, 318 inmates were employed in these telemarketing operations.

ACI staff has noted that successful reservation systems have been implemented in the Arizona and California correctional systems. Best Western Hotels will be celebrating their tenth anniversary by expanding their operation at the Arizona State Penitentiary for Women. Mary Drummond (602-255-1464), a contracts administrator for the industries program in Arizona has informed staff that their operation has been very successful for both Best Western and the Arizona Department of Corrections. TWA has implemented a reservation system within the California Youth Authority. Mr. Fred Mills (916-427-6682), the correctional industries administrator for the youth authority, has offered any support he could provide if ACI was to implement a reservation system employing inmates.

II. STAFFING REQUIREMENTS

A. SUPERVISORY STAFF

Three approaches could be utilized to supervise the ACI inmate staffing that would be employed within this correctional industry service industry:

- 1) Under ACI supervision, one Production Manager II would be required to supervise this operation.

2) If individual agencies wanted closer control of the operation, they could provide their own supervisor to train inmate employees and manage their individual operations.

3) A private vendor could be contracted to supervise the operation for all state agencies.

Given the defined circumstances, that at least four state agencies will be involved in this venture and their workloads are seasonal, it is suggested that ACI employs one full time production manager to manage this operation and coordinate the training of inmate employees. Unfortunately, no vacant production manager positions currently exist within the Department of Corrections.

B. INMATE STAFFING

Seasonal workload demands are customary in all four referenced state agencies. The Marine Highways System typically incur their heaviest workloads in December (when their initial bookings are opened) and April through September. However, unlike previous years, AMHS recently has been experiencing a full workload throughout the year. The Alaska Railroad's workload increases in March and extends at its highest levels through August. The Division of Tourism and the Alaska Tourism Marketing Council receives most of its demands in the off tourism season ...October through April.

The interested agencies are now being surveyed to approximately project the number of positions and approximated time-frames that would be required of ACI staff, if ACI was assisting their individual agencies. This information will provide the basis for the projected required level of inmate staffing. Preliminary data suggests the following staffing levels:

ALASKA MARINE HIGHWAYS

AMHS currently maintains a national 800 number that was implemented to provide a toll free reservation system for the ferry system.

In conversations with Mr. George Foster, Reservations and Marketing Manager for AMHS, he has indicated that approximately 55% to 60% of their reservation calls are for tourism related information. A new telephone reservation system to be installed within a month will provide their staff with the capabilities of automatically sorting their incoming calls through touch tone dialing. General information calls that do not require reservations can then be specifically routed to any location.

Mr. Foster has indicated that it would be beneficial for ACI to provide assistance in answering the tourism related inquiries. If that assistance was provided, then AMHS could be effective in providing their reservations and related scheduling information.

ESTIMATED SERVICE STAFF YEARS- ALASKA MARINE HIGHWAYS SYSTEM

Information Mailing-	Function performed by existing staff
Toll Free Information-	Approx. 4.0 full time positions
Reservation System-	Pending additional analysis
Telemarketing Services-	Private sector vendor under contract
<hr/>	
Total Projected Staff-	4.0 full time positions

ALASKA RAILROAD CORPORATION

ARRC currently maintains a national 800 number that was implemented to provide a toll free reservation system for the railroad system.

Staff was copied on a letter (attached, 11/25/91) from Mr. Richard Knapp, Vice President, Marketing and Sales of the Alaska Railroad, to Senator Pearce. Mr. Knapp suggested the establishment of a 800 number for all tourism related "information only" calls. Mr. Knapp indicated that during the first 10 months of 1991, their Passenger Service staff responded to approximately 87,000 telephone calls. He estimates that as many as 40% of the calls are for information only. If ACI was to service the information only calls and effectively assist ARRC in reducing the number of non-reservation related calls, we can project that this would establish approximately 3.0 seasonal related jobs within the service functions of Toll Free Information and Information Mailing.

In conversations with Mr. Knapp, he has indicated that if the "information only" service was successful, then the Alaska Railroad might further evaluate the possibility of ACI being actively involved in processing actual reservations for railroad travel. The Alaska Railroad is actively reviewing their in-house reservation system to determine the costs of a new reservation system in comparison with a third party vendor.

ESTIMATED SERVICE STAFF YEARS-ALASKA RAILROAD CORPORATION

Information Mailing-	Function performed by existing staff
Toll Free Information-	Approx. 3.0 positions, March-Aug.
Reservation System-	Pending additional study
Telemarketing Services-	Not applicable at this time
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Total Projected Staff-	3.0 positions for 6 months

DIVISION OF TOURISM/DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

The Division of Tourism employs 4 staff in Juneau that primarily process mail and telephone inquiries from the public. Their in-house staff processed approximately 125,000 telephone and letter inquiries last year. The division is focused to provide a one stop shopping outlet for a variety of tourism information with governmental (state and federal) publications that includes information on the Alaska Railroad and the Alaska Marine Highways. By policy, the division is not allowed to forward private sector brochures and/or recommend specific private vendors unless they are a sole private vendor source (for example, the White-Pass Railroad). These procedures are designed to avoid unfair competition by the division between competing private sector vendors.

The division does not maintain an 800 informational number to answer tourism questions but there is currently a test being conducted on the use of a 800 number by the Alaska Tourism Marketing Council. This 800 number only provides travel planners to all individuals that call and leave their addresses on the recording system with a request for that information. This test may indicate the need for a full service toll free tourism information 800 number.

The Division of Tourism staff has indicated that at this time all of their inquiries are being answered in a timely manner. Consideration could be given to moving the data entry functions back to an in-state vendor and/or ACI if the service could be provided in a timely and efficient manner. Any service would best be closely coordinated with the current efforts provided by the Tourism Marketing Council. At this time, the value of any ACI assistance is under evaluation.

Conn Murray, Director of the Division of Tourism, in a letter to Senator Pearce (attached, 12/18/91) suggested that the use of ACI inmates should be used in conjunction with central state 800 information number with an appropriate voice and FAX tree. He indicated that the mail fulfillment of the

requests for information be included as part of the overall commitment.

ALASKA TOURISM MARKETING COUNCIL

The ATMC operates as a quasi state agency representing both the private sector and state government. ATMC is a 21 member council consisting of 10 private sector members and 10 members appointed by the Governor. All of the members are associated with and/or operating within the tourism industry. The Director of the Division of Tourism acts as chairperson of the council. The council members make the final determination on the distribution of the Alaska Travel Planners. While the council dedicates no staff to mail fulfillment operations, its' function is to facilitate the associated contracts and coordinate the distribution of funding (both private and state) in marketing Alaska tourism. Any considered Alaska Correctional Industries involvement with this agency would be through a contractual arrangement replacing the services now provided by the private sector.

ESTIMATE SERVICE STAFF YEARS-DIVISION OF TOURISM

Information Mailing-	Under evaluation
Toll Free Information-	Under evaluation
Reservation System-	Not applicable
Telemarketing Services-	Under evaluation
<hr/>	
Total Projected Staff-	To be determined

STATE AGENCY SUMMARY

A full spectrum of services and levels of involvement for correctional industries exists and have been discussed by the individual agencies and interested parties. It will be necessary for a final determination to be completed by the involved state agencies in order to finalize what functions could be provided by Alaska Correctional Industries. This information and a contractual financial commitment to Alaska Correctional Industries by the interested parties would be necessary to make the final determination as to whether this industry can be feasible and could operate in a cost efficient manner.

The initial evaluations with the agencies indicate that there is active interest in providing initial employment for 4 full time and 3 seasonal (6 month) inmate employees in this service industry. A core inmate staff of approximately two inmates would be necessary to maintain continuity of service, counterbalance attrition, and allow for the efficient training of employees. It is also anticipated that after the initial implementation, the services provided by this operation could be expanded to be utilized by other state agencies that need supplemental assistance in meeting project and/or seasonal workload demands in the aforementioned functions. Some type of additional state government workload and/or private business would have to be identified and secured to make this ACI operation cost efficient.

C. INMATE SKILL LEVELS

Basic office and computer skills would be needed and/or developed to maintain the functions of this service operation. Most of these functions are currently being performed in our existing ACI operations by inmate clerks who support the production managers with bookkeeping, purchasing, marketing, CAD efforts, etc.. The TIE concept could be utilized to maintain a sufficient level of trained inmate staff.

D. TRAINING REQUIRED

Currently, the state agencies providing these services primarily utilize seasonal employees and entry level positions making turnover sometimes prevalent. Employees are trained to become productive in a relatively short term (3 to 4 weeks). An adequate level of training could be provided to inmate employees through two basic methods:

1) It is suggested that the production manager supervising this operation would train within the individual agencies to fully understand their requirements and service needs. The production manager would then be responsible for the training new ACI employees as they were hired.

2) The serviced agencies could also provide training seminars to ACI inmate employees on site to increase productivity and maintain the quality of service.

All ACI inmate employees would be closely supervised and counseled on site to maximize quality control in all the services provided.

III. Investments

A. EQUIPMENT COSTS

Proper investment costs for equipment can only be established after a determination on the final level of services has been provided and an estimated ACI work force is established. However for discussion purposes and a general evaluation, an initial investment that would allow the capability of an informational mailing service, a toll free information line, and the capability of telemarketing can be generally approximated. Equipment for an on-line reservation system will not be considered at this time since that function was not identified as an intended need by the potential user agencies. The types of anticipated costs depending upon workload are as follows:

(10) office panel system work stations	\$10,000
(2) personal computers	6,500
(1) FAX system	2,500
(1) Copier (\$180/MTH for 3 years or purchase)	4,500
(1) Mail Machine with Postage Meter	4,000
(1) Postage Scale	1,800
(1) Folder/Inserter	3,300
Miscellaneous mail room equipment (sorting racks, mail carts, tape dispenser, bags, etc.)	2,500
Miscellaneous office equipment/supplies (file cabinets, chairs, tables, etc.)	4,000
(1) ACD telephone system -initial 10 stations with expansion	N/A
Total Estimated Equipment	\$39,100

Priority on all equipment to be secured would be ACI manufactured and/or state surplus, if available, to reduce the initial investment. The ACD telephone system is currently under evaluation and discussed in section V.-B Technical Problems.

B. BUILDING

This operation is estimated to require approximately 2,000 square feet for the individual work stations, production manager's office, mail room, processing area, storage of

associated information, and break room. Additional storage may be required for finished mailing lots depending on logistical requirements.

The facility requirements would be basic to any office area and would include adequate access to power (110 volt/clean lines for computer access), adequate access to telephone lines and potentially dedicated lines, office lighting, loading dock or loading area with double door access, and rest rooms access. No extenuating ceiling height requirements are anticipated.

As previously indicated, any available space within our Alaska correctional centers is at a premium and very scarce. If we are anticipating to identify space to implement this service industry in the short term, staff has identified only two potential facility options at the current time:

1) Approximately 2300 square feet of space could be made available within the correctional industries building at the Lemon Creek Correctional Center, in Juneau. This space was the former location of the ACI Bakery Operation and the Alaskans Leather MFG. cooperative venture which has discontinued operations. 110/220 volt electricity is in and the plant could be easily renovated to accommodate a service industry of the type described.

The institutional maintenance staff has informed ACI that an adequate telephone trunk line capable of at least 40 lines is currently installed to the correctional industries building. Switching equipment would have to be evaluated. Part of this space is currently being utilized to warehouse the Alaska Marine Highways laundry inventory in the off season. Some bakery equipment (including a rotary oven), a refrigeration unit, and supply storage is also currently occupying this location.

2) Current state negotiations for securing additional space is underway for the Wildwood Correctional Center. A plan to reallocate existing and potential new space is now being evaluated. There is at least the possibility that space could be identified for implementing a service industry to meet the required needs. The implementation time-frame would possibly be delayed in required renovations. The proposed customer service unit might operate in conjunction with the telemarketing industry.

The Division of Institutions, Department of Corrections, will have to be part of the reviewing process for evaluating the feasibility of this industry and identifying a potential site. A final evaluation would have to include their comments

regarding the potential location of this industry. Their evaluation and needs assessment would insure that an adequate level of properly classified inmates is available to provide the necessary work force for this potential correctional industry operation.

If existing adequate space can not be identified, a possibility of requesting capital funds for construction could be examined as part of the FY 93 budgeting process. This of course would delay any short term implementation of an initial operation.

IV. EMPLOYMENT POTENTIAL

Opportunities for employment after incarceration in the tourism and/or office vocation are well above average. The operation of a reservation system, personal computer skills, telephone etiquette, etc. presentation, are all skills that are readily transferable to many vocations in Alaska and the lower 48 states.

V. ADDITIONAL CONSIDERATIONS

A. SECURITY CONCERNS

The correctional officer in charge of jobs at any potential institutional work site would have the responsibility of identifying a list of potential inmate employees with proper security classifications prior to their interview and selection by the production manager. As previously indicated, it would be necessary for the Division of Institutions/DOC to provide an employment needs assessment of any potential sites to insure the availability of an adequate inmate work force.

Depending on the selected location, it may be necessary for DOC to identify the availability and/or funding requirements for an additional correctional officer to manage the security needs of this new industry. If the industry was operated in conjunction with an existing industry, adequate security staffing may be available. The Division of Institutions would make the final determination for any security requirements.

B. TECHNICAL PROBLEMS

The type of telemarketing functions being evaluated for implementation will require a state of the art telephone system to assure a quality level of service and security control. Such a system is called Auto Call Distribution or ACD. An ACD system is typically utilized when a large number of incoming calls (possibly related to a "toll free" 800 number) need to be distributed on a first come first serve basis to your in-house staff. A system of this type would also provide the following benefits:

- control on out-going calls
- monitoring device to control and measure employee performance
- statistics generation to include which operators serviced incoming calls, average call length, number of calls, etc.
- individual access codes for control purposes

The exact location of this industry may identify and determine specific requirements and different equipment needs. Installation and equipment costs may vary. An ACD may possibly be obtained as an option to an already existing telephone system (already located at the correctional facility) and/or be available from the local telephone company.

Currently, the State of Alaska has awarded a bid for a telephone system that could have the ACD capability available for the Juneau area. The Division of Information Services, Department of Administration has been notified of our proposal to evaluate telemarketing and is already working with the Alaska Marine Highways system. Additional information has been requested on the types and costs associated with ACD systems for our requirements and may be available for consideration at the public hearing. The specific correctional center location of the proposed industry would however determine the requirements for an ACD system.

C. IMPLEMENTATION TIME-FRAMES

The development of realistic time-frames for implementation of the proposed system is of concern to the agencies potentially involved in this service industry. These agencies have already been active in planning for the upcoming tourism season. A description of services to be provided with a tentative time-frame for implementation would have to be established and identified by the participating agencies.

The available space at the Lemox Creek Correctional Center has been the only space currently identified that could potentially be utilized to house an operation in the short term without considerable renovations. Additional locations

may require the identification of capital funding.

As indicated previously in this analysis, no vacant production manager positions currently exist within the Department of Corrections operating budget. In order to create a new position, a revised program and/or an increment would have to be introduced in the FY 93 budgeting process. At this point in time no action has been finalized or is in process

A recent review of the classified registers for the Production Manager II job class indicates that there are no qualified applicants that could be considered for immediate employment in such an industry. Vacancy based recruitment could be initiated for such a position after a vacant position has been established. Standard time-frames for a processing a 30 day vacancy based recruitment with central personnel, advertising, initiating a recruitment process, and finalizing a selection would take at a minimum2 months.

The participating agencies would have to be involved in the initial training of the production manager. The manager at some point would be required to attend the Corrections Academy and/or at a minimum the department's supervisory security training.

In all probability, implementation of this service industry after a suitable site has been identified could realistically take 3 months barring any unforeseen problems. Less implementation time might be possible provided that a very high priority be assigned to the development of this project.

D. PRIVATE SECTOR CONCERNS

Public comments have been requested for the proper evaluation of this industry.

Section 33.32.015 of the Alaska statutes allows the "Commissioner of Corrections to authorize a prisoner to engage in productive employment within or outside a correctional facility for the employment of a prisoner if the Correctional Industries Commission determines that the employment will have minimal negative impact on an existing private industry or labor force in the state."

A public hearing has been tentatively scheduled for January 16, 1992 so that the Correctional Industries Commission may hear public comment on the potential establishment of this service industry. The Commissioner of Corrections would then review the commission's recommendations before making a final decision on the implementation of this industry.

Adequate public notice will be provided through newspaper advertisements and a notification to all state local Chamber of Commerce chapters will be issued.

E. QUALITY CONTROL OF SERVICES

Quite naturally there is some anxiety and concern over the possibility of utilizing inmate workers to interact telephonically with the public and that the level of quality control will not be sufficient to maintain an effective operation. However, it has already been indicated that this type of service is currently being provided through several other state correctional systems.

As part of this fact finding process, the states that have similar correctional industries operations as the one proposed will be contacted to gain additional insights into their operations. This additional information may offer to reference their successes and identify any problems they have encountered. Staff contacts and additional information will be forwarded as provided from these sources.

Inmates Fill the Front Lines for Tourism

*In Prisons, States Find
Way to Keep Up With
Requests by Public*

By EDWIN McDOWELL

Special to The New York Times

RALEIGH, N.C. — If North Carolina had a booster club, Cornelia Margaret Gonzalez would be well qualified to be its president. Instead, she channels her enthusiasm into answering inquiries from people who telephone North Carolina's toll-free number for tourist information.

Yet the 53-year-old Ms. Gonzalez had never set foot in this state until about four years ago, when she was brought here from Florida in handcuffs.

She still has not seen any of the state, except through bars or a barbed wire fence. But while serving a 22-year sentence for drug trafficking, the voluble Ms. Gonzalez is one of 10 inmates here at the Correctional Institution for Women who handle the almost 23,000 calls a month to the toll-free number, (800) VISIT NC.

Just down the hall from the telephone room, in the shadow of the death row building that currently houses six convicts, five other female inmates in this maximum-security prison are busy stuffing and labeling some of the 250,000 packets of tourist information that will go out this year. All the participants in the 4-year-old program are volunteers, as well as "long termers," felons sentenced to 15 years or more.

Plans for Tourism Job

"I love this job, and I think I do it well because of my gift of gab," Ms. Gonzalez told a visitor recently. "When I get out of here the first thing I'm going to do is travel around the state; then I'm going to settle here and get a job in tourism."

While the prospect of rehabilitating prisoners helped inspire the program, budgetary considerations also played a part both in North Carolina and in about a dozen other states from Maryland to Oregon that have also turned to inmates to help with their travel and tourism inquiries or are considering doing so.

"We estimate we save about \$150,000 a year in salaries and benefits," said

Continued on Page 15, Column 3



Dunes Hall for The New York Times

Cornelia Gonzalez, an inmate at the Correctional Institution for Women in Raleigh, N.C., handles tourists' inquiries for the state.

Behind Bars, but Filling the Front Line for Tourism

Continued From Page 1

Thomas Harper, supervisor of the inquiry section of North Carolina's Travel and Tourism Division, which has a 1991-1992 budget of \$5.2 million.

There were other considerations as well. "Before this program, we just could never keep up with the inquiries," said Lynda Simmons, the director of the division's visitor services. "Many phone calls went unanswered and we were days behind in mailing our travel packages."

No More Delays of Packages

Such delays were not only inconvenient for potential tourists but costly for North Carolina, which earned an estimated \$7 billion from visitors in 1990, 70 percent of that from out-of-state visitors. Now most travel packages — as many as 2,000 a day from January through April — are shipped within two days.

Similarly, Oregon's Division of Tourism once used staff members to field telephone calls and mail promotional packets. "But we began getting so many requests that we started subcontracting parts of the program," said Julie Curtis, the assistant director. "Then we heard about programs in other states that used inmates, so in February 1990 we moved our fulfillment operation to our toll-free number in the Women's Correctional Center" in Salem.

Betty Allred, the assistant education director at the 650-inmate prison in this North Carolina city, said that while inmates volunteer for the program, telephone operators must have a friendly speaking voice and some knowledge of the state's geography. Hotel and airline reservation agents have come to the prison to help train the inmates.

Everyone connected with the program says problems with inmates have been minimal; two were dropped when their family members phoned them on the toll-free number. In a related program in California, an inmate received an additional two-year prison term for running up thousands of dollars worth of bills for jewelry and other purchases with stolen credit card numbers.

Some Pay for Inmates

Turnover is low for most such programs, for obvious reasons, but some participants have been dropped, others have dropped out and still others could not keep pace.

Participants are paid from \$1 a day

For \$1 a day, touting the wonders of places they are not free to visit.

in North Carolina to 45 cents an hour or less in Montana, and state officials said they had never received complaints from public employee unions. James Andrews, the secretary treasurer of the AFL-CIO in Raleigh, said his organization "might have taken action if it had been a bigger program or if they displaced employees who were part of our union."

Two states have even forged travel-related partnerships between prisoners and private enterprise: About 30 inmates in Phoenix are paid the minimum wage for helping to take hotel reservations in peak holiday periods on the toll-free line that Best Western set up in the Arizona Center for Women. And 70 inmates of the Ventura School in Oxnard, Calif., a correctional institution for youthful offenders of both sexes, earn a minimum of \$5.67 an hour



North Carolina is one of a dozen states using prison inmates to help with tourism inquiries. Teresa Teasley, left, and Patricia Childress, right, inmates at the Correctional Institute for Women in Raleigh, N.C., answering phones for the state's tourist line. With them was Gail Frazier, a prison guard.

helping to book reservations by telephone for Trans World Airlines. About 20 of them have gone to work for the airline after leaving the institution.

At the mention of her \$1 a day wage, a sum required by North Carolina law, Patricia Childress smiles at her work cubicle here in the prison, flanked by a state map and a hand-lettered reminder: "Be polite. Be patient. Have a smile in your voice."

"Everybody's wanting somebody to work without paying them," the 43-year-old former truck driver said with a laugh. But Ms. Childress, who is serving a life sentence for first-degree murder, said she was proud to answer calls from tourists.

"It brings me back into contact with the public, and that's important because I'd never been in prison before four years ago," said Ms. Childress, who earned a high school diploma here. "It was real shocking to me."

She and her four co-workers, dressed in the blue shirts of medium-security prisoners, usually greet each caller: "Thank you for calling North Carolina. How may I help you?" They enter callers' names and addresses in a computer, and they answer a range of questions.

As representatives of a state agency, inmates may not recommend one destination over another, but they can respond to inquiries. And since most questions are about temperature, distances or destinations, the answers are usually within easy reach in the listings of toll-free numbers for North Carolina cities, in weather and highway mileage charts, or in The North Carolina Gazetteer or a dictionary of geographical names and places.

Several cubicles are decorated with postcards from grateful users of the toll-free line, and Teresa Teasley's cubicle also displays a photograph of her 7-month-old son, who was born in prison. "That's the hardest part about being here, not being able to be with him," said the soft-spoken Ms. Teasley, 25, who is serving a minimum 15 years sentence on drug-related charges.

After answering a Florida caller's questions about the weather in Ashe-

Armed with phones and facts, inmates sell their states.

ville, Ms. Teasley added: "But I enjoy this job. I'm always learning something new. A lot of girls in the dorm are asking, 'Do you have openings?' and I tell them no."

Because the inmates are prohibited from leaving the prison, tourism officials come here from around the state to familiarize the inmates with what they have to offer. On this day, 10 telephone operators and packers gathered in a classroom to hear presentations by Jane Peterson, the president of the Cape Fear Coast Convention and Visitors Bureau in Wilmington, and Marylou Webber Baggett, general manager of the Blockade Runner hotel in Wrightsville Beach Island, 10 miles from Wilmington.

Ms. Peterson showed a 12-minute

tape of Wilmington's tourist attractions. And Ms. Baggett, who gave each inmate a colorful beach towel bearing the name of her family-owned resort, spoke of the island's 30 restaurants, its proximity to several of North Carolina's 400 golf courses, and told her audience that the Blockade Runner was on a north-south beach "so that you can see both sunrise and sunset over the water."

Later the enthusiastic Ms. Baggett remarked, with no apparent irony, "It's so nice to go to a place where they want to hear you."

The inmates also look forward to such visits. "We're here, yes, but we're still people," Ms. Gonzalez said, "and we're trying to learn all we can so we never have to tell a caller we don't know something."

There was also an unexpected benefit to this visit. "When I was brought to North Carolina from Florida," Ms. Gonzalez said, "I was in jail near Wilmington. So I know something about the city, at least what was in the papers, but I never really saw it. What I saw of it today is a pretty good substitute, at least until I get out and see it with my own eyes."



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Stocks edged up, setting another batch of records...

Stock-fund sales rose sharply in December after the funds took in \$3.5 billion in November...

Redemption funds increased their holdings of small-company stocks in 1991...

Investment contracts sold by insurance companies accounted for 36.6% of total pension fund assets in 1991...

SmithKline was cleared to market a new arthritis drug as the FDA approved a flurry of year-end drug approvals...

Merck's Popsid ulcer drug doesn't increase the absorption of alcohol into the bloodstream...

GM plans to more than double the size of its railbus leasing operation by leasing most of Iel's railcar fleet...

Maxwell Communication's court-appointed overseers in Britain and the U.S. reached a pact on running the company while it goes through parallel bankruptcy-law proceedings...

Post Meritech partner Walter Schuetz has emerged as the top candidate to be the SBC's chief accountant...

Tucson Electric creditors failed to force the ailing utility company into bankruptcy proceedings...

Tuesday's Markets - Stocks: Volume 247,670,000 shares. Dow Jones Industrials 3188.53, up 4.92...

Yeltsin's economic minister has promised that, with the freeing of prices, there will be more food immediately available on the store shelves.

A Salvadoran peace pact was reached by government and rebel leaders to end a 12-year-old civil war that has claimed more than 75,000 lives in El Salvador.

U.N. envoy Vance announced a breakthrough in his Yugoslav peace mission, saying the republics of Serbia and Croatia had agreed on a plan to end peacekeeping forces in Yugoslavia...

Glad took over as U.N. secretary general, succeeding Perez de Cuellar. The former Egyptian deputy prime minister told a Belgian interviewer that he intended to start reorganizing the world body soon.

Israel went to the polls without a budget for the first time in its 41-year-old state as small parties vied for power, causing Parliament to miss its 1991 deadline for approving the 1992 budget plan...

A March summit will take place between the presidents of North and South Korea, still technically at war but moving toward rapprochement...

The EEOC signaled that it wouldn't seek to apply the recently enacted civil rights law retroactively in a policy directive to be sent today to field offices...

Defense officials are planning to send a Department of Defense government-owned search code from the Pentagon to the university-owned government up to \$40 million...

Pakistan and India exchanged lists of nuclear sites under a January 1991 accord pledging not to strike each other's installations...

Chad sent reinforcements to its western Lake Chad region after a rebel loyal to deposed President Habre launched attacks on the army...

Brazil reassured allies in Asia and Australia that the U.S. remains committed to their security despite the breakup of the Soviet Union and other world developments...

Angloplasty works better than medication alone to relieve chest pain, according to research published in today's New England Journal of Medicine.

Newborn's chances for survival improve in surgery when strong anesthesia is used to shield them from pain...

I has Sales Pitch: Interrupting Dinner Is by a Real Con Man

Prisoners Man the Phones For Telemarketing Firms. And Use Their Old Skills

By MICHAEL W. MILLER
Staff Reporter of THE WALL STREET JOURNAL
OMAHA, Neb. — Kim Britt, prisoner 38112 at the Omaha Correctional Center, has permission to make a phone call. He has an important question to ask Mark Parrish, a farm contractor in Ohio.

Mr. Britt was given eight to 12 years for pushing drugs, but his sales skills aren't getting rusty. For the past four years, he has been selling hardware over the phone for a Nebraska telemarketing company.

Unbeknown to most consumers, a growing number of the disembodied voices who call during dinner with a sales spiel or survey are prisoners. Besides Nebraska, 15 other states have set up telemarketing centers where inmates dial or receive business calls.

Did you ever get a call from a polite young woman from "Consumer Research Surveys" asking about your grocery-shopping habits? She may well have been one of a dozen inmates at the Shakopee, Minn., women's prison writing for Super Value Stores last year \$11 billion last year's sales.

Hundreds of factories around the country have heard phone pitches from a stern-sounding firm called Midwest Medical. The callers? Inmates at a medium-security prison in Lino Lakes, Minn. Trans World Airlines uses the services of 70 young offenders at a California reform school to take the reservations calls for regular agents can't handle.

Prison telemarketing drew fire last year when a former inmate who had worked for TWA was arrested for running up thousands of dollars in personal charges on other people's credit cards. Minnesota's Oak Park Heights prison canceled a telemarketing project because of fears that inmates would menace customers.

"You don't want them calling folks over, perhaps saying inappropriate things, attempting to develop relationships," says Thomas Grogan, the prison's industry director. "These folks are in here because they exploit other people."

But some telemarketing companies say prison programs yield their best employees. "They've got fewer distractions and fewer alternatives," says Jim Braun, president of TGS Marketing Inc. The \$3.5 million Ralston, Neb., hardware firm has contracted with the state since 1987 to hire prisoners—and given jobs to some two dozen of them after their release.

Running a sales force inside a prison poses novel management problems. A TGS supervisor once thought he sniffed marijuana, and the entire room had to quit working while guards frisked every telemarketer. Mr. Braun stopped letting inmates take credit-card orders two years ago after two prisoners used customers' cards to order Gowers for girls' friends. But he notes that at his branch offices outside

Also, university researchers say they produce will help in the brewing. Several labs are studying the mutated breast cancer, while others have developed early-detection kits based on cancer genes. Immunex and SynGene test new drugs, for asthma and other ailments that block the immune system.

Cor Therapeutics studies proteins to prevent arteries from relogging after a heart attack.

HOT, HOT, HOT: Fire-alarm foods spice up future cuisine. Experts expect warming trends to continue, as Americans seek new challenges for their tickle palates. Mark J. Friedman, editor of Gorman's New Product News, says spicy salsa zoomed past ketchup to become the most popular condiment. His prediction: salsa-flavored ketchup. Caribbean food gains popularity, with jerk sauces popping up in trendy gourmet food shops.

Niche marketers profit nicely from the heat wave: Chile Pepper posted a 71% jump in circulation to 88,000 last year. And Mo Hotta-Mo Botta, a catalog of international foodstuffs, reports a 300% jump in retail sales since 1990 by touting such delicacies as jalapeno omelets, chile piri-piri nuts and Japanese wasabi chips.

CREDIT CARD rates should drop in 1992, but slightly, and they'll vary widely. Despite the general decline in interest rates, "banks are not going to lower [rates] across the board," says Harold Amundson, an industry consultant. They'll do more segment marketing, tailoring various cards to spending habits.

Some credit issuers are following Citicorp's lead in offering services, trying to retain customers who might defect to a lower rate card. Citicorp, taking advantage of the recent legislative tinkering over high rates, are vying to steal away customers with rock-bottom rate offers. Wachovia Corp. entices new customers with a 14.4% card. But the Nilson Report cautions that issuers of low-rate cards are highly selective.

David Robertson, president of the industry newsletter, says 57% of applicants can expect to be rejected.

TESTING ON THE BRINK, many magazines will struggle in 1992. City and regional publications are hard hit; Regardie's, a satirical business publication, now seeks subscribers to stay alive. Rumors circulate about New York Woman, which was put up for sale by parent American Express Co.

RECESSION COLOGNE gets cold shoulder. Alan Salzberg, options trader-cum-co-creator of "Marquette De Cline's Recession (ouo de cologne/pour hombre)," blames slower sales on sourpuss retailers. "Some stores felt it really wasn't a joke anymore," explains a distribution executive of the \$15-a-bottle concoction.

MADONNANOMICS: Pop hits predict consumer confidence, says Columbia University researcher Harold Zullo. "Pessimistic rumination in popular songs predict decreased economic growth with a one- to two-year lead." Evidence: Cher's early 1990 hit "If I Could Turn Back Time."

UTILITY RATES will be flat next year, but hikes are on the horizon. Most gas and electric utilities expect little or no rate increases in 1992 due to stable fuel prices and low interest rates. California's Pacific Gas & Electric expects to lower gas rates slightly while Duke Power, Charlotte, N.C., forecasts no changes. Any increase (power companies) might charge would be lower than inflation, says Michael Foley of the National Association of Regulatory Utility Commissioners.

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...to about 100,000 dollars from more than 50,000 dollars. It also operates 10 repair facilities and six wheel remanufacturing shops. GE Capital said its fleet would be "the most diverse and youngest in the industry."

The transaction is a 21-year lease with a fixed price purchase option, effectively combining the railcar operations of the two companies. Rod Dammeyer, ITEL's president, said proceeds "will be used to reduce existing higher cost debt on both the railcar fleet and other debt of ITEL Corp., as well as for general corporate purposes."

In what it calls an effort to simplify its capital structure and trim its debt load, ITEL has recently been shedding assets at a rapid pace.

Slightly more than a year ago, it sold GE Capital its container-leasing assets for about \$560 million, recording a hefty gain in the deal. The company has also sold its 1% stake in American President Cos. for 78.7 million, booking a loss. Also in 1991, it sold its Great Lakes Dredge & Dock unit to a limited partnership for about \$165 million. And in October, it sold its 15% stake in Santa Fe Pacific Corp. through a public offering. And on its books, ITEL lists the merchant-banking portfolio of Signal Capital Corp., with a book value of about \$36 million, as an asset for sale.

An ITEL spokeswoman stressed that the move announced Tuesday isn't part of that asset-disposition effort. "The assets remain on our books," she said. "This is not a sale, strictly a lease agreement."

While ITEL's holdings are subject to frequent changes, reflecting Mr. Zell's varying investing interests, the railcar leasing unit has for a long time been a core company holding. ITEL's principal other remaining operation is its Amstar wire-and-cable distribution unit.

Disclosure of the agreement with GE sent ITEL shares up 12.5 cents in composite New York Stock Exchange trading Tuesday, to a close of \$18.75.

Standard & Poor's Corp.'s reacted positively to the ITEL announcement, saying it cut about \$950 million of ITEL's subordinated debt and convertible preferred stock, as well as other debt, on its CreditWatch list with positive implications. S&P said the proposal will "greatly enhance liquidity and allow ITEL to prepay high cost existing debt."

S&P said the rentals would support about \$250 million of noncallable ITEL Rail debt and up to \$900 million of new notes to be issued through a trust.

ITEL said the amount of debt to be offered depends upon interest rates, and the extent to which creditors of the railcar fleet elect to continue their loans or be paid with proceeds of the new debt. Principal and interest of the new debt, as well as existing fleet debt not prepaid, will be paid from about \$150 million in annual lease payments from the GE unit. GE Railcar will have the option to purchase the fleet for about \$500 million.

GE's unit leases a wide variety of railcars such as tankers, hopper cars and box cars for periods from six months to five years. As with other equipment leasing ar-

...to Senator Bentsen, but which was prompted by Mr. Madanski's personal time to magazine employees. Mr. Mullane said in an interview that

...of the company, which has sold off assets and is staying afloat.

That Sales Pitch During Dinner May Be Made by a Real Con Man

Continued From First Page
 prison, he has had four incidents of credit-card abuse.

Mr. Braun says TGS interviews inmate applicants and generally tries to screen out anyone guilty of fraud, but otherwise doesn't care what kind of crime they committed. "If I'm sitting across from one guy who's in there for tax evasion and one who murdered 15 people, I don't want to deny either one the opportunity," he says. Sometimes criminals with longer sentences tend to make more devoted telemarketers, he says: "They're looking for something stable to hang onto in their lives."

At the minimum-security Omaha prison, TGS's 16 telemarketers sit in khaki uniforms behind steel desks covered with spider plants, index cards, and phone books. At one end of the room is a radio and a coffee pot; at the other, a notice with detailed instructions for what to do if guards burst in to take a head-count during a telemarketing session.

On a recent night, the room is crackling with sales pitches, which the inmates carefully read from a book full of scripts.

"How are you tonight, sir? I'm calling from TGS in Omaha, Nebraska..."

"If I called back at 8 o'clock, would that be too late? OK, I don't want to interfere with supper..."

"None of these ladies want to let me talk to their husband," grumbles one inmate. A TGS supervisor strolls through the room cheering the troops on: "Don't be afraid to dive in! Keep dialing!"

The most intense salesman in the room is Kim Britt, a burly 36-year-old with thick curls and a deep voice. He paces back and forth and pumps his fist in the air as he gives the hard-sell to Mark Parrish, the farm contractor.

"Hey understand this, Mark, I'm not sugar-coating this, you're actually gonna use less of this rod because of the tensile strength. All I ask you to do is trust me on this. Let me get it out to you, try it—if it doesn't work, I'll buy it back."

TGS pays its inmate employees the same 17.5% commission its other telemarketers earn. The inmates must pay \$1.25 an hour back to the prison and another 5% of their wages to a state fund for crime victims. Still, on a good week, Mr. Britt pockets about \$140. He credits his success in part to some important sales lessons he learned in his drug-dealing days.

"You got to have a gift for gab," he says with a big smile. "And be real nice to your customers."

Some inmates say working the phones makes prison more bearable. But it also presents special difficulties that most telemarketers don't face. Kenneth Lehr, a former

insurance salesman serving six to 18 years for theft by deception, recently dialed a prospect and found himself talking to an old family acquaintance.

"He said, 'Hey, you used to come out to my Dad's place hunting—when are you coming out here?' I just said, 'Oh, I'll get out there one of these years. I haven't been out that way for a while.'"

At the Shakopee, Minn., women's prison, the inmate telemarketers work at a sleek new center that wouldn't look out of place in a modern office building. Twelve young women—many with acid-washed jeans, massaged hair and polished nails—sit with phone-head-sets in two rows of cubicles. Some have their legs curled under them or stretched out on the desks.

Should anyone ask where they are calling from, the women are instructed to say "from Chicago" or "from the Midwest." Roger Vahl says that is a standard practice so competitors can't figure out which company is conducting the surveys.

Though the calls consist of polite questions about grocery products, they sometimes provoke unexpected emotions.

"The other night I called three minutes where I live, the phone first three digits I could have called my home," says Parrish. (The prison consented to inmate interviews only if last names weren't used.) She says she is serving 21 months for her role in a fatal car accident.

"I've called areas where they really wanted to talk—maybe they're glad I had to learn to cut them off, but that was really hard for me," says Sara, a 23-year-old who stabbed her mother to death.

To the telemarketing targets, the fact that prisoners are on the other end of the line may not be that alarming.

"It really doesn't make any difference to me," says Mr. Parrish, when Mr. Britt tried to sell TGS's welding-rod, ultimately without success. He was surprised to learn that TGS employs prisoners, but not particularly upset. "Telemarketers are aggravating," he says. "It's no worse if they're in prison."

Honda Renews Platinum Pact

JOHANNESBURG, South Africa—Rustenburg Platinum Ltd., the world's largest platinum producer, said it renewed a long-term contract to supply platinum metals to Japan's Honda Motor Co.

The daily Business Day quoted Chairman Pat Retief as saying that the agreement had been "extended into the future." A company spokesman declined to specify details of the contract.

ALASKA RAILROAD CORPORATION

P.O. Box 107500 • Anchorage, Alaska 99510-7500



November 25, 1991

JNO CENTRAL

NOV 27 1991

The Honorable Drue Pearce
Senator, Alaska State Legislature
3111 C Street, Suite 150
Anchorage, Alaska 99503

Dear Senator ^{Drue} Pearce:

Mr. Hatfield has requested that I respond to your letter to him of November 5, 1991 and to provide you with an update of our progress regarding prison inmates or some other third party doing Alaska Railroad telemarketing.

To date, Passenger Service Department personnel have contacted Mr. Wally Roman of the Department of Corrections to express interest and explain our existing reservation system. Mr. Roman has informed us that he will be contacting your staff and Mr. Conn Murray of the Division of Tourism within the next week in an attempt to coordinate our efforts. Additionally, we have formed an in-house team that is taking an in-depth look at the entire Passenger Services reservation system. This team's objective is to determine the costs of a new reservation system compared with the costs and benefits of a third party contractor taking over all Alaska Railroad reservation functions.

During the first ten months of 1991, Passenger Service staff responded to approximately 87,000 telephone calls. We estimate that as many as 40% of the calls are for information only. The large percentage of "information only" calls directly competes with the caller wanting to book a reservation or tour.

With this in mind, we suggested to Mr. Roman that possibly some arrangement could be made with the Department of Corrections to respond, on a statewide basis, to all tourism related "information only" calls. Conceptually, a well-publicized 800 number could be established and advertised, for example, 1-800-VISIT and prison inmates trained to answer tourism-related questions covering the entire state.

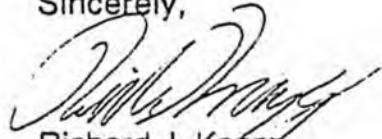
We believe that a pool of clients sponsored by the Division of Tourism, representing the full spectrum of tourism vendors, could be formed. This client pool might include the National Park Service or Holland America Westours, the Marine Highway System, or a small independent whitewater raft company from the Mat-Su Valley.

The Honorable Drue Pearce
November 25, 1991
Page Two

Once this program is successfully established, we could then explore the possibility of prison inmates taking the actual reservation for travel.

We look forward to further discussions on this matter. Should you have additional questions, please do not hesitate to contact me directly at 265-2428.

Sincerely,



Richard J. Knapp
Vice-President, Marketing and Sales

cc: R. S. Hatfield, Jr.
ARRC, President and CEO
Mr. Wally Roman
Dept. of Corrections
Mr. Conn Murray
Division of Tourism
Mr. Larry Houle
ARRC, Mgr., Passenger Services

JNO CENTRAL

DEC 23 1991

December 18, 1991

Honorable Drue Pearce
Alaska State Senate
3111 C Street, Suite 150
Anchorage, AK 99504

Dear Drue,

Okay, all parties have been heard from on the subject of inmates handling some of the state's telephonic correspondence.

I believe this system would be not only feasible but also cost effective. But I would particularly like to see it functioning in conjunction with a central state 800 information number with an appropriate voice and fax tree. I am sending you some information from Point to Point Communications in Santa Ana, California, which is one firm designing such systems. In fact, I would urge you to call their demo line to get an idea of how it works. I think that, probably, all state agencies would have the same experience Dick Knapp reports, forty percent of all calls would be for information only, i.e., soliciting schedules for the railroad or marine highway, the travel planner, basic information for prospective new residents (which we normally obtain from local CVBs and chambers), fish and game information and regulations, and so forth. An appropriate system would permit a caller requesting only schedule information for the ferries or the railroad, for example, to punch in his fax number and have the appropriate information faxed to him instantly and automatically. If the parties wished to have the information mailed, they would simply leave their name and address. If they wished to speak to an operator, the system would automatically switch the call to an appropriate operator at the Department of Corrections.

As you can see, I am thinking in broader terms than just tourism.

Jim Ayers mentioned a new telephone system for the state, which is due to be operational by early spring. I have heard nothing about such a system, which is surprising in view of the fact that if an 800 number is utilized - and it would be folly not to do so in my opinion - then the heaviest use would undoubtedly be by tourism. While I realize that many of the senior citizens who make up the core of our tourism market tend to resist innovation, I believe we can design an automated system that is not only user friendly, but is just plain friendly enough to overcome objections.

December 18, 1991

A concomitant of this program, of course, would be the mail fulfillment of requests for information. We currently handle telephonic requests from our offices in Juneau. Responses to the business reply cards included with our media advertising are handled on a contract basis through a direct mail house in Portland, Oregon. I personally believe the latter task could also be taken care of by inmates.

I note with interest the report in the news clips that other states' organized labor has never questioned the practice of using inmates for work of this nature. I am not so sure we will be that fortunate in Alaska, but even if the state were required to pay minimum wage, I believe we would still get superior service while saving money. As for training the inmates, I am certain that between our efforts and those of the private sector, as well as CYBs and chambers, we would have no problem developing a well-informed sales staff.

Drue, I think that now that we are all more or less singing from the same song sheet, the interested participants should get together to see what steps need to be taken to convert this idea into a reality. Perhaps your office could take the point on this. I am prepared to meet anytime, at any place, because I am convinced that our existing set up is costing us visitors and their cash.

Very truly yours,

Connel Murray
Director

CM/rs2236s

121391b

Enclosure

cc: Lloyd F. Hanes, Commissioner
Department of Corrections

Glenn A. Olds, Commissioner
Department of Commerce and Economic
Development

Wally Roman, Correctional Industries Manager
Department of Corrections
Division of Statewide Programs

James R. Ayers, System Director
Alaska Marine Highway System

Richard J. Knapp, Vice President
Marketing and Sales
Alaska Railroad

Representative Tom Hoyer, Chairman
House Special Committee on International Trade
and Tourism

DEPARTMENT OF CORRECTIONS RESPONSE TO PEAT MARWICK STUDY

The Department responses to the recommendations from the Peat Marwick study are given below. The responses follow the order and layout of the recommendations as presented in that report.

3.1 GENERAL ORGANIZATION AND MANAGEMENT

Recommendation: The Department should consolidate responsibilities for department evaluation, planning and research.

Response. This recommendation has been implemented, with the creation of the Office of Technical Services. The staffing and duties of this office are still under review, and it will take some time for this office to set up data gathering mechanisms and begin policy review.

Recommendation: Departmental policies and procedures must be brought up to date and maintained on an annual basis.

Response: The Department concurs with the recommendation, and has assigned this responsibility to the Office of Technical Services. Implementation of this recommendation will take time, as this Office is newly established and has more work to do than the assigned staff can do in a short time frame.

Recommendation: An internal audit fund should be established.

Response: The Department concurs with this recommendation and will implement this program as soon as funds and positions are identified for this purpose. Funding and positions will either be available from the organizational changes emanating from this study, or else will be requested in the budget process.

Recommendation: The Division of Statewide Programs should be eliminated and the related programs be reassigned to the appropriate Divisions.

Response:

The Department is still analyzing this recommendation. The consultant's recommendation, if implemented, will not result in the savings that the consultant projects. The functions of the Director of Statewide Programs will continue, whether the division remains as is, or is restructured into a section within the Division of Institutions.

Recommendation: Increase staffing in the Director of Institutions office as proposed in the departmental reorganization.

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Response: This recommendation has been implemented.

Recommendation: The department should implement the transfer of the Classification and Transportation component to the Division of Institutions.

Response: This recommendation has been implemented.

3.2 CLERICAL

Recommendation: Clerical procedures should be reviewed and revised to ensure that they are relevant and applicable to the current operations of the Department.

Response: The Department concurs with this recommendation. Clerical procedures will be reviewed in general during the updating of the policy and procedures manual (currently underway). The allocation of clerical functions will be studied as a part of the non-clerical/clerical review described in the response to the next recommendation.

Recommendation: Existing clerical staff should have their duties reallocated within Institutions as needed to replace Correctional and Probation Officers performing routine clerical functions.

Recommendation: Clerical staff should be used to replace Correctional Officers in certain functions including inmate records, complaint and grievance logging, inmate commissary records and accounts, and booking.

Response: The Department generally concurs with these recommendations. It is presently undergoing a review of all clerical functions in the institutions, to determine which functions can be streamlined, which can be performed by clerical staff rather than correctional officers, and which can be automated. Streamlining should reduce the clerical costs. Transferring duties from non-clerical to clerical staff will require the creation of additional clerical positions, and should also reduce overall employee costs. Automating various clerical functions will reduce some clerical costs and will increase the availability of data, but will require a capital expenditure. The Department requests the assistance of OMB and Legislative Audit staff in conducting these reviews.

Recommendation: Clerical pools in both the Anchorage and Juneau offices should be eliminated and the staff should be reassigned both organizationally and budgetarily.

Response: Clerical pools were eliminated during reorganization.

3.3 PRISONER SUPERVISION AND SECURITY

Recommendation: The department should hire additional Correctional Officer staff to serve as relief workers in the various Institutions.

Response: The Department agrees that additional Correctional Officers are needed to reduce the amount of overtime. However, the consultant's analysis showing at least 30 additional Correctional Officers needed for relief is overstated. Efficient use of relief staff would call for 15-20 additional Correctional Officers.

It is anticipated that the studies being conducted on the use of clerical personnel will identify positions that are currently filled by Correctional Officers that will be replaced with clerical positions. The Correctional Officers in these positions will then be transferred into shift or relief positions. There will be cost savings with each clerical position added, to the extent that the Correctional Officer displaced is used primarily for relief or overtime coverage. One way of achieving efficient use of relief personnel in the Anchorage area may be the establishment of a relief pool to serve all the institutions in the Anchorage, Eagle River, and Palmer areas.

Recommendation: Administrative staff should be reduced in certain institutions.

Response: The use of the ratio "Inmates per Administrative Staff Position" as a measure of efficiency does not reflect the fact that institutional populations range from 60 to over 450. Every institution has a superintendent, assistant superintendent, and administrative officer. The function of each of these positions is separate, but critical for the operation of each institution. In smaller institutions, these positions may have adequate time to assume additional duties, but this is reflected in the overall staffing of each institution.

The Department is examining the feasibility of eliminating the position of assistant superintendent at the Wildwood and Matanuska-Susitna pre-trial facilities. Each of these facilities have adjacent or nearby correctional facilities, which would allow adequate coverage of the management responsibility at all times, without these two positions.

Recommendation: Time accounting procedures, policies and manuals should be revised or written as soon as possible.

Response: The Parole Board is currently monitoring a contract for a rewrite of the time accounting manual. This should be complete in the near future.

Recommendation: Time accounting procedures should be revised to

classify cases which require review by more experienced officers.

Recommendation: A sample of time accounting records should be audited each year from each institution.

Response: The Department agrees that a procedure needs to be established for difficult cases to be reviewed by experienced personnel. It also agrees that time accounting records should be audited on a regular basis. To accomplish these steps, a Central Records Control position with adequate clerical staff needs to be created.

Recommendation: Increase the proper usage of the OBSCIS system for recording sentencing data.

Response: The Department agrees that better sentencing data needs to be maintained in OBSCIS. The new policies and procedures will address this issue. Revising the staffing pattern for clerical functions should allow for more consistent entry and review of information after it is entered. The long term, and most economical solution, would be for Corrections to share sentencing data already entered into a computer data base by the Court System, Public Safety, or Department of Law.

Recommendation: Establish clear staffing standards based on the actual number of time accounting cases expected for a particular institution.

Response: This issue will be included in the review of all clerical functions in the institutions.

3.4 PRISONER SERVICES

Recommendation: Responsibility for collecting, logging and reporting on prisoner complaint and grievance activity should be transferred to existing clerical or administrative staff within the institutions to relieve security and management staff of these responsibilities.

Response: The clerical aspects of grievance and compliance procedures will be reviewed as part of the overall study of clerical duties that can be assigned to clerical staff rather than Correctional Officers. These duties can be reassigned to existing clerical or administrative staff only where procedural efficiencies create additional available time for these staff. Otherwise, additional clerical positions will be required to accommodate this recommendation.

Recommendation: Duties of the Compliance Officers should be integrated into the responsibilities of the line management of the institutions.

Response: The Department disagrees with this recommendation. The Consultant does not fully understand the grievance/compliance function in the institutions. If he did, he would be recommending strengthening, not eliminating this critical function.

Grievances will continue in each institution, regardless of how well it is run. Inmates have a right to grieve any condition of their care and custody that they believe is improper. The way that these grievances are handled is critical to the operation of the institutions and the relationship of the inmates to the staff. A clearly defined and efficient process allows for expedient handling of complaints, whether the result is dismissal of the complaint as unwarranted or corrective steps are taken to cure the cause of the complaint.

Many of the compliance officers already have excessive workloads, and are not able to adequately investigate all grievances. By shifting some of the clerical functions associated with these positions to clerical staff, the compliance officers will have more time to properly report and investigate grievances. These functions can not be assigned to line staff who already are fully occupied in the daily operations of the institutions.

In the smaller institutions, it may be possible to assign additional duties to the compliance officers, particularly if additional clerical support for the compliance function is available. The Department will be examining the workloads of the compliance officers and other administrative staff, as part of the study on reassigning clerical functions. It may be possible to reassign some of the Correctional Officers from administrative duties to relief or shift work. This issue will be examined on a institution by institution basis.

Recommendation: Establish a meaningful internal audit procedure to inspect and review the operations of each institution on at least an annual basis.

Response: This is a duplicate of the recommendation made in section 3.1.

Recommendation: The Department must establish clear standards for "jail" facilities and "prison" facilities for all required prisoner programming.

Response: This issue is being addressed in the Master Plan currently being developed by Chris Murray and Associates.

3.5 Health Services

Recommendation: The Department should consider consolidation of the Pharmacy with the state/local health providers to achieve better

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efficiency and higher service.

Response: The Department agrees with this recommendation, and requests that an interagency coordinating group be established to develop plans for and implement a State Pharmacy. An alternative to be examined is the privatization of the pharmacy function.

Recommendation: Documentation and inventory controls for the Pharmacy should be put in place immediately.

Response: The Department has instituted procedural changes to address some of the problems noted here. A longer term solution is the development or purchase of adequate computer software to track drug inventory and usage, either by this pharmacy or in a new State Pharmacy.

Recommendation: The Department should revise its Reimbursable Services Agreement for the Pharmacy to ensure that all the relevant costs are being recovered.

Response: This issue will be resolved in the creation of a State Pharmacy. Otherwise, the Department will revise its RSA with the Department of Health and Social Services to recover the overhead costs.

3.6 FOOD SERVICES

Recommendation: Procurement for food service should be centralized to increase efficiency and promote better control.

Response: This recommendation has been implemented. Cost savings, if any, will be determined over the next two order cycles.

Recommendation: Food service staffing levels should be established for the Department.

Response: Food service staffing levels must be established separately for each institution, just as security staffing levels are unique for each institution. The inmate population size, the extent of use of inmates for food service staff, and the mission of the institution all reflect on the staffing levels for food service staff. The Department will review the current staffing levels at each institution to determine if any adjustments are necessary.

Recommendation: The Department should consolidate the kitchen operations at the Palmer Correctional Center.

Response: This issue will be reviewed in the Master Plan currently being developed by Chris Murray and Associates.

3.7 HUMAN RESOURCES

Recommendation: The Personnel office should be consolidated in a central location to provide for more efficient operation.

Response: The Department agrees with this recommendation. However, it is difficult to combine all services in Anchorage, due to the need to communicate regularly with the Payroll Section and Personnel Division in the Department of Administration in Juneau. Combining the offices into one Juneau office would remove the ready access to personnel functions by the division directors and other programs operating in Anchorage. This issue will need to be studied further before a final plan can be implemented. Any decision may also be impacted by the outcome of the organizational changes currently taking place in the Division of Personnel in the Department of Administration.

3.8 FINANCE

Recommendation: The unreconciled differences in the inmate trust account should be researched and, if necessary, monies should be authorized to cover any deficiency in the inmate trust account.

Response: The Department agrees with this recommendation, and requests assistance from the Division of Audit and Management Services to reconcile the inmate trust account.

Recommendation: Department of Corrections management should monitor accounting activity in the inmate trust accounts to ensure that established procedures are followed and that appropriate reconciliations are performed for both cash and tokens.

Response: The Department agrees with this recommendation. Once an internal audit section is established, one of the positions will be utilized for financial auditing services.

Recommendation: Departmental policies and procedures should be formalized to require that all cash draws, reset requests be made in writing and be authorized by the Superintendent or his designee.

Response: The Department agrees with this recommendation, and department policies will be rewritten to reflect this procedure.

Recommendation: The Department should review the segregation of duties for inmate accounting at each facility.

Response: The Department agree with this recommendation and requests

the assistance of the Division of Audit and Management Services to review the segregation issue. Once an internal audit section is implemented in the Department, the financial auditor will monitor the ongoing issue of segregation of duties.

Recommendation: The existing policy regarding prisoner intake should be closely followed to obtain existing OBSCIS numbers to reduce duplication.

Response: The Department agrees with this recommendation. As part of the review of clerical procedures and staffing in the institutions, functions such as obtaining OBSCIS numbers and entering inmate data will be assigned to clerical staff who will follow existing policies. There will also be additional policies established to assure the accuracy of data input into OBSCIS.

Recommendation: In order to meet the requirements that all monies due an inmate upon release are paid, the releasing officer should inquire if the inmate has payroll coming for a recent pay period and adjust his or her account accordingly.

Response: The Department agrees that inmates should be paid all that is due them at release. However, many inmates are "released" from custody from jail or multi-use facilities, or directly from court. There is often no time allowed for pre-release planning. Therefore, there will often be a gap of time between release and final settlement of outstanding inmate pay. The Department will attempt to enforce Policy 803.1 whenever and wherever possible.

Recommendation: Existing policies to verify inmate account balances must be enforced to ensure sufficient balances are available at such time a transaction occurs to prevent the accumulation of insufficient funds commissary request slips.

Recommendation: The Palmer Minimum Security Commissary should enforce the Department's policy prohibiting the extension of credit by the Commissary.

Recommendation: The commissary checking accounts should not be used for unrelated transactions.

Recommendation: Internal and external audits required on all commissary accounts, as described by Departmental policy, should be performed regularly by appropriate individuals.

Response: The Department agrees that management of commissary funds needs further review. Once the internal audit section is established, commissary operations will be included in on-site audits. The practice of extending credit to inmates for commissary items has been discontinued.

Recommendation: The costs of operating the inmate commissaries should be carefully calculated and considered in pricing merchandise for sale.

Response: The Department agrees with this recommendation, and requests help from the Division of Audit and Management Services in developing the appropriate pricing policies.

Recommendation: Existing inventory procedures should be enforced to ensure that the required commissary inventories are conducted in accordance with standard accounting practices and made under the supervision of the Commissary Officer.

Response: The Department agrees with this recommendation. Future monthly inventories will be conducted according to existing procedures. A periodic audit of these inventories will be a part of the on-site reviews by the internal audit staff.

Recommendation: The Palmer Correctional Center should enforce existing procedures to require oversight by the Commissary Officer in ordering merchandise for sale in the minimum security commissary.

Recommendation: Existing policy to record prisoner purchases of audio/visual, recreational or other high value commissary items should be enforced to the degree necessary to ensure that accurate records of prisoner personal property are kept.

Recommendation: Consolidation of inventory orders for the Palmer Minimum and Medium Security Commissaries could reduce charges by approximately half.

Recommendation: Existing policies should be enforced to prohibit the use of the inmate commissaries by staff personnel. [At the Palmer Correctional Center]

Response: The Department agrees with these recommendations, and has directed that these procedures be followed. This is another area that will be covered in the periodic on-site reviews by the internal audit staff.

Recommendation: A cooperative effort by Department of Corrections personnel within the Juneau Central Accounting Office and the facilities must be made to increase the efficiency of invoice processing.

Response: The Department agrees that steps need to be taken to reduce processing time for vendor payments. Vendors expect to be paid in a timely manner, and vendor relations suffer when payments are delayed unreasonably (though the actual cost to the State is not the estimated \$760,000 in late fees computed by the Consultant, since

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most vendors do not bill the State for late fees.)

The Department will implement the steps suggested by the Consultant to better monitor the payment cycle. In addition, the Department is examining the feasibility of processing payments directly in each institution, thereby eliminating one entire step in the payment process.

Recommendation: Revenues should be recorded in accordance with generally accepted accounting principles.

Response: The Department agrees that moneys received for inmate care from other governmental agencies should be broken out separately for each agency. There is no revenue accounting purpose in keeping revenue records by institution. The Department requests that the Division of Audit and Management Services assist in setting up the proper account structures and procedures for reporting these revenues.

Recommendation: A cooperative effort by Department of Corrections personnel and Office of Management and Budget personnel should be used to produce realistic appropriation levels during the budget development process which can be successfully defended before the Legislature.

Response: The Department agrees with this recommendation. It has started and will continue to work closely with OMB staff to arrive at the proper budget levels for an FY'92 supplemental budget and an FY'93 operating budget that will not require further supplemental appropriations. One of the major priorities of the Department is to establish a reasonable base appropriation that allows it to plan and manage its finances in a proper manner.

Recommendation: Appropriate cash drawer levels should be determined for each facility, taking into account the nature of the facility and the turnover of the prisoner population.

Response: The Department agrees with this recommendation. Regular audits by the internal audit staff will help to verify compliance with the established limits.

Recommendation: Consideration should be given to changing Departmental policies with respect to the payment of prisoner account balances upon release.

Response: The Department will consider changes to its policies to reflect the intent of this recommendation.

Recommendation: In order to control a situation with a potential loss

of an undetermined amount, the Palmer Correctional Center must ensure that existing procedures to collect fees for meals served to staff and visitors are adhered to and that accountability for discrepancies, which are currently nearly impossible to determine, is clearly established.

Recommendation: Departmental policy, such as the collection of the \$2 meal fee for facility employees and visitors, should be enforced uniformly and it should not be possible for a Superintendent to waive requirements at his discretion.

Response: Departmental policies will be enforced, to the extent possible. These areas will be part of the audit review at each institution.

Recommendation: The Department should adhere to State law regarding the number of hours inmates are allowed to work, as well as specific provisions for approving overtime by inmates.

Response: The Department will make every effort to enforce the State law and Department regulations. Use of inmate labor is another area that will be reviewed on a regular basis by the internal audit group, once it is established.

Recommendation: The fiscal responsibilities of the Department should be carried out by individuals knowledgeable in accounting matters and in the proper use of internal controls.

Response: The Department concurs with this recommendation. The review of clerical functions in the institutions will be expanded to include accounting functions. This review will hopefully allow the Department to realign duties to the proper positions/job classes and to establish reporting relationships that reflect the accounting requirements of many of these positions.

3.9 PHYSICAL PLANT AND FACILITIES

Recommendation: Facilities planning should be integrated into the departmental planning process.

Response: This recommendation is referencing a need for the Department to contract with professional facility planners to assist in planning facility modifications and new facility projects. An RFP for a facility master plan was already being prepared when the Consultant started his study of the Department. The firm of Chris Murray and Associates is well underway with their preparation of a facility master plan, and the completed product is expected this spring. The facility planning unit has been transferred from the Director of Administrative Services to the Director of Institutions, which will further the integration of this function into the planning process.

3.10 TRANSPORTATION

Recommendation: The transportation function should be more centrally controlled and coordinated to allow for better management and more efficient use of resources.

Response: The issue of prisoner transportation is being studied jointly by the Department and the Department of Public Safety. It is anticipated that all prisoner movements will be coordinated by one agency, most likely the Department of Corrections. Issues such as the use of Palmer transportation staff will be resolved as part of this restructuring.

Recommendation: The Department should reduce its use of Corrections Officers on non-security delivery and other errands.

Response: The issue of non-correctional work being performed by Correctional Officers will be studied as a part of the review of clerical work in the institutions. It may be possible that adding positions for functions such as non-security deliveries can reduce the overall cost to the Department.

Recommendation: The Department should establish a procedure to ensure that transportation staff and medical scheduling staff coordinate their efforts to avoid cancellations and missed appointments.

Response: The Department concurs that prisoner movement scheduling can be improved. Most problems in this area result from communication problems between medical staff and prisoner transportation staff. The use of a properly configured computer scheduling program could eliminate most of this communication problem. As part of the study of the consolidation of prisoner transportation between Corrections and Public Safety, the issue of scheduling software will be an important element.

Recommendation: Budgeting and management of prisoner transportation costs should be consolidated.

Response: The Department agrees with this recommendation. This issue was preliminarily analyzed this summer through a technical assistance grant from the National Institute of Corrections. The Department expects to work with the Department of Public Safety to develop a consolidated approach to prisoner transportation.

Recommendation: The Office of Management and Budget should reduce the Department's prisoner transportation authorization.

Response: The Department does not agree with this recommendation.

Travel funds for prisoner transport, budgeted by Corrections and Public Safety, are just adequate to cover all prisoner movements. There has existed some confusion between the departments about who is budgeting for which travel, and which travel is being reimbursed. This issue will be resolved if a consolidated approach to prisoner movement is implemented.

Recommendation: The Department must prevent further miscoding of invoices and misreporting of expenses.

Recommendation: Unit supervisors and managers must be provided with reports and training to effectively monitor and manage their budgets.

Response: The Department agrees with these recommendations. The budget preparation, monitoring and expenditure processes in the Department are currently undergoing review, and changes will be made to assure that these problems are not recurring.

3.11 MATERIAL MANAGEMENT

Recommendation: The Department should centrally manage the use and procurement of all departmental forms.

Response: The Department agrees with this recommendation and will take the actions necessary to ensure that forms are managed properly.

Recommendation: Warehouse inventories should be reduced to a two-week supply and warehousing operations should be eliminated or reduced.

Response: The Department agrees with the policy of reducing food supplies in the institutions. This policy has been changed as part of the centralized food procurement process already underway. The Department disagrees with the Consultant that this change in policy will eliminate the need for twelve employees, one in each institution. Reducing food inventory levels from three months to ten days will not eliminate a major portion of the supply function.

3.12 COMMUNICATIONS

Recommendation: Increased communications with field staff should be initiated promptly to help ensure that policy and procedural changes are adequately disseminated and understood before being adopted.

Response: The Department concurs with this recommendation. To eliminate most of this problem, the Department proposes returning to the monthly shift briefings, in which each shift reports a half-hour early, and the Department management and/or institution management spend this time in discussing proposed or enacted policy changes. These shift briefings were eliminated due to contract/budgetary constraints. If these can be reinitiated, most of these

communications problems can be eliminated.

3.13 DATA PROCESSING

Recommendation: The OBSCIS and HOFA systems require major redesign or replacement in order to meet the operating needs of the Department.

Response: The Department agrees that these information systems need extensive updating, if they are to adequately meet the needs for departmental information. The problem of an inadequate information base is hindering the efforts of the Office of Technical Services; it also creates inefficiencies in data management at the institution level. If adequate resources can be directed toward this problem, the long-term cost savings to the Department could be significant. The Consultant suggests that clerical positions can be eliminated by discontinuing duplicate records systems. This is true, but elimination of functions or positions can only be accomplished after the information systems have been properly redesigned.

CORRECTIONS/MARWICK

	1/15/92	ASSIGNED TO	ASSISTED BY	NOTES
1	Policies and procedures brought up to date	Office of Policy/Plan/Res		
2	Internal Audit function established.		DAMS	
3	Clerical procedures-Review.		DAMS	
4	Correctional officers/clerical functions Analyze positions.		DAMS	
5	Relief officers for overtime reduction.		DAMS	
6	Admin staff-reduce in some institutions.			
7	Time Accounting policies-update manual.		Parole Board	
8	Time Accounting-revise procedures to classify cases requiring special review.			
9	Time Accounting-annual audit			
10	OBSCIS- proper reporting of sentencing data.			
11	Staffing-for time accounting by institution		DAMS	
12	Programming standards for "jail" and "prison" facilities		Chris Murray	

CORRECTIONS/MARWICK

	1/15/92	ASSIGNED TO	ASSISTED BY	NOTES
13	Pharmacy-consolidate with other agencies			
14	Pharmacy- inventory controls		DAMS	
15	Pharmacy- revise RSA for overhead		DAMS	
16	Staffing- food service workers		DAMS	
17	Kitchens-consolidate at Palmer		Chris Murray	
18	Personnel Offices-consolidate			
19	Inmate Trust Account-Reconcile		DAMS	
20	Inmate Trust Account-monitor regularly			
21	Cash drawer resets-policy. In writing and authorized by superintendent	Office of Policy/Plan/Res		
22	Inmate accounting-policy for segregating duties		DAMS	
23	OBSCIS numbers- do not duplicate			
24	Inmate pay-timely on release			
25	Commisary- no nsf request slips -checking accts not use for other purposes -audit accounts		DAMS	

CORRECTIONS/MARWICK

	1/15/92	ASSIGNED TO	ASSISTED BY	NOTES
	-policy for pricing merchandise			
	-monthly inventory			
	-no use by staff personnel			
	-Palmer Commissary Officer oversee purchasing			
	-Palmer-consolidate orders			
	-record purchase of high value items on inmate records			
26	Bill Paying-make timely			
27	Revenues-accounted for properly		DAMS	
28	Budget-set reasonable level		OMB	
29	Cash drawers-set appropriate levels		DAMS	
30	Cash payouts to inmates upon release-set a standard amount of cash vs. check	Office of Policy/Plan/Res		
31	Fees for meals- collect from employees and visitors, and account for the money		DAMS	
32	Inmate labor-limit hours according to regulations.			
33	Accounting by trained personnel-report to admin officers		DAMS	

CORRECTIONS/MARWICK

	1/15/92	ASSIGNED TO	ASSISTED BY	NOTES
34	Transportation-central control of Palmer staff. (should be part of larger trans study)			
	-use of CO's for deliveries and errands			
36	Transportation for medical-coordination with medical scheduler			
37	Transportation-Corrections/Public Safety -proper accounting and management			
38	Accounting- miscoding of invoices			
39	Budget-monitoring and info to managers			
40	Forms- centrally buy and distribute			
41	Food- reduce warehouse inventories			
42	Communications with field staff-improve			Shift Briefings, Video
43	OBSCIS and HOFA redesign or replace			

TASK FORCE
ON
COMMUNITY RESIDENTIAL CENTERS



TASK FORCE RECOMMENDATIONS

Submitted

January 22, 1992

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ATTACHMENT A:	Departmental Questionnaire Survey Results
ATTACHMENT B:	Community Questionnaire Survey Results
ATTACHMENT C:	Community Residential Center Program Statistics
ATTACHMENT D:	Susan J. Ford memo (November 6, 1991)

MISSION STATEMENT

The Task Force on Community Residential Centers will review current community residential center definitions and functions, and will propose changes to statutes, regulations, and policies as needed to maximize the use of community residential beds within acceptable levels of risk to the public.

INTRODUCTION

The Task Force on Community Residential Centers was created by Deputy Commissioner J. Frank Prewitt on July 1, 1991. The Deputy Commissioner charged the Task Force with reviewing current departmental utilization of Community Residential Centers (CRC) and departmental furlough policies for the purpose of maximizing the utilization of the CRC's within acceptable levels of risk to the public.

The Alaska Department of Corrections currently has, under contract with private for-profit and private non-profit agencies, two hundred fifty-seven (257) general use CRC beds statewide and sixteen (16) specialized CRC beds for the chronically mentally ill. In addition, one fifteen (15) bed substance abuse program is administered through an inter-agency agreement with the Department of Health and Social Services.

During FY91 (July 1, 1990 through June 30, 1991) the Alaska Department of Corrections contracted for 94,327 bed-days of "general use Community Residential Center services, of which 71,045 bed-days were actually utilized. This represents a 75.32% utilization ratio statewide (see Attachment C: CRC Program Statistics). The utilization ratio varied from a statewide high of 83.68% in Fairbanks to a statewide low of 48.42% in Bethel. A total of \$ 3,957,900.00 in operating costs were expended for a per diem cost (based on full occupancy) of \$ 41.96/bed day. The cost to the State of Alaska, based on actual occupancy, was \$ 55.71/bed day.¹

At the time this report was prepared, the statewide occupancy rate for correctional centers statewide was in excess of 90%. Given stringent court mandates, and possible ramifications of violating the population limitations for correctional centers statewide, a need to determine ways of increasing the utilization of community residential center beds statewide was apparent. In addition to reviewing the current utilization of community residential center beds, the Task Force has been charged with determining whether a need exists for additional community residential center beds and, if the need exists, which population of offender should be targeted.

It is not anticipated that achieving full utilization of Community Residential Center beds will result in a decrease in the State of Alaska correctional budget. Recent studies indicate that a reduction in the correctional budget through diverting offenders to less-costly community programs only occurs "when enough inmates are diverted so that a prison wing or an entire facility can be closed down. And that's a tall order."²

¹ Figures do not include the Maniilaq Social Rehabilitation Center, Kotzebue, Alaska.

² The Next Best Thing to Prison, Penelope Lemov, *Governing*, (December 1991).

It is anticipated, through implementation of the recommendations which follow, that maximum utilization of Community Residential Center programs will affect the Department of Corrections' budget in subsequent fiscal years by reducing the need for new prisons. It is, therefore, the goal of this Task Force to initiate recommendations which will result in the most effective Community Residential Center programs (from both a programmatic and fiscal perspective).

The following recommendations are based on several primary assumptions which have been identified by the Task Force as being the primary basis for (and to serve as the operating philosophy of) Community Residential Center programs. These primary assumptions are as follows:

(1) Existing departmental Policy and Procedure (818.05) is specific regarding the philosophy of "Graduated Release Through a Systematic Decrease in Supervision". Departmental policy provides a program of release preparation designed to enhance the prospect for successful re-integration to the community. The release program, as currently established, will systematically reduce supervision while increasing individual prisoner responsibility and expectations for conduct. Reduced supervision must be consistent with the custody level of the prisoner. Custody level reduction must not be more rapid than one (1) level at a time, and the time period of each custody level must be of sufficient length to provide a reasonable assessment of behavior. The prisoner, thus, will be placed in the least restrictive level of security and custody consistent with good corrections management.

The furlough process should be an integral part of a gradual-release process which assists offenders in the transition from institutional supervision to successful reintegration into the community. All offenders who attain community custody through a systematic reduction in supervision (and not through a process of classification overrides) should be assumed eligible for participation in the furlough process, unless they represent an unacceptable risk to the community. Denial of participation in the furlough process must be for specific, objective criteria which are not subject to individual interpretation. The assumption for furlough eligibility should not be construed as compensation for all offenders, but rather as a "reward" for those offenders who have earned the privilege of participating in the process through their institutional conduct, participation in treatment, etc.

(2) A graduated release plan should not end at community placement. Individuals who are able to obtain eligibility for community placement should have a furlough plan developed to allow for a continuation of a graduated release plan with the least restrictive level of supervision consistent with departmental mandates for public protection. Placement should be made initially in a Community Residential Center for a period of time sufficient to provide an assessment of behavior. Individuals who successfully complete Community Residential Center level programs could move through other available programs such as Day Reporting Centers, electronic monitoring, home confinement, etc. (see Task Force on Intermediated Sanctions report).

(3) For the furlough process to be successful, eligible individuals must be allowed to participate in community residential center programs for a period of time sufficient to allow adequate programming. For individuals who have been incarcerated for lengthy periods of time, the need for reintegration planning is particularly acute. Individuals must have sufficient time to develop a community support system (i.e. residence, financial resources, etc.) to maximize the possibility of successful reintegration into the community. The length of time for furlough placement, and furlough plan, should be determined on an individual basis and be consistent with good correctional management as it relates to the impact on the community and the needs of the offender.

This programming should include, but may not be limited to, vocational training, job search, required treatment, etc. All individuals should be assisted in developing a support system in the community which will be available to the individual as they progress through the release process. Access to programming must be available to allow offenders to adequately meet the requirements of an approved furlough plan and to allow continuation of institutional treatment where necessary.

To enable this process to work efficiently, a coordinated effort between the Department of Corrections and contract personnel is necessary. Community Residential Centers, as an end to institutional confinement, must not also signify an end to Department of Corrections involvement with the offender. In delegating the day-to-day operational responsibility to contract facilities, it is important to remember that the Department of Corrections does not also delegate the responsibility of insuring that needed services are provided and that the mandates for protection of the public are met.

On-going participation by Department of Corrections personnel after placement in a Community Residential Center is necessary to monitor continued progress and possible graduation into other less restrictive sanctions consistent with good correctional management. The presence of departmental staff on a regular basis should also increase the likelihood of successful furlough placement by serving as a reminder that the individual is still under the strict supervision of the Department of Corrections.

(4) There exists a need for effective and efficient community based correctional programs in Alaska. These programs, whether they are Community Residential Centers, Day Reporting Centers, electronic monitoring, home confinement, etc., will likely play an increasingly important role due to the uncertainty of available funding levels for coming fiscal years. Alaska prisons are currently running at or near capacity and the likelihood of funding for the construction of additional prisons (as well as on-going operational expenditures) is unknown.

Prison beds must be viewed as a finite resource and reserved for those offenders who constitute the most serious risk to the community. Offenders who can reasonably be expected to comply with conditions of release should be managed in the community with appropriate structure and surveillance requirements imposed and enforced.

Expansion of community based correctional programs is likely given the finite resources anticipated in the future. Expansion of these programs, however, must be well planned with sufficient departmental involvement to insure that public safety is not unduly impacted and that these programs are not jeopardized by inappropriate utilization.

(5) The State of Alaska has a unique geographical configuration which prohibits the establishment of community residential centers in all areas of the State. The need, however, exists statewide to have these programs (both transitional and as Intermediate Sanctions) available to all offenders, not just to offenders in major metropolitan areas. Creative means are necessary to make the programs available to all offenders.

The most effective reintegration programming occurs when offenders are able to develop their community support system (i.e. employment, residence, etc.) in the area where they will ultimately be residing. Due to the size and population configuration of Alaska, this local reintegration programming cannot always be accomplished. Financial resources must be concentrated where they are most effective, however, creative means must be developed to expand reintegration programming to areas where they are not currently available.

METHODS OF RESEARCH AND EVALUATION

Task Force members were selected with the goal of having adequate representation from all departmental and non-departmental groups involved and/or effected by Community Residential Center programs. As such, personnel from Central Office, Institutions, and Community Corrections were appointed to represent the Department of Corrections. Personnel were appointed to represent each Contractor currently providing Community Residential Center services to the Department of Corrections. In addition, representatives from the Alaska State Legislature, Victims For Justice and Community Councils also participated in the Task Force process.

In order to identify problems related to current utilization patterns of community residential centers, the Task Force initially researched Departmental data bases to determine what statistical information was available to assist in the analysis of current utilization patterns. It was determined that, although some data has been compiled at specific correctional centers, there does not exist a central data base upon which to make reasoned judgement on the success of current utilization.

Although Task Force membership included representatives from Departmental and private agencies involved in and/or effected by Community Residential Center programs the Task Force decided that an "outreach" to field personnel within the Department of Corrections could help the Task Force identify problems (and possible solutions) to the under-utilization of Community Residential Center programs statewide. A questionnaire was developed for distribution to Departmental personnel statewide, as a means of determining from Community Corrections and institutional personnel if there were any common problems and/or proposed solutions which could be identified statewide. The questionnaire was distributed to seventy-eight departmental personnel (Community Corrections, institutional and administrative) in positions of supervision and having direct knowledge of the programs. (See Appendix A: Departmental Questionnaire Summary). In addition, twelve questionnaires were distributed to specific members of the Alaska State Legislature, Department of Law and Victims For Justice. A total of ninety (90) questionnaires were issued and forty-two (42) responses received for a response rate of 47%. Considering that the questionnaire was very lengthy and asked for written comments to every question, the rate of response was much higher than anticipated, indicating that Departmental personnel felt strongly about the issues addressed in the questionnaire.

Recognizing that Community Residential Center programs, by definition, have direct impact on the community in which they operate, the Task Force developed a second questionnaire designed to determine the level of knowledge of current Community Residential Center programs as well as the level of acceptance for possible changes in the current programs. (See Appendix B: Community Questionnaire Summary). A total of 1,797 questionnaires were issued with a total of 478 responses received for an overall response

rate of 27%. Again, the response rate was much higher than anticipated indicating that many members of the distribution audience felt strongly concerning the issues addressed in the questionnaire.

The Task Force, pending return and summarization of the Departmental Questionnaire, was divided into three sub-committees as follows: (1) Furlough Policies and Procedures; (2) Current Programs and Changes; and (3) Specialized Utilization. Each Sub-committee was asked to identify problems and make recommendations consistent with the mission of the Task Force. Sub-committees drafted initial recommendations, reviewed the results of the Departmental Questionnaire (when this data became available), and then submitted finalized draft recommendations to the Task Force "at-large" for discussion and final adoption.

The results of the Community Questionnaire have been incorporated into Task Force recommendations (where applicable) as implications to the recommendations. The Task Force felt that information of this nature was important to the Executive Committee in deciding the possible impact on the community for acceptance (or rejection) of any Task Force recommendation.

Recommendations have been divided into subject categories as specified above. An attempt has been made to place recommendations in an order which reasonably flows from one to another. Recommendations are not prioritized as to the relative importance of each as recommendation. Each recommendation generated extensive discussion by the Task Force at large. Although opinions varied on the final language for many of the recommendations, the following recommendations have been adopted unanimously by the Task Force "at-large" and submitted to the Executive Committee for review and acceptance.

RECOMMENDATIONS AND DISCUSSION

Furlough Policies and Procedures

1. **RECOMMENDATION:** Offender furlough placement in CRC's should be predicated on the basis of mandated eligibility for those classified as community custody, with denial by exception.

Justification: Currently the furlough process is one in which offenders who are classified community custody and apply for furlough are reviewed, and justification established, to warrant placement in the community. This process results in a pre-disposition that offenders are ineligible unless documentation can be provided (i.e. institutional conduct, treatment progress, etc.) to warrant their placement in the community.

If community custody is obtained through proper implementation of departmental policy and procedure (and not through a system of classification overrides) then offenders who obtain community custody should, by definition, be eligible for community placement unless there is clear and overriding reason for non-placement. The Task Force recognizes that there are factors unrelated to the systematic reduction of institutional custody status which exist for some offenders and which make them inappropriate for community furlough placement. Reasons identified by the Task Force include offenders who do not want a furlough (due to institutional employment, etc.), individuals with specific medical (or program) needs which can only be met in the community, individuals providing public presentations, etc.

Mandatory placement of all community custody offenders is not recommended, however, mandatory eligibility is recommended as a critical change in philosophy. Objective criteria must be clear and documented to deny furlough application for individuals who are otherwise eligible for community placement based on their classification.

Implications: A clear statement of the change in philosophy will need to be presented to institutional personnel responsible for furlough application, review, and approval. On-going training will be necessary to ensure statewide consistency in furlough practices. Procedures will need to be developed to ensure that objective criteria which is acceptable for furlough denial is consistent statewide and that subjective basis for denial is minimized in the review and approval process.

2. **RECOMMENDATION:** All CRC program placements should be placed for a sufficient length of time to maximize the chance for a successful outcome. Placements will have a plan and program goals and objectives established prior to entry.

Justification: Establishing realistic and attainable community goals is an important component of pre-release planning. Offenders, working with their institutional probation officer, should begin this planning process well in advance of anticipated release to the community residential center. In order to be successful, the offender must have sufficient time to realize the goals established. This may mean seeking and finding an appropriate job, entering into out patient treatment or enrolling and completing vocational or educational programs. Task Force members recommend that CRC offender placement be made with at least enough time for the offender to progress through the established level system. This generally takes at least six months. For many offenders, however, a longer period of time may be necessary for successful community transition.

Implications: Furlough policies and procedures will need to be modified to direct institutional staff to begin pre-release planning well in advance of anticipated furlough requests. Institutional probation officers will need to assist offenders in developing realistic and acceptable goals for furlough placement. It is anticipated that a standardized format for the furlough plan will also need to be developed.

3. **RECOMMENDATION:** Superintendents and all line program staff should receive training regarding existing departmental policies and procedures regarding Classification (735 series), Furlough (818.02) and Release Preparation and Temporary Release (818.03).

Justification: Over the course of the past several years, it has become apparent that inconsistencies in the interpretation of various classification policies has resulted in equally inconsistent placements of offenders in the community. Practice has not always been consistent with policies and procedures, regulations and statutes. This was very evident in the review of Departmental questionnaires returned to the Task Force.

Because of the high turnover in key institutional staff positions, it is unclear whether adequate initial training has been done with staff to make them cognizant of relevant policies, regulations and statutes governing community placement. It is recommended that initial and up-date training be done with all staff responsible for classification actions associated with community placements.

Implications: The Training Center should develop a plan to provide this initial and on-going training in all aspects of community placement. This training should also include review of the Department's Standards for Community Residential Centers.

4. **RECOMMENDATION:** Superintendents' authority be expanded to allow authorization of furlough placements, regardless of the nature of the offense, for up to one (1) year prior to the prisoner's projected release date.

Justification: Operating on the assumption that community custody is obtained through a systematic reduction of supervision which is earned through institutional conduct, offenders classified as community custody should be low-risk placements in the community. Superintendents' should be allowed to authorize furlough placements for these offenders based on comprehensive furlough plans and the review of necessary factors prior to furlough approval.

The Task Force believes that, although Departmental Policy and Procedure does not specifically give superintendents the authority to authorize furloughs, the authority has been delegated to superintendents for non-violent offenders with six months (or less) remaining on their sentence. Expanding this authority with regard to all offenders with up to one year remaining to the projected release date would enable those offenders who have obtained community custody and developed furlough plans to be placed in Community Residential Centers in less time, and thus provide for additional time for programming and reintegration procedures to be effective.

Over three-quarters (76.2%) of Departmental personnel responding to the questionnaire indicated that they were in favor of superintendents having the authority to authorize furloughs. Of the respondents in favor of superintendent approval of furloughs, 34.3% indicated that the authority should be for non-violent offenders only while 46.9% indicated that the authority should be for all offenders. The Task Force believes that the classification system, if operating as designed, should remove the distinction between violent and non-violent offenders if they are able to obtain community custody.

Implications: On-going review and monitoring of the furlough process will be necessary to ensure statewide consistency and to ensure that the approval process is functioning to maximum efficiency. Initiation of furlough applications, review and approval will need to be accomplished from all correctional centers and pre-trial facilities. Sufficient central office review of furlough statistics will be necessary to ensure statewide consistency and that community protection mandates are being met at all facilities.

5. **RECOMMENDATION:** For requested furlough placements longer than one (1) year, a designee from the Division of Institutions should be assimilated into the planning process. The designee should participate telephonically with institutional line staff and CRC personnel to assess potential problem areas and appropriate time lines for approval. Following joint approval between the designee, CRC staff and/or institutional staff, the furlough application should be forwarded under existing methods for furlough application.

Justification: By utilizing a long-term action plan, furlough applications for longer than a twelve (12) month placement should be reviewed by all concerned parties. A representative from the Director of Institutions' office should analyze the length of the placement and prepare a realistic approach for long-term community referrals.

Institutional staff, administrators and Community Residential Center staff will receive a clear picture regarding acceptable candidates for long-term community placement.

Prior to furlough application a clear understanding of expectations and conduct will need to be presented to the applicant. Victims' comments can be documented and incorporated into the furlough review process (as required by statute). Although the Task Force believes that the number of placements to be made in excess of twelve months will be minimal (at least initially), a review by institutional staff, Community Residential Center staff, and departmental administrators can ensure a smooth transition for long-term community placements and thus the risk to the community will be minimized.

If furlough application is denied, the reason(s) for denial should be clearly articulated and appropriate plans of action (including time-lines) should be established to allow appropriate community integration for the offender.

Implications: A method of (and standards for) appropriate review and placement for long-term furlough candidates will need to be established. Policy and Procedure should be established to document the review and placement process and appropriate forms developed to ensure statewide consistency.

6. **RECOMMENDATION:** A central data tracking system for monitoring the number of furloughs submitted to all levels of approval should be established. The data system should track, by institution, the number of denials, reasons for denial and the number of denials which are appealed, upheld upon appeal, or reversed upon appeal.

Justification: The Task Force was unable to develop sufficient data on past furlough applications and approvals to make a definitive statement on many key issues which relate to the furlough system. Fifteen of twenty-two institutional respondents indicated that this data was not available. They did not know such basic information as: the average time left to serve for individuals classified community custody; the number of furloughs initiated; approved; denied; appealed, etc.

This information is necessary to evaluate statewide consistency and to identify areas which can be improved in the furlough system. This will be particularly critical if Task Force recommendations are initiated to expand superintendents' authority for furlough approval. Careful monitoring of data would insure statewide consistency and facilitate the most effective utilization of the pre-release process.

Implications: Additional funds will be necessary to purchase computer hardware and software for all institutions to develop a departmental furlough data base. Possible interface with OBSCIS should be analyzed. Methods for monitoring furlough success (i.e. recidivism, program completion, attitudinal changes as determined by accepted testing procedures) should be incorporated into the tracking system if feasible.

7. **RECOMMENDATION:** All superintendents shall be accountable for utilization of a graduated release through a systematic decrease in supervision by implementing current Departmental Policy & Procedure 818.05.

Justification: Superintendents are required to implement a variety of Departmental Policies and Procedures. The implementation of these policies should clearly demonstrate consistency on a statewide basis. With a central tracking system in place for monitoring requests for furlough, the Director of Institutions will be able to ensure that offenders are classified at the appropriate custody level and are allowed an opportunity to request community placement.

Implications: The Division of Institutions will need to create a statewide tracking system (not necessarily a data base management system) that identifies all furloughs initiated and follows them through to conclusion. This recommendation also assumes that superintendents will be adequately trained in the policies.

8. **RECOMMENDATION:** The planning and documentation sections regarding release procedures should be expanded. An individualized comprehensive action plan should be developed throughout the pre-release process.

Justification: Current policy requires that institutional staff establish a pre-release plan for each prisoner. Consideration of furlough placement and a thorough review of all problem areas need to be identified during the pre-release program and evaluation process.

The Task Force recommends that the planning and documentation sections regarding release procedures be expanded with a comprehensive individual action plan being developed throughout the pre-release process. This plan would enable specific time line criteria to be followed, establish a method of tracking prisoners through the system, and reduce administrative concerns regarding the furlough process.

A long-term "outline of action" program plan should be submitted for review to establish a time frame for approval into the furlough process which would enable the Department to project expanded furlough placements prior to actual furlough application. Furlough placement can then be systematically tracked during the pre-release portion of a prisoner's sentence. This documentation will ensure that policy and procedure objectives are met as well as provide record of compliance with mandates of the Clery Final Settlement Agreement (CFSA).

The Task Force believes that pre- and post-application staffing sessions with institutional, contract and applicant participation would help eliminate any misconceptions about the primary purpose and rules of the Community Residential Center and thus stimulate furlough placements. More offenders would apply for

furlough if the advantages are clearly presented and fewer problems would develop after placements if there were no misconceptions about the restrictions imposed upon the individual after placement.

Implications: Training regarding departmental policy and procedure would be necessary for institutional personnel regarding the long-term planning for furlough placement. Additional personnel may be necessary at some institutions to allow for efficient and effective pre-release planning for all offenders. Coordination with contract and institutional (as well as community corrections personnel) would be necessary to establish a meeting schedule for staffing sessions. Review of resources at each institution would be necessary to determine the capabilities for data tracking and furlough placements projections.

9. **RECOMMENDATION:** Offenders whose length of incarceration has been insufficient to allow for participation in, or completion of, institutional treatment programs must have an established community treatment plan and meet the criteria established in departmental furlough policy and procedures.

Justification: Offenders with required or mandated treatment needs should not be placed in the community until a verified plan is in place that ensures their treatment needs will be met. Without a verified plan in place, the offender could be in the community without appropriate treatment, thereby creating an unnecessary risk to the community. These treatment needs include substance abuse, mental health and/or sex offender treatment. In order to be eligible for a furlough, this comprehensive plan must be part of the Furlough Agreement.

The Task Force recognizes that not all offenders receive sentences that allow them to meet all their varied treatment needs. Offenders have frequently been released prior to completion of programs and have had to continue treatment as a condition of probation. This is not the ideal, however. If we are to best utilize our community residential centers, we need to ensure that the offenders placed are geared to fulfill all mandated requirements.

Implications: A greater burden will fall on institutional treatment providers to establish community treatment plans for offenders. In the case of contract treatment providers, this may mean that additional funding will be necessary.

10. **RECOMMENDATION:** Regulations authorizing the possibility of a three-year furlough should remain unchanged to allow greater latitude in furlough utilization and possible integration with Day Reporting Centers (DRC), electronic monitoring, and other intermediate sanctions.

Justification: Under the current departmental furlough system, the placement of an individual on furlough status in a Community Residential Center in excess of one year

is very rare. It appears that current furlough patterns may be a reflection of past policy and procedure changes, a tendency to anticipate whether furlough applications will be approved, and some misconceptions concerning when eligibility for furlough application occurs. The net result has been shorter term furloughs. The Graduated Release procedure established in departmental policy and procedure, when functioning as designed, should result in approval of longer duration furloughs than are currently experienced.

It is doubtful if a three-year furlough to a Community Residential Center will ever become an accepted practice even under an efficiently functioning Graduated Release System. The Task Force believes, however, that the possible implementation of other Intermediate Sanctions (i.e. Day Reporting Centers, electronic monitoring, home confinement, etc.) could likely result in furloughs in excess of two years, with a period in a Community Residential Center and then graduation unto other less restrictive means of supervision (dependent on Community Residential Center conduct). Even under the best of circumstances, a three-year furlough should always be an exception to the rule and not a normal occurrence in release planning.

Implications: There are not anticipated to be any short-term implications of this recommendation, as the possibility of a three-year furlough is currently in effect. Furlough procedures, and review of the recommended departmental data base relating to such, should be carefully reviewed periodically to determine whether the three-year authority currently granted to the Department of Corrections through regulations is necessary to adequately meet the needs of the Graduated Release System.

11. RECOMMENDATION: The Department of Corrections should seek statutory change to eliminate restitution placements as a furlough category. Placements currently being made as "Restitution" placements should be made either as confined misdemeanants or furlougees through the classification process.

Justification: Existing policies and procedures give the Department adequate latitude to place offenders in the community. Offenders are either placed through the designation process or through the furlough process, both of which are classification actions. Language in the statutes and regulations pertaining to "restitution" placements actually hinder the department in making the best use of community beds.

From a community safety viewpoint, it is more desirable to utilize the furlough mechanism to place offenders who can work in the community. A furlough, unlike a restitution placement, requires a full classification hearing and requires the offender to develop and sign off on furlough conditions. Offenders are in the community, therefore, meeting verified treatment needs and employment needs. Furlougees work within a program that allows them to advance through the level system (gaining

privileges for appropriate behavior) as well as working with a budget that mandates payment for court ordered child support, fines, restitution, etc. Restitution placements, however, are only allowed out of the Community Residential Center to work (or seek work) and therefore do not participate in any treatment. Restitution placements frequently have Court ordered treatment, however, due to the nature of the placement procedures they cannot participate in this treatment.

Implications: This recommendation will require that the Department and interested parties work with the legislature to change the statutes. In addition, changes will need to be made to existing regulations and Departmental Policy and Procedure.

Current Programs and Proposed Changes

12. **RECOMMENDATION:** The operational purpose of CRC's be defined to follow two tracks, as follows:

- (1) To provide reintegration or rehabilitation services to offenders; and
- (2) As Intermediate Sanctions.

Justification: The most common responses to the Departmental Questionnaire relating to the primary purpose of Community Residential Centers were (1) Reintegration, (2) Rehabilitation and (3) Intermediate Sanctions for Probation/Parole technical violations.

Although recognizing the need to relieve institutional over-crowding, the Task Force does not believe that the primary purpose of Community Residential Centers should be as such. In addition, the operation of Community Residential Centers strictly for more cost-effective beds is a benefit, and not a primary purpose.

Defining the operational purpose of Community Residential Centers as an essential phase in the pre-release process (reintegration and rehabilitation) and also as an Intermediate Sanction (Probation/Parole technical violations and designees) allows the utilization of the centers to relieve institutional over-crowding while still maintaining a philosophy of longer term placement based on the needs (and suitability) of the offenders.

Implications: Utilizing Community Residential Centers for longer term placements as well as Intermediate Sanctions for Probation/Parole violations should result in a decrease in the institutional population. This may result in a decreasing need for utilization of Community Residential Centers as a relief for institutional over-crowding. One possible implication which the Task Force is unable to predict, would be the increased prosecution by the State of Alaska for offenders who are currently not prosecuted based solely on the lack of available bed space in correctional centers. Discussions with the Attorney General's office relating to this matter leads the Task

Force to believe that additional bed availability in correctional centers may quickly be filled by District Attorneys who are currently not prosecuting individuals because of the premium placed on institutional beds.

13. **RECOMMENDATION:** The Department of Corrections should clearly identify and support the primary purpose of Community Residential Centers within Policy and Procedure and within Community Residential Center Standards. Policies and standards should be revised to clearly reflect this purpose.

Justification: Historically, community residential centers have been used by the Department in a variety of ways and for a variety of reasons. These variations are a result of both changes in inmate population and overcrowding and changes in management philosophy. There are no statements either in policy or in the CRC Standards that clearly state the purpose of CRC's. There was strong consensus within the Task Force that the Department establish within regulations and policy and procedures a clear mission statement for CRC's. A clear mission statement would both guide future administrations and protect the integrity of the CRC's.

It is apparent that the community at large is uninformed about the Department use of contract community residential centers. It is our obligation to educate the public about the mission and extent of community placements and to be responsive to their concerns.

Implications: Establishing clear utilization guidelines for CRC's could to some extent hamper the department in meeting emerging overcrowding needs. If Community Residential Centers' are fully utilized by appropriate placements, overcrowding problems would have to be solved in other ways.

14. **RECOMMENDATION:** The Department of Corrections should establish target populations for each Community Residential Center in order to clearly set populations and priorities for placement.

Justification: Current contractual language states "The Department will establish target population configurations for each category of offenders housed in the Community Residential Center based on an annual review of departmental utilization of community beds." The review and establishment of population configuration is necessary to allow adequate planning at Community Residential Centers and determinations on the number of case managers, security staff, and supplies to adequately meet the needs of the Department of Corrections.

Statistics are currently being compiled on the number of admissions to each Correctional Center (by placement category). However, a systematic review and revision of estimated configurations for each center has not been done. The result is

either unnecessary resources being provided at centers or unavailable resources for the population being served.

Systematic planning on the utilization of each Community Residential Center (particularly in areas where multiple facilities are operating) would result in more efficient and effective programs. Additional confidence in placement would be obtained and an increase in the furlough placements would result as the ability of the Community Residential Centers to handle the population which they are designed would be increased.

Implications: Additional departmental staff time would be required to review population configurations in Correctional Centers statewide, in conjunction with the utilization of Community Residential Centers by Community Corrections, to develop action plans for placement of offenders for each fiscal year. Allowances would still be necessary for revisions in the population configurations due to any emergent needs of the Department of Corrections. Additional communication between the Department of Corrections and Community Residential Centers would be necessary if any major swing in the utilization by institutions or community corrections was anticipated which could result in a change in the established population configuration of the Community Residential Center.

15. **RECOMMENDATION:** The duties of the Institutional Furlough Officer should be clearly defined, and expanded as necessary, to allow for greater involvement and authority in case management decisions. Community Residential Center Standards should be amended to clearly reflect the role and responsibility of the Institutional Furlough Officer.

Justification: The institutional furlough officer has case management responsibility for all offenders placed in community residential centers by institutions. At this time, very little authority exists to support this responsibility. The furlough officer position was created in Anchorage to ensure probation supervision of offenders was in place and that required case management activities occurred. No written description of the role or responsibility of this position was developed. Nor were uniform procedures for preliminary hearings, removal from placement, etc. developed. This has resulted in a great deal of confusion and some case mismanagement. The furlough officer should have adequate authority to call and conduct preliminary hearings, advise CRC staff of case management questions and to generally have greater involvement in case management decisions. The resultant efficiency in furlough placement success would increase confidence and stimulate additional furlough placement.

Implications: New and revised policy and procedures will need to be developed. Revisions to the CRC Standards will also need to be completed to meet this recommendation. At this time, Anchorage is the only community with an identified furlough officer. In other communities, probation officers from the local correctional facility place and supervise offenders in community placement. The furlough officer

must have a comprehensive knowledge of both institutional and field probation policies, as well as applicable parole and probation requirements. Additional training for these probation staff may be necessary for them to meet the demands placed upon them.

16. **RECOMMENDATION:** Ongoing staffing conferences should be held following CRC placement. Staffing would include the Furlough Officer, CRC staff, and regular reviews with institutional staff.

Justification: The current tracking mechanism for monitoring furlough placements is inadequate, due to the number of furloughs and the fact that the Probation Officer assigned to monitor departmental furloughs continues to carry an institutional case load.

Currently the Departments' monitoring of the offenders' behavior at the CRC is primarily accomplished by telephone interviews with CRC staff. The Task Force believes that the presence of departmental staff, especially DOC personnel who have worked with the offenders while institutionalized, helps offenders succeed during placement as a visible reminder of their status in the correctional system.

An ongoing staffing process would enable all involved parties to interact on a regular basis regarding the furlough placement. Conditions specific to the furlough may be discussed and reinforced when appropriate. Progress can be documented and provisions modified. The interaction between all involved parties is essential for providing the level of supervision and monitoring needed.

Implications: The implementation of on-going staffing meetings at Community Residential Centers would require an additional Furlough Officer in the Anchorage area to adequately meet the demands for community placements. The Task Force does not believe that additional positions would be necessary in other communities where Community Residential Centers are located at this time.

17. **RECOMMENDATION:** Policies must be developed that establish screening, referral and placement procedures for probation placements. These policies must include review by supervisors, a placement plan and regular case management meetings with supervising probation officers as identified in the Community Residential Center Standards.

Justification: Only one community corrections policy exists that addresses supervision of probation/parole offenders in contract facilities. Although this policy does address case management responsibilities, it gives individual probation officers no direction in placing these offenders. Currently, individual probation officers can place offenders in contract facilities without supervisory review or approval. Because of this lack of direction, probation placements have frequently been made without adequate thought given to the overall placement plan. As statistics indicate, there have been

a high number of probation placements that have failed, perhaps due to this lack of planning in placement.

The Task Force believes these placements should be given as much consideration as those coming from the institution. This would include establishing screening and referral mechanisms, as well as higher level review of potential placements. Current policy dictates that probation officers are the primary caseworkers for their placements. They would interface more frequently with contract staff regarding their clients and problems and concerns would be more successfully dealt with than is currently the case.

Implications: Community Corrections policies and procedures will need to be developed that address placement of offenders in contract facilities. Obviously, supervisors will be required to take a more active role in these placements. Both probation officers and supervisors will be more accountable to ensure that active case management occurs with offenders placed in contract facilities.

With more careful review of placements, there is the potential that more offenders might be revoked and returned to custody. This could create a short term increase in probation officer workload and institutional crowding. In the long run, however, it should stabilize, as there should be fewer walkaways from placement, and therefore fewer violations.

18. **RECOMMENDATION:** A travel fund should be established for utilization by community corrections in locations where a Community Residential Center is not operating to allow for the transfer to, and placement in, a Community Residential Center.

Justification: Currently Community Residential Centers are established and operating in four communities in the State of Alaska: (1) Anchorage; (2) Juneau; (3) Fairbanks; and (4) Bethel. The Department of Corrections operates Probation/Paroles offices in thirteen (13) communities within the State. In many cases, as identified by Community Corrections field personnel, when a probationer/parolee commits a technical violation of probation/parole conditions, the P.O. has little alternative but to file for revocation and have the offender re-incarcerated. Although offenders with sufficient financial resources to pay for transportation to a community in which a Community Residential Center is operating are permitted to do so (in lieu of re-incarceration) few offenders in "bush" communities have the financial resources available and are subsequently institutionalized.

Placement in a Community Residential Center is less costly than institutionalization (approximately \$ 50.00 less per day of placement). The cost of the transportation would quickly be recovered by the cost savings of community vs. institutional placement. Deductions from earnings made while the offender resides in the center could also help defray the cost to the State for travel to the center.

Implications: Additional funding will be needed by the Alaska State Legislature. The exact amount of funding will need to be determined through an analysis of offenders currently institutionalized (for technical violations of Parole/Probation conditions) in areas where Community Residential Centers are not operating to estimate the number of offenders for which this travel fund could be utilized.

19. RECOMMENDATION: Policies and Procedures should be developed to clearly specify violation procedures relating to probation/parole placements and designees. The Community Residential Center Statement of Standards should be revised to incorporate new Policy and Procedure and to clarify Departmental Policies & Procedures relating to furlough placements.

Justification: Existing regulations, policies and procedures and CRC Standards clearly outline procedures to be followed prior to returning furlough offenders to custody after an alleged violation. Much less clear are the procedures to be followed when returning a confined misdemeanant or a probationer to custody. Practice statewide has been inconsistent and at times poorly handled. Good management dictates that clearly established procedures and guidelines be developed and implemented that guide both Departmental and contract staff. With the recent Ferguson decision (1991), this becomes even more imperative.

Implications: As noted in a previous recommendation, the role and responsibilities of the furlough officer should be expanded to meet identified needs. With more attention to implementing uniform procedures, it is apparent that one furlough officer alone is inadequate to meet the needs of offenders in community placement.

The Department will need to review existing statutes, regulations and court decisions in order to construct policies and revise Standards.

20. RECOMMENDATION: The Parole Board should mandate placement for a sufficient length of time in a Community Residential Center placement to enable offenders to secure employment, establish treatment plans and work through the Community Residential Center level system to adequately address their transition needs.

Justification: Establishing realistic and attainable community goals is as important for discretionary parolees as it is for furloughees participating in a pre-release program. In order to be successful, the parolee must have sufficient time to realize the goals established. This may mean seeking and finding an appropriate job, entering into outpatient treatment or enrolling and completing vocational or educational programs. Task Force members recommend that parolees be required to participate in a Community Residential Center program with placement time sufficient to allow progress through the established level system. The actual period of time must be determined by individual needs.

Implications: To accomplish this goal, the Parole Board will need to review existing guidelines for Parole Progress Reports completed by institutional probation officers. It may also be necessary to provide training for probation officers in constructing parole plans that allow sufficient time to accomplish goals established.

Specialized Utilizations

21. **RECOMMENDATION:** An admissions committee should be established to review, and approve as appropriate, all furlough applications for "specialized populations" who, due to the nature of their specializations will be unable to achieve community custody status and thus will be ineligible for furlough through normal classification procedures.

Justification: Currently some offenders who have specialized treatment needs (i.e. Sex Offender Treatment, Mental Illness, Substance Abuse, etc.) are ineligible for participation in the Graduated Release process due to the nature of their offense which prohibits the individual from obtaining community custody status (despite good institutional conduct). Many of these offenders have participated in (and sometimes completed) institutional treatment programs and are left in a "maintenance" status until mandatory release to community supervision.

A notable example of a current population which is experiencing this difficulty is Native offenders. Discussions with institutional personnel indicate that these offenders often have exemplary institutional records but, due to the nature of the offense which is often substance abuse related, are unable to obtain community custody status and thus are ineligible for participation in a Graduated Release System. Other offenders (sex offenders and the chronically mentally ill) also experience the same inability to participate in the pre-release process (despite good institutional conduct).

The Task Force believes that a method needs to be developed to allow offenders who warrant participation in a pre-release system (based on institutional conduct and treatment participation) access to the system.

The Task Force recognizes that community acceptance of certain populations such as sex offenders would be minimal (at least in general population Community Residential Centers). Thus, specialized Community Residential Centers need to be developed to meet the needs of specialized populations (see subsequent recommendations under Specialized Utilizations). Specialized Community Residential Centers would need to have programming developed to meet the needs of the population to be placed and have tighter security standards to ensure that the departmental mandate for protection of the public is not unduly impacted.

A method of allowing offenders into these programs needs to be developed. The Task Force believes that an Admissions Committee made up of treatment professionals with knowledge of the individuals and the programming available in the

Community Residential Center should review all applications for furlough into the center. The decision, while taking into consideration security concerns, would need to be based primarily on the treatment needs of the individual and the final decision for placement would need to be by a treatment authority.

Implications: The method for placing the individuals into the specialized Community Residential Centers would be through a classification override. Extensive planning and specific objective criteria would need to be developed to ensure that the placement of individuals was appropriate and consistent with good correctional management.

The Task Force is unable to predict the impact of the classification review currently underway on this recommendation. The necessity for the Admissions Committee may be somewhat diminished as a result, should a determination be made that the current departmental classification matrix tends to over-classify offenders addressed by this recommendation.

22. **RECOMMENDATION:** A specialized Community Residential Center(s) should be developed for female offenders with programs focusing on issues which are particularly important to this population.

Justification: Research strongly indicates that current substance abuse and accompanying social and psychological problems will typically be associated with a history of physical and sexual abuse in females. Treatment modalities specific to this specialized population are necessary. In addition, this population typically has particular problems related to pregnancy, child care, child custody, employment and employment training. Frequently these special needs cannot be effectively addressed in a coed living program due to a lack of safety (emotional and sometimes physical) for the female resident.

Recently the Department of Corrections has experienced an increased number of furlough applications from women with infants and preschool children. These requests are often two-fold, with a period of inpatient substance abuse treatment (where they are allowed to have their children) followed by a work-release placement (in a Community Residential Center) where they cannot have children with them.

The Department of Corrections currently has "soft-beds" in two Community Residential Centers in the Anchorage area specifically designated for female offenders. By separating these beds into a separate facility specifically for female offenders the Department will be able to better meet the special needs of female offenders. Many problems which are inherent with coed programs will be avoided (or eliminated) and the vacated "soft-beds" can be utilized for male offenders.

Implications: The establishment of a Community Residential Center for female offenders will need a population base sufficient to fiscally justify its implementation. This would mandate the facility be located in the Anchorage/Mat-Su Valley area. Additional funding will also be necessary from the Alaska State Legislature for the establishment of the facility and on-going operational costs.

23. RECOMMENDATION: A specialized Community Residential Center(s) should be developed for offenders convicted of sexual offenses with programming specific to this population.

Justification: The State of Alaska spends in excess of \$ 900,000.00 on sex offender treatment in both institutional and community based setting. During the next five years an increasing amount of funds will probably be devoted to community based supervision and treatment. Currently the number of offenders incarcerated for sexual offenses in the State of Alaska represents approximately 74% of the total prison population. According to a report prepared by Susan Ford, PO III, Kenai, approximately five hundred offenders currently on probation and/or parole are sex offenders, of which only slightly more than 50% are in treatment (see Attachment D: Susan Ford memo).

Offenders completing institutional treatment can be furloughed to a Community Residential Center (if eligible under the current classification system). The majority of offenders, however, are ineligible for placement due to the nature of their offense, the length of their sentence, or to other factors which are beyond their control. This means that the majority of sex offenders leaving institutions have received little to no transitional services and may therefore be at greater risk of reoffending than those sex offenders given the opportunity to furlough and experience gradual transition into the community.

A Community Residential Center for sex offenders is needed to allow the initiation of treatment for those offenders who (1) are released prior to final institutional program completion, (2) are ineligible for institutional program participation due to the short length of their sentence, and (3) require continued treatment after having achieved maximum institutional program benefit but who are ineligible for community placement due to the nature of their offense. In addition, it would provide more structured supervision and community transition planning than currently exists within the State of Alaska.

A Community Residential Center for sex offenders would also serve an additional purpose of providing more intensive and structured supervision of sex offenders who are having difficulty on probation or parole. Presently, sex offenders experiencing difficulty in the community either remain in the community with limited supervision by a probation or parole officer, or they are violated due to a lack of other resources and thus re-institutionalized. A Community Residential Center for sex offenders

would serve to eliminate jail time and/or reincarceration for such offenders at an average cost savings of approximately \$ 50.00/day to the State of Alaska. Employment could be continued and collections from wages earned would further help defray the cost to the State of Alaska.

Departmental personnel rated the need for a specialized facility for sex offenders as the third greatest need overall in the State of Alaska (with a 6.85 rating). The need for such a facility has been further identified by contract consultant William Pithers in his October 1991 report. The placement of the offender in a Community Residential Center is identified as one step in a structured release program which is designed to "enhance maintenance of therapeutic change and community safety" (page 38).

The establishment of a specialized Community Residential Center for sex offenders is necessary to afford these individuals with the same opportunity for successful reintegration into the community as other offenders while still maintaining an adequate level of structure and surveillance to minimize the risk to the public.

Implications: Respondents to the Community Questionnaire rated the establishment of a specialized program for sexual offenders as the least acceptable of eight possible specialized programs (with an overall rating of 3.38 and a Federation of Community Council rating of 2.85). To establish a program of this nature, a significant amount of public relations work would be necessary to gain public acceptance. In addition, a Statement of Standards for operation of a facility of this nature would need to be developed to address the additional program and security requirements inherent with this population.

Funding would be needed from the Alaska State legislature to implement and operate the facility. It is anticipated that funding levels in excess of what is normally required to operate a similar sized Community Residential Center will be needed to provide the necessary treatment and security requirements of this specialized population.

24. RECOMMENDATION: Day Reporting Centers should be implemented for untreated sex offenders and other offenders who have refused institutional treatment, to include ISSP monitoring as necessary. Day Reporting Centers should be operated through Community Residential Centers where possible.

Justification: Currently untreated sex offenders, and other offenders who have refused institutional treatment, are ineligible for furlough to a Community Residential Center and thus are Mandatorily Released (MR) into the community under the supervision of Probation/Parole. These offenders often need additional structure and supervision over what normal probation and parole can provide.

Day Reporting Centers, operating in major metropolitan areas, could meet the supervision needs of these offenders and allow for less risk to the public. The additional structure would provide for greater opportunity for these offenders to successfully "reintegrate" by requiring increased accountability during a period when these offenders are most likely to reoffend.

Day Reporting Centers should be operated out of current Community Residential Centers, where possible, as the least costly method of implementation. The Community Residential Centers' could provide the necessary services, through utilization of current staff, and thus greatly reduce the cost for providing the necessary supervision.

Implications: The Task Force on Intermediate Sanctions has made an in-depth review of Day Reporting Centers and should be consulted for consistency of this recommendation based on their findings. If established in current Community Residential Centers, additional funding may be necessary to supplement the programs for the administrative cost of providing the necessary services and well as miscellaneous expenditures necessary to establish the program. Although the majority of departmental personnel responded that they were in favor of Day Reporting Centers, the majority also felt that the centers should be operated by the Department of Corrections. Only one of 40 departmental respondents felt that the Day Reporting Centers should be operated contractually while an additional 10% (4 respondents) felt that a joint venture, DOC and/or contractor run programs would be equally appropriate.

25. **RECOMMENDATION:** The Department should expand the number of Community Residential Center beds available statewide for offenders with substance abuse treatment needs.

Justification: Currently there are only fifteen (15) substance abuse beds available to the Department of Corrections statewide. These programs are administered through an inter-agency agreement with the Department of Health and Social Services. The utilization of these beds is at, or near, 100% currently with a waiting time for placement in these beds of ninety (90) days. Additional community substance abuse treatment beds was identified as the greatest need by departmental personnel (institutional and Community Corrections) in response to the Departmental Questionnaire.

Furlougees receive priority over Probation/Parole placements with 46 offenders currently on the waiting list for placement into the center. The establishment of additional substance abuse treatment beds would allow individuals classified as community custody in institutions (and who have applied for furlough) to be placed in treatment beds as quickly as possible. The result will be an increase in the number (and duration) of furloughs to Community Residential Centers statewide.

The Task Force also recommends that substance abuse beds be initiated specifically for Native offenders. Native offenders seem to progress better in programs which are designed to accommodate the culture of the native offender. Native offender substance abuse beds should be established, where possible, in current program. (preferably in the community in which the offender will reside) on a per diem basis and which are designed to meet the specific needs of Native offenders. The cost of the beds implemented as such would be less to the State of Alaska (since payment would only be issued for bed days utilized) and the programming effects of receiving treatment services in the area of release would be greater.

Implications: Additional funds would be necessary to obtain the necessary substance abuse beds. The Task Force believes that, at a minimum, the number of substance abuse beds available statewide needs to be doubled. A review of current established programs (particularly for Native offenders) should be accomplished as soon as possible to determine the capability (and appropriateness) of establishing the needed beds on a per diem basis. If such resources are not available, the Department should consider other options to make the substance abuse beds available in the area(s) of greatest need.

26. **RECOMMENDATION:** As maximum occupancy of Community Residential Center beds is attained, a separate facility for probation/parole placements should be established to serve as a "halfway-in" house for technical violations of probation/parole requirements.

Justification: Current Community Residential Center programs are utilized for all offender placement categories (i.e. furloughees, misdemeanants and probation/parolees). Although placement categories are separated within the facilities as to living quarters, the placement categories are permitted to interact in common areas (i.e. visiting rooms, recreation, etc.).

The attitudes of Probation/Parolees who are placed in a Community Residential Center as an Intermediate Sanction (in lieu of reincarceration) is significantly different than the attitude of a furlougee who is being placed into a Community Residential Center as compensation for institutional conduct and as part of a graduated release plan. The problems with housing these two populations (not to mention the confined misdemeanants) is that disciplinary actions are often necessary (with violations as appropriate) which could be avoided by separation of the placement categories.

An additional benefit which would be derived from separation of probation/parole placements into a separate facility would be a protected number of Community Residential Center beds for community corrections which sometimes is lost due to the needs for additional furlough placements. Under the current system, a priority for placement in a Community Residential Center is given to furlough placements with community corrections utilizing the remaining available beds (despite established

target configurations). Beds designated specifically to Community Corrections would allow prioritization of placements and placement planning for probation/parole consistent with the needs of the Department and facilitate the planning and staffing patterns of the Community Residential Center.

Recognizing that some areas do not have sufficient probation/parole placements to warrant separate facilities, Community Residential Centers in these areas will need to serve the needs of all population categories. As such, tighter population forecasts and target configurations should be established which will eliminate the prioritization of placements which often leaves community corrections with insufficient beds to meet the needs of their offenders.

Implications: The establishment of a separate facility would require additional funds from the Legislature to cover the additional beds. Current Community Residential Center occupancy levels should be carefully monitored and if the need for additional Community Residential Center beds becomes necessary the establishment of separate Probation/Parole facilities should be considered a top priority.

Miscellaneous Recommendations

27. **RECOMMENDATION:** The Department of Corrections Training Academy, in coordination with the Division of Statewide Programs, should assume responsibility for scheduling and presenting Community Residential Center staff training in Departmental Policy and Procedures. The Training Academy should develop an annual training schedule for Community Residential Center staff. The Department of Corrections should, upon request and as resources allow, provide additional training materials and instruction to Community Residential Center staff.

Justification: Contract staff working within Community Residential Centers are expected to know and implement a variety of Departmental policies. It is expected, for example, that contract staff perform facility and pat down searches in accordance with Departmental policies. It is therefore essential that this training be provided by qualified Department staff. Until now, training of contract staff by the Department either did not occur or was done sporadically by local institutional staff. The most economical way to ensure that contract staff, with historically frequent turnover, are trained, is for the Training Center to train a contractor trainer who would in turn be responsible for on-going staff training.

Implications: Incorporating contract staff into the annual Departmental training effort will require considerable resources, both fiscally and administratively. Ensuring that initial and on-going training of staff occurs will require tracking a substantial number of staff. At this time, it is not known whether current Training Center staffing can accomplish this goal.

28. **RECOMMENDATION:** The Task Force on Analysis of Private/Governmental Job Functions should analyze the cost/benefits of State owned and operated vs. privately owned and operated Community Residential Centers.

Justification: The majority (69%) of respondents to the departmental questionnaire indicated that they were in favor of State owned and operated Community Residential Centers. Respondents indicated (in comments furnished) that they felt there would be increased accountability and that the possibility of State owned and operated facilities would be even more necessary if higher risk individuals were to be placed in the facilities. Respondents not in favor of the concept of State owned and operated facilities indicated that they felt it would be cost prohibitive and unnecessary given the current utilization patterns.

Respondents to the Community Questionnaire generally felt that Contractor owned and operated programs were more cost effective, although a great number of respondents indicated that they had no opinion (or knowledge) concerning the cost of Community Residential Center operations.

The amount of State funds expended during fiscal year 1991 on Community Residential Centers was in excess of \$ 4,000,000.00. If Task Force recommendations are implemented (as well as possible revisions in the Classification System) it is anticipated that additional funds will be expended in the future on Community Residential Center programs.

It was determined that this Task Force was not the appropriate forum to address issues relating to possible State owned and operated facilities. The Task Force on Private/Governmental Job Functions would be the most appropriate forum for performing an independent evaluation of the cost vs. program benefits (if any) of State owned and operated facilities vs. Contractor owned and operated facilities.

Implications: Implications of this recommendation are not known at this time. Depending of the recommendation(s) which are made as a result of the cost/benefit analysis, fiscal and programming changes may be necessary.

29. **RECOMMENDATION:** The Attorney General's Office should review current utilization of "out-of-contract" placements to determine the security requirements and possible liability issues relating to furlough placements in these facilities.

Justification: Out-of-contract facilities provide community residential center services for departmental offenders who wish to pay for the housing services rather than participate in State funded programs. Offenders who are placed in these facilities are monitored by Probation/Parole officers, but are not under the strict requirements for supervision which are currently established in the Community Residential Center Statement of Standards.

As indicated by responses to the Community Questionnaire, the public does not always differentiate between a State funded (and supervised) Community Residential Center program and private programs which may provide some of the same functions. In fact, some respondents indicated that they considered "Jack's Place" or "Beans Cafe" in the same category as programs such as Cordova Center and/or Glennwood Center.

Concerns have been raised that an offender who is participating in an out-of-contract program could have severe impact on State funded programs by committing a violation. This violation could be the result of insufficient supervision and/or oversight on behalf of the program but the ramifications to State funded programs would nonetheless be the severe by creating a distrust of all community residential programs.

Because these programs are not State funded, the imposition of stringent Statement of Standards for operation is not possible. The Task Force does not know whether the issue of liability has been addressed or resolved for these programs. Given the possible impact on State funded programs, the Task Force feels that liability issues should be reviewed and oversight authority be established for these programs sufficient to ensure that possible violations (and ramifications thereof) would be minimal.

Implications: The implications of this recommendation are not known. If a determination that utilization of out-of-contract facilities is not appropriate, then the number of offenders in State funded programs would increase. If the determination is made that placement in these programs is acceptable and not a liability question on behalf of the State of Alaska, the problem with differentiating between these programs and State funded programs still exists.

It may be necessary to initiate a "public education" program which clearly defines which Community Residential Center programs are State funded and the differences in oversight and security requirements entailed with each. It may also be necessary to initiate some form of standardized requirements/supervision for these programs which would be acceptable to the providers and which would also meet departmental security requirements.

30. RECOMMENDATION: A working group should be established, consisting of departmental and contract staff, to review and revise as necessary the Community Residential Center Statement of Standards to incorporate Task Force recommendations which are accepted by the Executive Committee.

Justification: The current Statement of Standards has been reviewed and the Task Force believes that many areas need to be expanded and/or modified irrespective of Task Force recommendations. Further, if the Executive Committee accepts this

recommendation (in whole or in part) the impact on the Community Residential Center Statement of Standards will be great.

The Statement of Standards is the operational guidelines under which Community Residential Center programs are reviewed and audited and any changes in operational procedures and/or guidelines would need to be immediately incorporated in the Statement of Standards.

Implications: The working group would need to begin immediately to make revisions for inclusion in the next Contract cycle. Some Community Residential Center programs will be solicited for services to begin July 1, 1992 and the finalization of revisions should be accomplished as soon as possible. Request For Proposals issued for this contract cycle should clearly state that revisions in the Statement of Standards will be made and Contractor compliance with any revisions will be mandatory.

SUMMARY OF RECOMMENDATIONS

1. Offender furlough placement in CRC's should be predicated on the basis of mandatory eligibility for those classified as community custody, with denial by exception. (p. 10)
2. All CRC program placements should be placed for a sufficient length of time to maximize the chance for a successful outcome. Placements will have a plan and program goals and objectives established prior to entry. (p. 10)
3. Superintendents and all line program staff should receive training regarding existing departmental policies and procedures regarding Classification (735 series), Furlough (818.02) and Release Preparation and Temporary Release (818.03). (p. 11)
4. Superintendents' authority be expanded to allow authorization of furlough placements, regardless of the nature of the offense, for up to one (1) year prior to the prisoner's projected release date. (p. 11)
5. For requested furlough placements longer than one (1) year, a designee from the Division of Institutions should be assimilated into the planning process. The designee should participate telephonically with institutional line staff and CRC personnel to assess potential problem areas and appropriate time lines for approval. Following joint approval between the designee, CRC staff and/or institutional staff, the furlough application should be forwarded under existing methods for furlough application. (p.12)
6. A central data tracking system for monitoring the number of furloughs submitted to all levels of approval should be established. The data system should track, by institution, the number of denials, reasons for denial and the number of denials which are appealed, upheld upon appeal, or reversed upon appeal. (p. 13)
7. All superintendents shall be accountable for utilization of a graduated release through a systematic decrease in supervision by implementing current Departmental Policy & Procedure 818.05. (p. 14)
8. The planning and documentation sections regarding release procedures should be expanded. An individualized comprehensive action plan should be developed throughout the pre-release process. (p. 14)
9. Offenders whose length of incarceration has been insufficient to allow for participation in, or completion of, institutional treatment programs must have an established community treatment plan and meet the criteria established in departmental furlough policy and procedures. (p. 15)

10. Regulations authorizing the possibility of a three-year furlough should remain unchanged to allow greater latitude in furlough utilization and possible integration with Day Reporting Centers (DRC), electronic monitoring, and other intermediate sanctions. (p. 15)
11. The Department of Corrections should seek statutory change to eliminate restitution placements as a furlough category. Placements currently being made as "Restitution" placements should be made either as confined misdemeanants or furlonghees through the classification process. (p. 16)
12. The operational purpose of CRC's be defined to follow two tracks, as follows:
 - (1) To provide reintegration or rehabilitation services to offenders; and
 - (2) As Intermediate Sanctions. (p. 17)
13. The Department of Corrections should clearly identify and support the primary purpose of Community Residential Centers within Policy and Procedure and within Community Residential Center Standards. Policies and standards should be revised to clearly reflect this purpose. (p. 18)
14. The Department of Corrections should establish target populations for each Community Residential Center in order to clearly set populations and priorities for placement. (p. 18)
15. The duties of the Institutional Furlough Officer should be clearly defined, and expanded as necessary, to allow for greater involvement and authority in case management decisions. Community Residential Center Standards should be amended to clearly reflect the role and responsibility of the Institutional Furlough Officer. (p.19)
16. Ongoing staffing conferences should be held following CRC placement. Staffing would include the Furlough Officer, CRC staff, and regular reviews with institutional staff. (p. 20)
17. Policies must be developed that establish screening, referral and placement procedures for probation placements. These policies must include review by supervisors, a placement plan and regular case management meetings with supervising probation officers as identified in the Community Residential Center Standards. (p. 20)
18. A travel fund should be established for utilization by community corrections in locations where a Community Residential Center is not operating to allow for the transfer to, and placement in, a Community Residential Center. (p. 21)

19. Policies and Procedures should be developed to clearly specify violation procedures relating to probation/parole placements and designees. The Community Residential Center Statement of Standards should be revised to incorporate new Policy and Procedure and to clarify Departmental Policies & Procedures relating to furlough placements. (p. 22)
20. The Parole Board should mandate placement for a sufficient length of time in a Community Residential Center placement to enable offenders to secure employment, establish treatment plans and work through the Community Residential Center level system to adequately address their transition needs. (p. 22)
21. An admissions committee should be established to review, and approved as appropriate, all furlough applications for "specialized populations" who, due to the nature of their specializations will be unable to achieve community custody status and thus will be ineligible for furlough through normal classification procedures. (p. 23)
22. A specialized Community Residential Center(s) should be developed for female offenders with programs focusing on issues which are particularly important to this population. (p. 24)
23. A specialized Community Residential Center(s) should be developed for offenders convicted of sexual offenses with programming specific to this population. (p. 25)
24. Day Reporting Centers be implemented for untreated sex offenders and other offenders who have refused institutional treatment, to include ISSP monitoring as necessary. Day Reporting Centers should be operated through Community Residential Centers where possible. (p. 26)
25. The Department should expand the number of Community Residential Center beds available statewide for offenders with substance abuse treatment needs. (p. 27)
26. As maximum occupancy of Community Residential Center beds is attained, a separate facility for probation/parole placements should be established to serve as a "halfway-in" house for technical violations of probation/parole requirements. (p. 28)
27. The Department of Corrections Training Academy, in coordination with the Division of Statewide Programs, should assume responsibility for scheduling and presenting Community Residential Center staff training in Departmental Policy and Procedures. The Training Academy should develop an annual training schedule for Community Residential Center staff. The Department of Corrections should, upon request and as resources allow, provide additional training materials and instruction to Community Residential Center staff. (p. 29)

28. The Task Force on Analysis of Private/Governmental Job Functions should analyze the cost/benefits of State owned and operated vs. privately owned and operated Community Residential Centers. (p. 30)
29. The Attorney General's Office should review current utilization of "out-of-contract" placements to determine the security requirements and possible liability issues relating to furlough placements in these facilities. (p. 30)
30. A working group should be established, consisting of departmental and contract staff, to review and revise as necessary the Community Residential Center Statement of Standards to incorporate Task Force recommendations which are accepted by the Executive Committee. (p. 31)

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Attachment A

DEPARTMENT OF CORRECTIONS QUESTIONNAIRE SUMMARY

Prepared and Distributed
by
Task Force on Community Residential Centers

Introduction

Purpose The Departmental Questionnaire was developed as a means of determining if there were any common perceptions about the cause for under-utilization of Community Residential Centers statewide (as well as identification of proposed solutions to the problem).

The comments and opinions received from the questionnaire were utilized in Task Force discussions and have been incorporated by reference into recommendations, justifications and implications.

Methodology: The Questionnaire was distributed primarily to departmental personnel in positions of supervision who have direct knowledge of Community Residential Center programs and departmental furlough policies and procedures. Selected "other" respondents were also requested to complete a questionnaire to include members of the Alaska State Legislature, Victims for Justice, and the Department of Law.

Following is an analysis of questionnaires distributed by distribution category, the number of responses received for each category, and the response percentage for each.

Category	Questionnaires Distributed	Responses Received	Response Percentage
Central Office (CO)	17	5	.29
Institutions (Inst)	39	22	.56
Community Corrections (CC)	22	11	.50
Other (Oth)	12	4	.33
a) Legislature	(9)	(1)	
b) Dept. of Law	(2)	(2)	
c) Victims for Justice	(1)	(1)	
Total Responses	90	42	.47

Departmental Questionnaire
Summary (cont.)

Qualification: The following summary will provide a brief overview of responses received and include a breakdown (where appropriate) of responses by distribution category. A detailed breakdown of responses has been included in Addendum A of this summary. A complete list of comments received has been included as Addendum B of this summary.

SUMMARY

1. What do you feel the primary purpose of community residential centers should be?

Responses received indicated a two-fold purpose and most varied slightly as to the exact purpose(s) which Community Residential Centers should serve. Of the 42 responses received, 25 (59.5%) mentioned reintegration as a primary purpose for CRCs. The two other most commonly repeated purposes were (1) Intermediate Sanctions for Probation/Parole and (2) rehabilitation services. Other identified purposes included less costly housing, restitution/community work service, relief for institutional overcrowding and other Intermediate Sanctions

2. Is the Department's furlough system and process acceptable as it is, or would you recommend changes? If so, what changes would you recommend?

Question	Acceptable	Unacceptable
DOC Furlough System & Process	31%	47.6%

The largest percentage of respondents (47.6%) indicated that they felt the furlough system and process was unacceptable as it is. Slightly less than one-third of the total respondents (31%) felt that the process was acceptable and 21.4% did not respond or did not have an opinion on this question. Sixty percent of central office respondents and 50% of institutional respondents felt the system unacceptable as it currently is.

Comments included on the responses expressed the belief that the system was unacceptable based on systematic concerns (i.e. classification matrix, Policy & Procedure) or on implementation problems (i.e. contract oversight, conservative utilization).

Departmental Questionnaire
Summary (cont.)

3. **Should furlough placement be mandatory for all long-term sentenced prisoners? If so, what do you feel is the ideal minimum time a furlough placement should spend in a CRC?**

Question	Yes	No
Mandatory Furlough Placement	28.6%	61.9%

The majority of respondents indicated that the placement of all long-term sentenced prisoners into a Community Residential Center should not be mandatory. Only slightly over one of every four responses (28.6%) indicated that they were in favor of mandatory furlough placement for all long-term sentenced prisoners.

Of the twelve responses in favor of mandatory placement, one-third (4 respondents) qualified their response as follows: two in favor of mandatory placement except for maximum custody offenders and two in favor with Department of Corrections run programs. While many respondents recognized the need for some transition for long-term offenders, some respondents who were opposed to the concept of mandatory placement indicated that the risk to the community was just too great to place all offenders through such a transitional program.

4. **Do you think that a system should be in place where furloughs for offenders who are classified community custody should occur automatically, without specific approvals from Superintendents or Directors?**

Question	Yes	No
Automatic placement of community custody offenders	16.7%	78.6%

The majority of respondents (78.6%) indicated that the automatic placement of all offenders who have reached community custody status into a Community Residential Center should not occur. Less than seventeen percent (16.7%) indicated that they were in favor of automatic placement of all community custody offenders.

Of the seven respondents who indicated that they were in favor of automatic placement, two qualified their response with provisions for classification review and/or override of the automatic placement. The majority of respondents who indicated that they were not in favor of automatic placement indicated that they felt some review process was necessary.

Departmental Questionnaire
Summary (cont.)

5. Would you favor a system that allowed all minimum security offenders to be placed in CRC's for a period of time before they are released?

Question	Yes	No
Possible placement of minimum custody offenders	61.9%	31.0%

The majority of respondents (61.9%) indicated that they were in favor of a system which allowed for the placement of minimum custody offenders into a Community Residential Center prior to release. Less than one-third (31.0%) of the total responses were opposed to such a system.

Some responses in favor of such a system specified that the system should not be structured for mandatory placement, but should be based on the individual (type of offense and offender). Other qualifiers included in favor of such a system were: DOC run facilities (or strengthening current system); and exclusion of certain categories of offense (i.e. sex offenders).

6. Should untreated sex offenders and other violent offenders be granted (or eligible to apply for) furloughs (yes or no)? If yes, should furlough be granted:

Question	Yes	No
Possible furlough for untreated sex offenders and other violent offenders	47.6%	38.1%

Although the largest number of responses indicated that they were in favor for untreated sex offenders and other violent offenders being eligible for furlough, the comments indicated a wide variance in conditions which would be acceptable for furlough approval. Some respondents clearly differentiated between sex offenders and other violent offenders, not only in eligibility for furlough placements but also as to the time frame within which the placement should occur.

Some respondents favored the eligibility for violent offenders (treatment completed or untreated) but did not favor eligibility for sex offenders. Other responses indicated that they were in favor on a case-by-case basis (dependent on institutional conduct, treatment status, length of sentence, etc.). Respondents who were opposed to the furlough of untreated sex offenders and other violent offenders cited issues of public protection and the need for additional supervision/structure in current programs as deterrents to furlough eligibility for these populations.

Departmental Questionnaire
Summary (cont.)

7. Should superintendents be authorized to approve furloughs (yes/no)? If yes, which types of furloughs could be approved by the superintendents?

Question	Yes	No
Superintendent approval of furloughs	76.2%	16.7%

Over three out of every four respondents (76.2%) indicated that they felt superintendents should have the authority to approve furloughs. Central Office respondents were equally divided on the issue (two in favor and two opposed), however institutional response (77.3%) and Community Corrections response (90.9%) were heavily in favor of this authority.

Length of Furlough	Director Approval on All Furloughs	Non-Violent No Approval	All No Approval
Six Months or less	n/a	5	4
Six Months - 1 Year	n/a	6	2
1 Year - 2 Years	n/a		2
Over 2 Years	n/a		
Approve Any Furlough	n/a		7
Total	6	11	15

The table above represents the maximum limitations specified by respondents on the authority of superintendents to approve furloughs.

The largest percentage of respondents (46.9%) in favor of superintendents approval of furloughs indicated that the authority should extend to all furloughs without Director approval (up to a specified limit of time prior to release). Of these responses, 26.7% felt that the authority should be limited to furloughs of six months or less, an additional 13.3% extended the limit to one year, and an additional 13.3% extended the limit to a maximum of 2 years on any furlough. A total of 46.7% of all respondents who indicated that Superintendents should have the authority to approve any furlough without Director approval did not specify a time limit to that authority.

Departmental Questionnaire
Summary (cont.)

A total of 34.4% of the respondents felt that superintendent authority should be limited to non-violent offenders for a maximum of one-year. An additional 18.8% of the responses indicated that Director approval should be obtained on all superintendent approved furloughs.

8. What is an acceptable level of community risk for furlough placements?

Responses to this question varied with some individuals attempting to assign a percentage related to the number of violations subsequent to furlough placement, while other respondents related their response to the classification system as it relates to furlough placement.

Of the forty-two responses to the questionnaire, twelve respondents indicated that there should be no community risk (or no acceptable level of risk) and that the Department's responsibility is to minimize the risk as much as possible.

The highest acceptable level of community risk for furlough placements identified by respondents was: 10%-15% of all placements returned to the institution for criminal acts.

9. What is an acceptable level of failure(s) for furlough placements?

Again, responses to this question varied with most individuals attempting to assign a percentage rate to the number of acceptable failures. This percentage varied from a low of 4% of all placements to a high of 20-25% of all placements.

Some individuals specified that minor violations only would be acceptable, and some respondents felt that the level of acceptability should be dictated by the community, or should be based on a national average.

10. What is an acceptable level of failure(s) for probation/parole placements?

The responses to this question were consistent with the acceptable level of failure for furlough placements (and acceptable level of community risk) except that most individuals indicated a higher tolerance for probation/parole placements.

Responses varied from a low of 5% for new crimes (10-15% for technical violations) to a high of 50% of all placements. Some respondents clearly differentiated between parole and probation placements.

Departmental Questionnaire
Summary (cont.)

11. The following criteria is always considered regarding acceptable levels of risk with furlough placement. Please add other criteria that you think should be considered to develop an acceptable level of risk for furlough placements. (Each criteria should be assigned a rating of 1 - 10 as follows: 10 (Most Important); 1 (Least Important).

Criteria	CC	Inst.	CC	Other	Ttl.
Custody/Security Level	6.25	7.56	6.50	9.5	7.21
Institutional Record	7.25	7.58	7.30	7.67	7.47
Treatment Status	6.75	7.68	7.00	8.00	7.42
Court Orders	4.25	6.94	7.40	4.67	6.56
Release Needs	5.00	5.39	4.80	5.33	5.17
Length of Sentence	5.00	5.73	6.20	7.67	5.97
Nature of Offense	9.25	8.72	7.10	8.33	8.29
Past Supervision Record	6.00	8.00	8.20	7.33	7.78
Other	3.5	4.33	7.00	9.00	5.00

The above data represents the average number of points for each criteria as identified by respondents to the questionnaire. The criteria which was identified as the single most important factor overall when considering the acceptable level of risk for furlough applications was the **Nature of the Offense** (8.29), followed by **Past Supervision Record** (7.78). The overall relative ranking for each criteria is as follows:

- | | |
|------------------------------------|-------------------------------|
| (1) Nature of Offense (8.29) | (6) Court Orders (6.56) |
| (2) Past Supervision Record (7.78) | (7) Length of Sentence (5.97) |
| (3) Institutional Record (7.47) | (8) Release Needs (5.17) |
| (4) Treatment Status (7.42) | (9) Other (5.00) |
| (5) Custody/Security Level (7.21) | |

Respondents from Community Corrections and other respondents ranked the criteria somewhat differently than respondents from central office and institutions. Respondents from Community Corrections identified **Past Supervision Record** as the most important factor (8.20), followed by **Court Orders** (7.40). Other respondents ranked **Custody/Security Level** as the most important factor (9.5) followed by **Nature of the Offense** (8.33).

Departmental Questionnaire
Summary (cont.)

Among other factors which were identified as important considerations when determining the level of risk for furlough applications were victim response, attitude, furlough plan, notoriety of the crime, criminal history and community risk.

12. Do you believe that the current classification system causes too few offenders to be eligible for placement in a CRC?

Question	Yes	No
Classification System over-classifies	45.2%	33.3%

The largest number of respondents to this question indicated that they felt the classification system does cause too few offenders to be eligible for placement. One of every three respondents did not feel that the classification system "over-classifies" offenders and 21.4% of the respondents did not have an opinion or did not respond to this question.

13. Should the Director of Institutions develop appropriate guidelines within existing regulations and policies and procedures to establish the departmental level of risk for placements?

Question	Yes	No
Director developed guidelines for level of risk	64.5%	4.8%

A total of twenty-seven of the total respondents (64.5%) felt that the Director of Institutions should develop appropriate guidelines to establish the Departmental level of risk for placements in the community. Another 7% of the total respondents felt that these guidelines were already developed, although not identified as such.

Responses which were either negative or uncertain (23.8%) to this question expressed concerns about whether such guidelines could be established which would not eliminate (or restrict) certain categories of offenders. In addition, concerns were expressed about whether guidelines could be developed which were objective and which would be acceptable to the community.

**Departmental Questionnaire
Summary (cont.)**

14. Please complete the following information for your institution. Any information which is not known should be so indicated.

Question	Response	No Response
Furlough tracking Information	31.8%	68.2%

The above data indicates the response rate for institutions only. Of the twenty-two responses received from institutional personnel statewide, 68.2% did not indicate that data was available for such questions as (1) number of offenders designated community custody, (2) number applying for release, (3) number approved on first application, (4) number approved upon appeal, (5) average time between furlough application and release date of offender, etc.

Among the factors identified as most important in leading to furlough approval (or disapproval) were treatment status, nature of offense, institutional record, time left to serve, and release plans. The two most common factors identified in leading to termination from a Community Residential Center were substance abuse (dirty urinalysis test) and/or technical violations of "in-house" rules.

15. Should the ISSP program be used to supervise special furlough cases (i.e. violent offenders, untreated sex offenders, etc.)? Why?

Question	Yes	No
ISSP supervision of special furlough cases	64.3%	16.7%

Responses to this question were heavily in favor of the Intensive Supervision Program being utilized to supervise special furlough cases. Some respondents felt that these offenders need the increased supervision and that community protection would be increased if ISSP were utilized for such supervision cases. Some respondents indicated that they were in favor of this utilization of the ISSP program provided sufficient resources were available (i.e. personnel).

Negative responses to this question indicated a concern about the cost to the State for such utilization, as well as concerns that if this level of supervision is necessary the offender should probably not be out on furlough.

**Departmental Questionnaire
Summary (cont.)**

16. **Should Community Residential Centers or residential drug programs be utilized for intermediate placement for probationers/parolees convicted of nonviolent technical violations with no new felony charges pending(yes/no)? Please explain.**

Question	Yes	No
CRC utilization of P/P technical violations	76.2 %	7.1 %

Over three of every four respondents (76.2%) were in favor of CRCs being utilized for intermediate placement of probationers/parolees convicted of nonviolent technical violations with no new felony charges pending. Some respondents felt that utilization of CRCs for this purpose (in lieu of placement back into institutions) would be a good idea not only to help prevent overcrowding in institutions but also as additional structure to prevent new offenses.

17. **Some states require parole officers to refer, screen and monitor offenders placed in transitional facility programs. If Alaska implemented such a program, should probation/parole officers be involved in the referral, screening and monitoring of offenders placed in halfway houses or residential drug programs (yes/no)? Why?**

Question	Yes	No
Probation/Parole screening of offenders for CRCs	54.8 %	26.2 %

Most respondents (54.8%) were in favor of probation/parole officers being involved in the referral and screening of offenders placed in CRCs. Departmental response varied from a high of 63.6% in favor by Community Corrections to a low of 20% in favor by central office respondents.

Some respondents in favor of Probation/Parole officer screening of offenders qualified their response by stating that this involvement should not be for furlough placements and that current job descriptions would need to be expanded to include this function. Concerns were also expressed about the available manpower to accomplish the referral, screening and monitoring.

Negative responses to this question indicated that they felt this function should be the responsibility of the institutional furlough officer and/or CRC case management staff. Some respondents also indicated that a combined effort between institutions, Community Corrections and CRC staff was necessary for all (furlough) placements.

**Departmental Questionnaire
Summary (cont.)**

18. **How can Community Residential Centers be better utilized for probationers/parolees convicted of nonviolent technical violations?**

Responses to this question varied with the most common response (11.9%) favoring utilization as an alternative to incarceration. Among other proposed improvements were: increased program orientation; increased structure (while allowing continued employment); and by increasing the number of beds available statewide for Community Corrections. Responses also indicated a need to prioritize placement of probationers/parolees in CRCs to prevent "dumping" of individuals into the programs without a specific reason or purpose.

19. **Will placement of probation/parolees convicted of nonviolent technical violations in CRC's have an effect on overcrowding conditions in correctional centers statewide?**

Question	Yes	No
Effect on institutional population	50.0 %	2.4 %

Many of the respondents (47.6%) indicated that they did not know what effect placement of probation/parolees convicted of non-violent technical violations would have on institutional overcrowding. Although one-half of the total respondents felt that this placement would help relieve institutional overcrowding, other respondents were unsure if this placement would reduce the number of beds available for furlough placements (thus negatively affecting institutional overcrowding) and/or have an effect if the probation/parolees were subsequently violated back into the institution. Some respondents felt that any relief in institutional overcrowding would only be temporary.

20. **New York utilizes Transitional Facilities in which an offender convicted of nonviolent technical violations voluntarily agrees to enter the program in lieu of incarceration. Should such a program be implemented in Alaska (yes/no)?**

Question	Yes	No
Volunteer program for technical violations	61.9 %	7.1 %

Over 60% of all respondents were in favor of transitional facilities for voluntary participation in lieu of incarceration. Of the total respondents, 26.2% did not respond to this question or indicated that they did not know if they were in favor of such a program. Some respondents indicated that review of the success of the program in New York should be analyzed prior to possible implementation in Alaska.

**Departmental Questionnaire
Summary (cont.)**

21. Maricopa County, Arizona implemented a diversion program for first time felony offenders arrested for possession of drugs. To be eligible for the program, the offender is required to sign a diversion agreement in which the offender admits his/her guilt and agrees to enroll in and successfully complete a residential drug/alcohol program. The offender is required to reside at the facility for a minimum of 30 days to a maximum of two years, and is required to pay a fee of \$ 2,485.00. The offender is prosecuted if he/she is discharged from the program unsuccessfully. Should a similar program be implemented in Alaska (yes/no)? Why?

Question	Yes	No
Implementation of diversion program for substance abuse offenders	52.4 %	16.7 %

The majority of respondents (52.4%) were in favor of a diversion program for first time felony offenders arrested for possession of drugs with another 9.5% stating that they were probably (or possibly) in favor of such a program. Only 16.7% stated that they were definitely opposed to such a program.

Some respondents who were in favor of such a program indicated that the effect on institutional populations would be positive, and that many of these offenders do not benefit from incarceration (as long as mandatory community treatment requirements exists). Concerns were expressed that the requirement for offender-paid programming might tend to eliminate some offenders who were unable to afford the treatment programs. Other responses against such a program indicated that many drug related arrests involve more than simple possession, that information concerning the failure rate of such a program would need to be available (to determine man-power requirements), and that such a program may be contrary to progress made in current anti-drug legislation.

In general, do you favor the establishment of a diversion program where non-violent offenders are sentenced directly to CRC's in lieu of incarceration? Please explain.

Question	Yes	No
Implementation of diversion programs in general	64.3 %	28.6 %

The majority of respondents indicated that they were in favor of diversion programs in general. Some respondents felt that these programs were beneficial for

**Departmental Questionnaire
Summary (cont.)**

first time, nonviolent offenders and that eligibility for placement would need to be made based on an accurate assessment of each individual case. Responses were also included indicated support of such a program if DOC controlled the placement of offenders in the beds. Some respondents who were opposed to diversion programs indicated that they felt the courts would overburden such programs and placements might be made which were not appropriate. Some responses indicated that the possibility of incarceration deters some offenders who might otherwise offend.

22. **Should P/P Officers be solely responsible for the case management of CRC placements, instead of CRC case managers, while those placements are in residence?**

Question	Yes	No
P/P Officers solely responsible for Case Mgt. of CRC placements	33.3 %	61.9 %

The majority of respondents (61.9%) were not in favor of probation/parole officers being solely responsible for case management of CRC placements. Some respondents felt that case management should be a team approach (probation/parole officers maintaining ultimate responsibility with the day-to-day decisions being made by CRC case management staff). Concerns were expressed about the lack of resources (personnel) in Community Corrections to allow probation/parole officers to assume total responsibility for all case management decisions.

23. **Should Probation/Parole Officers have the sole authority to screen and place probation violations in contract CRC's? Why?**

Question	Yes	No
P/P Officers solely responsible for placement of violations in CRC	33.3 %	50.0 %

Although one-third of the respondents were in favor of probation/parole officers having sole authority to screen and place probation violations in contract CRCs, one-half of the total respondents were opposed to this authority. Some respondents indicated that a system of review is necessary to ensure statewide consistency in placement and equal access to all offenders. Other respondents indicated that the courts and/or parole board should take some responsibility for these placements and that CRCs need some mechanism of refusal for inappropriate placements.

**Departmental Questionnaire
Summary (cont.)**

24. Do you favor a special halfway-in CRC for non-violent technical probation violations?

Question	Yes	No
Halfway-in house for non-violent technical violations	52.4 %	28.6 %

Slightly over one-half of all respondents (52.4%) were in favor of a special "halfway-in" house for non-violent technical probation violations. Some respondents in favor indicated the need to separate these offenders from furlough placements and that the establishment of such a facility would be more cost-effective than institutionalization. Some respondents opposed to a "halfway-in" facility indicated that they did not feel the number of offenders to be placed in such a facility would be substantial enough to warrant a separate program. These respondents indicated that placement in general use CRCs should be continued unless the numbers warrant specialization.

What impact would such a program have on overcrowding in the institutions?

Question	Reduce	Not known
Impact of halfway-in house	54.8 %	23.8 %

Although most respondents (54.8%) felt that such a program would have a positive effect on institutional overcrowding, 23.8% stated that they did not know what the impact would be and an additional 19% did not respond to this question.

25. Should DOC offer a Boot Camp (Shock Incarceration) program (yes/no)?

Question	Yes	No
Establish a Boot Camp Program	45.2 %	33.3 %

The largest number of respondents were in favor of the establishment of a boot camp program, although one of every three respondents were opposed to such a program. Some respondents in favor of such a program specified that the program should be targeted for young, nonviolent, first-time offenders. Some respondents opposed to such a program indicated that such a program had not been proven

**Departmental Questionnaire
Summary (cont.)**

Effective in other jurisdictions and that the establishment of such a program in Alaska would need to take into consideration the climate and geographical limitations (with more emphasis on in-door programs) specific to Alaska.

26. **Should DOC establish Day Reporting Centers in major population centers in the State (yes/no)?**

Question	Yes	No
Establish Day Reporting Centers	54.8 %	16.7 %

Slightly over one-half of all respondents (54.8%) indicated that they were in favor of the establishment of Day Reporting centers in major population centers in the State. Over one of every four respondents indicated that they did not know what Day Reporting Centers were, or were unsure as to their purpose and effectiveness. Some responses in favor of Day Reporting Centers indicated that the increased surveillance/structure would be beneficial for some offenders, and would help facilitate the monitoring of compliance with probation/parole conditions.

Should Day Reporting Centers be operated contractually or by DOC?

Over one of every three respondents (35.7%) indicated that they felt Day Reporting Centers should be operated by Department of Corrections. Only two respondents (4.8%) indicated that they felt Day Reporting Centers should be contractually run, whereas 11.9% felt that DOC run, contract run or joint venture centers would be equally acceptable.

Should Day Reporting Centers be located in CRC's or elsewhere?

Eight of the forty-two respondents (19.0%) indicated that they felt Day Reporting Centers should be located in CRCs. Over one in four respondents (26.1%) indicated that Day Reporting Centers should be located elsewhere than in current CRCs, with a total of 52.4% no responses.

Should furloughees graduate from CRC's to Day Reporting Centers (i.e. live at home, reporting daily to the center for purposes of employment seeking, social services, community work service, UA's, etc.)?

The largest percentage of respondents to this question (35.7%) were in favor of furloughees graduating from CRCs to Day Reporting Centers. Approximately ten

**Departmental Questionnaire
Summary (cont.)**

percent of all respondents were not in favor of such a system with another 10% in favor only if necessary. Over 38% of all questionnaires received did not include a response to this question. Some respondents indicated that this would be a good system for continued supervision of offenders who have proven themselves a good risk based on their CRC record.

27. Should DOC offer electronic monitoring to offenders (yes/no)?

Question	Yes	No
Offer electronic monitoring	71.4 %	4.8 %

Almost three of every four respondents (71.4%) were in favor of offering electronic monitoring to offenders. Only two responses indicated that they were not in favor of electronic monitoring, indicating that they did not know enough about the success and effects of such a system.

Should electronic monitoring of furlougees and/or parolees be:

- 1 Based at local correctional ctr. with surveillance performed by correctional officers or contracted security?
- 2 Based @ CRC with surveillance performed by CRC staff?
- 3 Performed by probation officers as an enhancement of the present ISSP?

The largest percentage of respondents (38.1%) felt that electronic monitoring should be performed by probation officers as an enhancement of the present ISSP. Another 16.7% felt that electronic monitoring should be based at a local correctional center and 14.3% felt that it should be based in a CRC. Some respondents indicated that establishment would be dependent on the group being supervised, the geography and the population configuration of the area proposed for establishment of the program.

28. Do you favor the utilization of Specialized Community Residential Centers (i.e. substance abuse, female, mentally ill, etc.) yes/no? If yes, which of the following do you feel has the greatest need in Alaska? (10-greatest need; 1 least need);

Question	Yes	No
Utilization of specialized CRCs	88.1 %	9.5 %

**Departmental Questionnaire
Summary (cont.)**

Almost nine of every ten respondents indicated that they were in favor of specialized Community Residential Centers. Concerns were included about having sufficient populations to warrant specialization and that maybe traditional programs with specialized services would be an appropriate alternative.

Population	CO	Inst.	CC	Other	Ttl.
Substance Abuse	10.00	6.78	8.64	10.00	7.91
Employment/Vocational	3.50	6.71	8.33	6.67	6.75
Housing <u>Only</u>	6.00	3.92	6.20	4.67	4.96
Native Offenders	7.50	4.93	5.45	3.00	5.10
Sex Offender Treatment	6.67	5.76	8.09	8.67	6.85
Female Offenders	4.50	4.13	4.22	6.67	4.45
Mentally Ill Offenders	5.00	8.05	8.18	7.00	7.76
Furlougees Only	8.50	3.53	5.00	4.33	4.43
Developmentally Disabled	4.50	6.35	5.20	4.00	5.66
Probation/Parole Only	7.00	5.13	5.00	6.33	5.38
Other	6.00	7.00	n/a	8.00	6.80

The specialized program identified as the greatest need by Departmental personnel statewide was substance abuse beds (7.91), followed by specialized mentally ill offender beds (7.76). The relative ranking of all specialized programs, as indicated in responses to the questionnaire are as follows:

- | | |
|-------------------------------------|----------------------------------|
| (1) Substance Abuse (7.91) | (6) Probation/Parole only (5.38) |
| (2) Mentally Ill Offenders (7.76) | (7) Native Offenders (5.10) |
| (3) Sex Offender Treatment (6.85) | (8) Housing Only (4.96) |
| (4) Employment/Vocational (6.75) | (9) Female Offenders (4.45) |
| (5) Developmentally Disabled (5.66) | (10) Furlougees Only (4.43) |

The need for additional substance abuse beds was the highest priority for all categories of respondents except the Division of Institutions (which identified mentally ill offenders as the greatest need). Other specialized program needs identified include: female offenders w/children, and misdemeanor only programs.

29. How can Community Residential Centers be better utilized for furloughs/restitution/confined misdemeanant placements?

Responses to this question varied with the largest number of respondents indicating that expanding of placements was necessary. In addition, suggestions were made for increased specialization, more program emphasis, transitional assistance, separation of confined misdemeanants and longer term placements.

Do you favor removing the prohibition against violent offenders being placed in restitution centers? Please explain.

Question	Yes	No
Remove prohibition against violent offenders in restitution centers	50.0 %	42.9 %

Responses to this questionnaire were nearly equal in support (50%) versus opposed (42.9%). Some respondents in favor felt that it was currently an artificial distinction and that violent offenders can be (and are) placed in CRCs. Some respondents opposed to the idea of removing the prohibition against violent offenders being placed in restitution centers stated public safety as the primary concern.

30. Do you feel that the current utilization of Community Residential Centers is meeting the needs of the Department of Corrections?

Question	Yes	No
CRCs meeting needs of the DOC	11.9 %	59.5 %

The majority of respondents indicated that the current utilization of CRCs is not meeting the needs of the Department of Corrections. Under-utilization and an insufficient number of substance abuse beds were among the most common reasons given for not meeting the needs of the Department. In addition, more access to CRCs by Community Corrections and establishment of facilities in more areas of the state were also identified as needs for the Department.

Do you feel that the current utilization of Community Residential Centers is meeting the needs of the offenders?

Question	Yes	No
CRCs meeting needs of the offender	23.8%	52.4%

The majority of respondents indicated that current utilization of CRCs is not meeting the needs of the offender. Again, additional substance abuse beds and the availability of programs in more communities were identified as primary needs. Additional programming and assistance in job placement and housing were also identified as primary needs for offenders placed in CRCs.

Do you feel that the current utilization of Community Residential Centers is meeting the needs of the community?

Question	Yes	No
CRCs meeting needs of the community	33.3 %	45.2 %

The majority of respondents indicated that they did not feel current utilization of CRCs is meeting the needs of the community. Under utilization and insufficient substance abuse beds were again identified as deficiencies in current CRC programs. Many respondents felt that current programs are meeting the needs of the community in regard to community protection issues.

31. Do you favor the concept of State owned and operated Community Residential Centers? Please explain.

Question	Yes	No
Favor State owned and operated CRCs	69.0 %	16.7 %

The response to this question indicated strong support within the Department of Corrections for State owned and operated CRCs. Only 7 of 42 respondents were against the concept of State owned and operated CRCs, specifying the cost of these facilities as the major concern. Some respondents who were in favor of State owned and operated facilities indicated that they felt there would be more accountability, control and uniformity statewide in the programs. Many of the positive responses to this question also expressed concerns about the cost of such programs.

Do you favor the concept of State owned Community Residential Centers, with operations provided by independent Contractors? Please explain.

Question	Yes	No
Favor State owned/Contractor operated CRCs	23.8 %	54.8 %

The majority of respondents were not in favor of State owned and contractor operated facilities. Some respondents indicated that they did not see any benefit to this system and the cost to the State was perceived to be higher than current programs. Some negative responses indicated that they felt it should be all State owned and operated or nothing. Some responses in favor of this concept identified the possibility of increased competition and quality of services as perceived benefits to such a system.

Do you favor the concept of Contractor owned/operated Community Residential Centers?

Question	Yes	No
Favor Contractor owned/operated CRCs	21.4 %	52.4 %

The majority of respondents were not in favor of contractor owned and operated programs (which is the current practice). Some respondents opposed to Contractor owned and operated programs expressed concerns related to the supervision of residents, loss of control over programs and lack of competition in the award of services. Some respondents in favor of the current system specified cost-efficiency as the primary reason for favoring this system. Some respondents indicated that a combination of DOC and Contractor provided programs would be the preferable alternative.

32. **Is there is a Community Residential Center operating in your area? Are you aware of any problems with the community's acceptance of the center? Please explain.**

Over four of every ten respondents indicated that there was a CRC in their area operating with no problems (other than in establishing the program). Slightly over one-fourth of all responses indicated that there was not a CRC operating in their area. On a scale of 1 to 10 (with 10 being the best possible) departmental responses to the quality of services provided by current programs were as follows:

Community Residential Center	# of Responses	Average Rating
Cordova Center, Anchorage	15	5.8
Glennwood Center, Anchorage	11	7.5
Clitheroe Center, Anchorage	4	7.5
Tundra Center, Bethel	3	6.3
Glacier Manor, Juneau	8	7.6
Northstar Center, Fairbanks	10	6.7

33. Do you feel that, should Contractor owned and operated Community Residential Centers continue to be utilized in the State of Alaska, contracting procedures and practices as currently provided allow for the securing of the most cost-effective and efficient services available within the State? Please explain.

Question	Yes	No
Current procedures allow for most cost effective and efficient programs	16.7%	35.7 %

The largest percentage of respondents (35.7%) who expressed an opinion in response to this question did not feel that current procedures allow for the most cost-effective and efficient programs. Only 16.7% felt that the current procedure was effective in securing these services while the largest percentage of respondents (47.6%) indicated that they did not know (or did not respond to this question).

34. Do you favor the provision of "in-house" programming for sex offender treatment, drug and alcohol treatment, etc. in community residential centers? Please explain.

Question	Yes	No
In-house programming of offenders	47.6 %	35.7 %

The largest percentage of respondents (47.6%) indicated that they favored in-house programming in community residential centers. Slightly over one of every three respondents did not favor in-house programming and 14.3% did not respond to this question. Some responses in favor of in-house programming indicated a need for treatment programming of any type for these offenders. Some responses opposed to in-house programming indicated that such programming should be done within the institutions prior to release or "brokered" to community agencies for provision of services.

Addendum A

1. What do you feel the primary purpose of community residential centers should be?

Response to Questionnaire	CO	Inst.	CC	Oth
Loss Costly Housing for the purpose of reintegration	1	1		1
Reintegration (transition)	4	10	3	1
Housing for furlougees & P/P with special needs			3	
Rehabilitation programming		1	1	
Alternative to incarceration (P/P violations) & rehabilitation tool		2	2	2
Alternative to incarceration and useful CWS		1		
Reintegration for long term and placement for short term non-violent offenders		1	1	
Soft bed space & restitution		1		
To be responsible & accountable to DOC		1		
Intermediate sanction for P/P tech violations			1	
Essential phase of pre-release planning		1		
Community based supervised housing (all categories)		1		
Reintegration and relief for institutional overcrowding		1		
Rehabilitation and cost-effective means to relieve over crowding		1		

2. Is the Department's furlough system and process acceptable as it is, or would you recommend changes?

Response to Questionnaire	CO	Inst	CC	Oth
Acceptable as is	1	6	5	1
Unacceptable	3	11	4	2
No Response (Don't Know)	1	5	2	1

3. Should furlough placement be mandatory for all long-term sentenced prisoners?

Response to Questionnaire	CO	Inst	CC	Oth.
Mandatory	2	5	3	2
Not Mandatory	3	15	6	2
No response (Don't know)		2	2	

4. Do you think that a system should be in place where furloughs for offenders who are classified community custody should occur automatically, without specific approvals from Superintendents or Directors?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes		4	2	1
No	5	17	8	3
No response (Don't know)		1	1	

5. Would you favor a system that allowed all minimum security offenders to be placed in CRC's for a period of time before they are released?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	3	14	7	2
No	2	8	3	
Probably				2
No response (Don't know)			1	

6. Should untreated sex offenders and other violent offenders be granted (or be eligible to apply for) furloughs (yes or no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	10	4	2
No		9	7	2
No response (Don't know)		2		
Maybe	1	1		

Response to Questionnaire	Time	CO	Inst.	CC	Oth.
Sex Offenders	no	1	9	7	2
Violent Offenders	no		9	7	2
Sex Offenders	60-90	1	6	4	1
	6 months	1	2		
	1 year				
	3-6 months	1	1		
Violent Offenders	60-90		6	3	1
	6 months	2	2		
	1 year	1		1	
	3-6 months	1	1		

Should there be any differences in the furlough restrictions/rules for violent offenders and/or untreated sex offenders, regardless of length of furlough?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	15	8	4
No		5	2	
No response (Don't know)		1	1	
Possibly	1	1		

7. Should superintendents be authorized to approve furloughs (yes/no)? If yes, which types of furloughs could be approved by the superintendents?

Response to Questionnaire	CO	Inst.	CC	Oth,
Yes	2	17	10	3
No	2	4		1
No response (Don't know)	1	1	1	

Other

Length of Furlough	Violent	Non-V.	All	Dir. Appr. Yes	Dir. Appr. No
Six months or less		b	a		a,b
Six months - 1 year		b		a	b
1 year - 2 years				a,b	
Over 2 years				a,b	
Approve any furlough					

Central Office

Length of Furlough	Violent	Non-V.	All	Dir. Appr. Yes	Dir. Appr. No
Six months or less		z	x	y	x,z
Six months - 1 year	z	z	x	x,y,z	
1 year - 2 years			x,z	x,y,z	
Over 2 years			x	x,y	
Approve any furlough				y	

Community Corrections

Length of Furlough	Violent	Non-V.	All	Dir. Appr. Yes	Dir. Appr. No
Six months or less	i,	a,c,f,i,	d,g,j,	g,	a,c,d,f,i,j,
Six months - 1 year	i,	a,c,d,f,i	g,j,	g,	a,c,d,f,i,j,
1 year - 2 years	f,j,	a,f,i,	g,j,	a,f,g,j,	i,j,
Over 2 years	f,	a,f,i,	g,j,	a,f,g,i,j,	
Approve any furlough		i,	b,e,g,h	g,i,	b,e,h,

Institutions

Length of Furlough	Violent	Non-Violent	All	Dir. Appr. Yes	Dir. Appr. No
Six months or less	m,	n,o,q,s,w,	l,m,p,r,t,u,v,x,y,z,	m,	l,m,n,o,p,q,r,s,t,u,v,w,x,y,z,
Six months - 1 year	n,	q,u,	l,o,p,r,s,t,v,w,x,y,z,	n,r,s,u,w,	l,p,q,t,v,x,y,z,
1 year - 2 years	n,	m,	p,r,s,t,v,w,x,y,z,	n,r,s,x,m,	p,t,v,w,y,z,
Over 2 years	n,		p,r,t,v,w,x,y,	n,r,x,	p,t,v,w,y,
Approve any furlough			p,r,t,v,x,y,	r,x,	p,t,v,y,

(Note: Each letter indicates one individual's response to this question).

8. What is an acceptable level of community risk for furlough placements?

Response to Questionnaire	CO	Inst.	CC	Oth.
There is no acceptable level of community risk	2	7		
5% tolerance		2		
There should be no community risk		2		1
Should be based on national average	1			
10% - 15% returned to custody for criminal acts			1	
Based on community acceptance			1	
Small increase in walkaways/more sub. abuse violations			1	
Periodic minor infractions		1		
No new felonies		1		
No new offenses	1	2		
No response (Don't know)		7	7	2
Minimum/Community Custody				1
Very low risk	1		1	

9. What is an acceptable level of failure(s) for furlough placements?

Response to Questionnaire	CO	Inst.	CC	Oth.
4% of all placements		1		
5% of all placements		3	1	
10% of all placements	2	1	1	
5-10% tech violations <2% new crimes				1
10-15%				1
20% - 25% combination criminal acts/tech violations			1	
20% - 25% of all placements	1	1		
10-20%		1		
There is no acceptable level of failure	1	1		1
No response (Don't know)	1	9	6	1
Small increase in sub. abuse violations and walkaways			1	
No new felonies		2		
any medium/major violations should terminate the furlough		2		
Personal failures only		1		
Regulated by community tolerance & Dept. policy			1	

10. What is an acceptable level of failure(s) for probation/parole placements?

Response to Questionnaire	CO	Inst.	CC	Oth.
Any probation violation is a failure				1
25% of all placements		1		
15% of all placements		1	1	
50% of all placements			1	
10 - 20%		1		

Response to Questionnaire	CO	Inst.	CC	Oth.
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35% of all placements		1		
10-15% tech violations 5% new crimes				1
<10%				1
20% of all placements	1			
There is no acceptable level of failure	1	1		
No response (don't know)	2	10	6	1
No new felonies		2		
Sincere effort at rehabilitation and no law violations			1	
10% tolerance		1		
5% of all placements			1	
20% - 25% combination criminal/tech violations			1	
Periodic minor infractions		2		
Varies for Probationer vs. Parolee		1		
Personal failures		1		
Should be based on national average	1			

11. The following criteria is always considered regarding acceptable levels of risk with furlough placement. Please add other criteria that you think should be considered to develop an acceptable level of risk for furlough placements. (Each criteria should be assigned a rating of 1 - 10 as follows: 10 (Most Important); 1 (Least Important).

Criteria	C.O.	INST.	C.C	Other
A. Custody/Security Level	10,1,5,9	10,10,10,8,9,10,5,1,5, 10,7,10,7,6,8,7,3,10	8,8,7,7,10, 7,5,4,1,8,	9,10
B. Institutional record	7,6,9,7	10,8,7,8,8,8,6,4,8 10,10,3,8,8,9,8,5,7,9	7,9,5,8,6,8, 10,5,5,10,	10,4,9
C. Treatment status	9,7,8,3	10,6,6,10,7,8,7,5,7,7,2, 10,10,7,10,6,9,9,10	7,3,6,9,8,9, 7,3,8,10,	10,6,8

Criteria	C.O.	INST.	C.C	Other
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D. Court orders or recommendations	4,5,3,5	10,7,8,8,5,8,6,7,3,8,8,6,8,5,7,5,9	10,6,4,10,9,10,10,6,2,7,	4,5,5
E. Release needs	3,8,5,4	5,5,8,8,8,1,4,2,10,7,5,5,3,9,4,3,5,5	7,4,3,2,4,4,9,2,5,8,	1,8,7
F. Length of Sentence	2,10,2,6	5,4,8,9,7,3,?,7,10,6,6,5,5,3,6,2	8,7,2,6,5,6,7,7,6,8,	8,10,5
G. Nature of offense(s)	8,9,10,10	10,9,9,10,8,10,3,7,8,10,10,9,9,10,10,10,5,10	8,5,10,5,5,5,5,10,9,9,	10,7,8
H. Past supervision record	6,4,6,8	10,3,9,8,9,10,9,7,8,7,10,9,9,8,4,9,4,9,10	10,10,8,4,9,3,10,8,10,10,	10,3,9
Victim Response	3,4	8,		
Community Risk			9,	
Program Invol.		1		
Attitude		4		9
Accept Responsibility			3,	
I. Criminal History			9,	
I. Notoriety of crime		6,		
I. Furlough Plan	5,2,	5,2,		

12. Do you believe that the current classification system causes too few offenders to be eligible for placement in a CRC?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	11	3	3
No	1	8	5	
No Response (Don't know)	2	3	3	1

13. Should the Director of Institutions develop appropriate guidelines within existing regulations and (P&P's) to establish the departmental level of risk for placements?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	13	10	2
No		2		
No Response (Don't know)	1	7		1
Probably	1			
Already in place, though not identified as such	1		1	1

14. Please complete the following information for your institution. Any information which is not known should be so indicated.

	CO	Inst.	CC	Oth.
No Response (Don't know)	5	15	11	4

15. Should the ISSP program be used to supervise special furlough cases (i.e. violent offenders, untreated sex offenders, etc.)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	15	6	2
No		4	3	
No Response (Don't know)	1	3	2	2

16. Should Community Residential Centers or residential drug programs be utilized for intermediate placement for probationers/parolees convicted of nonviolent technical violations with no new felony charges pending (yes/no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	16	8	4
No		3		
Possibly		1	1	
No Response (Don't know)	1	2	2	

17. Some states require parole officers to refer, screen and monitor offenders placed in transitional facility programs. If Alaska implemented such a program, should probation/parole officers be involved in the referral, screening and monitoring of offenders placed in halfway houses or residential drug programs (yes/no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	1	12	7	3
No	2	7	1	1
No Response (Don't know)	2	3	3	

18. How can Community Residential Centers be better utilized for probationers/parolees convicted of nonviolent technical violations?

Response to Questionnaire	CO	Inst.	CC	Oth.
As an alternative to "hard beds" (slap on wrist)		2	2	1
Be program oriented (stress mgt., financial, drugs, etc.)	1		1	2
Need to establish criteria for placement	1	1		
Job/employment oriented			1	
Intermediate placement (P/P) nonviolent tech. violations	1	1		
By providing more structured environment		1	2	
CRCs for short/long term - court ordered treatment			1	
Travel fund for rural offenders to urban soft beds			1	
By reserving more bed space for P/P		2		1
Provide increased monitoring/allow continued employment		2		
Institutional screening			1	
Relieve institutional over-crowding		2		
Selling the idea, cooperation of courts/DA's		1		
Expansion into remote areas		1		
Combine restitution and residential centers		1		
No response (don't know)	2	8	2	

19. Will placement of probation/parolees convicted of nonviolent technical violations in CRC's have an effect on overcrowding conditions in correctional centers statewide?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	3	13	5	
No	1			
No Response (Don't Know)	1	9	6	4

20. New York utilizes Transitional Facilities in which an offender convicted of nonviolent technical violations voluntarily agrees to enter the program in lieu of incarceration. Should such a program be implemented in Alaska (yes/no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	18	3	3
No	1		2	
No Response (Don't know)	1	4	5	1
Already done on informal basis	1		1	

21. Maricopa County, Arizona implemented a diversion program for first time felony offenders arrested for possession of drugs. To be eligible for the program, the offender is required to sign a diversion agreement in which the offender admits his/her guilt and agrees to enroll in and successfully complete a residential drug/alcohol program. The offender is required to reside at the facility for a minimum of 30 days to a maximum of two years, and is required to pay a fee of \$ 2,485.00. The offender is prosecuted if he/she is discharged from the program unsuccessfully. Should a similar program be implemented in Alaska (yes/no)? Why?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	11	6	3
No	2	4	1	
No Response (Don't Know)	1	4	3	1
Probably		1	1	
Possibly		2		

In general, do you favor the establishment of a diversion program where non-violent offenders are sentenced directly to CRC's in lieu of incarceration?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	3	14	6	4
No	2	5	5	
No Response (Don't Know)		3		

22. Should Probation/Parole Officers be solely responsible for the case management of CRC placements, instead of CRC case managers, while those placements are in residence?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	8	4	
No	3	12	7	4
No Response (Don't Know)				
Not necessarily		2		

23. Should Probation/Parole Officers have the sole authority to screen and place probation violations in contract CRC's?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	1	8	4	1
No	3	10	6	2
No Response (Don't Know)	1	4	1	1

24. Do you favor a special halfway-in CRC for non-violent technical probation violations?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	3	14	4	1
No	2	5	3	2
No Response (Don't Know)		2	4	1
Not necessarily		1		

What impact would such a program have on overcrowding in the institutions?

Response to Questionnaire	CO	Inst.	CC	Oth.
Don't know	2	1	5	2
Reduce	2	14	5	2
No response	1	6	1	
Increase		1		

25. Should DOC offer a Boot Camp (Shock Incarceration) program (yes/no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	10	6	1
No	3	7	2	2
No Response (Don't Know)		4	1	1
Maybe		1	2	

26. Should DOC establish Day Reporting Centers in major population centers in the State (yes/no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	10	6	3
No	1	4	2	
No Response (Don't Know)		8	3	1

a. What should be the mission/function of such programs?

Response to Questionnaire	CO	Inst.	CC	Oth.
Don't Know (No Response)	1	14	5	1
Creating accountability which leads to consequence				1
Non-violent, technical P&P violations	1	1		

Response to Questionnaire	CO	Inst.	CC	Oth.
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Structure/surveillance between CRC & community supervision	1	4	3	1
contact/oversight/assistance	2	1		1
High risk cases		1		
Help with field services case loads		1		
Services/treatment/monitoring			2	
Similar to New Start			1	

b. Should Day Reporting Centers be operated contractually or by DOC?

Response to Questionnaire	CO	Inst.	CC	Oth.
No Response (don't know)	1	14	4	1
DOC	3	6	5	1
Contractually		1		1
Jointly	1			
Either One		1	2	1

c. Should Day Reporting Centers be located in CRC's or elsewhere?

Response to Questionnaire	CO	Inst.	CC	Oth.
No Response (Don't know)	2	13	6	1
CRC	1	3	3	1
Elsewhere	2	5	2	2
Try both		1		

- d. Should furloughees graduate from CRC's to Day Reporting Centers (i.e. live at home, reporting daily to the center for purposes of employment seeking, social services, community work service, UA's, etc.)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	3	5	5	2
No		3		1
Only if necessary	1	1	1	1
No Response (don't know)	1	12	3	
Possibly		1	2	

27. Should DOC offer electronic monitoring to offenders (yes/no)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	5	14	9	2
No		1	1	
Probably				1
No Response (Don't Know)		7	1	1

Should electronic monitoring of furloughees and/or parolees be:

Response to Questionnaire	CO	Inst.	CC	Oth.
Based at local Corr. Ctr. with surveillance performed by CO's or contracted security guards		3	3	1
Based @ CRC with surveillance performed by CRC staff		5	1	
Performed by PO's as an enhancement of present ISSP	5	7	3	1
Either 1 or 2		1		
Either 2 or 3				1
All three would be a possibility		1	2	
None of the above		2		
No Response (don't know)		3	2	1

28. Do you favor the utilization of Specialized Community Residential Centers (i.e. substance abuse, female, mentally ill, etc.) yes/no? If yes, which of the following do you feel has the greatest need in Alaska? (10-greatest need; 1 least need)

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	18	11	4
No	1	3		
No response (Don't know)		1		

	C.O.	INST.	C.C.	Other
1. Substance Abuse Treatment	9,10,11	10,10,1,10,1,8,3,10,9,9,7,1,10,2,6,10,10,5	8,10,10,9,10,10,10,9,7,7,5	10,10,10
2. Employment and/or Vocational Training	6,1	10,7,1,4,7,2,8,8,8,6,10,8,2,7,9,9,8	8,9,5,6,10,5,9,10,4,9,	8,4,8
3. Residential Housing only	10,2	5,7,1,10,4,3,7,1,1,2,4,5,1	9,5,6,7,5,1,9,9,5,6,	4,1,9
4. Native Offender	7,8	5,6,1,4,2,7,7,8,2,4,10,2,8,3,5	8,3,4,2,5,6,2,9,9,8,4,	1,6,2
5. Sex Offender Treatment	5,8,7	1,9,1,4,1,6,7,2,10,9,1,8,2,8,10,9,10	10,8,9,8,8,9,10,10,3,10,4,	9,9,8
6. Female	5,4	1,5,1,5,3,5,8,9,5,1,5,2,4,5,3	2,2,7,1,8,4,1,9,4,	5,7,8
7. Mentally Ill Treatment	4,6,5	1,8,9,10,8,9,10,7,4,9,10,6,10,10,10,10,9,6,10,5	10,4,3,10,10,8,9,10,8,9,9,	3,8,10
8. Furlough only placements	8,9	1,4,1,8,6,4,10,2,8,2,1,2,2,1,1	2,7,8,4,5,2,8,6,1,7,	6,2,5
9. Developmentally Disabled	3,6	10,6,10,10,5,10,8,8,1,8,4,9,4,2,1,7,5	10,1,2,5,4,10,7,5,6,2,	2,5,5
10. P/P only placements	7,4,10	10,2,1,8,5,9,10,8,7,3,2,5,2,3,2,5	2,6,10,3,5,3,2,6,6,7,	7,3,9
Women w/children	3			
Therapeutic Commun.	9			
Other: Misdemeanants		10,4,		8

29. How can Community Residential Centers be better utilized for furlougees/restitution/confined misdemeanant placements?

Response to Questionnaire	CO	Inst.	CC	Oth.
No response (don't know)	2	12	5	1
Longer placements with treatment & skills				1
Sub. Abuse orientation/programs for criminal thinking	1			
Expand placements		2	2	1
More specialized & professional		1	1	
Increase acceptable failure rate			1	
Eliminate Restitution & Residential Ctr. distinction	1			
More transitional assistance, restitution collected			1	
Have DOC run, or get better control over contractors		2		
More assistance in job placement			1	
PreTrial placements		1		
Need more beds		2		
Separate confined misdemeanants		1		
Better Surveillance & training for staff				1
More in-house programs (by community agencies)	1	1		

Do you favor removing the prohibition against violent offenders being placed in restitution centers?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	12	5	2
No	2	8	6	2
No response (don't know)	1	2		

30. Do you feel that the current utilization of Community Residential Centers is meeting the needs of the Department of Corrections?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	1	3	1	
No	4	12	6	3
No response (don't know)		6	2	1
Only partially		1	2	

Do you feel that the current utilization of Community Residential Centers is meeting the needs of the offenders?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	1	8	1	
No	3	11	7	1
No response (don't know)	1	3	1	1
To a limited degree			2	2

Do you feel that the current utilization of Community Residential Centers is meeting the needs of the community?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	3	8	2	1
No	1	7	9	2
No response (don't know)	1	7		1

31. Do you favor the concept of State owned and operated Community Residential Centers?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	4	16	6	3
No	1	4	2	
No response (don't know)		1	3	1
Possibly		1		

Do you favor the concept of State owned Community Residential Centers, with operations provided by independent Contractors?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	4	2	2
No	3	13	6	1
No Response (don't know)		5	2	1
Undecided			1	

Do you favor the concept of Contractor owned and operated Community Residential Centers (current practice)?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes		5	4	
No	4	11	4	3
No response (don't know)		5	1	1
Undecided		1	1	
Only as a necessity	1		1	

32. Is there is a Community Residential Center operating in your area? Are you aware of any problems with the community's acceptance of the center? Please explain.

Response to Questionnaire	CO	Inst.	CC	Oth.
CRC in area, no problems		9	3	3
No CRC in area		8	4	
CRC in area, only problems were in establishing		2		
No response	5	3	4	1

On a scale of 1 to 10 (with 10 being the best possible), of those CRC's you are familiar with, please indicate what kind of job you think they are doing.

Response to Questionnaire	CO	Inst.	CCs	Other
Cordova Center	3,5,5,	8,3,7,7,8,7,5,4,	5,8,4,	8,
Glennwood Center	8,8,	7,8,8,7,6,8,8	8,7,	
Clitheroe Center	9,	9,5,	7,	
Tundra Center	5,	9,5,		
Glacier Manor	8,	9,8,	8,4,8,8,	8,
Northstar Center	5,5,	8,7,6,6,8,	7,8,	7,

33. Do you feel that, should Contractor owned and operated Community Residential Centers continue to be utilized in the State of Alaska, contracting procedures and practices as currently provided allow for the securing of the most cost-effective and efficient services available within the State?

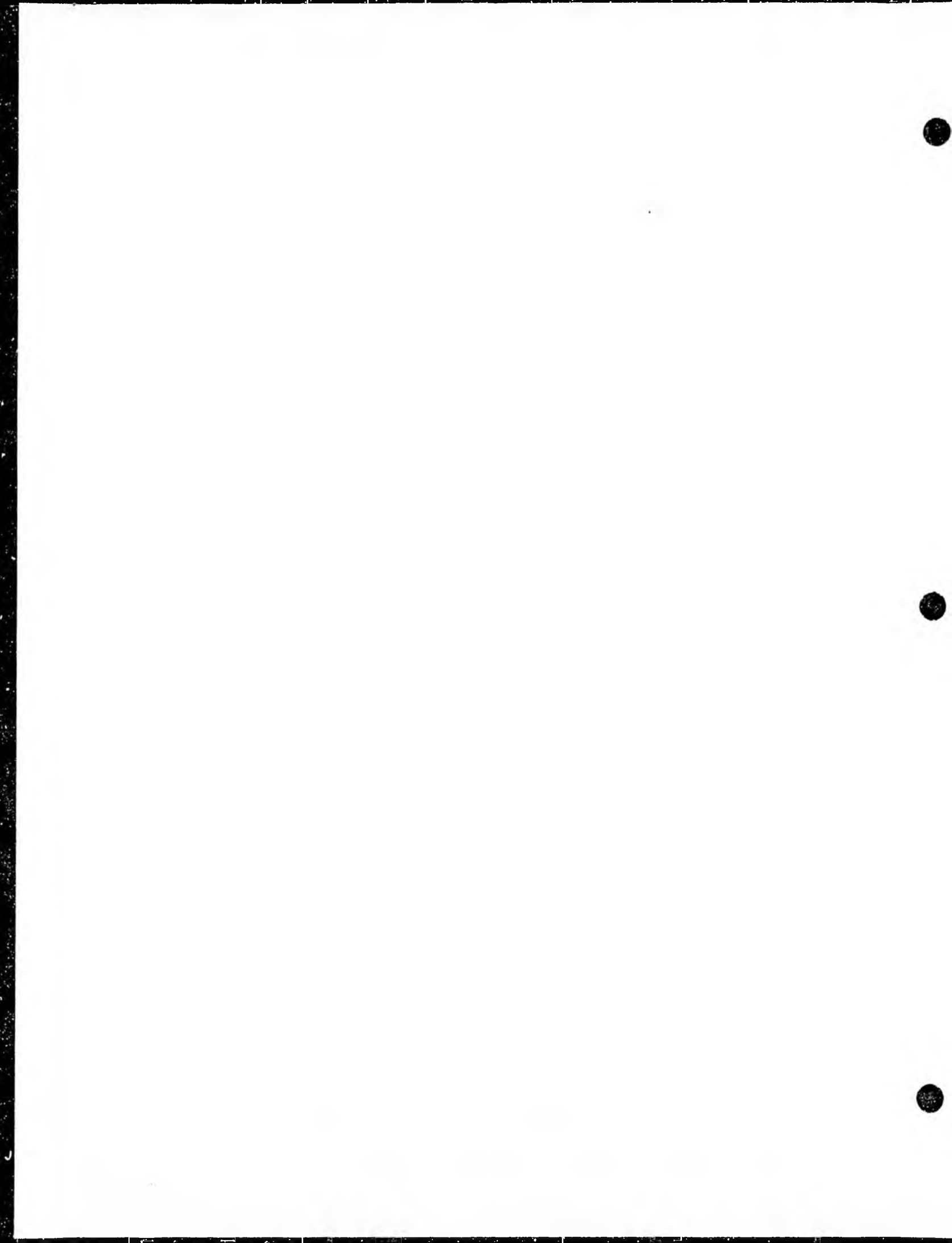
Response to Questionnaire	CO	Inst.	CC	Oth.
No response (don't know)		7	6	2
No	4	7	2	2
Uncertain	1	3	1	
Yes		5	2	

34. Do you favor the provision of "in-house" programming for sex offender treatment, drug and alcohol treatment, etc. in community residential centers?

Response to Questionnaire	CO	Inst.	CC	Oth.
Yes	2	12	4	2
No	3	8	3	1
No response (don't know)		2	3	1
Partially			1	

35. What general observations or suggestions can you make that would help assure the more effective use of, or better programming of, CRC's?

Response to Questionnaire	CO	Inst.	CC	Oth.
Establish specific criteria with allows for rights of victims &/or community				1
Should operate with standard DOC forms, logs & SOPs for clarity, consistency and oversight	1			
Travel fund for rural offenders to urban beds			2	
Need more qualified staff			1	
More transportation services		1		
More Probation/Parole placements		1		
Need more specialization			1	
DOC owned and operated	1	2		
Need more treatment orientation for purpose of reintegration, not housing			1	
More job orientation			1	
Smaller facilities in all areas of state				1
No response	3	18	5	2



Addendum B

1. What do you feel the primary purpose of community residential centers should be?

Other

- Less restrictive housing for retraining and treatment programs;
- Should include money-management, employment counseling, stress management, and menu-food preparation training;
- Place to provide structured living situation prior to release and for parolees who can't quite make it without assistance;
- Both halfway out and halfway in and to afford opportunity for rehabilitation treatment (including employment and paying off restitution and fines;

Central Office

- Transitional, secure setting for offenders nearing end of sentence;
- Graduated release, transition planning and counselling, job/housing arrangements, supplement savings, family reintegration;
- Reintegration with society for "some" offenders and temporary shelter for P/P on a case by case basis;

Community Corrections

- Transition into community and least restrictive setting;
- Stepping stone for long term prisoners coming out and also placement for short term non-violent prisoners;
- A place to put probationers/parolees who are not complying with the conditions of P/P but who could come into compliance in a structured living situation. Also as a temporary shelter for recently released P/P who are homeless;
- CRC's as not only a transition center for furloughees and parolees, but also as a last chance opportunity for p/p violators to get their act together before being incarcerated for tech and/or misdemeanor violations;

Institutions

- Housing for misdemeanants and released inmates that meet the criteria;
- Deter criminal behavior by providing housing for non-violent misdemeanor's and felons who have obtained community custody;
- House non-serious offenders, provide a transition for serious offenders from custody to freedom;
- A transition from prison to freedom and a gradual reduction of restrictions;
- To assist offenders' reintegration into the work force, and responsible participation in society;
- Transitional placement of offenders into the community;
- Furlough - "half-way out placements;
- Reintegrate inmates to society;
- An alternative to incarceration and to facilitate rehabilitation for those who need to adjust from prison into the community;

Addendum B (cont.)

- To be responsible to DOC for services, standards, own policies and procedures, enforcing DOC restrictions, and conditions in a consistent, objective and professional manner;
- Aid with reintegration of long-term inmates into the community and to help the Department deal with overcrowding issues;
- To assist individuals with reentering society;
- For parole purposes and for short term residential stays for those offenders who have, or will have no contacts on the streets;
- Job Placement preparation;
- Protection of the community by gradual transition;

2. **Is the Department's furlough system and process acceptable as it is, or would you recommend changes? If so, what changes would you recommend?**

Other

- Should be more furloughs for **low-risk** offenders - too few get to CRCs;
- Acceptable - need better classification system;
- I would like to see placements which lasts 6 months - 1 year;

Central Office

- All community custody offenders should be reviewed for placement;
- Change term "furlough" to "pre-release placement" or "CRC placement". Eliminate 3 year furlough placements (max. 18 months);
- System needs to be strengthened/professionalized (CRC staff too inexperienced at point of placement when assistance is most critical);
- Centralization of authority is badly needed;

Community Corrections

- Not acceptable (untreated sex offenders cannot be furloughed and are not eligible for institutional programming). Final approval should be with institutional superintendent;
- Furlough system acceptable, however, need CRCs in local communities;
- The process works now. If more people are furloughed with looser standards, the halfway house structure (esp. Cordova Center must be tighter);
- Need more CRC in various areas of the state;
- Policy acceptable, practice too conservative;
- Furlough to work release if field PO approves residence and employment unless offender has history of violence;
- From the standpoint of a field PO, there are too few inmates being furloughed. They need a transition period, rather than being directly to the community without any plan or resources to succeed in the community. It's an unnecessary burden placed on field POs to try to help these offenders, who are usually mandatory parolees, make the transition to the community, particularly now that New Start is gone.

Addendum B (cont.)

Institutions

- Centralize selection and case management;
- No. The possibility of a 3 year furlough is dangerous. A maximum of 1 year should be established by law.
- The final approval for furloughs (except family visitation could be the Superintendent;
- Use fax to send packet and response (speed up process of approval);
- The statutes and P&Ps are broad enough to accomplish the task;
- Acceptable as is;
- No, needs to start with changes in classification system for quicker custody reductions and furloughs for all inmates;
- Unacceptable, would recommend several changes;
- No, not acceptable: (1) CRC's need closer monitoring, (2) out-of-contract placements need set of P&P's; (3) furlough system needs manual of procedures for who does what;
- Unacceptable, should allow superintendent final approval on furlougees;
- The matrix score prevents use on technical probation parole revocations. The P&Ps requiring 1/3 of sentence be served first, prevents earlier use in appropriate cases;
- If strictly "furlough", the present system appears adequate, however, I feel there has to be an education component added. If "furlough" means placement, I think more appropriate community service is needed;
- Unacceptable, need eligibility standards for Halfway house placement (i.e. untreated sex offenders, etc.
- Unacceptable, recommend that all inmates who are released be required to do time at a CRC;

3. **Should furlough placement be mandatory for all long-term sentenced prisoners? If so, what do you feel is the ideal minimum time a furlough placement should spend in a CRC?**

Other

- Not mandatory, but more like a probability than a remote possibility (3-6 months);
- Rapist, murders or dangerous offenders can't be placed in CRC because of risks to community;
- Yes, except for maximum custody prisoners. Minimum: 90 days, longer for lower custody levels;
- While it depends upon the facts of each case, I think every offender should spend at least 90 days in a CRC prior to release;

Central Office

- Mandatory only if DOC run facilities (security, community risk would be increased);
- At least 6 months - mandatory;
- Three months - mandatory;

Addendum B (cont.)

- Not appropriate for all. Continuation of institutional tx. and security may be most beneficial for some. System needs to be strengthened to handle broader range of "problem" inmates;

Community Corrections

- Should depend on institutional record (minimum 6 months) for purpose of beginning rehabilitation and seek employment;
- Six months ideal minimum;
- Some people are too dangerous to the community. We can't determine release dates but are responsible for community safety while they are incarcerated;
- Six months ideal minimum;
- Long term inmates have the hardest time adjusting. The offenders who seem to perform the best on supervision are those who had the benefit of a furlough. (ideal 6 months);

Institutions

- Six months, not necessarily in CRC but in structured program with security and staffing by DOC;
- No, some are too dangerous. 90 days would be the ideal minimum;
- Absolutely not. Many prisoners are too dangerous, or have not earned the privilege of furlough. There needs to be minimum standards for furlough;
- It should be mandatory, 6 months to 2 years depending upon severity of the crime;
- No, some inmate's behavior is not conducive to a reduction of restrictions until it's mandatory from a public protection standpoint;
- Depends on individual's needs (job skills, community contacts, prospects for work/housing);
- No, I believe the process should be considered for all long term prisoners longer than 6 months;
- No, not mandatory;
- Yes, 60 days;
- Mandatory for all is a little too strong, even though it may be preferable;
- Yes. 3 month minimum furlough placement - this seems fair to the safety and security of the public and gives a prisoner a transition period;
- No, only if the long term prisoner has been able to obtain community custody and is otherwise eligible; (60 days)
- No, if mandatory, a more structured program is required (minimum 1 year);
- Yes, I feel six month to one year. Educational, emotional and financial parameters need to be considered;

4. Do you think that a system should be in place where furloughs for offenders who are classified community custody should occur automatically, without specific approvals from Superintendents or Directors?

Other

- Not mandatory (without any review), but perhaps presumption that furlough occurs unless disapproved;
- Someone has to monitor offenders and the effect they have on community;
- No, but superintendent only unless furlough longer than 6 months or superintendent denies furlough, then Director;
- Yes, subject to classification committee review and bedspace;

Central Office

- Should always be upper level review; (3)
- Pre-placement review is necessary to "answer" for failures and to maintain DOC mandate for public safety;

Community Corrections

- No, especially if differences in institutions remain;
- Nothing should be automatic, it will be absurd;
- Yes, with classification committee override;
- No, but P&P should be rewritten so that superintendents don't take all the heat;
- Particularly in the case of Directors. It seems that furloughs depend on the specific beliefs of the individual providing the approval, regardless of DOC policies;

Institutions

- Especially if the offender has a lengthy period of time left on his sentence;
- No, community custody is required for other community activities such as having a volunteer escort for school "inside out" presentations and many others;
- No, rather that the superintendent have discretion and that only within last 12 months of sentence;
- No, there should be review by superintendent or Director;
- No, superintendents should have authority to decide for non-violent inmates with 90 days or less to serve;
- No, but all furlougees should require only superintendent's approval;
- Yes, if a superintendent has approved community custody, a furlough (or equivalent) is implied;
- No. Consideration in these type of cases should be given to type of crime - violent or non-violent. Non-violent cases should still need superintendent's approval;
- No, the superintendent should still approve all furloughs. Would delete Director's approval;
- Yes, this system would eliminate the possibility of political interference and more expeditious bed utilization and program initiation;
- No, furloughs cover too wide a concept from a two hour release for a job interview, to a furlough residence in an isolated community;

5. Would you favor a system that allowed all minimum security offenders to be placed in CRC's for a period of time before they are released?

Other

- It would depend on type of offense & offender;
- Every offender should be eligible for CRC placement unless too violent to make it - I'd rather have them under some structure subject to revocation than dumped out onto the street. Again, 90 days should be the minimum;

Central Office

- Only if DOC runs facility;
- Readjustment time is necessary;
- 3-6 months prior to end of sentence in CRC with more structure and security than community custody CRC;
- If system is strengthened and professional services offered. Placement in CRC for placement's sake has little value;

Community Corrections

- Should not be automatic, may come out minimum on points, but points don't tell all;
- Yes, but not mandatory. Sometimes a minimum custody is awarded to offenders within an institution for good behavior (long before projected release date) and these individuals may not be good candidates for furlough;

Institutions

- Yes, if they meet the established criteria;
- Yes, provided there become more CRC beds available;
- No, would prefer change in classification system to get people down to community custody and then to CRC;
- Yes, except for untreated sex offenders;
- Short-termers (minimum offenders) in most cases specifically non-violent are better off keeping their jobs by being placed at CRC & that way DOC can retrieve 1/3 of their wages;
- No, not until more rigorous education and treatment programs are developed. However, the Cleary suit has hampered the penal component of confinement;
- Allow, but not require. Most inmates could and would do well this way. There are a few who for individual reasons should not be required to go;

6. Should untreated sex offenders and other violent offenders be granted (or eligible to apply for) furloughs (yes or no)? If yes, should furlough be granted:

Other

- Shouldn't grant furlough for untreated sex offenders or violent offenders (anger mgt. D/A);
- Yes, except for maximum custody;

Addendum B (cont.)

- Only on condition that they undergo in-house treatment and continue such treatment while on parole/mandatory release. Length of time depends upon type of treatment needed and length of time necessary for treatment to have an effect;

Central Office

- To provide graduated release, transition continuity, job/housing placement and family reintegration;
- Violent offenders or,ly (may have had alteration in thinking during "lock-up". Sex offenders don't change;
- CRC placements for these offenders should be way more structured, restrictive and supervised with DOC staff on-site;
- Decision should be made on case by case basis;
- More than 60-90 days is too much reward for sex offenders;

Community Corrections

- Only if institutional sentence is too short to enter institutional programming;
- Again, it would be less risky if the CRC's were tighter also it should be case-by-case;
- No, make determination on case-by-case basis;
- Yes, (not automatically);
- Untreated sex offenders - **NO!**. Violent offenders who have successfully completed anger mgmt. and have a solid realistic furlough plan - ??;
- Sex offenders should be given a short furlough such that they get the needed adjustment period in the community, yet reduce DOC exposure and liability;

Institutions

- If supervision is adequate, length is irrelevant;
- It all depends on the specific conditions, controls of the furlough;
- It should be mandatory;
- Untreated sex offenders and violent offenders with institutional record of violence - No;
- Yes, six month or consideration based on individual case;
- Sex Offenders who have completed treatment - 90 days from release. Untreated sex offenders - 30 days;
- Violent offenders who have completed treatment - 2 years. Others 60-90 days;
- Yes, based on test and a goal;
- Yes, if they meet all other criteria;
- No, with regard to sex offenders, it is my "gut" feeling that despite treatment, they are a time bomb. Violence has its levels (i.e. robbery and assault I). Perhaps with consideration, case by case, simple assaults and domestic violence - yes with counseling;
- No to non-programmed violent offenders and untreated sex offenders. Please don't lump violent offender who has programmed in the same class with untreated sex offender. Furloughs should be within statute and AAC's if program complete;

Addendum B (cont.)

- Yes, if they meet all other criteria;
- Recommend untreated sex offenders not be released until they have undergone treatment;

Should there be any differences in the furlough restrictions/rules for violent offenders and/or untreated sex offenders, regardless of length of furlough?

Other

- Shouldn't get a furlough;
- Yes, but can be dealt with in furlough conditions for the most part. Should be closer surveillance!
- Yes, they should be restricted to in-house activities until the end of their period of incarceration and required to undergo treatment;

Central Office

- Sex offenders should have mandatory tx. @ own expense;
- Clear and compelling rehabilitative purpose;
- Should be much more restrictive;
- Should be determined on case-by-case basis; (2)

Community Corrections

- Definitely, if granted;
- Special surveillance and other appropriate restrictions;
- No, there's a mess of rules now;
- Violent offenders should also be mandated to have completed appropriate treatment and have a good institutional record;

Institutions

- The violent offenders should have more restrictions placed upon them;
- Reasonableness must apply with respect to the public's feeling of protection;
- For Sex Offenders: (1) lock-down for 3 months minimum except for out-patient sex offender treatment and therapist's evaluation of risk;
For Violent Offenders (1) Completion of prison anger mgt. or alternatives to violence and continued community program as condition of furlough;
- Perhaps more intensive supervision. Gradual increase in community benefits;
- Yes, more restrictive;
- Only on case-by-case basis (no victim contact);
- There should be restrictions and supervision relevant to crime and victims;
- Yes, more restrictions should be placed and more monitoring;
- Again, violence must be defined. What levels are being addressed. Furloughs/restrictions/rules should fit the nature of the offense;
- Yes, they need to be tailored to the individual;
- Yes, ISSP style supervision;

Addendum B (cont.)

What special conditions and/or restrictions should be applied (if any) to these offenders?

Other

- Final treatment before eligible for furlough with appropriate conditions attached to furlough;
- No treatment - no furlough. Incarceration until mandatory release prevents re-victimization for a season;
- More frequent surveillance and limitation on type of work, etc. to minimize contact with potential victims (at least for sex offenders);
- They should be restricted to in-house activities until the end of their period of incarceration and required to undergo treatment;

Central Office

- More frequent surveillance, community checks, UA testing, fewer pass authorizations; (2)
- Sex offender - continued attempts to accept treatment, 3rd party supervision, restricted contacts. Violent offender - Intensive program/supervision and frequent home/job checks;
- Depends upon type of assaultive background;

Community Corrections

- Restrictions in associations and movement (i.e. near schools, etc.);
- Tougher restrictions and supervision (electronic monitoring) if granted;
- Mandatory complete treatment package; (2)
- No driving and must be accompanied;
- Strict treatment requirements, employment and possible geographic restrictions. contact with certain individuals prohibited. Specified contacts with monitoring staff;
- Electronic monitoring;
- Probation intensive supervision;
- Sex offenders - no contact with minors without PO approval and/or adult present who is approved by PO, no minors in residence, and mandatory sex offender treatment program approved by PO;
- Participate in applicable community programming. Sex offenders should also have additional restrictions as to residence (CRC);
- Some demonstration of "working on their problem" is a must;
- Return to CRC lockdown status if not complying with above;

Institution

- Electronic monitoring;
- Case-by-case restrictions to increase supervision and reduce risk;
- Appropriate restrictions tailored to the particular case. Sex offenders must be involved in treatment while on furlough;
- The individual should remain in custody of a third party and/or receive movement time constraints plus a weekly UA should be mandatory;
- Closer monitoring, possibly ISSP;

Addendum B (cont.)

- Outpatient treatment, closer surveillance & monitoring;
- Less leeway on free time - tighter control on community schedule;
- Contingent on individual case. Perhaps escorted transition, transition, shopping trips, etc. at beginning of placement;
- Very tight security;
- Numerous, specific to crime and victim(s);
- If they want to be considered for furlough, they should be required to maintain participation in counseling, reference to their crime and they should pay for it themselves through work or their own funds;
- No operating motorized vehicle;
- (1) movement/location with consideration for victim, and (2) appropriate restrictions i.e. substance abuse, medications, counseling, treatment follow-up;
- If possible, these folks should be made to work with victims' groups so they can see the results or be made aware of the agonies to society their acts have wrought;
- Intensive supervision for both groups differences determined later;
- Don't release until treatment complete;
- Violent offenders should not be furloughed;

7. **Should superintendents be authorized to approve furloughs (yes/no)? If yes, which types of furloughs could be approved by the superintendents?**

Other

- Types of furloughs approved is a policy decision for Department. Criteria needs to be consistent;
- Should be authorized by parole board because more opinions and backgrounds will be known (safer to community). Furloughs shouldn't last so long (1 week to 1 month with case monitoring);

Central Office

- I believe in centralization of this function;

Institutions

- The only exception should be family visitation. The criteria (for all others) should be clearly spelled out and strictly enforced, with a provision that any exception to the published criteria would require the Director's approval;
- Should be able to approve all (with appeal rights);
- Again, are these program institutions where the offenders are well known or are they booking facilities as 6th or CIPT? Question need clarification. Since there is ambiguity, I can't say
- Over two years shouldn't be eligible for furlough;
- Violent offenders six months - 2 years with Director approval, Director approval on all furloughs in excess of 2 years;

Community Corrections

Addendum B (cont.)

- Director approval for 1-2 year furloughs should only be required for violent offenders;

8. What is an acceptable level of community risk for furlough placements?

Other

- Don't know what measure you are looking for - Custody?
- Offender classified minimum or community custody;

Central Office

- It is acceptable up to the point of new offenses. Then its unacceptable.

Community Corrections

- With community attitudes and risk of liability it is very low. There needs to be community education;
- What risk scale are you using?;
- Limited area of community - electronic monitoring would help; (don't know)

Institutions

- All prisoners present some amount of risk. No prisoner should be allowed to furlough until they have successfully completed all court recommended treatment and psychological screening. A significant clear conduct period while incarcerated should also be a requirement. Compliance with these conditions would significantly reduce the risk to the public;
- Inmate may commit technical violation but most likely no new offense;
- Department should recognize offenders fail on furlough. Failure while being supervised is much better than release with no supervision, job program, etc.
- The very least risk as possible;
- Liabilities should be considered - all ordered/recommended treatment should be completed;
- Minimal risk level - reach community custody through classification process. Then to monitor closely that all furlough conditions are followed, or to set additional conditions when needed. Strong supervision of the furlougees be implemented;
- Technical violation only. No level of new convictions, property crime or crimes of violence will be tolerated by the community;

9. What is an acceptable level of failure(s) for furlough placements?

Other

- Need to know the definition of failure and more data in order to answer;
- Let one of your family members be the victim of these placements then tell me what is acceptable;

Addendum B (cont.)

Central Office

- Not definable. Must demonstrate due consideration and over-site whenever failure occurs;
- Depends on definition of failure. High turnover rate is not as bad as an actual offense occurring in community;
- Roughly 10% for technical violations only;

Community Corrections

- Question is too vague;
- If you have over 5% failure, then screening is wrong;
- I don't know what the current level of failure is, but I would think that DOC could accept a few more substance abuse violations and a few more walkaways;

Institutions

- 4 out of 100 inmates being returned to jail for violating the conditions of their furlough without committing new crimes would indicate a fairly good screening process is being used;
- Unacceptable behavior (high moderate or more serious DOC disciplinary offense). Lo moderate or minor can have sanctions at CRC (lock-down, etc. @ CRC discretion);
- Minimal;
- I believe technical violations should be reviewed and modified. Statistics should be tracked and a realization that failures will occur should be understood;
- Please define "level of failure";
- Guidelines (in writing) need to be established by DOC. Presently, part of this acceptable level of failure is left up to the CRC. This should not be the case. Reviews of every furlough should be done monthly by DOC;
- Personal failure is acceptable i.e. drank, late to work, failed to keep appointment, etc. Injuries to others i.e. assault, property crime, etc. is not;

10. What is an acceptable level of failure(s) for probation/parole placements?

Other

- Under 10%, if failure rate is higher it indicates parolees are failing twice - once on the street and once in CRC;

Central Office

- Not definable. Must demonstrate due consideration and over-site whenever failure occurs;
- I don't feel comfortable responding with a figure because we have so little control over who is on probation or parole. I consider repeat probation and parole failures by same individual unacceptable;

Community Corrections

- If you have over 5% failures, then screening is wrong. It will not work either;
- If half of P/P failed, that would be acceptable. Their violations tend to be walkaways and substance abuse violations. Most P/P placed in CRCs are marginal cases at best. Discretionary parolees are better risks;

Institutions

- Probation: A significantly higher failure rate should be expected because these people are required to be in the community. Their return to custody indicates close monitoring and allows for greater protection of the public (20 out of 100); Parole: The rate of failure on parole should be somewhat similar to that on furlough (2 of 100);
- Can only be determined by long term review of placements;
- More lenient than furloughees, but still minimal;
- No new crimes should be tolerated, technical violations are at an acceptable level at present;
- Personal failure is acceptable i.e. drank, late to work, failed to keep appointment, etc. Injuries to others i.e. assault, property crime, etc. is not;

11. The following criteria is always considered regarding acceptable levels of risk with furlough placement. Please add other criteria that you think should be considered to develop an acceptable level of risk for furlough placements. (Each criteria should be assigned a rating of 1 - 10 as follows: 10 (Most Important); 1 (Least Important).

Other

- Length of sentence: some receive very light sentence for violent crime due to plea bargaining, etc.

Central Office

- Length of sentence (time left to serve), furlough plan must be well developed (employment, tx., school, etc.);
- Length of sentence should be review as time incarcerated as it relates to existing release needs;
- Treatment status defined as # and type of meaningful programs completed. Important to consider furlough plan (pre-release classes/programs, community support system, employment history, existence of victims and location);
- Past supervision record to include any prior furloughs;

Community Corrections

- If inmate is serious (for length of sentence), they can go to CRC on release and, if they are not, probably won't do much good anyway;
- Must also consider (1) community feelings about release (if known), (2) special problems or fears of victims, and (3) acute drug and/or alcohol history;

Addendum B (cont.)

- If incarcerated person is short timer furlough, its ok. If he/she has 20 years before eligible for parole, no;
- Length of sentence - more time = more dangerous;
- Treatment status based on completion of available treatment in institution, length of sentence based on long term offenders needing furlough the most;
- Length of sentence: the longer the sentence, the greater the need for adjustment.

Institutions

- After weighing all of the above, I am unhappy with the results, because I suspect that all of the criteria are about the same weight;
- Release needs (1) based on "overcrowding"?. Length of sentence depends upon violent vs. non-violent crimes;
- Length of sentence: 2 years or under; Other: Community ties and job skills;
- Furlough Plan (resources, motivation, vocational, educational, disability, mental health needs, etc.);
- Length of Sentence: Over 2 years not allowed;
- Length of Sentence: The longer the time in jail, the more important some amount of time is spent in a CRC;
- Victims comments and location important;
- Length of sentence, 50% presumptive sentence;

12. Do you believe that the current classification system causes too few offenders to be eligible for placement in a CRC?

Other

- Certain aspects of the classification system seem to lend themselves to over-classification;

Central Office

- Possibly, system is currently under review to assess this question;

Community Corrections

- Classification system no, superintendents yes;
- Yes, decidedly, Superintendent must take unacceptable risk alone, No one will do it. Share the decision making;
- Yes, It appears that DOC staff are unwilling to take a risk, because of the fear of being held accountable for bad placements;

Institutions

- The last version of the classification system by Margaret Pugh would release all appropriate number of furloughs;
- In some cases inmates that could be successfully managed on furlough status are not furloughed due to an inability to get their custody reduced within the necessary time limits;

Addendum B (cont.)

- No, expansion of numbers of furloughs will generate more community custody cases. Placement generates placements;
- No, I think it is appropriate;
- My major familiarity is with offenders coming from 6th Ave. However, I am aware of the statutes dictating scoring. Nevertheless, I believe the system of separating confined misdemeanants from restitution offenders is self limiting. These people ride the bus together, walk and talk together and frequent the same stores out on the street;

13. Should the Director of Institutions develop appropriate guidelines within existing regulations and policies and procedures to establish the departmental level of risk for placements?

Other

- In addition to the classification system?;
- Perhaps through refinement in existing classification system;

Central Office

- I question whether such guidelines can be developed that will not eliminate or restrict "categories" of offenders. Need to closely assess "individual" offenders and their status/needs;

Community Corrections

- Probably would be helpful to staff;
- Yes - isn't it already established?;
- Sounds reasonable;
- This should be a consideration;
- Sure, why not?;
- Yes, but classification must be objective, based on guidelines, and the responsibility placed on DOC as a whole rather than any one individual. Need central office staff to ask why an offender is not on furlough, rather than why an offender should be furloughed;

Institutions

- Doubt that "level of risk" can be currently specified objectively;
- I don't understand determining "level of risk". I do understand establishing guidelines, these are pretty well established in law, regulation and policy;
- No, an update of existing P&P's would be useful;
- Yes, and they should be strictly enforced;
- Yes! Any communication regarding criteria, or explanation of broad assessment (3 years) would be helpful;
- Undecided, is this necessary;
- Mission impossible. Would the community accept whatever level the department established?;
- Yes, then furloughs would be approved by superintendent with appeal to Director;

Addendum B (cont.)

14. Please complete the following information for your institution. Any information which is not known should be so indicated.

How many designated as community custody?

- Approx. 1300
- Approx. 23
- Approx. 50
- Approx. 50
- Approx. 12

Average time to serve:

- 10 days approx.
- 8-9 months
- 6 months
- < 6 months
- 3 months
- 6 months

Range of time left to serve:

- 2 years - 3 months
- 1 month - 1+ year
- 6 - 12 months
- 6 months
- 3 - 6 months

Number applying for release:

- Approx. 18 (of 50)
- Approx. 10 (of 12)
- Approx. 17 (of 23)
- 5%

Time left to serve at application:

- 6 months
- Average 6 months
- 6-7 months
- 1 year

Number released on first application:

- Approx. 12
- 8 Of 10
- 93% of 17 applied
- 90%

Number not approved who appealed:

- None
- 85% (of 17)
- 2%

How many were approved upon appeal:

- None
- 0
- 50% (Deputy Commissioner)
- 1%

Average time between application and release:

- 3 weeks;
- 30+ days
- 1 month
- 1 week
- 40-50 days

Three factors leading to approval:

- (1) nature of offense, (2) custody level, and (3) treatment complete;
- (1) treatment, (2) crime, and (3) time to serve
- (1) length of sentence, (2) offense, and (3) time served;
- (1) program completion, (2) institutional record, and (3) matrix score;
- (1) offense (2) time left to serve, and (3) prior release plan
- (1) tx. complete, (2) tx. goals at CRC, and (3) time left on sentence;

Addendum B (cont.)

- (1) institutional record, and (2) minimum risk
- (1) TRD, (2) Prior record, and (3) disciplinary reports;

Three factors leading to disapproval:

- (1) lack of treatment, (2) violent offense, and (3) length of furlough;
- (1) crime, (2) lack of treatment, and (3) institutional record;
- (1) offense, and (2) length of furlough;
- (1) non-compliance, (2) poor record, and (3) matrix score;
- (1) offense (2) time left to serve, and (3) prior release plan
- (1) nature of offense, (2) time left to serve, and (3) institutional record;
- (1) no treatment in jail, (2) refusal to do tx. at CRC, and (3) too much time left to serve;
- (1) TRD, (2) Prior record, and (3) disciplinary reports;

Completion rate for those approved on first application:

- Approx. 90%
- 100%
- Approx. 95%
- 95% successful

Completion rate for those approved on appeal:

- N/A
- 100%
- 100%
- 90%

Three factors leading to termination from a CRC:

- (1) substance abuse;
- CRC rejection;
- (1) drug abuse, (2) unauthorized area, and (3) drinking;
- (1) technical violations;
- (1) dirty UA;
- (1) drug/alcohol, (2) in house rules, and (3) walk away;
- (1) drug use 70%, (2) follow CRC rules - 25%, and (3) walkaway - 5%;
- (1) failure to satisfy tx. requirements (50%) (2) Hot UA (25%) and (3) walkaway (25%);
- (1) no interest in working, (2) lack of compliance to CRC rules, and (3) contraband (booze/drugs);
- Dirty UA (1%), and (2) failure to report (1%);

Miscellaneous Comments

Central Office

- Based on review of furlough appeals, common factors leading to approval are non-violent crime/record and completion of appropriate programs. Factors leading to disapproval are failure to participate/complete treatment related to offense;

Institutions

- Data requested is not tracked. We grant a variety of community custody

Addendum B (cont.)

(specific to need) at this institution. We have limited our numbers based on current placement trends;

- However, recognition must be given to the type of facility and its mission . At 6th Ave. we receive court ordered reports, generally, as few as 4 or as many as 17 per day. Sentences generally run from 3-10 days to as long as 180 days (for misdemeanants) and 6 months to 1 year or more for felons. Generally 2/3 of these folks were eligible and expected CRC placement, pending available space,. Those not eligible were generally not successful at reclassification;

15. Should the ISSP program be used to supervise special furlough cases (i.e. violent offenders, untreated sex offenders, etc.)? Why?

Other

- Task Force on Alternative Sanctions & Sentencing Commission could consider;
- Don't know what ISSP program is;
- Yes, closer supervision will enable greater number of furloughs with more faith in the system;
- Yes, if those offenders would be eligible for ISSP supervision upon release. May require significant increase in ISSP officers;

Central Office

- Should have enhanced monitoring;
- Appropriate relationship between ISSP and Institutions could probably be developed;
- Not sure if most cost-effective way, but such offenders need higher surveillance than others who are out of CRC;
- The resource is there and it is presently under worked. Why not use it!;

Community Corrections

- Yes, if program staff is increased and adequate screening exists;
- If offender requires supervision beyond CRC, they shouldn't be furloughed;
- If the offenders are furloughed, they must be under intensive supervision to protect public. They shouldn't be under general supervision;
- Yes, it would lower risk to community;
- No, this should be done outside of field services;
- It would be nice, but unfortunately there is a manpower problem. If they need to be supervised that closely, then they should be in jail, not on furlough. Parolees and probationers need their time;
- Yes, assists in community protection perception;
- Yes, if you provide more POs. Its cheap and has a good track record;
- Yes, but should be applied statewide, Not Just Anchorage. It would require additional resources for community corrections, and the ISSP staff would have to have complete control to violate back to institution and override any decision to re-furlough if proposed;

Institutions

- No, lack of manpower;
- Only for those requiring supervision at that level;
- Yes, the idea is worth considering because of the risk posed by these offenders;
- Yes, for protection of the public;
- Yes, protection of the public;
- Yes, would reduce community risk; for 12 month or longer furloughs, use ISSP, for 3-6 months, if appropriate, a less restrictive supervision;
- The level of supervision currently provided at CRC's is totally inadequate for the types of offenders indicated. They require greater supervision;
- Yes, spot checks would put some teeth into program;
- Yes, community demands accountability;
- No, too expensive, cheaper to contract;
- Yes, protection of the public;
- No, I don't think we should have contract services - We should have fully staffed and trained DOC personnel at all CRC;
- If available in an appropriate location. To take a Igagik Inuit or Ketchikan fisherman and require Anchorage residence is increasing potential for failure;
- Yes, the offenders still need intense supervision;
- Yes, prison capacity;
- Yes, recidivism;

16. Should Community Residential Centers or residential drug programs be utilized for intermediate placement for probationers/parolees convicted of nonviolent technical violations with no new felony charges pending (yes/no)? Please explain.

Other

- Offenders must be in the drug programs or perhaps the programs should be a part of the residential living;
- Yes, if appropriate to case. These people should be incarcerated only after repeated failures;
- Yes, the more offenders who commit only technical violations (or simply fall off the wagon from time to time) we can keep out of institutions the better;

Central Office

- Appropriate if setting is structured and tx. plan exists;
- Half-way back can be effective and should be used to prevent filling hard beds needlessly.
- In many cases yes. Violent offenders with non-violent technical violation which represents clear escalation in risk would not be appropriate;
- It would save hard bed space and threat of new offenses would appear to be minimal;

Community Corrections

- They could be used as such;

Addendum B (cont.)

- Additional avenue for rehabilitation and to weed out those who should be placed in jail;
- Would decrease bed usage by a few;
- Should be considered, could be very useful;
- Off-times a placement is needed until something else, (job corp, Avtec, training, mental health services) is set;
- Yes, if PO and Judge in agreement;
- Yes, if you provide more POs. Its cheap and has a good track record;
- Yes, these offenders could benefit from increased structure in their lives or treatment and thereby possibly be diverted from incarceration;

Institutions

- No, should spend some amount of time in institutions;
- Yes, as a last resort short of re-incarceration;
- Sounds reasonable, low risk and cost effective alternative;
- They should be placed on intensive supervision with added conditions. If they fail under the increased supervision they should be returned to jail;
- Yes, with some flexibility (substance abuse is the violation and criminal history is alcohol/drug related);
- Yes, particularly with short time offenders who will be returning quickly to the community;
- Yes, lack of institutional bedspace. Hard beds not needed or warranted;
- Possibly, should look at on a case-by-case basis;
- Yes, because it would free up hard beds;
- Yes, if that is the treatment they need;
- No, too costly to the State. Unless the offender is willing to pay for it himself, he could be monitored there by DOC;
- Yes. These people are readjusting to Community life. They tripped-not failed. In prison they will not qualify for reentry via furlough;
- Yes, they are low risk;
- Yes, available housing;
- Yes, to relieve institutional overcrowding;

17. **Some states require parole officers to refer, screen and monitor offenders placed in transitional facility programs. If Alaska implemented such a program, should probation/parole officers be involved in the referral, screening and monitoring of offenders placed in halfway houses or residential drug programs (yes/no)? Why?**

Other

- It gives accountability to the programs;
- If the offender is on Probation/Parole the P/P officer should participate. If on furlough, a question of responsibility arises & the institution must stay involved. AK. must work out what works for the geography, small population & needs of the people;

Addendum B (cont.)

- Yes, should monitor all community based programs. Should be involved in screening only if offender placed in program from the community, not from institutions. Institutional P.O.'s are better able to do that;
- Not completely - P.O.'s could refer such individuals and help screen them with DOC/CRC staff, but monitoring should be consistent with the rest of CRC residents;

Central Office

- If offender is on P/P. Otherwise, Inst. PO & classification already do this. You will need more community POs;
- Institutional staff have the most direct knowledge of offender. DOC's responsibility is very different with regard to furlougee than with probation/parolee;
- Field staff presently have enough to do. Additionally, the geographic factor would weigh against such a procedure here;

Community Corrections

- Yes, if PO's responsible for supervision & P/P staff is increased;
- Yes, but not for furlougees and, if housed with furlougees, monitoring of P/P is lessened;
- Would have more say in screening and referrals, but would require expanded job descriptions;
- They currently are, by the PO putting up offenders for classification process;
- Yes, if sufficient new positions were created for that function and not from existing forces;
- Yes, I think they should but again turns into manpower problem. A large caseload makes committee meetings a low priority. Something needs to be done;
- Better community knowledge and rapport with local justice agencies;
- Not nearly enough POs. Also, duplicates services. CRCs have staff to screen and monitor. That's what they get paid to do. PO's should just refer;
- If you are referring to P/P, the system is already in place and operational. If for furlougees, it would require additional resources, complete authority on violations, and credit for supervising furlougees;

Institutions

- Yes, someone has to monitor these placements. If not PO's, who?;
- worth considering. POs know the community behavior of offenders, we (institution) don't. However, what about conflict between institution and field as is common in many states?;
- No, leave this to the institutional staff and CRC personnel;
- Yes, because of departmental liability;
- I do not feel that this plan would work as the probation department is already working with extremely high caseloads. They would not be able to have sufficient contact with the prisoners, during incarceration to make any worthwhile judgements about their suitability for furlough;

Addendum B (cont.)

- Depends on the working relationship between institutional and field PO's. shouldn't need field PO's involvement in this process, tho they will be to some extent responsible;
- Yes, perhaps a special group. Better tracking and positive adjustments to programming;
- Yes, I thought they already were, through the court process;
- No, cost;
- Yes, but you will need more staff;
- Yes, no one else is qualified;
- No, furloughing officers and furlough officer should do it. These offenders are still in custody, not yet released from completing their sentencing;
- Although I have no direct knowledge here, I do feel that POs should be involved. Some of the staff at these transitional facilities are inadequately trained and inexperienced;
- yes, the institutional Pos are appropriately used as referral, screening and monitoring;
- Yes, if they are still responsible for supervision;
- No, creates a very large caseload;
- No, CRC case managers;
- Yes, if more are hired;
- Yes, far more immediate DOC observation;

18. How can Community Residential Centers be better utilized for probationers/parolees convicted of nonviolent technical violations?

Other

- Put more of these folks in CRCs. Consider putting them there pending disposition also rather than in hard beds;
- Can provide stability while getting back on their feet and opportunity to "kick start" programming again;

Central Office

- Need to prioritize probationers, not just "dump" probationers by frustrated PO;

Community Corrections

- It is a better environment for rehabilitation by allowing offender to maintain self-esteem, employment, etc.
- By offering programs and resources not otherwise available;
- Alternative in lieu of incarceration;
- hard to say as each situation is different. Hard to create blanket policy. We need \$ to get violators from Kotzebue, Barrow, Dillingham, Bethel, Kodiak, Sitka, etc. to a CRC;
- Need to be of more assistance in helping offenders find employment;

Addendum B (cont.)

Institutions

- Combine the restitution centers and CRC centers to provide more available beds;
- It appears to be working fairly well at this point;
- They can provide an intermediate control mechanism that increases the monitoring of offenders while enabling them to maintain their employment/reintegration into the community without the need to put them in jail and start over again;
- Won't tie up hard beds. Special case load for these cases. Alternative action to standard procedures;
- Will provide more institutional bedspace;
- Use them. Set up procedures for placement there;
- Improving CRCs monitoring of probationers;
- Provides a structured environment;
- It offers an opportunity to reform without being isolated from society;
- Should be used as screening area before going to over-crowded maximum institutions;
- Expansion. remote work camps;

19. Will placement of probation/parolees convicted of nonviolent technical violations in CRC's have an effect on overcrowding conditions in correctional centers statewide?

Other

- Does the DOC have data to answer this?
- Hard to tell. Will help relieve crowding if utilize CRCs rather than hard beds;
- It may - depending on how many of these folks are presently being returned to custody by the courts and parole board;

Central Office

- Not sure data exists to support this, they could be leaving them in the community;
- Substantially reduce current population;
- It would soften overcrowding;

Community Corrections

- Every empty beds helps;
- Unsure - who is class of offender? Are they awaiting disposition on petition to revoke? Has court ordered CRC in lieu of jail?
- Yes, except for repeat violations incarceration is not beneficial;
- It can if it reduces the number of beds available for furloughs;
- The institutions are overcrowded and, in the southeast, so are the CRCs;
- Lets do it and see!
- I don't think so. The P/P which I pursue in having incarcerated have had a tremendous amount of time/effort to divert them and would not be a good candidate for a CRC;

Addendum B (cont.)

Institutions

- Could fill all vacancies in CRC and may give a false impression of furlough usage;
- Analyze the data and find out;
- It has already limited the space we can use at Glennwood and Corcoran Center for our designated misdemeanants;
- Should lessen overcrowding initially. Some of these people will still end up back in jail but some will correct their behavior and stay out;
- Certainly the number in prison will decline at the cost of funding more CRC beds;
- Yes, relieve some of the pressure;
- Yes, would reduce overcrowding if drug offenders are considered non-violent;
- Yes, there are some 400 in the system;
- I think CRC's should be utilized more fully;
- Should relieve overcrowding temporarily;

20. **New York utilizes Transitional Facilities in which an offender convicted of nonviolent technical violations voluntarily agrees to enter the program in lieu of incarceration. Should such a program be implemented in Alaska (yes/no)?**

Other

- It could be. The task force & sentencing commission needs to examine many options & recommend those most appropriate;
- Sounds like a good idea;
- Yes, it would give us another tool in supervision and would legitimize present practice;

Central Office

- Several states have transitional facilities which allow short-term return for "refresher" treatment and then return to community;
- Not voluntary in lieu of incarceration is not really voluntary;

Community Corrections

- Should be considered;
- Definitely, especially for first time offenders or for those needing continued treatment;
- Not unless we have more of the facilities;
- I have insufficient knowledge, but the theory makes sense;
- Yes, but where are you going to put them?;
- Yes, informally happens all the time in AK.;
- In my area, many of the diverted offenders are because of additional treatment requirements which are not available in a CRC;

Institutions

- I don't have enough information;
- This would be a viable alternative to immediate incarceration;

Addendum B (cont.)

- How is it working in N.Y.?
- Yes, it would save money, especially if they pay for it;
- Yes, provided confinement has strict parameters and sanctions and plays a part in improving the community without the "country club" aura;

21. Maricopa County, Arizona implemented a diversion program for first time felony offenders arrested for possession of drugs. To be eligible for the program, the offender is required to sign a diversion agreement in which the offender admits his/her guilt and agrees to enroll in and successfully complete a residential drug/alcohol program. The offender is required to reside at the facility for a minimum of 30 days to a maximum of two years, and is required to pay a fee of \$ 2,485.00. The offender is prosecuted if he/she is discharged from the program unsuccessfully. Should a similar program be implemented in Alaska (yes/no)? Why?

Other

- The offender is made accountable because of fee and working on issues;
- There are many front-end diversion programs & I personally think that controlling the numbers going into prison is better than controlling population in the prison;
- Not sure. Such a program was tried by Dept. of Law and found to be expensive. Maybe it could work with DOC staff supervising rather than DOL;
- Yes, a very large number of violent crimes are committed by persons abusing alcohol and drugs and impact on this group will over time reduce violent crime and hopefully impact institutional numbers;

Central Office

- Frees up hard beds, appropriated tx. strategy, responsibility put on offender, and court has greater leverage;
- Incarcerating non-violent drug offenders is not best use of hard beds - residential substance abuse tx. is probably more effective;
- Diversion would be more effective with the types of CRCs we have now (especially alcohol related crimes);
- May be appropriate and effective, however not advisable to expand current contract operations (with both facility and program contracted in single contract);
- No we already have the rule II program but it could be improved by probation officer participation in selecting candidates;

Community Corrections

- Do we have a large enough population to justify?
- Great Idea! Mere possession of drugs doesn't mandate treatment need and need must be determined prior to signing agreement;
- Diversion programs can be highly successful as they emphasize treatment rather than punitive measures. Drug offenders should have chance for rehabilitation first;

Addendum B (cont.)

- There is not enough drug/alcohol treatment beds available currently in AK.;
- Further study should be done to evaluate this practice. Alaska has unique social and economic problems;
- the residential treatment centers that are short term are usually not beneficial, the long (max. 2 years) should work good. I think problems will arise about placement;
- Yes, but cost causes serious inequity for subsistence dependent offenders;
- Many, many middle class cocaine addicts can be rehabilitated short of prison, not cost effective to lock them up.
- I don't trust the DA's to prosecute offenders if they fail such a program. Also, it would be discriminatory toward indigent offenders. I would support a program for sentenced offenders that spend their entire sentence in CRC;

Institutions

- Yes, cheaper to house in a diversion program than in jail;
- I don't have enough data. Similar ideas have been used in Alaska;
- It would depend on what the failure rate is for this type of program and time/man hours devoted to prosecution for unsuccessful completion. May become a management nightmare;
- If it has some success rate in Arizona, it may work here as well;
- No, the number of drug related arrests is increasing. For the most part their crimes involve more than simple possession;
- What is Arizona's experience with this program?;
- Yes, perhaps treatment will also be initiated and positive gains will be accomplished;
- Yes, great program for prison overcrowding and society in general;
- No, sends the wrong message;
- Yes, but based on ability to pay;
- Yes, would be cost effective. A chance like this may rehabilitate the 1st time offender;
- Yes, we need to try alternatives;
- Perhaps. But 30 days is not enough time. Folks have been at 6th Ave.. 6 months - dry, sober, clean, and reverted back to their old ways on release. We must create a distinct option to chemical dependency;
- Yes, it would decrease jail overcrowding;
- Yes, but is that punishment severe enough to deter them again;
- No, this is contrary to progress made in anti-drug legislation;
- The preponderance of young drug offenders cannot raise \$ 2,485.00 and that burden falls to offenders family or no one;

In general, do you favor the establishment of a diversion program where non-violent offenders are sentenced directly to CRC's in lieu of incarceration? Please explain.

Other

- Public safety a must. Must be careful not to become a tool for manipulation;

Addendum B (cont.)

- Sentencing Commission will examine sentencing options & make recommendations based on data analysis & experience as well as political realities;
- Makes sense, but only if resources to pay for this don't come from DOCs programs and there is a screening done by CRC first to make sure placement is acceptable to program prior to sentencing;
- It would have to be voluntary with expulsion of record upon successful completion. Courts should not be given ability to by pass DOC regarding treatment or incarceration - the Courts will overflow such treatment options and violate the rules regarding eligibility for diversion;

Central Office

- Gives court too much discretion unless court establishes the program (& it is not DOC responsibility);
- Should be held at lowest feasible level of custody (both for cost and for humane treatment);
- Should not be established for drug offenders. Would need more staff and computers to keep up with paperwork;
- No. Property offenses are pretty damned serious. Anyone who doesn't think so should try being a victim and see how it feels.

Community Corrections

- Department should maintain control of placement decisions;
- Idea that person can go to jail for offenses deters some who might offend;
- Jails could be used for purpose of protecting community from violent offenders. Non-violent offenders should be separated from violent and given choice of treatment;
- Favor for first time offenders;
- No, rule II's are already being used & not particularly effective with drug cases;
- Yes, if an accurate assessment of the offender is made;
- Yes, if first time offenders;
- Yes, non-violent first time offenders only. Second timers and burglars go to jail;
- Sentenced offenders belong to the DOC, we can do that now. Unsentenced can be diverted by the court;
- Don't know. Good and bad points equally balanced. Probably better to let well enough alone;
- If you are talking about prior to sentencing, no!

Institutions

- Its more cost effective;
- Many do not require concrete walls, CRC's are a form of incarceration;
- No, at least not very often. This would change the nature of the CRCs. Inmates from the jail feel saved by CRC, those going directly to CRC feel punished;

Addendum B (cont.)

- Yes, the individuals should be placed on a fee basis - free up hard beds in the institutions;
- No, our current system is too soft as it is;
- No, this would lessen the deterrent value of incarceration and possibly place offenders in a position to continue victimizing the public;
- What about non-violent first offenders?;
- Yes, first time drug offenders may never wind up in jail;
- Yes, this takes a skilled PSI staff;
- Yes, for the same reason as above. Monitoring of close adherence to program expectations should be a strict requirement;
- Yes, provided a meaningful program of alternatives is developed. A program based on desire, responsibility and service. "Not another crutch";
- Yes, if the program adequately supervises the participant. If in CRC, the use public transportation, are not well monitored, and commit property crimes, the community will not tolerate it;
- Yes, it would alleviate the overcrowding in Alaska;
- Yes, we have too many short term non violent inmates lumped with long term major violence inmates. This is not good for either category, but particularly for young first offenders;

22. Should Probation/Parole Officers be solely responsible for the case management of CRC placements, instead of CRC case managers, while those placements are in residence? Why?

Other

- Needs to be a team approach between CRC & P&P; (2)
- Not necessarily. Perhaps yes, with CRC case managers involved only if need to revoke a furlough or other institutional placement to the CRC;
- No, PO's are not necessarily trained to deal with the daily treatment aspects and are more useful in supervising those outside a structured program;

Central Office

- P.O.s are responsible, although room for both. P.O.s should remain involved and not "dump" problem cases on CRC;
- Not necessarily P/P officers, but should be professionally managed;
- CRC employees do not have the education, experience, and all around ability that POs do;
- No, but there should be general oversight of the CRC case managers by a DOC staff person;

Community Corrections

- Would need more staff, but would cut down on problems with contract staff;
- Should maintain ultimate responsibility, but not day-to-day case management;
- No, case loads are too high;

Addendum B (cont.)

- It would again determine on resources, so that officers are not taken away from traditional duties;
- P&P officers are court appointed and must live/die by court orders. Case managers are hired by CRC. P&P should have final say on what happens;
- Should supervise compliance with conditions of release only;
- POs are responsible. CRC managers are just PO helpers;
- Case managers can provide details to the PO which would otherwise be unavailable;

Institutions

- Not necessarily PO's but, would recommend that the monitor be a state employee;
- CRC case managers are more than capable of handling CRC placements;
- Probation placements only (no);
- No. what are we paying the CRCs for? Institutions should maintain some involvement in the cases;
- No, allow the CRC case managers to supervise, thus freeing up the P/P officers;
- Yes, they would provide greater supervision and compliance with the departments needs than is currently provided;
- Yes, makes sense especially for CRC placements who are off lock-down;
- This would work best, however, there must be someone at the centers to solve day to day problems;
- No, CRC case managers are on-site and more involved with the furloughees;
- No, cost and staff availability;
- Yes, paid, trained, accountable professionals;
- Yes, it would be more effective. Public would receive better protection. In the long run, we may have less recidivism;
- No, but CRC case managers should be accountable to PO's;
- No, these units must coordinate;
- Yes, if placement is on probation/parole - not furlough status;
- No, the CRC case managers should report to the probation officer;
- Yes, if more POs are hired. Cannot handle current load properly;
- Yes. Closer supervision by DOC in interest of community welfare;

23. **Should Probation/Parole Officers have the sole authority to screen and place probation violations in contract CRC's? Why?**

Other

- Both PO and CRC need to report or coordinate violations so offenders can be dealt with and not slip through cracks;
- I think so, at least before the violator is incarcerated. Obviously courts have a say if violator won't voluntarily go to CRC;
- No, variances in criteria between PO's would result in unfairness - let the Parole Board or institutional classification committee do that;

Addendum B (cont.)

Central Office

- Should have procedure in place for supervisor review/approval;
- Save time and money for DOC and courts;
- Judges should have to take some responsibility for such decisions. In-house should have Director-level review for consistency in standards;
- No, although a limited authority to do so would be a good management tool for PO's;

Community Corrections

- Should occur in conjunction with institutional PO who will supervise;
- Supervision authority from court/condition allowing placement/ if revocation in progress, placement in CRC could be condition of release;
- No - in conjunction with others;
- There needs to be checks and balances;
- They would seem the appropriate person but others could be involved in the process. More consideration of this is needed.
- P&P officers are court appointed and must live/die by court orders. Case managers are hired by CRC. P&P should have final say on what happens;
- Yes, if prior to court involvement in the violation;
- Who else would you recommend?;
- No, should be in conjunction with CRC so that they have the right to refuse a placement which may not be appropriate for the program;

Institutions

- Should be a committee established for that purpose;
- No - placement is tantamount to re-incarceration and some review is needed;
- Probably, but there would need to be legal/judicial basis for approval;
- Yes, due to limited contacts and education and training received by the P/P officers;
- Yes, the person is on their caseload;
- Yes, but for technical violations only;
- No, there needs to be checks and balances in all systems;
- Yes, would eliminate working between 2 or 3 bureaucracies;
- No, make the courts take some responsibility;
- No, the court should have input;
- No, oversight by judge (probation) and parole board (parole);
- No, their heavy case loads, and the percentage of recidivists preempts them from making totally unbiased assessments. They are human beings with tremendous burdens;
- No, CRCs may refuse any client. They know their limitations (i.e. arson, conflicts between individual placements, etc.);
- No, should be joint effort by PO's and CRC case managers;
- No, need judicial involvement;
- Yes, as officers of court, not as program representatives;

Addendum B (cont.)

24. Do you favor a special halfway-in CRC for non-violent technical probation violations?

Other

- Too complicated. They again need to have consequences for their behavior;
- Yes, it would separate these offenders from furlougees and other populations and may promote a better milieu for successful completion and peer support;
- No, can go to regular CRC. Could only afford such a facility in Anchorage (maybe OK just for Anch.);

Central Office

- May be able to use day reporting/electronic monitoring instead of CRC bed;
- Should be various levels/types of CRCs for specific types/needs of offenders;
- Valuable consideration;
- No, but I am not sure if I understand the question. The whole CRC concept seems to be a half-way in or half-way out process;

Community Corrections

- No, most problem probation violations were in custody before and will know CRCs anyway;
- Yes, should save \$!;
- They need to be separated from the furlough population.

Institutions

- Probably don't have enough candidates for CRC placement to justify specialization;
- It would be a good idea;
- Yes, this program would have significant potential;
- No need for anything "special";
- Not necessarily, I think P/P officer use enough discretion to know when to place these to a 1/2 way house. This placement is a good deterrent;
- No, we cannot be all things to all men. In addition an offender is an offender is an offender! This system could lead to a sanctimonious hierarchy;
- Yes, for low infraction cases;

What impact would such a program have on overcrowding in the institutions?

Other

- Positive, but can be accomplished by greater use of all CRC's, not just a special one;
- Hopefully these folks would not go back to an institution and thus over time would reduce institutional numbers due to fewer violations;

Addendum B (cont.)

Community Corrections

- Statistics should reveal impact;
- Should have impact by reserving jail for those who need it;
- Should tend to reduce populations;
- Hopefully lessen overcrowding;
- Might reduce somewhat;
- I not sure of the impact, but would think that it would be small if any;

Institutions

- Should reduce population;
- CRC failures would be placed into institutions;
- We could fill the beds in the CRC which are not available due to designation to P/P;
- It would lessen the overcrowding caused by the numerous technical violation which are, in part, attributable to the liability held by the field PO;
- Reduce numbers, leave longer term prisoners to work with;
- Help relieve overcrowding;
- I am sure it would help;
- Favorable;
- Overcrowding happens because more crime is happening for a number of reasons. Still the public's safety cannot be ignored. Public needs to support jails as well as halfway houses (well managed) in order to feel safer;
- Not familiar, don't know;
- Should relieve some placements;
- Helpful;
- Hopefully alleviate crowding;
- Tremendous positive affect, it would help eliminate overcrowding;
- Possible reduction;
- Beneficial impact;

25. Should DOC offer a Boot Camp (Shock Incarceration) program (yes/no)?

Other

- No, not until the true value of such a program is determined;
- Not at this time;

Central Office

- Not proven effective. Serves to widen the net which could otherwise be addressed through probation. Climate would require indoor activity space for much of year. Gives "license" to abuse. (2)
- Its been done in other places and I don't think the results are impressive;

Community Corrections

- May be of some use for non-violent offenders;
- Its workable in other jurisdictions, unknown how cost effective it would be or how effective;

Addendum B (cont.)

- Stats are not that good;
- Most P/P have been rejected by the military. Some have been discharged as unfit. Most are too rebellious and anti-authoritarian to accept boot camp. Also, boot camp teaches nothing of value like reading, math, english, or a vocation;

Institutions

- No, I am not convinced they have any special merit;
- I believe this type of program may only be successful to the juvenile delinquent or first time prisoner (age 18-25) who hasn't been in the military or isn't associated with a gang;
- No, not proven to work. Because of the privileges offered in jail, few would volunteer and complete program;
- I am not knowledgeable enough to answer this question. I like it, but I would target juvenile if possible;
- Maybe, probably just to non-violent offenders;
- No, I'm not sure if this type of program will work with our judges;
- All offenders should spend time in a jail. When direct CRC placement is made, too many offenders do not understand that what they have done is an offense against society;

- a. **If so, what population of offender should be targeted? What eligibility criteria should be utilized?**

Central Office

- Should be for offenders with no court ordered tx. requirements;
- Eliminate serious violent offenders. Youth detention(s) would count as previous incarceration;

Community Corrections

- Consider modified program for young offenders in conjunction with Fish & Game;
- Use for 18-25 year olds who make stupid mistakes, are non-violent and need sense of direction and supervision;
- Depends on structure of boot camp (probably non-violent offenders);
- Should target young, impressionable, non-hardcore offenders;
- Probably young drug offenders who are treatment oriented;
- 18-22 year olds, 1st felony conviction (even some sex offenders i.e. statutory rape), with voluntary or court ordered treatment, sentence 2 years or less);
- 18-25, property and drug offenders, satisfactory institutional record, motivated, first and second time offenders, no less than medium custody;

Institutions

- Age, health, type of crime, first time offenders, possible success considered;

Addendum B (cont.)

- No criteria should be established. Everybody should be exposed if some punitive component is to be experienced;
- First time offenders up to 32. No sex offenders or crimes where death occurs. Screen out those needing residential substance abuse or mental health treatment;
- First time offenders under thirty. Less than two years to serve and more than 6 months;
- Minimum - community custody;
- Young first time offenders with no prior history. POs should screen for appropriate candidates;
- First offenders, young, and must pass health screening. Healthy under 25 years old, motivated according to judicial interpretation;

26. Should DOC establish Day Reporting Centers in major population centers in the State (yes/no)?

Other

- Task force & sentencing commission should consider;

Central Office

- This seems to be a retrain job on New Start;
- What is a Day Reporting Center?;

Institutions

- Negative - unnecessary and costly;
- Not familiar totally. However, what would be its justification, other than convenience? reduction in population? Are there options circumventing the letter of the law which state "x days in jail"? How are these people repaying a debt to society. Are we making it easier?

a. What should be the mission/function of such programs?

Central Office

- Should provide medication dispensing (where necessary), UA's, reality check, job search reports, contact;
- Tracking of offenders, oversight of compliance with conditions, could also do UA testing;
- Graduation from CRC to DRC to live @ home and report daily to center for employment, social services and community work service, UA's, etc.;

Community Corrections

- Intensive supervision/surveillance/services;
- Newly sentenced/released offenders report daily for treatment screening (i.e. mental health, job placement, substance abuse, education, etc.) as well as monitoring, UA's, etc.;
- Monitoring drug/employment/residential condition compliance;

Addendum B (cont.)

- Help offenders with social services, job training and placement, check-in, treatment referrals, monitoring CWS, interface with PO;

Institutions

- Non-violent, first offenders;
- Increase supervision/reporting level for community placements;
- Referral for job placement and UA testing;
- Would help with high risk cases;
- Monitor whereabouts and sobriety;
- Monitoring progress, UA's, BA's confirming employment, confirming domicile;
- Logical transition from prison to halfway house to probation;

b. Should Day Reporting Centers be operated contractually or by DOC?

Other

- DOC is trained to deal with criminal behavior;
- Probably cheaper if contracted for;

Central Office

- DOC through P/P (new start);
- CRC employees performing duties with DOC oversight;
- To the extent that it is a critical surveillance function, it should not be delegated to non-professional, untrained staff;

Community Corrections

- DOC, or if not, DOC supervised. Too easy to get friends to put down individual reports;
- At least initially DOC (on trial basis) but eventually may be contract for cost-effectiveness;

c. Should Day Reporting Centers be located in CRC's or elsewhere?

Other

- They have staff, programs and contact with offenders making offenders accountable;
- Elsewhere when possible. But could be in CRC in some locations;

Central Office

- CRC if new start not appropriate;
- Where possible it could allow effective use of group/meeting rooms, etc.;
- Probation Office or New Start;

Community Corrections

- If resources and expertise is available, CRC;

Addendum B (cont.)

- Pushing luck if forcing non-CRC's to go to CRC's. Could probably screw up both programs;
- Elsewhere, as not all CRCs are easily accessible. CRC would be an advantage for back-up staff availability in evenings;

Institutions

- Location in CRC's would be practical;

d. Should furloughees graduate from CRC's to Day Reporting Centers (i.e. live at home, reporting daily to the center for purposes of employment seeking, social services, community work service, UA's, etc.)?

Other

- Furloughees daily reporting should be to PO office or other office so as not to contaminate CRC resident if starting drugs again;
- Yes, it may be a valuable last step to going solo;
- Good possibility;

Central Office

- Furloughees should be ready for regular supervision;
- Seems reasonable in some cases;
- Should employ a spectrum of available supervision levels of CRC, like Georgia;

Community Corrections

- Could be one use for CRCs (would be more strict than CRC alone);
- Makes sense as continuing vehicle for supervision;
- This whole area needs to be carefully studied and experimented with;
- Yes, sounds good;
- System needs to be progressive, not DOC's dump;
- Yes, the furloughees to be considered for graduation from a CRC to day reporting would have proven themselves as good risks (less liability);

Institutions

- Possibly - could also be simultaneous or in lieu of CRC;
- For those who need it, poor CRC record, etc.;
- No, too much risk to DOC;
- Yes, specially those of violent crimes and long term sentencing
- There is value on a gradient scale;

27. Should DOC offer electronic monitoring to offenders (yes/no)?

Other

- Task Force & sentencing commission should make recommendation;
- Its new. Not sure of effects;
- Yes, if feasible financially.

Addendum B (cont.)

Central Office

- Some, and in combination with other devices;

Community Corrections

- Should be offered by private contractor for "house detentions" or court ordered conditions of release; offenders requiring electronic monitoring shouldn't be furloughed;

Institutions

- Undecided. This needs a lot of study;
- Not enough known about the success and failure rate;
- Yes, if there is a proviso that somehow there is a debt to be repaid and a definite service to the community is a proviso. No, if they merely continue their lives out of jail;

a. **If so, what population should be targeted?**

Other

- Home detention, ISSP types with curfews;
- Low risk, non-violent offender in conjunction with community service and Day Reporting;

Community Corrections

- (1) P/P violators, (2) high risk parolee, and (3) furloughers placed in a DRC program who have proven good risks;

Institutions

- Non-violent, first offenders;
- Misdemeanants, community custody, tech violators, ISSP's
- High risk, M/P ISSP type Parole;
- High risk MR/ISSP type parole;
- Non-violent first offenders;

b. **What eligibility criteria should be utilized?**

Other

- If incarceration or other sanction would be counter productive and would seriously impact offender or family (eg. result in loss of job);

Central Office

- Should review current offense, offense & supervision history, living & employment situation, and offender assume all costs for monitoring;

Community Corrections

- Someone who is to go to limited number of places in fairly controlled area;
- All unclassified and Class a felons, most presumptive for crimes against persons and burglary;

Addendum B (cont.)

- Have a job, or get a job within 2 weeks and have a residence approved by PO (Not an empty refrigerator box);
- Three years of release according to specific criteria set forth in advance;

Institutions

- Several things should be considered, resident, family, employment;
- The offender can pay for it. Low risk offenders;
- Offense, supervision experience, program needs;
- The misdemeanant or non-violent felon population could be targeted and carefully screened as to intent, family consideration, treatment and education, if necessary. Ability to pay should not be the predominant criterion;
- Public need to close monitoring, and participation does not place community at increased risk for violence;
- Untreated sex offenders, violent conviction or background and court ordered but untreated offenders;
- Should also have judicial approval;

c. Should electronic monitoring of furlougees and/or parolees be:

- 1 Based at local correctional ctr. with surveillance performed by correctional officers or contracted security?
- 2 Based @ CRC with surveillance performed by CRC staff?
- 3 Performed by probation officers as an enhancement of the present ISSP?

Other

- Decision should be made according to what works for geography, population, etc.;
- Number 2 or 3 depending on group being supervised;

Central Office

- See Maricopa City, Arizona program, should be accomplished by DOC;
- A community function best handled by community staff (definitely not CRC staff/CRC location);

Community Corrections

- Contracted security guards don't get paid enough to be totally honest. ISSP would be great if we were talking money here;
- As part of ISSP and contract for central monitoring;
- ISSP program, these are the people who know most about field supervision. Also, statute gives this job to probation;
- If responsibility for furlougees is with community corrections, #3. Best bet would be DOC run with own staff and leased equipment (at least initially);

Institutions

- If P/P can do it, it would be a better choice, but due to lack of manpower, probably at institution;

Addendum B (cont.)

- Any of the above;
- Part of ISSP program sounds the most feasible, if indeed the idea makes sense in the first place;
- Sub-contractor such as "Fred's Bail Bond";
- (3), but only if there are more PO's hired. I think it's more appropriate for the PO who files PTRP or decides to return offender to CRC to directly get the data on such violations;
- #2 is ideal nationally;
- CRC staff is adequate as these are low profile prisoners;
- Furloughs by correctional officers (1) however, pretrial by contract security guards would be preferable;
- Make use of POs with police backgrounds;
- Surveillance should be done by police authority empowered, trained personnel;

28. Do you favor the utilization of Specialized Community Residential Centers (i.e. substance abuse, female, mentally ill, etc.) yes/no? If yes, which of the following do you feel has the greatest need in Alaska? (10-greatest need; 1 least need)

Other

- Should explore female offenders with children &/or pregnant;
- Should explore geriatric offenders (for future);
- Difficult to rank in such a manner, I believe that they all rate a 10 in terms of client group & individual need. Obviously priorities are shaped by other factors as well. Clearly mandates a CRC for mentally ill offenders, for example;

Central Office

- Employment skills should be part of all CRCs;
- Native offender/female offender could be considered if treatment oriented. Although need exists of #9, there are too few in any one area to warrant special program;
- Substance abuse, native, sex offender, and mentally ill only. All others combined;

Institutions

- Developmentally disabled is a great need for the Department;
- Numbers 1,5,7,9 will be more expensive than current CRCs due to additional security and therapeutic training for staff. Women will behave better in coed CRC. P/P violations will be better served if they see other residents free (i.e. employment, treatment, vocational education, etc.);
- Specialized would be great, but utilizing what we have would also work with specialized assistance for client (transport to work, treatment in house, etc.);
- All things considered, I don't believe our CRC's can specialize, as we don't have the numbers;
- No, too expensive;

Addendum B (cont.)

29. How can Community Residential Centers be better utilized for furloughees/restitution/confined misdemeanant placements?

Other

- Better surveillance/training for staff;
- Make them available to all offenders within 90 days of release to aid in making it on the street (transition);

Community Corrections

- Help furloughees get reintegrated into community. Restitution paid and caught up. All need to be assisted and most assistance can be done within CRC's;
- Make more placements and spend money to transport rural placements to empty urban soft-beds;
- Stress job training and/or placement for furloughees. I have no experience with restitution placements and little experience with confined misdemeanants;

Institutions

- The employees need to be trained in classification and disciplinary processes;
- We basically need more beds; Right now we have to turn away court ordered reports to report later;
- Confined misdemeanants should be separated from the others as their short time attitude is disruptive to the other offenders;
- More programs, communication with DOC, specialized care, etc.
- First DOC needs to ensure contractual monies are going to where they are supposed to be going;
- Need more CRCs to reduce prison pressure;

Do you favor removing the prohibition against violent offenders being placed in restitution centers? Please explain.

Other

- Violent offenders are a serious threat to the community with reoccurring offenses. The rights of the community at risk should be considered;
- Yes, seems an artificial distinction;
- Yes, violent offenders who are near the end of their sentence and who have reduced their classification level by good institutional behavior should be allowed to work and pay off restitution while their needs are being provided for;

Central Office

- They're mixed in general population in institutions. (violent offenders are in restitution centers now);
- No reason to put community at any higher risk than present;
- No for domestic violence/batters. "Resisting arrest" offenders should not be classified as violent offenders;

Addendum B (cont.)

- The prohibition is an artificial one that is based upon a municipality requirement;
- Some violent offenders have large amounts of restitution to pay, and could benefit from getting started while on furlough;

Community Corrections

- On case-by-case basis accounting for prior record, program, etc.
- They belong in highly structured/supervised placement. Not with "money crimes";
- Yes, if offenders are carefully screened and depending on treatment status;
- No - risk too great;
- Too broad a statement. No. Individual cases most certainly should go to restitution center;
- Yes, if committing offense is the only violent crime;
- Violent offenders have been placed at glacier manor for years without ill effect;

Institutions

- No, risk too great;
- Yes, they function in our other CRCs;
- Violent offenders can be placed in CRC's;
- No, protection of the public shall remain a first priority;
- No - they need to be incarcerated to protect the public. Present guidelines are adequate;
- No, not as a blanket policy (i.e. not for violent offender who has been a predatory aggressive inmate). Though some violent offenders who have been "model" prisoners and whose crimes were committed only while intoxicated might be worth trying on furloughs;
- Yes, they eventually have to be released onto the public. It is better to monitor this in a controlled manner;
- Yes, expand for better use;
- Our CRC's & restitution centers are the same place, so I have no problem with this;
- It doesn't matter, they can still be eligible for furlough;
- Yes, many violent offenders were 1 time crime of passion and very unlikely to re-offend;
- No, violent offenders should be kept separate;
- Yes, on a case-by-case basis;
- This would not make a significant change;
- These people interface outside of jail. why not at a CRC;
- Yes, high risk;
- I recommended placement in CRC 6 months before release to society;
- No, the assurance of lengthy incarceration for violent crime is the only meaningful deterrent;

Addendum B (cont.)

30. Do you feel that the current utilization of Community Residential Centers is meeting the needs of the Department of Corrections?

Other

- Under utilized and not meeting needs;
- No, not enough beds are being utilized due to combination of DOC reluctance to furlough and contractors reluctance to accept certain offenders;

Central Office

- Have too many beds (population projections don't support this number of beds);
- Not enough substance abuse beds;
- CRC staff not qualified, professional, or providing sufficient security and/or monitoring of offenders;

Community Corrections

- Should be expanded;
- Unsure, would like one in Ketchikan as alternative to jail;
- Only a small part or state needs more of them;
- Under utilized. More access by P/P is needed;

Institutions

- No, under utilized;
- No, but the answer is not to simply place more offenders in them. They could be restructured to handle more long term (3/4 house) and very short term;
- Yes, but more referrals of misdemeanants should be made as well as property crimes;
- No, the beds should be increased so that more nonviolent manageable offenders can be placed there;
- No, not enough beds;
- No, but it could;
- No, under utilized;
- No, our contract exceeds those who meet current criteria;
- Yes, it is vacating the beds of the sentenced offender to make room for the unsentenced, but can we say that it is fulfilling the mission of the Department;

Do you feel that the current utilization of Community Residential Centers is meeting the needs of the offenders?

Other

- Too short stays to achieve rehabilitation goals;
- Some seem to have benefitted, better assistance with job and housing issues might help;

Addendum B (cont.)

Central Office

- Could use more treatment beds (substance abuse);
- CRC staff not qualified, professional, or providing sufficient security and/or monitoring of offenders;
- Lack of trust in CRC's leads to non-recommendation for those who probably need transitional period;
- Not enough info to form an opinion;

Community Corrections

- Not available in all communities;
- Need more specific (specialized) CRCs for some people;
- No, no access for rural P/P violations;
- Need to really expand in area of employment. Relying on job service does not provide the types of jobs needed for success;

Institutions

- No, under utilized;
- Probably not;
- No, job training and the virility to save any real money are real detriments;
- Yes, of those that are referred/furloughed;
- Yes, for the most part;
- It makes life more pleasant for them, however, I don't know any lessons are being learned. They are rarely inconvenienced. I think we are doing them a disservice by not imposing some debt to society that must be repaid and we are circumventing the educational component. We are merely using another kind of warehouse;
- No. I feel more supervision and more programming is needed;
- Yes, although we need more, bigger, and better staffed CRC's;

Do you feel that the current utilization of Community Residential Centers is meeting the needs of the community?

Other

- Yes, but could be better. Regarding overcrowding it is not meeting the needs of the community;
- No, community is still subjected to alcohol related crimes due to lack of adequate treatment and/or supervision of those offenders who are alcohol/drug dependent;

Central Office

- Have had in use for 10 years with no major problems and they provide CWS;
- To the extent that they are only serving offenders with minimal needs (leaving others non-placed);
- Not enough info to form an opinion;

Community Corrections

- Could make more placements
- Not available in all areas so use more costly jail beds;
- No. CRCs are an excellent alternative to jail;
- No, community is the entire state, not just where CRCs are presently located;
- Community would never allow a CRC if they could prevent it;
- They provide CWS and reduce risk of re-offense by supervision and surveillance;

Institutions

- Yes, very safe;
- Yes, to the degree allowed;
- Yes, for the most part people in CRCs are not victimizing the public;
- Undecided, there is always room for improvement;
- No, we still release offenders with no transition time or proper supervision;
- Yes, for the most part;
- Not entirely, could be handled more efficiently, improvements need to be made and should not be at a greater expense to DOC or marginal treatment of inmates;
- I cannot truthfully answer this;
- No, identified unmet needs;
- No, too little, too late;

31. Do you favor the concept of State owned and operated Community Residential Centers? Please explain.

Other

- The skill of personnel involved in centers, the uniformity of procedures, programs, rules and regulations;
- Yes, if money is there. Better trained staff and less risk to public;
- Yes, contractors do not give us the stability and quality of service necessary and cost are too high for what we get in return;

Central Office

- Could meet security and compliance requirements with DOC staff;
- Necessary to develop range and quality of services needed;
- For attitude, professionalism, DOC personnel have ability to make better judgements;
- Yes!!! We have done so in the past, and I have a higher level of confidence in our own staff;

Community Corrections

- State would have more control but may be more expensive;
- More control over the monitoring of the offender;
- Unsure - open to question whether the private sector can do job cheaper and better;

Addendum B (cont.)

- Yes, We could use for our short termers to live and continue on with jobs;
- Yes, staff turnover large in private operations;
- Yes, better control, although perhaps increased liability;
- No, vendors seem to be doing ok. They are cheaper;
- Overall, the CRC's are doing a good job, although expanded job services are needed.

Institutions

- Yes, better control;
- Yes, for mandatory furloughs (those that are medium and close custody) have been incarcerated for a long time and need a structured pre-release program;
- Yes, some programs are not cost-effective - privates are unlikely to do them;
- Yes. I am disenchanted with private vendor "corrections". the vendors are too political and end up trying to make policy for the department. Not Good!
- No - too costly;
- Yes, better accountability and quicker response to changing departmental needs;
- Yes, the state would provide a more secure setting although the expense would be greater. It would be a good idea for the violent offender;
- Not as they are presently utilized. i would if more "risky" offenders are to be furloughed since the same or similar staff training in security, etc. might be needed and hence the cost would far surpass the current CRC structure;
- Yes, it would be great. DOC trained employees would understand clientele. good for offenders and staff.
- Yes, if fiscally sound;
- Possibly, might be better quality and responsibility, but what about cost?;
- I believe they should be DOC facilities;
- Yes, as a general rule state employees performance work behavior is better monitored, they must show professionalism, they are in a career field, they will ensure more safety and security towards the community and at the same time inmates can be treated fairly;
- Yes. There should be some way that the offender should earn his keep, work at some useful community enterprize and that the State should reap the benefit from some of these benefits. A portion of the permanent fund dividend could be used to offset these costs;
- An acceptable alternative when and where contracts are not available;
- Yes, there must be accountability;
- Yes, for probation and parole purposes;
- Yes, uniformity;

Addendum B (cont.)

Do you favor the concept of State owned Community Residential Centers, with operations provided by Independent Contractors? Please explain.

Other

- If appropriate training is provided to staff. Then we have the facility at least and can't be held over barrel as much regarding the service provided;
- Since this option would be subject to more oversight and stability, it would be better than present - still would cost too much;

Central Office

- Could be more cost effective (allowing CRC's in any community without elaborate procedures);
- Preferable over current system. May increase competition and quality of services;
- Not unless more control is obtained on contractors services, methods, and policies;
- If we can afford to own it, we can afford to operate it.

Community Corrections

- Depends on cost and level of accountability;
- More feasible as DOC retains management;
- State would have all the expense. Contractor would have little motivation to limit expenses;
- No, should be all DOC or nothing;
- No, why get into the real estate business?;
- Yes, if it would allow CRC's to be more centrally located and accessible. Otherwise, why fix what isn't broken?;

Institutions

- No, lack of control;
- No, we should run our own;
- No - once again too costly. We have run-down institutions (6th Ave. Annex) that need to be demolished and replaced with ACA standards for living conditions in mind fast;
- Yes, guidelines easier to enforce;
- No, why add the expense to the state with no added benefit;
- Yes, if fiscally sound;
- No, all staff should be DOC personnel;
- Not all operations. Main supervision should come from DOC employees (key positions within CRC) they can supervise lesser paid non-state employees but DOC standards should always be met;
- No, the state is paying for the care of the offender instead of vice-versa;
- Where acceptable facilities are not available;
- No, if run by independent contractor they may not hire and pay competent persons;

Addendum B (cont.)

Do you favor the concept of Contractor owned and operated Community Residential Centers (current practice)? Please explain.

Other

- Not especially given lack of training and turnover in staff;
- No, too costly and quality is low;

Central Office

- Some loss of control and facilities frequently below par;
- Too small a market. Wealth & ownership of buildings does not qualify someone to perform the program/monitoring services. Puts DOC in a bind;

Community Corrections

- Probably cheaper and better received by community, but DOC has less control of program;
- CRC's can be run where State gets good deal and Contractor profits;
- Prefer DOC, but private ran CRCs have place in continuum;
- It's ok, but state operated and owned is best alternative;
- It seems to be working well, except for the problem of gaining access to more centrally located facilities (FBKS);

Institutions

- No. State owned and operated;
- Yes, the costs accrued are less than those that would accumulate if State owned or operated;
- No, inadequate supervision of residents;
- Yes, they would maintain their buildings and equipment better if they owned them;
- Undecided, more cost effective but not as good quality;
- No, I still feel that this should be a function of DOC;

32. Is there is a Community Residential Center operating in your area? Are you aware of any problems with the community's acceptance of the center? Please explain.

Other

- Centers doing very good job, based on limited exposure;
- Yes, not aware of any problems;
- Yes, no problems as it is located in poor part of town near LCCC;

Community Corrections

- Too long a waiting list at Clitheroe Center;

Institutions

- No problem. Half-way house has been at the same location for 10 years with no problems;

Addendum B (cont.)

33. Do you feel that, should Contractor owned and operated Community Residential Centers continue to be utilized in the State of Alaska, contracting procedures and practices as currently provided allow for the securing of the most cost-effective and efficient services available within the State? Please explain.

Other

- Since there is little or no competition cost containment will always be a problem. Also, quality control will remain to be a headache for the State. We'd be better off owning and operating our own;
- Perhaps too cost effective regarding not assuring an adequately trained staff;

Central Office

- Very little competition. Providers dictate market. Maybe should be looked at as other than professional services;
- More DOC supervision is needed;
- Uncertain. I am told that our contracts are very inexpensive compared to other states. We probably do no demand enough in our contracts;
- I think DOC and offenders are being shortchanged. Lack of experience, consistency in rule application (or knowledge of rules) and staff attitude make monitoring difficult;
- Otherwise we would not be paying for unused bed space as we presently do;

Community Corrections

- So long as the focus is to make money, it will provide the minimum service for the most money;
- they have a real place in corrections;
- Yes, because of the savings in cost for staff;

Institutions

- No, we pay for empty beds;
- No, paying for unused beds doesn't seem cost effective. We should pay daily fees on only those man-days used;
- Yes, if the CRC standards are enforced and evaluated on a quarterly basis;
- No, would really like to see state facilities. However, Contractor type could be successful with proper DOC relationship;
- Yes, I'm not qualified to address the fiscal aspect of CRC's;
- Most cost effective - yes, most efficient - no (undecided);
- After considerable review, I believe the current situation is adequate, but could be improved;
- No, not unless DOC starts utilizing these CRC strictly for work pre-releases, less violent type of offenders. At the same time Alaska introduces state owned and state operated, at least by key staff, for longer term more violent and untreated offenders;
- No, there is little competition and little structure to motivate efficient services or cost effectiveness;
- No, do they employ the most competent persons?;

Addendum B (cont.)

- Yes, for first offenders, non-violent and young offenders;
- No, it is my understanding that beds are paid for whether used or not. This is a strange concept at best. Pay for services used and that all. With the academy turning out classes of 20 at a time, CRC's could be staffed with state personnel. There would be greater control and consistency.

34. Do you favor the provision of "in-house" programming for sex offender treatment, drug and alcohol treatment, etc. in community residential centers? Please explain.

Other

- No, for sex offenders this should be a criteria for placement (completion of a program);
- Yes, need more after-care type of treatment;
- Yes, could be provided by outpatient providers from community however;

Central Office

- Could be explored in DOC operated facilities. CRCs operate best as community brokers for services;
- Programs which directly address problems related to offense are more important than generic services;
- Especially important at entry level, but only by DOC sanctioned providers;
- If "in-house" treatment is appropriate, it can be provided without DOC involvement;
- No! I don't even favor the sex offender treatment program in our institutions;

Community Corrections

- Follow-up services only;
- Would favor any additional programs for sex offender (even short term). A specialized CRC for sex offender would be ideal;
- Favor for drug/alcohol only (not sex offender tx.);
- No - need to complete while in jail;
- Yes, if electronic monitoring is done at the same time. Sex offenders are going to be publicly damned and so they need treatment before total release to CRC;
- Yes, otherwise many are released without any rehabilitation effort;
- solves security problems, solves "I forgot, I got lost, My Counselor was out" etc. kind of excuses;
- No, in-house programming for sex offenders is best left to professionals. Substance abuse would be a possibility in the form of educational classes;

Institutions

- No, lack of control;
- Yes, but not as an alternative to treatment during incarceration;
- No, only for the obvious reasons;
- No, I do not feel they have the funds to provide adequate thorough treatment following. these programs are already available through the Dept.;

Addendum B (cont.)

- No, these people are at a high risk to re-offend and need treatment out of a community setting first;
- Yes, keep the prisoners productively busy;
- Yes, at least some form. Adds structure and continues process started in institutions;
- Yes, if qualified people provide the treatment;
- Yes, most sex offenders could be safely housed in less secure environments;
- Not unless it is the primary purpose of the facility, not an adjunct to work release, etc.;
- Yes, if they were owned and partially operated by DOC;
- Yes, in house provides accessibility and reduces potential dangers to the community in travel to and from.
- No, this specialization will be too costly;
- No. There are distinct limitation as to the professional component in the CRC's. Therefore, I am questioning the validity of these in-house programs;
- Yes, failure of many sex offenders to participate;

35. What general observations or suggestions can you make that would help assure the more effective use of, or better programming of, CRC's?

- Decisions should be based on type of offender permitted to participate. Violent offenders should be the last considered for CRC regardless of the "savings" it may create.
- We should appreciate low number of current problems in CRC's before making too many changes. CRCs for non-violent/misdemeanants should be available with courts taking responsibility for sentencing offenders to CRC (to preserve truth in sentencing). Should not subvert "prison sentence" simply to save money. Public & judges should be made aware of actual cost of incarceration vs. CRC and be responsible for this kind of decision.
- Would like to see offenders be able to work toward release from first classification. This ensures progression with an individualized goal. Each should have individualized plan upon release. I believe that we could have more successes if Probation/Parole (institutional and field) operated with social work philosophy rather than "Cop" mode. Need more staff to provide program oversight. Need to place offenders in most appropriate type of CRC & program. We need to act as if reintegration was really a part of DOC's job and not someone else's.
- Need a residential center in Kenai to house light-weight offenders who work in area. Would benefit State in that it could be run with minimal staff and benefit offender who can work, contact with family, treatment for alcohol/drug problems, etc.
- We need a CRC in Kenai, State run and operated;
- I believe we should have a more unified coordinated and reliable system if we operated them ourselves. It is my opinion that there are some things in this world that should not be driven by a profit motive. This is one.

Addendum B (cont.)

- The CRCs are an excellent step in reintegration of offenders and also as a first offender, non-violent placement alteration Should not be utilized as "place of habitation" only.
- Give me some money to get my indigent clients (nearly all) to Cordova House or Northstar Center;
- I am concerned that any program expansion is not limited to Anchorage. Needs exist statewide. Any program changes should take into consideration the individual geographical differences of Alaska communities.
- You need to be ever mindful that CRCs are a potentially dangerous solution to crowded prisons. We have, relatively speaking, a small number of sentenced prisoners. Finding good prospects in sufficient numbers for the variety of alternative discussed is unlikely. Be conservative and careful in your efforts to increase the number of inmates in CRCs. The last number I looked at had approximately 60% of our inmates qualify as violent. One "bad" furlough could end a good program;
- More DOC monitoring and interaction with vendors;
- I am very satisfied with the current operations of our CRC;
- Need more bed space;
- Those who need the most help adjusting to the community (long term/high custody) are the least likely to get it and therefore re-offend;
- I feel smaller facilities located in more areas of the State with access to certain types of "core" programming/treatment would help the parole system be more effective. Also, offender should continue to pay for the services they have received after release;

Attachment B

COMMUNITY QUESTIONNAIRE SUMMARY

Prepared and Distributed
by
Task Force on Community Residential Centers

Introduction

Purpose: The Community Questionnaire was developed in an attempt to determine the knowledge of specific groups about current Department of Corrections Community Residential Center (CRC) programs. The questionnaire also presented some possible "special needs" programs which are sometimes built into CRC programs for the purpose of determining the possible acceptance of these specialized programs.

The Task Force on Community Residential Programs developed all recommendations independent of the following results. These results, however, are included in justifications and/or implications of recommendations in an effort to present a complete picture of each problem area identified and/or the impact of the proposed recommendation presented by the Task Force.

Methodology: The questionnaire was designed for distribution to individuals and/or organizations who either were associated with Community Residential Centers or departmental furlough policies and programs or were community members with an active interest in programs which could have direct impact on their community.

To facilitate the distribution and subsequent summarization of the results of the questionnaire, the major group identified for distribution were members of the Federation of Community Councils, Anchorage (1396 questionnaires). In addition, specific groups were identified for limited distribution. Groups identified for distribution (and number of questionnaires distributed to each group) were as follows: (1) Alaska Sentencing Commission (20), (2) Alaska State Troopers (20), (3) New Start Center (20), (4) Community Residential Centers (60), (5) Prison ministries volunteers (130), (6) Victims for Justice (20), (7) Alliance for the Mentally Ill (20), (8) Mothers against Drunk Driving (20), (9) Anchorage Chamber of Commerce (20) (10) Alaska Federation of Natives (11) and (11) Alaska State Legislature (60).

Following is an analysis of the number of questionnaires distributed (by distribution category), the number of responses received for each distribution category, and the response percentage for each:

Distribution Category	Questionnaires Distributed	Responses Received	Response Percentage
Fed. of Community Councils	1396	377	0.27
Alaska Sentencing Commission	20	3	0.15
Alaska State Troopers	20	11	0.55
New Start Center	20	6	0.30
Community Residential Ctrs.	60	14	0.23
Prison Ministries	130	43	0.33
Victims For Justice	20	4	0.20
Alliance for Mentally Ill	20	6	0.30
Mothers Against Drunk Driving	20	1	0.05
Anchorage Chamber of Comm.	20	6	0.30
AK. Federation of Natives	11	2	0.18
AK. State Legislature	60	5	0.08
Totals	1,797.00	478.00	0.27

Qualification: As stated above, the survey instrument was distributed to a very select and limited audience. As such, the following analysis only represents the opinions and knowledge of those respondents who returned questionnaires for review.

Because the return of questionnaires were very small for many specific groups, the presentation of responses will compare the Federation of Community Councils responses with those of all other groups combined. A specific breakdown of each individual group is attached as Addendum A of this Questionnaire Summary. In addition, many comments were received which further defined the basis for the response. These comments have been included as Addendum B of this Questionnaire Summary.

SUMMARY

1. Do you think it makes sense to allow inmates, who are close to the end of their sentence, to get out of prison a few months early by letting them go to a Community Residential Center (CRC) where they are required to get a job (or job training) and begin the transition for when they are finally released?

Response	Good Idea	Bad Idea	No Response
Fed. of Community Councils	293 (77.7%)	52 (13.8%)	32 (8.5%)
Other Responses	94 (93.1%)	4 (4.0%)	3 (2.9%)
Total	387 (81.0%)	56 (11.7%)	35 (7.3%)

Although over eighty-one percent of respondents indicated that this was a good idea, the positive response of community members (as indicated by the Federation of Community Council response) was significantly less than the total overall response. Numerous comments were included which indicated that this was a good idea only for specific offenders (i.e. first time offenders and/or non-violent offenders). Of the 387 positive responses to this question, 167 (43.2%) also indicated that they agreed with the statement that "I feel that prisoners should complete their sentences in jail and CRC's be used for misdemeanants and non-violent first offenders only" (Question 8b). Only 44.7% (173 of 387) of positive responses for question #1 also stated that they agreed with the statement: "I feel that the use of CRC's should be expanded to alleviate overcrowding in state correctional institutions" (Question 8A) while 40.1% (155 of 387) stated that they agreed with the statement: "I feel that the state should look for alternatives to prison and CRC's such as electronic monitoring and/or expanded use of parole and probation" (Question 8C).

Of the 387 positive responses, 25.6% felt that CRC's should be staffed with contract staff only (99), 4.1% favored staffing by Department of Corrections staff (16), and 54.3% favored a combination of both contract and DOC staff (210). The remaining 16.0% had no opinion or did not respond to question #5. Although only 11.7% responded that they felt CRC's were a bad idea, the responses were generally unqualified (and often emphatic). Of the 56 negative responses to Question #1, 85.7% indicated that they agreed with the statement: "I feel that prisoners should complete their sentences in jail and CRC's be used for misdemeanants and non-violent first offenders only" (Question 8b). Only 3.6% (2 of 56) agreed with the statement: "I feel that the use of CRC's should be expanded to alleviate overcrowding in state correctional institutions" (Question 8A) and 14.3% (8 of 56) agreed with the statement: "I feel that the state should look for alternatives to prison and CRC's such as electronic monitoring and/or expanded use of parole and probation" (Question 8C).

**Community Questionnaire
Summary (cont.)**

2. Are you aware of any CRC's operating in your neighborhood?

Response	Yes	No	No Response
Fed. of Community Councils	43 (11.4%)	328 (87.0%)	6 (1.6%)
Other Responses	35 (34.6%)	66 (65.3%)	0 (0.0%)
Total	78 (16.3%)	394 (82.4%)	6 (1.3%)

Only 16.3% of all respondents indicated that they were aware of a CRC operating in their neighborhood. Although over one of every three respondents from the specialized groups identified for distribution indicated that they were aware of a CRC in their neighborhood, only slightly more than ten percent of respondents from the Federation of Community Councils indicated an awareness of a CRC in their neighborhood.

It is significant to note that some respondents who indicated an awareness of a CRC in their neighborhood included comments like "Yes, Jack's Place" or "Yes, Bean's Cafe" (see Addendum B of this summary). It is also significant to note the small percentage of "Yes" responses, given that the majority of the respondents live in the Anchorage area (where the two largest Community Residential Centers and one substance abuse treatment center is located).

3. If you answered "Yes" to question #2, how has that facility impacted your neighborhood?"

Response	Positive Impact	Negative Impact	Unknown Impact	No Impact	No Response
Federation of Community Councils	9 (20.9%)	3 (7.1%)	13 (30.2%)	13 (30.2%)	5 (11.6%)
Other Responses	16 (45.7%)	1 (2.9%)	6 (17.1%)	10 (28.6%)	2 (5.7%)
Total	25 (32.1%)	4 (5.1%)	19 (24.4%)	23 (29.5%)	7 (8.9%)

**Community Questionnaire
Summary (cont.)**

Nearly one-third of all respondents who indicated an awareness of a Community Residential Center operating in their neighborhood (25 of 78) reported a positive impact as a result of the CRC. However, only slightly more than two of every ten respondents from the Federation of Community Councils reported a similar impact, whereas nearly one-half of all other respondents reported a positive impact.

A total of 61.6% reported no impact and/or positive impact, with an additional 24.4% reporting an unknown impact. Only 5.1% of all respondents (7.1% of Federation of Community Council respondents) reported a negative impact as a result of the operation of a Community Residential Center.

4. CRC's in Alaska are currently owned and operated by private, for-profit or nonprofit corporations under contract to the Department of Corrections. Please circle the letter of the answer that most accurately reflects your opinion regarding cost.
- A. Contracting privately owned and operated CRC's cost the state less money.
 - B. State owned and operated CRC's cost the state less money.
 - C. I have no opinion regarding the cost of CRC's.

Response	Contracting Costs Less	State Costs Less	No Opinion	No Response
Federation of Community Councils	161 (42.7%)	24 (6.4%)	158 (41.9%)	34 (9.0%)
Other Responses	58 (57.4%)	3 (3.0%)	31 (30.7%)	9 (8.9%)
Total	219 (45.8%)	27 (5.7%)	189 (39.5%)	43 (9.0%)

The highest percentage of responses (45.8%) felt that contracting costs the State of Alaska less than State owned and operated Community Residential Centers. Only slightly more than 5 of every 100 responses felt that State owned and operated facilities costs the State less money.

It is significant that almost 4 of every 10 respondents did not have an opinion concerning the costs of Community Residential Centers, and 48.5% of all respondents had no opinion or did not respond to this question.

Community Questionnaire
Summary (cont.)

5. Please indicate below how you think CRC's should be staffed.

Response	Contract Staff	DOC Staff	DOC & Contract	No Opinion	No Response
Federation of Community Councils	76 (20.2%)	29 (7.7%)	202 (53.6%)	53 (14.0%)	17 (4.5%)
Other Responses	38 (37.6%)	2 (2.0%)	42 (41.6%)	12 (11.9%)	7 (6.9%)
Total	114 (23.8%)	31 (6.5%)	244 (51.1%)	65 (13.6%)	24 (5.0%)

The majority of respondents to this questions felt that Community Residential Centers should be staffed by a combination of Department of Corrections and Contract staff. Federation of Community Council respondents responded at a rate of 53.6% compared to only 41.6% of all other respondents. Only two of every ten respondents from the Federation of Community Councils felt that Community Residential Centers should be staff with Contract staff only, and only 7.5% felt that they should be staffed with Department of Corrections staff only. All other respondents were about equally divided between Contract staff only (37.6%) and a combination of DOC and Contract staff (41.6%). Only two of the one hundred and one (101) "other responses" which were received felt that staffing should be by Department of Corrections staff only.

6. The following criteria is always considered to determine the acceptable levels of risk with CRC placement. Please rate each criteria from 1-10 (10 being the most important).

CRITERIA	FCC Avg.	Total Avg.	CRITERIA	FCC Avg.	Total Avg.
A. Custody/Security Level	7.16	7.10	F. Length of Sentence	5.99	6.07
B. Institutional Record	7.51	7.54	G. Nature of Offense	8.56	8.44
C. Treatment Status	6.27	6.35	H. Past CRC/P&P Record	7.55	7.62
D. Court Orders	6.12	6.11	I. Victim's Comments	5.40	5.64
E. Release Needs	4.70	4.89	J. Other	3.66	3.94

**Community Questionnaire
Summary (cont.)**

The above data indicates the total average number of points for each criteria. Based on responses to the questionnaire, the most important criteria considered to determine the acceptable level of risk was "Nature of the Offense (i.e. violent vs. non-violent), receiving an average of 8.44 from all respondents and 8.56 from Federation of Community Council respondents. Two hundred fifty one (251) respondents rated this criteria a "10" (representing 52.5% of all respondents). The relative order (or ranking) of all criteria was as follows:

	<u>FCC</u>	<u>TOTAL</u>
(1) Nature of Offense	8.56	8.44
(2) Past CRC/P&P Record	7.55	7.62
(3) Institutional Record	7.51	7.54
(4) Custody/Security Level	7.16	7.10
(5) Treatment Program Status	6.27	6.35
(6) Court Orders or Recommendations	6.12	6.11
(7) Length of Sentence Remaining	5.99	6.07
(8) Victim's Comments	5.40	5.64
(9) Release Needs (family, job, etc.)	4.70	4.89
(10) Other	3.66	3.94

7. Some CRC's are used for offenders with special problems or needs. Listed below are several types of treatment programs and special needs offenders. Please indicate your feelings on a scale of 1 to 10 (with 1 being the least acceptable) regarding your acceptance for each type of program in your neighborhood. Also indicate how you feel the level of acceptance would be by your neighborhood as a whole in the block provided.

Specialized Utilization	FCC		Total	
	Community	Respondent	Community	Respondent
Substance Abuse	4.04	4.98	4.61	5.50
Employment/Vocation	6.41	7.32	6.70	7.49
Native Offender	4.38	5.32	4.79	5.71
Sex Offender Treatment	2.21	2.85	2.56	3.35
Female Offender	4.24	4.91	4.72	5.35
Mentally Ill Offender	3.54	4.35	3.81	4.76
Non-Violent P&P	5.15	5.87	5.58	6.25
Housing Only	3.06	3.45	3.26	3.59

**Community Questionnaire
Summary (cont.)**

The above data indicates the average number of points assigned for acceptability for each specialized utilization criteria. The criteria receiving the highest level of acceptability was Employment/Vocation Training Programs receiving an average of 7.49 from all respondents and 7.32 from Federation of Community Council respondents. One hundred fifty nine (159) respondents rated this criteria a "10" (representing 33.3% of all respondents). The relative order (or ranking) of all criteria was as follows:

	<u>FCC</u>	<u>TOTAL</u>
(1) Employment/Vocation	7.32	7.49
(2) Non-Violent P&P Violations	5.87	6.25
(3) Native Offender	5.32	5.71
(4) Substance Abuse	4.98	5.50
(5) Female Offender	4.91	5.35
(6) Mentally Ill Offenders	4.35	4.76
(7) Housing <u>Only</u> Programs	3.45	3.59
(8) Sex Offender Treatment	2.85	3.35

A total of 209 (43.7%) of all respondents rated Sex Offender Treatment a "1" or "0", while another 180 (37.6%) of all respondents rated Housing only programs a "1" or "0".

8. Please circle the letter of the following statement(s) that you agree with:

RESPONSE	GROUP	AGREE	DIS-AGREE
Expanded utilization of CRC's to relieve institutional over-crowding;	FCC	115 (30.5%)	262 (69.5%)
	TOTAL	179 (37.4%)	299 (62.6%)
Prisoners complete sentences in jail and utilize CRC's for misdemeanants and first time non-violent offenders;	FCC	203 (53.8%)	174 (46.2%)
	TOTAL	235 (49.2%)	243 (50.8%)
Alternative such as electronic monitoring and/or expanded use of P&P;	FCC	124 (32.9%)	253 (67.1%)
	TOTAL	172 (36.0%)	306 (64.0%)
Other;	FCC	34 (9.0%)	343 (91.0%)
	TOTAL	44 (9.2%)	434 (90.8%)

The largest number of all respondents (49.2%) agreed with the statement that

**Community Questionnaire
Summary (cont.)**

prisoners should complete their sentences in jail and CRC's should be utilized for misdemeanants and first time non-violent offenders only. This is particularly evident in responses received from the Federation of Community Councils, where 53.8% of all respondents agreed with this statement. The responses to "Expanded utilization of CRC's" and "Alternatives to prison and CRC's were approximately equal, with 37.4% in favor of the former and 36.0% in favor of the latter.

Thirty-six (36) respondents agreed with both statement A & B (7.5%), 97 respondents agreed with both statement A & C (20.3%), 55 respondents agreed with both statement B & C (11.5%), and 17 respondents agreed with all three statements (3.6%). A total of 44 respondents proposed other alternatives (9.2%). A listing of other proposed alternatives is included as Addendum B of this questionnaire summary.

9. Should each CRC be required to have a Community Advisory Board made up of citizens from the community and neighborhood?

Response	Yes	No	No Response
Fed. of Community Councils	321 (85.1%)	41 (10.9%)	15 (4.0%)
Other Responses	87 (86.2%)	8 (7.9%)	6 (5.9%)
Total	408 (85.3%)	49 (10.3%)	21 (4.4%)

A total of 408 responses (85.3%) were in favor of the establishment of Community Advisory Boards. The percentage of responses from the Federation of Community Councils (85.1%) and all other respondents (86.2%) were consistent. Only 49 responses (10.3%) were not in favor of mandatory Community Advisory Boards.

10. Should Community Advisory Boards have the authority to reject a particular referral?

Response	Yes	No	No Response
Fed. of Community Councils	267 (70.8%)	85 (22.5%)	25 (6.7%)
Other Responses	64 (63.4%)	30 (29.7%)	7 (6.9%)
Total	331 (69.2%)	115 (24.1%)	32 (6.7%)

**Community Questionnaire
Summary (cont.)**

A total of 331 responses (69.2%) were in favor of Community Advisory Boards having the authority to reject specific referrals. The percentage of positive responses from the Federation of Community Councils was significantly higher (70.8%) than other respondents (63.4%). A total of 115 (24.1%) of all respondents were against the authority to reject specific referrals by Community Advisory Boards.

11. Should the Department of Corrections fund travel for an annual statewide meeting or Community Advisory Board members to discuss and review community Residential Center policies and procedures?

Response	Yes	No	No Response
Fed. of Community Councils	184 (48.8%)	160 (42.4%)	33 (8.8%)
Other Responses	50 (49.5%)	38 (37.6%)	13 (12.9%)
Total	234 (49.0%)	198 (41.4%)	46 (9.6%)

The largest number of respondents were in favor of the State (Department of Corrections) funding travel for a statewide meeting each year (49.0%). The number of responses who were not in favor of the idea represented 41.4% of the total responses received. The responses in favor of the idea between the Federation of Community Councils (48.8%) and "other responses" (49.5%) were consistent. A higher percentage of Federation of Community Council responses (42.4%) were opposed to the idea than "other responses" (37.6%)

12. Are you in any way associated with any individual, group or organization that has an interest in CRC policies or the Department of Corrections?

Response	Yes	No	No Response
Fed. of Community Councils	53 (14.1%)	315 (83.6%)	9 (2.3%)
Other Responses	59 (58.4%)	35 (34.7%)	7 (6.9%)
Total	112 (23.4%)	350 (73.2%)	16 (3.4%)

Community Questionnaire
Summary (cont.)

Over twenty three percent of all respondents indicated an affiliation with a group or organization which has an interest in CRC policies or the Department of Corrections. Only 14.1% of FCC respondents indicated an affiliation with such an organization compared to 58.4% of all "other respondents". This high percentage of other respondents would be expected, since these groups were chosen for distribution based on their knowledge and/or affiliation with such a group.

13. How long have you lived in Alaska?

Response	< 1 year	1-5 years	5-10 years	10 < years	No response
Federation of Community Councils	0 (0.0%)	17 (4.5%)	32 (8.5%)	323 (85.7%)	5 (1.3%)
Other Responses	1 (1.0%)	8 (7.9%)	16 (15.8%)	72 (71.3%)	4 (4.0%)
Total	1 (0.2%)	25 (5.2%)	48 (10.1%)	395 (82.6%)	9 (1.9%)

In excess of 80% of all respondents indicated that they have resided in Alaska in excess of 10 years. Only 26 respondents (5.4%) have lived in Alaska less than five years and another 48 respondents (10.1%) have lived in Alaska between 5 and 10 years. As indicated above, the majority of respondents were long-time Alaskans, which could possibly be explained by their active involvement in groups and/or organizations interested in CRC's (or their membership in the Federation of Community Councils).

14. What is your sex?

Response	Male	Female	No Response
Fed. of Community Councils	208 (55.2%)	162 (43.0%)	7 (1.8%)
Other Responses	64 (63.4%)	32 (31.7%)	5 (4.9%)
Total	272 (56.9%)	194 (40.6%)	12 (2.5%)

**Community Questionnaire
Summary (cont.)**

Slightly more than half of the total respondents (56.9%) were male while 40.6% were female. Respondents who indicated that responses were "joint responses" between husband and wife were recorded as a single response and the sex of the response was recorded as "male" or "Female" alternately.

15. What is your age?

Response	< 18	18-25	25-35	35-45	45-55	55 <	N/A
Federation of Community Councils	0 0.0%	1 0.3%	37 9.8%	117 31.0%	112 29.7%	105 27.9%	5 1.3%
Other Responses	0 0.0%	2 2.0%	4 4.0%	29 28.7%	35 34.6%	26 25.7%	5 5.0%
Total	0 0.0%	3 0.6%	40 8.6%	146 30.5%	147 30.8%	131 27.4%	10 2.1%

Almost nine of ten respondents (88.7%) were over 35 years of age, with approximately an equal amount from the group 35-45 (30.5%), the group 45-55 (30.8%) and the group 55 or over (27.4%).

RESPONSE KEY

Alphabetical:	A - F	Response as indicated on Questionnaire
	N	No Response
Numerical:	0 - 10	Response as indicated on Questionnaire
	99	No Response
Respondent:	ACC	Anchorage Chamber of Commerce
	AFI	Alaska Federation of Natives
	AMI	Alliance for the Mentally Ill
	AOG	Prison Ministeries
	ASC	Alaska Sentencing Commission
	AST	Alaska State Troopers
	CRC	Community Residential Centers
	FCC	Federation of Community Councils
	LR	Legislative Responses
	MDR	Mothers Against Drunk Driving
	NSR	New Start Center
	VJR	Victim's For Justice

Addendum A

	# 1			# 2			# 3				
	A	B	N	A	B	N	A	B	C	D	N
ACC	5	0	1	1	5	0	0	0	0	1	5
AFI	2	0	0	1	1	0	1	0	0	0	1
AMI	5	1	0	0	6	0	0	0	0	0	6
AOG	43	0	0	16	27	0	7	1	3	3	29
ASC	3	0	0	1	2	0	0	0	0	1	2
AST	8	2	1	1	10	0	0	0	1	0	10
CRC	14	0	0	10	4	0	6	0	0	4	4
FCC	293	52	32	43	328	6	9	3	14	13	338
LR	5	0	0	2	3	0	2	0	0	0	3
MDR	1	0	0	0	1	0	0	0	0	0	1
NSR	6	0	0	3	3	0	0	0	2	1	3
VJR	2	1	1	0	4	0	0	0	0	0	4
Total	387	56	35	78	394	6	25	4	20	23	406
%	81.0%	11.7%	7.3%	16.3%	82.4%	1.3%	5.2%	0.8%	4.3%	4.8%	84.9%

	# 4				# 5				
	A	B	C	N	A	B	C	D	N
ACC	3	0	2	1	2	0	2	1	1
AFI	0	0	1	1	1	0	0	0	1
AMI	4	0	1	1	1	1	3	1	0
AOG	20	2	15	6	12	1	22	4	4
ASC	1	0	2	0	1	0	0	1	1
AST	6	0	5	0	1	0	7	3	0
CRC	14	0	0	0	12	0	2	0	0
FCC	161	24	158	34	76	29	202	53	17
LR	3	1	1	0	3	0	2	0	0
MDR	1	0	0	0	1	0	0	0	0
NSR	4	0	2	0	3	0	2	1	0
VJR	2	0	2	0	1	0	2	1	0
Total	219	27	189	43	114	31	244	65	24
%	45.8%	5.7%	39.5%	9.0%	23.8%	6.5%	51.1%	13.6%	5.0%

Question # 6

	A	B	C	D	E	F	G	H	I	J
99	50	38	58	39	39	42	35	42	47	339
10	129	123	69	60	41	64	251	137	78	30
9	41	69	31	33	23	34	65	71	37	2
8	54	83	64	65	45	58	36	61	50	5
7	43	42	46	36	36	44	20	44	22	4
6	30	29	42	43	19	45	10	32	25	3
5	48	35	64	88	63	67	15	36	50	6
4	24	18	43	40	33	36	5	20	25	2
3	26	17	35	31	65	28	6	13	32	6
2	20	15	19	23	53	36	12	6	60	10
1	13	9	10	20	58	24	23	15	48	69
0	0	0	1	0	3	0	0	1	4	2
Total Avg.	7.10	7.54	6.35	6.11	4.89	6.07	8.44	7.62	5.64	3.94
FCC Avg.	7.16	7.51	6.27	6.12	4.70	5.99	8.56	7.55	5.40	3.66

Question # 7								
	A	B	C	D	E	F	G	H
99	101-52	101-52	123-78	101-53	104-59	101-56	105-57	113-66
10	38-75	102-159	22-57	13-37	30-53	22-42	42-74	16-35
9	15-21	33-46	14-22	5-13	17-32	5-14	22-37	5-9
8	30-44	55-63	28-50	10-20	35-45	16-41	48-57	23-25
7	20-29	37-38	36-40	7-12	24-37	17-32	40-55	16-20
6	23-25	21-20	35-37	9-17	30-31	21-25	27-29	14-11
5	68-77	45-33	73-78	26-31	74-66	70-73	72-60	47-46
4	31-22	9-10	27-15	15-18	23-21	32-40	30-20	20-23
3	27-32	14-9	29-23	35-29	31-26	45-29	21-22	23-27
2	31-26	14-11	17-13	44-39	22-21	36-26	18-26	33-36
1	94-75	47-37	73-64	208-199	84-82	110-96	53-41	153-165
0	0-0	0-0	1-1	5-10	4-5	3-4	0-0	15-15
Total Avg.	4.61-5.50	6.70-7.49	4.79-5.71	2.56-3.35	4.72-5.35	3.81-4.76	5.58-6.25	3.26-3.59
FCC Avg.	4.04-4.98	6.41-7.32	4.38-5.32	2.21-2.85	4.24-4.91	3.54-4.35	5.15-5.87	3.06-3.45

(Note: Community Acceptance - Respondent's Acceptance)

	# 8				# 9			# 10		
	A	B	C	D	A	B	N	A	B	N
ACC	0	4	4	0	5	1	0	5	0	1
AFI	2	0	1	1	2	0	0	1	1	0
AMI	4	3	1	2	6	0	0	6	0	0
AOG	34	5	24	3	35	4	4	26	14	3
ASC	3	0	3	0	2	0	1	1	1	1
AST	2	9	1	3	9	2	0	8	3	0
CRC	11	2	6	1	13	0	1	8	5	1
FCC	115	203	124	34	321	41	15	267	85	25
LR	4	2	4	0	5	0	0	1	3	1
MDR	0	1	0	0	1	0	0	1	0	0
NSR	3	3	2	0	5	1	0	3	3	0
VJR	1	3	2	0	4	0	0	4	0	0
Total	179	235	172	44	408	49	21	331	115	32
%	37.4%	49.2%	36.0%	9.2%	85.3%	10.3%	4.4%	69.2%	24.1%	6.7%

	# 11			# 12			# 13				
	A	B	N	A	B	N	A	B	C	D	N
ACC	2	4	0	6	0	0	0	2	0	4	0
AFI	1	1	0	1	1	0	0	0	0	2	0
AMI	4	1	1	6	0	0	0	0	2	4	0
AOG	23	14	6	23	16	4	1	5	10	25	2
ASC	1	1	1	2	1	0	0	0	1	2	0
AST	6	4	1	4	6	1	0	0	0	10	1
CRC	8	4	2	7	6	1	0	0	2	11	1
FCC	184	160	33	53	315	9	0	17	32	323	5
LR	0	4	1	4	1	0	0	0	0	5	0
MDR	0	0	1	1	0	0	0	0	0	1	0
NSR	3	3	0	4	2	0	0	0	1	5	0
VJR	2	2	0	1	2	1	0	1	0	3	0
Total	234	198	46	112	350	16	1	25	48	395	9
%	49.0%	41.4%	9.6%	23.4%	73.2%	3.4%	0.2%	5.2%	10.1%	82.6%	1.9%

	# 14			# 15						
	A	B	N	A	B	C	D	E	F	N
ACC	4	2	0	0	0	1	1	3	1	0
AFI	1	1	0	0	0	0	2	0	0	0
AMI	2	4	0	0	0	1	2	1	2	0
AOG	34	7	2	0	0	1	8	13	19	2
ASC	2	1	0	0	0	0	2	1	0	0
AST	9	1	1	0	0	0	4	6	0	1
CRC	6	6	2	0	1	1	3	5	2	2
FCC	208	162	7	0	1	37	117	112	105	5
LR	2	3	0	0	1	0	4	0	0	0
MDR	0	1	0	0	0	0	0	1	0	0
NSR	2	4	0	0	0	0	2	3	1	0
VJR	2	2	0	0	0	0	1	2	1	0
Total	272	194	12	0	3	41	146	147	131	10
%	56.9%	40.6%	2.5%	0.0%	0.5%	8.6%	30.5%	30.8%	27.4%	2.1%

ADDENDUM B

1. Do you think it makes sense to allow inmates, who are close to the end of their sentence, to get out of prison a few months early by letting them go to a Community Residential Center (CRC) where they are required to get a job (or job training) and begin the transition for when they are finally released?
 - A. Not in all cases. Screening is necessary to determine those inmates this program will benefit.
 - A. Exceptions: 1. Sex offenders, 2. History of violence, 3. Violent prison history
 - A. For certain types of offenders and under certain circumstances.
 - A. Under strict supervision. Reduces cost - makes more space available for crowded prisons.
 - A. The thought of having a prisoner released directly from jail scares me. If he has no job or no money and he's not prepared, what is he going to do?--RE-OFFEND!
 - A. I believe that the CRC gives them a chance to get acquainted with society. It also gives them a chance to establish a foundation in which they may live, i.e. job, housing and financial stability. This way they have a start in life upon their release and just don't go to the streets with nothing.
 - A. It would be good for inmates who have proven they have changed also not violent.
 - A. However, I do not have a high level of confidence regarding just who is being released back into the community--I do not favor such a program for sex offenders, rapists, and murderers.
 - A. They need the extra support so they do not become isolated and discouraged and so they learn to live with rules outside.
 - A. Please see enclosed article from Anch Times sent to me by Bill Weimar. [11/17/91 Sec. F4, "I've Been There: Jail is Cushy Compared to Halfway House Life".]
 - A. They should be monitored to provide self-direction.
 - A. but I think program should be tailored to the prisoner. For example, I would think a person who has been imprisoned for 2 years would have different requirements than one in for 10 years.
 - A. High percentage of these people would not be in jail if they had saleable job skills. It is only humane to give them training, counseling and support on the job--besides it makes economic sense.
 - A. No more than six [months]. Only if inmates are closely monitored via electronic anklets/devices used to verify the inmates' whereabouts 24 hrs. a day.
 - A. A few more weeks or months in prison will not likely improve their chances of success. Participation in a CRC will help many achieve success.
 - A. This would be wonderful; however, having visited "a" CRC recently, I think you should check your staffing proceed. Bad attitudes create more problems.
 - A. The only way to do it! But they should be getting life skills training in prison too.
 - A. It gave the inmates a positive role.

Addendum B (cont.)

- A. I trust training is already going on inside prisons even before release.
- A. As long as the re-training services & educational component is significant & quality.
- A. The state should take 35% of their earnings so they understand no one can live for free.
- A. With NO people who have a history of vicious or repeated violent crimes.
- A. This should be essential to a prisoner's rehabilitation.
- A. Site selection and management are critical.
- A. Yes, but I feel that currently inmates are not supervised adequately. I am alarmed that prisoners who need medication are unable to afford it on release and get caught on the "system".
- A. But in a centralized minimum security facility. Capacity determined by the size of the community. Instead of spread all over the city.
- A. For some offenders all or a large part of a sentence should be served in a CRC.
- A. So long as it is no earlier than 3-6 months prior to release. I think more could be done to assist them in obtaining work, especially where they have no real employable skills.
- A. I feel it is a must for anyone who has been incarcerated for more than a few months.
- A. Most inmates can't just walk out the door of jail and walk into a job.
- A. I feel its the only hope we have Without it, we only create problems.
- A. I believe it would be helpful to have a transitional facility for the inmates, because many of them have no idea where to go or what to do when they get out.
- A. Keeping most non-violent prisoners in hard jails is a waste of taxpayers money. Only most violent criminals should be kept in hard jails for full non-probationary sentence.
- A. Good idea because most recently released inmates have too little money and training for a job to sustain themselves and are, therefore, subject to crime again.
- A. I think the longer they have been in the sooner they should go to a CRC to help in the transition to society.
- A. EXTREME care must be taken in the selection process of who gets to go into the program. It shouldn't be routine. Charles Meach was on work release from API when he murdered 4 teenagers.
- A. Especially if job or job training is mandatory for discharge!
- A. Active pursuit of employment should be a requirement for staying in a CRC.
- A. This will lessen the feeling of displacement and produce fewer repeat offenders.
- A. But must require treatment to be allowed to go.
- A. For those whose history suggest rehab is possible
- A. Requires active participation of community and businesses
- A. Be sure they understand this is a gift--and they are completing a sentence required of them.

Addendum B (cont.)

- A. Only for non-violent offenders such as white collar crime, burglars, we need the death penalty for the others.
- A. Seems fine, but never having been in prison, it seems better to ask prisoners who are in prison; in half-way house now; were in half-way and now clean or back in prison.
- A. Have personal knowledge of prisoner who requested, with urgency, to go first to half-way house before being released.
- A. Only if their behavior and prison records indicate they would participate. violent, non-motivated, and/or disrupting inmates would torpedo this effort.
- A. State needs true rehab program
- A. A good location would be Bootleggers Cove or Geneva Woods.
- A. But I feel a lot of safeguards should be built in--like supervision to and from work. Also I feel the inmate should contribute financially to the program while he is in it from job earnings, etc.
- A. "Get out early" is bad wording--I assume you mean 90-120 days of sentence to be served in half-way house.
- A. Where are the Training funds to come from? There is no indication an early release would be earned.
- A. But not for violent crimes; ie. murder, rape, child abuse.
- A. When they are ready;not dictated by lack of space in prison.
- A. I would rather a judge add two months to service time to (illegible)
- A. The CRC might be regulated by percentages of time sentenced--perhaps 5-8% of the time assigned.
- A. With the exception of repeat offenders, "hardened" inmates that are difficult or impossible to train.
- A. If they are to get out early
- A. This presupposes adequate supervision and training.
- A. No more than 3 months before end of sentence. Additional training at/on their release.
- A. For 6 mo-2 yrs.
- A. Depends upon the crime and ability to rehabilitate
- A. In someone else's neighborhood or industrial areas.
- A. If they are otherwise socially responsible.
- A. Lack of transition is big part of recidivism; it's why McLaughlin Youth Center is a sad failure--no follow up. State Corrections is at fault.
- A. Advisable to do so to allow for transition and adjustment period. Those who will return to society need to be as prepared as possible for success and transitional period. A. Requires availability to Public transportation
- A. Depends on what the crime is. Maximum level offenders should do their time.
- A. Especially if they have a good record in prison.
- A. Depending on the severity or nature of the crime. Sex offenders should never be released!

Addendum B (cont.)

- A. Depends on their record of behavior during their custody also the court orders and recommendations should be satisfied and considered.
- A. Should be helpful to rehab efforts, cut jail crowding and likely more economical.
- A. But! There has to be qualified, competent people controlling the CRC's.
- A. Should be working for state long term as well. Work crews to clean up litter, etc. Inmates should pay their debt, instead of the state paying for their vacation.
- A. For minor non-violent offenders
- A. Providing violent crime offenders have received therapy.
- A. Charge restitution
- A. Do we have such a center?
- A. Yes, provided that the release is subject to their completing a tailored treatment program.
- A. If we ever expect to rehabilitate criminals we must get serious about the process. This is one way.
- A. Depends on what "close" means--2 yrs? 5 yrs? 6 weeks?
- A. Inmates must be good candidates for re-entry into society and work. Not all would be.
- A. If you carefully and often determine if the CRC is causing repeat offenders.
- A. For long term sentences, yes--job training; for short term sentences, no--spend the money on the longer term inmates.
- A. this time gives them a chance to adjust and get a job
- A. If for no longer than 6 months.
- A. Only for certain offenses
- A. Will it be assured they have a job and/or job training?
- A. but not released before serving their full time.
- A. if they have no history of repeat offenses or mental instability.
- A. Depends on how costly and the crime committed. Do CRC's have proven record?
- A. Unless it's for one of the violent crimes.
- A. Strict rules to follow--curfew, friends that visit; must be in a job or a training program. No drugs or alcohol.
- A. Cuts costs
- A. Depends on the attitude of the inmate.
- A. This will allow inmates to realize a more practical idea of the real world.
- A. Depends on the severity of the crime.
- A. With certain restrictions depending on nature of crime and prospects for rehabilitation
- A. For misdemeanants and non-violent first time offenders only--all other prisoners should complete sentence in jail
- A. Better transition and less costly.
- A. If it's shown to reduce repeat offenders.
- A. Assuming the cost to the state is approx. the same.

Addendum B (cont.)

- A. The early release should be based on the total sentence, ex: 2-3 months of a 5 year sentence would be ok; 2-3 months of a 1 year sentence, however, may be too lenient.
- B. Inmates should be required to serve their complete sentences in jail. The first few months of probation should be in a CRC. Failure to complete a CRC program s/b grounds for revocation.
- B. The inmate does not serve his "full" sentence!! Even now the inmate gets early out on good behavior.
- B. If you do the crime, you do the time.
- B. Serve full term! Computer skills, shop, electronic repairs, etc. should be available to and paid for by prisoners through work programs in jail.
- B. Stop putting non-criminals in jail & you will not be so crowded.
- B. Release into low-income neighborhood is not in best interest of either--neighborhoods are not institutions.
- B. It is bad enough to have tax \$ pay for jail--now a CRC too--no thanks.
- B. Build more jail space, keep inmates longer.
- B. It is a bad idea if they are placed in residential areas without coming before community councils and explaining the program and who will be responsible.
- B. Every case is different and there are too many non-responsible persons in our community--Don't establish a precedent with criminals.
- B. Since most get out early on parole anyway have them put in CRC time after they serve their sentence.
- B. Preparation for transition should be handled within the prison system.
- B. A judge makes a sentence. That sentence should be served in its entirety.
- B. Let them serve their full sentence while working.
- B. Statistics show a high % of criminals repeat crime. Placing them in a residential community exposes that community to higher crime rate. Perhaps using CRC's only for criminals of "white collar" crimes might be justified.
- B. Transition should begin after sentence has been served.
- B. Residential Centers should be in industrial or isolated areas. Some inmates will target those around them for new and exciting crimes.
- B. "Not in my backyard" (or in anyone else's)!
- B. They should always finish their sentence. Few sentences are currently served in full and are too lenient to begin with--
- B. I don't need any more criminals in our neighborhood.
- B. Depends on time left remaining. I believe the release should be for no more than 2-3 months. Sentence should be served.
- B. I think that the sentences imposed by statute lose their deterrent value if the required time in jail is not served--I would support such an idea if days at a CRC are either additional days or count as a fraction of jail days.
- N. It would depend upon the type of crime and the inmates conduct while in the institution.

Addendum B (cont.)

- N. Depends on each case--usually good idea.
- N. Only if they have a job--not just job training--The folks in the communities are working.
- N. How many months is a "few" months - 2 or 9? Not sure it's a good idea to have inmates living together--they might be a bad influence on one another.
- N. Maybe - depends on type of crime and if person was paroled CRC's could potentially be used to solve overcrowding of prison system--not in best interest of community.
- N. Individual basis--depends on 1) individual 2) crime
- N. depends on offense and participation in treatment programs while incarcerated.
- N. It depends on the offense. No--for rape, murder, or child abuse. Yes, for paper-only embezzlement or others where no physical violence is involved. No--for armed robbery.
- N. you don't know until you try it.
- N. "A" --basically. It depends upon how long they've been incarcerated and for what offense.
- N. I lack expertise - likely to be a good idea.
- N. only non-violent inmates and they should pay for the privilege
- N. Only for 1st time offenders. Not for repeat offenders.
- N. Depends on the crime. How motivated the person was to get job training and self improvement.
- N. unless there is expectation that inmate has converted to normal citizen, he/she should not be in residential neighborhood.

2. Are you aware of any CRC's operating in your neighborhood?

- A. Akeela House
- A. Allvest Inc & Glennwood
- A. Corner of 9th & D
- A. Don't know name, why did I get this survey?
- A. Not Sure
- A. Cordova Center, Glennwood Center
- A. No, but here is a youth offender facility on our block
- A. Private program but not state
- A. Jack's Place - Alvest and some church operated
- A. Cordova
- A. Glennwood
- A. Alvest, inc, Cordova St.
- A. Cordova House & Glennwood (if its still in operation)
- A. Akeela House, Clitheroe Ctr Etc.
- A. Tundra Center
- A. Glacier Manor in Lemon Creek

Addendum B (cont.)

- A. North Star
 - A. Clitheroe Center
 - A. On Lk. Otis near Tudor Rd./DD offenses
 - A. Mountain View is not my immediate neighborhood.
 - A. Cordova Center "Terrible Staff Attitudes"
 - A. Northern Lights Recovery Center
 - A. Half-way house, at Esther, Alaska
 - A. North Star Center--(Allvest)
 - A. Cordova Center, Glennwood Center, New Dawn, Genesis House, TCV (Salv. Army) *It would help if you defined "neighborhood" (Achorage bowl)
 - A. Social Rehabilitation Center--No longer in operation closed by Governor's veto 6/30/91

 - B. Quite frankly I wouldn't want one in my neighborhood.
 - B. I'm sure they are not "advertised" to the neighbors they "sneak" them in!
 - B. We would fight against this.
 - N. these should be in a restricted area--by police dept.
3. If you answered "Yes" to question #2, how has that facility impacted your neighborhood?"
- A. Community participation in rehabilitation of inmates so that they will lead productive lives. Past residents of SRC participate in cultural activities in the community, hold jobs at Red Dog, become mayors of a community.
 - A. Residents from the community serve on the advisory board and actively participate in the planning process.
 - A. Inmate: released into the community who have no place to go or no \$ have supervised living situations.
 - A. As a pastor in the area I believe the impact is positive. It is better to have this transition time then to have individuals released "cold" on the streets. Usually they have no where to go except back into crime.
 - A. Not enough work for the transitioning inmates.
 - A. Tundra Center has had its share of problems (especially management--Allvest), but, in general, it is an asset to the community.
 - A. Glenwood Centers community service program has helped get projects in the community accomplished.
 - A. A number of inmates have completed their sentences there (Northern Lights Recovery Ctr) while working intensely on Alcohol/drug issues as well as other issues related to reintegration into society. Some have been successful and are now positive contributors to our community.
 - A. Keep former inmates out of trouble and as a good transition tool.

Addendum B (cont.)

A. Inmates I have met are performing community service for non-profit social service organizations. They have positive attitudes, are courteous and good workers. Most have mentioned the hard time they had finding jobs.

A. I believe that the facilities with community work service helps non-profit organizations perform much needed work. These facilities and residents are very good assets for the community.

A. Like all other CRC's, I can respect the work that they give back to the community--cleaning streets, etc.

B. These do not belong in neighborhoods (residential) but should be confined only to Industrial areas, with chain industrial fencing, & locks. Industrial areas are where the jobs are located and adjacent to businesses. Residential areas are having their own problems with drugs, alcohol & crime.

B. Neighbors of nearby employment victims of increased burglaries attributed to Akeela House residents.

B. Most neighbors are afraid of the facility--adds a lot of extra traffic to neighborhood--seems to attract people who hang around--petty theft and car rifling stolen bikes, etc. seems prevalent.

B. State and MOA (against our wishes) allowed home for emotionally troubled boys in my neighborhood so I was afraid to let by young daughter outside by herself.

B. And there damn well won't be with our restrictive covenants.

C. I hope it's been good. It would seem to me that anytime someone can find housing instead of being out in the streets is a positive step.

C. Like the other neighbors, they have a lot of animals not being restrained on their property, as city ordinance requires.

C. Increased Police calls.

C. Alvest is in an area not surrounded by family-residential

C. Some inmates like the center and others do not, according to what they tell me.

D. The facility [North Star] appears to be well maintained and the grounds are kept free of debris.

D. Nobody seems to know the building at 835 D St. is a halfway house. I have never heard any comments or complaints re: the location of Cordova C. Nobody seems to mind.

D. No particular impact. The facilities look good and are visibly well kept up.

D. Allvest has been in our neighborhood for 5 years. Because of their programs--I feel strongly that they really help inmates adjust, and therefore--no problems.

D. Minor impacts--increased traffic, a few more "less than desirable" types walking around--but this is downtown--so they probably don't come from the CRC.

D. Several houses in this community have "tenant-like" set ups. Absentee landlords who are not willing to make improvements to their properties. This is negative--however not recognized by the powers that be as negative. Won't a CRC be the same?

D. Neutral impact, which is good.

Addendum B (cont.)

D. Cordova residents have provided good community service.

N. Depends on zoning if such a facility could be.

N. A facility in my neighborhood would not affect the neighborhood although you might not be able to tell for sure if you judge from the amount of howling going on should you try to put one in.

N. where such facilities, or shelters for alcohol offenders are involved, the neighborhood feels less safe. Neighbors can no longer walk freely where they once did. Rehab centers are necessary but should be well supervised. Restrictions should be with the protector of the neighborhood in mind. Neighbors and community Councils should have input prior to establishing rehab houses.

N. Jack's Place's very negative - Alvest positive. Church operated-Impact our already crowded schools, and parks. This is a high density population area and does not need any more high volume facilities.

N. Cordova Center and Glenwood Center are both in communities adjoining mine.

N. If I knew of such a facility, I feel it would be negative. No one needs or wants to live near criminals--even tho they have been rehabilitated (to what degree?)

N. Our neighborhood has been very hard hit by a severe recidivist juvenile offender who is out on frequent overnight passes and continues to terrorize the community. His widespread boasts to kill someone before his 18th birthday are taken seriously by many of us who have known him for years.

N. How could they possibly have a positive impact?

N. My house is the largest single investment I will ever make. It is also where my family and I find peace and contentment. Do not ruin this by moving in a CRC.

N. Not in my immediate neighborhood--about 6 miles out--I am well acquainted with this institution [North Star Center]--have heard no complaints.

N. every facility has both positive and negative effects--positive effects are the opportunities to facilitate back into the community in a positive way.

4. CRC's in Alaska are currently owned and operated by private, for-profit or nonprofit corporations under contract to the Department of Corrections. Please circle the letter of the answer that most accurately reflects your opinion regarding cost.

A. Contracting privately owned and operated CRC's cost the state less money.

B. State owned and operated CRC's cost the state less money.

C. I have no opinion regarding the cost of CRC's.

A. DOC or H&SS should be adequately staffed so these programs can be constantly monitored by State agencies. There should be an inspector for each center.

A. Cost per inmate is about 1/2 the cost if privately owned companies run the CRC's. Also the state receives 33 1/3 % of resident wage after they become employed.

A. Keep it to private contractors. State control creates monstrosities!

A. Please don't make these state institutions!

Addendum B (cont.)

- A. I can see private non-profit but have reservations and concern about for-profit contractor. They tend to focus less on results & clients & more on profit.
- A. Cost, however, is a poor indicator of value.
- A. I do not, however, approve of contracts for CRC's awarded to for profit corporations (as is the case w/Tundra Center.)
- A. No private firm could waste as much money as the state.
- A. Division is stretched too thin now!
- A. Depending on honesty of contractor.
- A. I am very supportive of non-profit corporations.
- A. Are you kidding?
- A. Holds down on state overhead and personnel costs.
- A. The state should contract anything possible.
- A. Anything privately owned costs the state less money.
- A. State regulations should insure that it is not run by criminals to promote criminal behavior. Religion is important but not a main criteria as this could promote "religious conversions".
- A. Privatization is always desirable
- A. But at least there must be an over-sight body to insure quality
- A. Good checks and balances
- A. It seems to me it would be more "controllable".
- A. Private sector has more wage and benefit flexibility and more competition for cost and quality.
- A. "B" could make sense if inmates were treated as criminals instead of guests.
- A. Lack of public accountability is noticeable--you get passed back and forth between municipality/state and non-profit entities.
- A. But the state still has a responsibility for quality maintenance and prevention of "sweat shops."
- A. Private contracts allow more flexibility
- A. With compassionate, caring people
- A. Many of these operations have no supervision and are poorly run
- A. A proper review process must be developed to assure the proper return is being received by the state.
- A. Other states have success with this program but should not be implemented without neighborhood involvement.
- A. If done at all, a private contract (with performance bond) should be more effective.
- A. However--I believe the state is more diligent in monitoring the inmates.
- B. private citizens "cashing in" on the misfortunes of others is almost criminal in itself.
- B. I believe the state can operate CRC's as efficiently as the private sector.
- B. Private owners tend to not care how system should work. All they care about is profit.

Addendum B (cont.)

- B. The State, under proper and responsible administration, can do it better.
- B. I would hope this is correct analysis--should be.
- B. We should try to keep our city & community spending down by using state funded programs.
- B. I think that prisons and related penal functions should be handled by the state. Privatizing these functions will save little, increases the prospects of corruption or mistreatment of prisoners.
- B. The cost of CRC's should be paid by the residents.
- C. SRC was a unique program operated out of Camp Severnuguiuk (sp?). Although, DOC's conclusion is that it costs too much per inmate, we need to look at it from recidivism point of view.
- C. My primary concern is that the CRC has adequate security supervision and well trained staff.
- C. Money should not go for CRC's at all.
- C. It would seem that a non-profit corp. would be less expensive than a for-profit.
- C. Inmates & pre-releases should remain under supervision of state officers.
- C. Some are just in it for the money, not the rehabilitation of inmates.
- C. Most likely privately owned CRC's cost less money
- C. With small DOC staff insuring contractor doing the job.
- C. Public Transportation must be available
- C. Corrections should know the answer to this question and should use the least expensive option.
- C. Some sort of partnership between government and private enterprise probably would work best.
- C. Two civilian contractors plant themselves in neighborhoods resulting in security and quality of life problems.
- C. I believe facilities and contract personnel should be closely supervised by corrections staff.
- C. Except: Contracts with for-profit or non-profit CRC's should never be allowed to exceed the equivalent state service cost.
- C. Go with most effective, least costly method.
- C. I feel that it is important for treatment and rehabilitation to be included in the CRC program.
- C. I'm very surprised at this! How does the D.O.C. know what's going on?
- C. I think normally contracts costs less since government can always find a way to pay more.
- C. Could we see some actual statistics on this? They should be available.
- C. My first concern re: CRC's is quality of care, rate of recidivism, vis-a-vis private or state operated CRC's. Cost is secondary.
- C. I believe inmates participation in this program should have household assignments to offset cost of their care, regardless of whether they have a job.
- C. I think that state owned may provide a better facility.

Addendum B (cont.)

- C. However, I suspect that in the long run "B" is true, although in the short run "A" would be true.
- N. Privately owned CRC still must meet state regulations, therefore, there will be inspections, etc., another layer of bureaucracy, so in the long run, the cost is probably a wash.
- N. control & programs should be through the state. Combine work programs to reduce cost.
- N. A few owned by the state could handle all those people that nobody wants around.
- N. this is a silly question--either can be (illegible) depending on the specifics of the agency, the contractor, and the job to be done
- N. which do I Prefer? State owned and operated regardless of the cost.
- N. why not try some of both?
- N. should be state run
- N. The professional training of DOC is necessary for violent Crime off.
- N. IS THERE COMPETITION IN BIDDING?
- N. You have to give data on A & B to answer this question.
- N. I'm not sure what costs less. Non-profit may cost less than state, for profit may cost more. A & C--Could be co-owned and operated--state to own and privately run by contract.
- N. We need more information concerning costs. Once again, the people should be informed through community councils
- N. State should inform public.
- N. I would assume "A" is correct but I do not know.
- N. quality of the CRC and success rate should be factored into cost.
- N. Consider cost vs. effectiveness not just cost alone. Check stats., no opinions on cost. What is success rate of each? This is what's important.
- N. I do not know; I'd have to see the balance sheet.
- N. who evaluates and licenses? Need quarterly surprise evaluations.
- N. halfway houses who require inmates to work and contribute half of wages to institution.
- N. this question obviously slanted--but do not believe we need more CRC

5. Please indicate below how you think CRC's should be staffed.

- A. Contract Staff
- B. Department of Corrections Staff
- C. Combination of both Contract and DOC Staff
- D. No opinion

- A. Ok if accountability can be worked out, otherwise "C"
- A. NEEDS WORK!
- C. The latter as monitoring and advising personnel

Addendum B (cont.)

- C. DOC-mainly parole officers
 - C. They should operated at the greatest efficiency
 - C. Certainly not only contract staff
 - C. Depending on # of inmates being served at one facility and the education level of the owner/operator of CRC's.
 - C. I have a definite opinion.
 - C. Chaplains on call would help
 - C. Control by DOC not contract staff.
 - N. Private employees responsible to the employer.
 - N. staff from the bid winner--the contractor
 - N. Totally depends on how responsible the private contractor or the state is. Who is able to respond to community complaints faster and more efficiently? Which of the two will be involved in the community--attend council meetings etc.
 - N. More information is needed so that we can make an informed choice. What has been the experience of other cities where different staffs have been used?
 - N. if private, up to provider. If DOC, use contract and DOC staff--saves \$\$
6. The following criteria is always considered to determine the acceptable levels of risk with CRC placement. Please rate each criteria from 1 - 10 (with 1 being the least important).
- A. Custody/Security Level
 - B. Institutional Record
 - C. Treatment Program Status
 - E. Release needs
 - F. Length of sentence remaining
 - G. Nature of Offense (ie. violent vs. non-violent)
 - H. Past CRC/Probation/Parole Record (if applicable)
 - I. Victim's comments
 - J. Other
- A. In placement facility--10
 - B. Motivation--7
 - C. Don't know what this means
 - C. 0--This is a persons choice, forcing them is not the answer
 - E. everyone has these needs, They should have considered them prior to their crimes--0
 - E. What about victims family--1
 - E. NR--This is confusing. From CRC or from prison to CRC?
 - E. 1--family usually on welfare anyhow
 - F. 6 months is too long for transition.
 - F. 3 mos. at most--3
 - F. should serve full sentence--2

Addendum B (cont.)

- F. Violent repeaters should serve entire sentence!--10
- G. 5--(murder cases not accepted)
- G. Non-violent only--9
- G. 10--partnered with B and C
- H. People change, judging the past, not fair--0
- H. Must be available and used--8
- H. 9--this needs to be about a 3.
- H. NR--I don't think a "second chance" is in order here! One per customer.
- H. 1--No second offenders
- I. Victims are vindictive if person served his/her time the victim no longer should have any control of offenders life.
- J. Type of program, supervision--10
- J. Participation by screening committee--10
- J. Prior convictions; Arrests--10
- J. Who is willing to help them, outside with personal contact--8
- J. Anti-social or A-social attitude--10--should not release
- J. Contagious diseases dangerous to other prisoners & community.--3--don't release but treat.
- J. Willingness to re-educate--10
- J. Social behavior reports by previous employers, family, neighbors, etc.--10
- J. Classification status reports--3.
- J. Only 1st time offenses--10
- J. Time served--if short sentence the CRC should not be necessary--10
- J. prior criminal history--10
- J. Staff/counselor estimates of change of rehabilitation--6
- J. Space needed in prison--1
- J. Volunteer Evaluations--5
- J. Past types of crimes and frequency of offense (is inmate a repetitive criminal?)--10/10(if applicable)
- J. Mental Status--10
- J. The Scale
- J. Cost--1
- J. Cost to state--8
- J. There is no acceptable risk level if you are talking about my home!
- J. The inmates willingness to work through the program--8
- J. Proximity of support systems--5
- J. Restitution considerations--6
- J. Consider voluntary transfer to another state rather than release in some city as victim.
- J. Prison overcrowding
- J. All of these above are totally important in evaluating an individual and his past track record--court recommendations on the other hand, may not always be correct.

Addendum B (cont.)

- J. The victim has to "pay" the price of what he's done--we shouldn't be providing free room & board.
- J. Probable Future behavior--10
- J. Who will be in charge of the facility and will they be able to insure that the persons in the program will not become a liability to the neighborhood--10.
- J. Adequacy of instruction, training--7
- J. Recommendation of prison official--10
- J. 10--Assessment of risk to community by qualified & trained professionals
- J. Really these are all very important.
- J. Military veteran--8
- J. 10--Whether it will help the inmate and not just free up a prison bed.
- J. Operation costs of jail vs CRC--7
- J. Bible Study--10
- J. Interest in Program--9
- J. Person's attitude and outlook--8
- J. We are volunteers in prison, but we don't ask what the inmate's crime is. From people we have been acquainted with at CRC's, we think it is a very helpful alternative to getting them back into societies.
- J. Give crimes against children a "10"
- N. I see nothing wrong with the order you have listed
- N. No acceptance of risk.
- N. Did not understand this question. Acceptable to whom? What kind of risks? You mean placement of prisoners in CRC's?
- N. It is not possible to rate these. Each item might be critical to the placement decision.

7. Some CRC's are used for offenders with special problems or needs. Listed below are several types of treatment programs and special needs offenders. Please indicate your feelings on a scale of 1 to 10 (with 1 being the least acceptable) regarding your acceptance for each type of program in your neighborhood. Also indicate how you feel the level of acceptance would be by your neighborhood as a whole in the block provided.

- A. SUBSTANCE ABUSE TREATMENT PROGRAM
- B. EMPLOYMENT/VOCATION TRAINING PROGRAM
- C. NATIVE OFFENDER PROGRAM
- D. SEX OFFENDER TREATMENT PROGRAM
- E. FEMALE OFFENDER PROGRAM
- F. MENTALLY ILL OFFENDER PROGRAM
- G. OFFENDERS WHO COMMIT NON-VIOLENT PROBATION OR PAROLE VIOLATION PROGRAM
- H. HOUSING ONLY WITH NO SPECIFIC PROGRAM

Addendum B (cont.)

- A. 8--very much needed in Alaska
- B. 9--They need training or jobs to survive
- C. NR--Violent--1, non-violent 10
- C. Why is this segregated? Is a native Alaskan who committed a crime any different than a white, black or some other race?
- C. American is an American--no special treatment
- C. Don't know parameters of program
- C. Too noticeable
- C. Native or non-native, don't discriminate
- C. Be more specific--5
- C. Alcohol Treatment--8--I am a native, we do have a problem
- D. It is my general view that persons will need a substantial amount of re-orienting and redirecting of programs, policy and philosophy before they can actually help rehabilitate the inmates. At present they are holding pens that often have negative rather than positive impacts on the inmates.
- D. Depends on type of sex offender ie. rape, incest, pornography, prostitution
- D. Too many children here.
- D. Sex offender treatment programs have not proven to be effective. Child sex offenders especially do not seem to be helped and go out and escalate their violence toward children to cover their crime. Society needs to change its outlook on crimes against women and children.
- E. Depends of offense
- E. Be more specific--2
- F. Depends on illness--NR/10
- F. These guys probably need the most help--9
- G. Their violation might be non-violent but if the crime they were on probation/parole for was violent, when are they going to "get it"--the idea of norms, rules, & laws???
- G. NR--Depends on initial offense!
- N. Your opinion is as good as mine!
- N. all acceptable
- N. How can I respond. I have no information. I say NO special treatment, treat them all the same & institute capital punishment.
- N. My reply would depend on the staffing and prior record of the convict in a CRC.
- N. None acceptable. Keep these programs in non-residential areas. They could still have work release etc. to ease the transition.
- N. No programs would be accepted in our neighborhood. Why should taxpayers money be spent to make life comfortable for criminals? Perhaps these should all be 1's.

Miscellaneous Comments

- Within just a few blocks of my apartment is a church where Dr. McQueen

Addendum B (cont.)

provides sex offender group counseling. There is also "the Lodge" for mentally ill residents. The Genesis House is also in the neighborhood. It is a half-way house for alcoholics who have already received primary care. I have not heard any negative comments about these facilities--only positive ones. I have lived in the neighborhood for 15 yrs. (My neighborhood is in Spenard)

- "C & E"--The quality of each individual program offered would determine acceptance. Native programs should not be based on race or origins but should be based on problem to be treated. Manner of presentation could be oriented to individual community differences or subject.

- We feel that our neighborhood would not accept any CRC in the neighborhood no matter how socially important the concept--the NIMBY mentality.

- My neighborhood is inappropriate for a CRC because it is over a mile and a half to the nearest bus stop, even farther to the nearest store. It is rural in nature and I suspect less well patrolled than the more densely populated areas. If I were living where my mother-in-law does, in mid-town, I would be more accepting of a CRC neighbor (as long as it wasn't in my backward.)

- You have to know the type of neighborhood I live in for this to be meaningful.

- Community Acceptance unpredictable

- I do not think CRC's should be located in residential neighborhoods.

- Programs should be one of the most important parts of CRC's

- I don't believe these [Community Acceptance - Your Acceptance] can be judged separately.

- If any inmate is released, he has problems--and education and retraining is necessary in order he does not come back through the system again. Women's needs must be addressed in particular.

- If competent staffing.

- What would my neighbors think?

- My neighborhood is small, isolated and small single family dwellings with the exception of 3 churches and a Hope Cottage--a lot of small children and heavily used park.

- Really don't know [Community Acceptance]. We have housed ex-offenders and had no community comments.

- As Fairview is saturated with "houses" of one kind or another I don't think the community would accept any more and I wouldn't be too pleased about it myself.

- It really disturbs me that we have to spend all this \$ on special programs for criminals when struggling upstanding citizens can't even get financial assistance for education or if they do they have to pay it back yet we give these scum balls all the consideration you can imagine. it's a sad statement on our society.

- I am unable to speak for the community. I suspect the NIMBY principle would prevail with employment/Voc ed being the most acceptable.

- Most people do not go to jail for a first offense. By the time an offender winds up in prison he usually has a clear track record of inappropriate behavior.

Addendum B (cont.)

Many, and probably most, prisoners will not benefit from CRC. They have established a predatory way of life and have no desire to change. The "rehabilitation" efforts of the 50's, 60's and 70's failed. At present, as a society, we deal with the criminal subculture by "warehousing" them. Perhaps someday we will come to terms with the reality of lifelong assholes by putting them to sleep. That wouldn't deter anyone, but it certainly would cut our physical, emotional and economic losses.

• I'm sorry, but our neighborhood is too remote to really help people who are getting jobs--city bus 3 miles away.

8. Please circle the letter of the following statement(s) that you agree with:

- A. I feel that the use of CRC's should be expanded to alleviate overcrowding in state correctional institutions.
- B. I feel that prisoners should complete their sentences in jail and CRC's be used for misdemeanants and non-violent first offenders only.
- C. I feel that the state should look for alternatives to prison and CRC's such as electronic monitoring and/or expanded use of parole and probation.
- D. Other

A. Not necessarily for overcrowding, but for the rehabilitative purposes.

A. Realistically

A. Only if private owned & operated/not suggested, but encouraged.

A. But I don't know how it works ! Success??

A. On a limited basis

A. With safety in mind--be careful on criteria for use of CRC.

A. but need to decrease monopoly cost

A. The cost of State correctional institutions is too much to just warehouse people.

A. I feel that the use of CRC's should be expanded.

A. No No No!!! Reduce crime or build more prisons.

A. If...The community would need a lot of assurance that CRC's would be secure and not threaten anyone around them. There's not enough information given here to really make an informed decision. Theoretically they sound interesting, (but scary for the neighborhood).

B. NR--sleep and eat in CRC--shovel snow and pick up litter!

B. But not more than 3 months per prisoner.

B. I feel that prisoners should complete their sentences in jail.

B. Then based on their success CRC's expanded as appropriate.

B. CRC's be used for misdemeanants and non-violent first offenders only.

B. Somewhat agree

B. Absolutely

B. There is much need for more community service. Where possible (non-violent crimes) sentence to time helping the city of those in need!

B. Ideally

Addendum B (cont.)

- B. But not sex offenders--mentally ill
- B. (except for the last 60-90 days) Some type of transitional housing needs to be available maybe even required for all exiting prisoners to readjust to a society that they were not well adjusted with to begin with.
- B. Based on individual case study.
- C. I feel that the state should look for alternatives to prison and CRC's such as not mamby pamby BS like parole and monitoring. Try military style low cost boot camps for nonviolent offenders 30 yrs. and younger. Very successful in Georgia and elsewhere--cheap--They build their own facilities, cut the crap.
- C. NR--I do not favor expanded use of parole or probation as this negates and invalidates the efforts of police, prosecutors and judges--Also in too many instances, violates the wishes and needs of the community at large.
- C. With a stronger emphasis on restitution.
- C. For non-violent and non-sex-related offenders only.
- C. Provided probation/parole office work load is at a level they can be effective--not where it is now or above.
- C. Somewhat agree
- C. For 1st offenders, non-violent. Must go to school or have a job.
- C. NR--I think the public needs more education about electronic monitoring as far as cost and effectiveness are concerned.
- D. Inmates returning home should receive alcohol and drug treatment. Also, CRC's should be made available to all inmates for social rehabilitation before they are returned to the communities.
- D. I feel the state should also look at new alternatives such as electronic monitoring. I do not favor expanded use of parole and probation.
- D. Prisoners should complete sentences. CRC's for parolees.
- D. I think that the state should look at the records of each prob/parole officer. They will find some using their positions to support personal prejudices!!!
- D. Work programs--such as meat packing in Mat-Su. Road construction to clean up. Manufacturing, etc. etc. Get the prisoner to be productive and raise self-esteem by work values.
- D. The state correctional system must work because of the high number returning to the system for the easy life (illegible) they are important.
- D. I feel the state should look for alternatives to prison without eliminating CRCs.
- D. Keep them in prison--work them--don't spend as much money on them.
- D. People who break the law should be punished, not treated like vacationers at a resort. It is no deterrent if they have all the luxuries of home and more.
- D. Community Service Sentences!
- D. I feel that the program should be used for all inmates nearing their sentence in conjunction with working with families and environment!
- D. Used to help offenders easy back into society after they have served their sentence.

Addendum B (cont.)

D. Terminate lifers free up beds.

D. I feel that prisoners should complete their sentences in jail. Keep the Willie Hortons behind bars.

D. These should only be considered on non-violent, first offenders. A person who returns to jail on a new charge should do their time.

D. I feel that CRC is good and needs to include in all inmates programs at the end of their time in jail. However, the time needs to be separate. In the job training or getting a job while at CRC; there also needs to be counseling with christian counselors.

D. I feel use of CRC's should be expanded to alleviate overcrowding considering the types of crimes and their effects on victims.

D. All

D. I feel the state of Alaska should look at receiving monetary benefit from prisoners while imprisoned to offset the astronomical costs of housing and caring for prisoners; like long-term community service.

D. I do not believe that CRC's should be used to alleviate overcrowding; they should be used as part of a treatment program.

D. community service

D. Throw all criminals into jail to give them a taste of what is to come if they don't start taking responsibility for their actions.

D. Some combination; if possible, of all of the above would be preferable.

D. CRC's should only remain at current level, should not be used only to alleviate crowding (build more jails) and DWI's should be put in jail not CRC's.

D. It depends on the nature of the offense whether CRC's should be used. Some misdemeanants and not-violent offenders may not be acceptable to the community.

D. If CRC's are a good idea, presumably it should be because they help prisoners rejoin the community--the non-criminal community. If you want to know whether such low security facilities should be used for other purposes too, (for example, drunk drivers), why don't you say so. I think they should--but in the case of drunk drivers, for example, they do not need to be in neighborhoods because the prisoners should not be let out for work during the day. The drunk drivers could be housed somewhere on the outskirts of town or wherever land is the cheapest.

D. I think the state should seriously address treatment in prisons rather than warehousing humans. I also feel that the problem of prison overcrowding should be reviewed by reinstating the pre-trial intervention program. The CRC sounds like another way to institutionalize more people using the same antiquated "lock 'em up" philosophy which is re-active, rather than a pro-active vocational education, community action program prior to a crime being committed!

D. Look to the cause and "nip it in the bud"--and on to 1st grade and so on. Let's create habits that lead to responsible citizens--community service is a start!

D. Stricter sentences, possibly the death penalty, jailers "work" in house for their room & board, no more "free-rides" ie. music lessons, special meals, etc.

Addendum B (cont.)

D. Death sentence is acceptable for certain crimes: Murder I; drug ringleaders--execute.

D. A combination of "A" and "C"--also the last part of B (delete only)

D. "A", with exception of repeat sex offenders who seem to show the least change in behavior no matter what society attempts.

D. Computerized database sentencing standards & No plea bargaining

D. Make more prisons out of abandoned military facilities and/or contract privately owned prisons.

D. I feel inmates with long sentences need longer time in CRC's to adjust to society.

D. More money into education, helping families, prevention, good day care help & support for families starting out with newborns.

D. A combination of B & C.

D. The state should look for alternatives to prison and CRC's such as electronic monitoring and intensive case management. They should also provide early intervention programs with children and youth to prevent the 25% of our population with a mental illness from becoming substance abusers and prisoners.

D. I agree with B except not all inmates should have to complete all of their sentence in prison. I think C has merit also.

D. Community service work which benefits the community e.g. highway clean up, snow removal from a public area, etc.

N. I have worked with ex-offenders through the past six years and have seen, personally met upon release, one prisoner three successive times. I always work with hope for the best but actual results are often disheartening.

N. Why not build more correctional institutions/JAILS. Make jails, Make jails uncomfortable to be in ie: no phone, no TV, no work out rooms, no fancy food.

N. "A" Absolutely the wrong reason

N. "C" No!

N. "C" Let's not get carried away with this!

N. Mixed feelings--for a societal sense of justice--"A" applies for me--for a well administered program "B" & "C" applies--I am no help here.

- Institutions should begin programs before CRC accepts these people. To show interest in a program acceptable to the individual and so graded by time and response as a result of being compatible.

- Use of CRC's should be increased as an alternative to prison because they are often a superior correctional alternative.

- I feel Bible Study programs would help some inmates, but most fake it.

- Why should a candy thief be put in jail at the communities expense thus costing more than the original crime? Judges should consider some sort of restitution instead of punishing society with the costs.

- We desperately need to overhaul our Judicial system to protect the rights of law abiding citizens and to hold accountable those who break the law. don't regulate

Addendum B (cont.)

a society into submission, rather encourage involvement.

• Orientation back to society 2+ months before release--Also church release with chaplain or other to compliment (illegible)

9. Should each CRC be required to have a Community Advisory Board made up of citizens from the community and neighborhood?

A. A good measure of community feelings toward the CRC.

A. Particularly when there was not neighborhood acceptance.

A. to screen applicants and also to gain community support for inmates returning to communities.

A. They can direct community service work details.

A. What, however, would be the liability of any CAB citizen for acts of violence committed by a prisoner while in CRC--if that citizen, in fact, approved of that individual prisoner being included in the CRC Program?

A. Community may be helpful in the transition by providing other opportunities and programs.

A. An successful participants of program.

A. What happens when the community does not want a CRC?

A. especially in the planning states, before CRC starts taking residents.

A. and CRC inmates and personnel.

A. This would insure that various programs are provided and religious freedom are not removed.

A. A community Board can be more responsive than an absentee Corporation (eg. Allvest)

A. If they know something specific which makes the individuals a threat to the neighborhood, eg. arsonist, child sex offender, psycho prone to do a shoot out in church or McDonalds.

A. A local CAB is a "must". It worked well a HMCC when I was in the Senate and represented the Eagle River area.

A. If these are set up in our community I would hope so.

A. TO REVIEW NOT ONLY INMATES, BUT THEIR SUPERVISORS

A. Inmates need to understand the community make-up

A. Maybe

A. This board should be set up prior to establishing the CRC.

A. Need input from the victims.

A. Citizens should also be given free fire arms, fire arms training, and counseling on the most effective way to legally kill an intruder.

A. This would require education of community. Present environment "law & order" would need to be worked on.

A. I don't feel CRC's belong in residential neighborhoods. If they are there, then "yes" to 9 & 10.

Addendum B (cont.)

- A. Ownership of any program assists with it's acceptance
- A. People are concerned about community safety and decreasing property value.
- A. To reduce ignorance and public clamor, yes. Could help build political support, too.
- A. Absolutely, why many govern. efforts fail is because of lack of citizen support.
- A. Recruitment would be tough.
- A. Need to develop rapport w/your neighborhood and give people chance to react.
- A. A real problem in our locale is that neighbors turn over and no one knows what the facility is about.
- A. If they can find volunteers to sit on such a board!
- A. Obviously, CRC's will impact surrounding neighborhoods, so it makes sense for citizens to have some influence.
- A. Partially
- A. How could you not have this?
- A. The community council
- A. This should make reception better and provide for more appropriate interface.
- A. Just as schools are learning that community involvement is important for acceptance and needed to implement long-term change, so also does society need to learn that they need to be involved.
- A. This ought to help with Community acceptance and cooperation.
- A. partial community /partial professionals
- A. Too much shock when it is kept secret
- A. Who selects board?
- A. Purposes: for participation, acceptance, awareness, cooperation, rapport.
- A. Allvest has a advisory board. Glenwood does not.
- A. Provided state does not pay them, but only provide meeting place for them.
- A. Sounds like a good idea, if it isn't too expensive.
- A. Yes, if the program CRC to be installed is controversial in the neighborhood--some CRC's may not need advisory boards.
- A. I am very concerned here about liability issues regarding board members.
- A. W/o community involvement it won't fly. No vested interest.
- A. When you buy in a residential neighborhood you do not expect to have these types of homes there.
- A. Training must be required for each board member.
- A. The community should certainly have the opportunity to be informed/involved if they want to--but not set policy.
- A. Good idea to keep tabs on community feelings.
- A. If they have to exist at all.
- A. This is always the case in private business if not involved or needed in a community a business will fail if allowed to!
- A. All funding requests to state or local gov't should have written comments by community council attached to funding request.

Addendum B (cont.)

- A. At least one for each community or neighborhood where a CRC is located.
 - B. some communities may not care to become involved
 - B. Let DOC oversee.
 - B. But neighborhood must have a say before CRC is instituted.
 - B. I think one community advisory board per city is adequate.
 - B. Not necessarily, sometimes too much talk results in just that some is sometimes necessary.
 - B. Those who operate CRC should be required to maintain community contacts.
 - B. This process would be much too cumbersome, but the CRC's should be required to participate and report at community council meetings so community members know what's going on.
 - B. I don't believe you's ever get anything done with a board.
 - B. C.A.B. a good idea if it is supported by the community.
 - B. Delegate one person and give him/her absolute authority.
 - B. I doubt enough volunteers could be found and do not feel good citizens should be responsible for continually aiding those who choose to disregard the law. Too much emphasis is on the offenders!
 - B. There must be a community comment and control vehicle but a Board does not sound useful. Better a total city board.
 - B. Community councils already in place--use them.
 - B. People would not take the time to help.
 - N. Rubish! High class neighborhoods will always dump them on some other neighborhood.
 - N. would prob help acceptance but may not be practical for each CRC.
10. Should Community Advisory Boards have the authority to reject a particular referral?
- A. Tough question--the more meaningful participation from a CAB, the greater possibility of long-term acceptance.
 - A. To insure success of all residents that are already placed in CRC's. Also, to screen out those that would not gain from social rehabilitation.
 - A. With adequate information the community Brd. can make sensible decisions.
 - A. Otherwise an entire program could fail.
 - A. Only by unanimous consent of the members.
 - A. This should be one of their major functions.
 - A. They have valuable on hand knowledge plus the CRC people would know that those who helped them are also close enough to watch their actions and also encourage them.
 - A. Power should be limited--if they can show specific good cause.
 - A. Specific criteria should be established & case by case selection.
 - A. Only after a very thorough review of records available.

Addendum B (cont.)

- A. And should have the authority to remove a CRC resident who is troubling the neighborhood.
- A. Some inmates have no intent to change.
- A. The Advisory Board needs power along with accountability.
- A. There may be some particular community-sensitive issues. Ex. A drunk-driving death of a highly visible person's child. To expect the community to be sympathetic towards such offenders recently after the incident would be useless
- A. Yes, if the referred offender is considered undesirable for the type correctional facility and type offense in the close by community.
- A. Otherwise, why have the board?
- A. Probably. That would give the community some reassurance (perhaps false) and make the whole CRC concept more acceptable.
- A. Community Advisory Boards or Community Councils--With an appeal process in place
- A. Definitely! Of course, this might involve particular "confidential" material becoming known.
- A. People who are paying the taxes should have some control.
- A. Providing they are given access to records, parole/probation reports, etc.
- A. Advisory boards have traditionally been used as rubber stamps plus veto power would seldom be used best would gage "common man" to censure in particular serious cases.
- A. Provided no one on the board has a personal grudge.
- A. Wouldn't you want that authority?
- A. With stated reasons why.
- A. Various good reasons including previous crimes in the community/neighborhood.
- A. I don't think communities would be very accepting of CRC's if they do not have some control--however, the liability in the event of a problem occurs does boggle the mind.
- A. Keep Community hostility down
- A. Absolutely, such as specific sex offenders.
- A. It's our community.
- A. The CRC staff can reject referral.
- A. But only on set criteria basis
- A. If individual has a below average in the qualifying status review, before release. Standards have to relate to individuals compliances with that program.
- B. But their input should be considered and valued.
- B. Should be decision of CRC staff together with Corrections.
- B. If there is an appeal process provided for in the decision making process.
- B. but the Board should be able to evict a CRC from the neighborhood as a result of poor operation or experience.
- B. But DOC should listen very carefully.
- B. It depends.

Addendum B (cont.)

- B. But be able to make recommendations.
- B. Parole board should have sole authority.
- B. Neighbors don't have the credentials but should have access and understanding through their CAB.
- B. Should have input--final decision comes from professional admin.
- B. Any borderline cases should not receive CRC placement.
- B. Both 10 & 11 envision boards with some background in social work and mental health and that might not always be the case.
- B. I don't see them functioning, in decision making position....only recommending.
- B. You said "advisory capacity"
- B. Should be able to express strong opinion to referral board.
- B. The responsibility rests with the other authorities.
- B. They should make recommendations which should be heavily considered.
- B. Finances are a major concern already--build more prisons!
- B. Again, the neighborhood must have a say in originally accepting the CRC and ground rules it will be run by what-- type of referrals will be accepted. But once that is done not a case specific involvement.
- B. Advisory only; not professionals in field.
- B. Depends on guidelines Advisory Bd given--I think Adv. Bd. better have authority to help set type of referrals--judging on particular referrals should be left to DOC and CRC.
- B. Members of a Community Council may not be qualified to make decisions such as this.
- B. Infringes on constitutional rights
- N. I lean toward "A" yes.
- N. Corrections should screen
- N. I'm not sure. I think that it is important to have community agreement--but sometimes they need a gently "push" to try.
- N. depends on the referral.
- N. if cause is established.
- N. Depends upon criteria used to select Board and role/definition of purpose.

Sometimes--There may be an occasion where the community knows best and does not want a particular person.

11. Should the Department of Corrections fund travel for an annual statewide meeting or Community Advisory Board members to discuss and review community Residential Center policies and procedures?

- A. Keep Board out of the political arena--Member should not serve at pleasure of admin.
- A. For initial Board and no less than a local orientation

Addendum B (cont.)

- A. With food & lodging provided free by the communities holding meetings.
- A. But issue is training and understanding their jobs--statewide meeting is not the only way to do this. You must train these people so they know what to do and how to do it! You don't have to do it through statewide meeting.
- A. They (illegible) to make a commitment to (illegible) volunteers.
- A. The thrust of our prison system should be to protect the public and punish the guilty! Don't forget this!
- A. It should be held where most of the people could drive to and be required to fly.
- A. Interaction helps with the sharing of ideas experience and new concepts.
- A. Statewide isn't necessary. A regional approach would do, w/sharing on an urban basis and then rural's together too--Any statewide should be limited to small sample of representatives.
- A. On a limited basis.
- A. One per year--structured agenda--strong leadership to promote good outcomes.
- A. A statewide effort to help its citizens get back into society would be very beneficial.
- A. Bi-annual--every 2-3 years
- A. You must make sure the contracts are being lived up to
- A. Or have a team of two or three from DOC go to three or more central locations to cut down on overall expenses
- A. Depends on cost VS value ratio.
- A. One member only.
- A. Until said time members do not produce meaningful results upon return to respected areas.
- A. If this is a public input process--that's more than the usual lip service.
- A. Tight controls to insure participation.
- B. Correctional employees rarely have the privilege of being able to travel at the Dept's expense.
- B. I would not object to partial (or shared funding.) ie.50%
- B. We need less bureaucracy.
- B. Use teleconference and monthly meetings by phone.
- B. I think more funding should be towards seeking full-time chaplains in our institution. Maybe you could have keynote speakers address the board twice annually.
- B. DOC staff personnel should be assigned the duty of periodically conferring with CAB's. It should be a primary staff official duty. This would be more economical.
- B. Inmates should cover expenses--make them accountable for their actions!
- B. No need for any travel--let DOC provide statewide interface.
- B. Sounds like a "boon-doggle"
- B. staff should attend statewide meetings and inform board members.
- B. Charge criminals or family
- B. Fund training for 1 or 2 reps. from each board.

Addendum B (cont.)

- B. These meetings should be held in the areas concerned. We have expertise here.
- B. The whole concept of the CRC disturbs me. Why does society have to pay for the criminal?
- B. There are too many things to pay taxes for already--NO MORE!
- B. Could be done by mail and save money.
- B. A budget should be established for travel only
- B. Have local meetings
- B. If developed correctly--they can fund their own conferences. Why do you always rely on state \$? Get creative!
- B. Use 1 or 2 area representatives nominated from an area group, ie. southwest Ak to statewide meeting (to cut cost)
- B. Each neighborhood has it's own unique setting.
- B. Info sharing is possible by other methods such as teleconf, phone, reports, questionnaires.
- B. Teleconference
- B. I don't see the value. Those that wish to serve will do the need study if provided with information.
- B. Teleconference statewide, after local discussions.
- B. Save a buck.
- B. Only board representatives.
- B. I don't quite see why this would be necessary.
- B. State judicial district meeting with delegate-representative conference.
- B. How could you apply "bush" needs with those in the MOA?
- B. I'd rather see travel money spent on local workshops for board members. Each region has substantially different needs.
- B. Every inmate is different and must be treated different.
- B. Spend, Spend, Spend--Who is behind this!
- N. Maybe--if the agenda includes genuine specific concerns--not "just another meeting"
- N. Review of policy is needed. State wide conference may not be the way.
- N. If necessary
- N. Not necessarily--a report or newsletter might do as well; periodic meetings where those interested might attend at their cost.
- N. Maybe, this should not conflict with various jobs the board members are employed at.
- N. Only if there is significant need and/or major expert available/good program.
- N. possibly 1xyr. Use audio and visual aids as other occupations do.
- N. I said I didn't see having community advisory boards unless there are no stable community organizations and leaders.
- N. Maybe regional meetings.
- N. would district meetings be sufficient?

Addendum B (cont.)

N. I'm no sure on this one--I would tend to disagree if the object here is to reduce the level of state financial costs--this might be considered an unnecessary cost.

12. Are you in any way associated with any individual, group or organization that has an interest in CRC policies or the Department of Corrections?

- A. Ak. Sentencing Commission
- A. Advisory Board North Star Center
- A. To restore funding for social rehabilitation center
- A. Employed by CRC
- A. A board member of Mothers Against Drunk Driving
- A. Sitka Alliance for the Mentally Ill
- A. AMI (alcohol rehab)
- A. I am a member of the Allvest Advisory BD.
- A. Legislature
- A. Chaplain--Ketchikan Cor.
- A. Volunteer, religious counselor @ state jail for 27 years (30 hours a week)
- A. Long time prison ministry volunteer, former substance abuse counselor at AMCC, I have informal "halfway house" and have had many pre-sentence and post release roommates.
- A. Job training in safety and health.
- A. I am a law abiding christian concerned voting citizen with a desire to be a part of a free society governed by the people for the people.
- A. I am a clergyman who visits YKCC in Bethel.
- A. Protestant Chaplain for LCCC.
- A. Member of Board of Directors, Gastineau Human Services.
- A. Volunteer through the Chaplain's office (2 yrs) at LCCC. Sponsor at Glacier Manor former on call workers at Glacier Manor.
- A. State Chaplaincy Program
- A. Contact Chaplain with DOC (Mat-Su Pre-trial)
- A. Chaplain, Church Pastor
- A. I hold worship services once a month at the Kenai facility.
- A. I know and have worked with people in DOC and CRC.
- A. I was when in the Senate eight years, but mostly with CAB's. I was on a committee to visit the Palmer Adult Corrections. Hiland Corrections and McLaughlin facilities in 1976. We met monthly and discussed possible improvements in the operation of these facilities.
- A. Exec. Director Victims for Justice
- A. Volunteer Chaplain and prison match coordinator at Palmer C.C.
- A. Alaska Alliance for the mentally ill board of directors
- A. I am a citizen of the state, that our worthless judicial system seems to be above.
- A. Commissioner on the Correctional Industries Commission

Addendum B (cont.)

- A. staff of non-profit corporation the clientele of which has DOC background (the majority)
- A. Victims for Justice
- A. Glennwood picks up trash in Chugach State Park. I administer that program for State Park.
- A. Son-in-law is guard in Palmer.
- A. Only as a friend of a family who has asked for CRC for one of theirs.
- A. As downtown Community Council President I participate with Community Advisory Boards.
- A. I conduct church services on Saturdays at Cook Inlet Pre-trial
- A. Northern Lts. Intertribal PowWow Club. We go into the jails in Alaska to help unite via spiritual unity through culture/traditions.
- A. Acquainted w/a family that was reunited due to the father's placement in a CRC.
- A. Municipal employee, muni of Anchorage
- A. Defense attorney
- A. Resident and Voter of Alaska
- A. Older Alaskan's Commission. Seniors need protection
- A. Son has been an inmate/family were victims
- A. As a citizen I have an interest, but I have no friends in the business. I know the woman in charge of our local facility's program because I've acted as a contact for our neighborhood and the ACS.
- A. The state of Ak. and the people in it all have an interest! The C.S. Board in my community would be specifically interested if a CRC was proposed.
- A. Employee of DOC for 23 years
- A. My niece and her husband are incarcerated in another state. I think both would be good candidates for halfway houses.
- A. Remote, we have a tenant who is a Probation Officer.
- A. Doing architectural planning for DOC
- A. Alaska Mental Health Board
- A. You have an employee who is family friend of ours.
- A. Member of the Alaska Bar Association
- A. I have a son who is in jail
- A. relative works under state trooper.
- A. I have a son who has been incarcerated and who lived in a CRC for 4+ weeks.
- A. A friend of mine is incarcerated at HMCC.
- A. My son is employed by State of Alaska DOC.
- A. Hilltop Youth, Inc. (non-profit) uses community service for projects. A. I deliver life skills training at COOK Inlet Pretrial.
- A. Alaska Jaycees
- A. Victims for Justice
- A. Concerned Citizen--early release is not safe or cost effective for the community.

Addendum B (cont.)

- A. Mayor's panel on youth violence; Chamber Crime Commission, Youth Crime Prevention Education Committee.
- B. From a religious organization we are glad to see the contract taken away from the previous group due to the lack of religious freedom allowed the inmates.
- B. Past work release counselor in Oregon
- B. I used to be a court clerk for the State of Alaska.
- B. But I believe st. corrections needs, no, desperately needs to brave follow up with Mcl. releases.
- B. Parent of murdered child - 1976 - perpetrator never brought to justice.
- N. Only in monitoring some health care needs.

ADDITIONAL COMMENTS:

- Of course we are very interested and concerned for inmate and ex-inmates support and in programs to help them to integrate into civilian life again.
- I don't believe that CRC's have been shown to be effective in dealing with prisoners reintegration into the community. Keep them in prison!
- **KEEP THE COST DOWN.**
- We think about doing things for public violators requiring facilities, eg, housing, heat, health care food, guidance care and security; but we forget our many poor people who through their misfortune have no housing, heat, health care, clothing that's adequate.
- I've had a day to think about your questionnaire and I have one last comment I'd like to drive home. The pre-trial Intervention program was cancelled in the late 80's. Before state money (and time) is spent on the CRC program, I would strongly suggest that a detailed unbiased analysis be done on the performance of the Intervention program. I'm glad to see Corrections spending the time to solicit comments on the CRC. I hope that their focus on this issue does not obscure their vision on the longer picture, ie. our responsibility to our fellow human beings to see that they are given a fair chance to compete in society and a fair chance to recover should they fail.
- Remember that this is merely a study and you have no idea who the people are who are answering your survey. How long one has lived in Alaska or how old is that person and whether he or she falls into a particular category does not necessitate that this is a viable study. My sincere philosophy is that we need to be harsher on violent criminals and drug users. In territorial days an undesirable criminal was given a "blue ticket" back from whence he came to the Outside.
- Our community council area already has Charter North, North Care, a home for Hope Cottage residents and perhaps others. Perhaps it's time for areas in South Anchorage and Hillside to share Anchorage Community responsibilities.

COMMUNITY RESIDENTIAL CENTERS FY91 TOTALS

	CORDOVA CENTER	NORTHSTAR CENTER	TUNDRA CENTER	GLENNWOOD CENTER	GLACIER MANOR
1. REFERRALS					
A. FURLOUGH (ACCEPTED)	86	147	60	16	50
B. FURLOUGH (REJECTED)	0	1	0	0	0
C. PROBATION/PAROLE (ACCEPTED)	79	10	46	12	22
D. PROBATION/PAROLE (REJECTED)	2	0	0	0	0
2. ADMISSIONS					
A. FURLOUGH	75	144	59	12	50
B. PROBATION/PAROLE	80	10	46	10	22
C. CONFINED MISDEMEANANTS	1062	777	7	624	5
D. DESIGNATED RESTITUTION	0	1	1	876	0
3. CURRENTLY					
A. TOTAL RESIDENTS	734	465	114	564	257
B. CONFINED	247	268	0	126	1
C. EMPLOYED	346	172	102	228	75
C. ENROLLED SCHOOL/TRAINING	67	20	14	9	2
4. EARNINGS COLLECTED					
A. SUBSISTENCE DEDUCTIONS	\$93,228.64	\$69,822.60	\$20,688.92	\$49,301.35	\$39,768.38
B. RESTITUTION PAID	\$1,355.00	\$112.50	\$0.00	\$5,132.61	\$320.00
5. U.A.'s					
A. POSITIVE	7	27	10	5	9
B. NEGATIVE	1032	1041	475	261	154
6. INCIDENT REPORTS					
A. MAJOR INFRACTION	25	1	7	16	2
B. HIGH MODERATE	17	41	3	24	25
C. LOW MODERATE	42	54	14	36	6
D. MINOR	57	72	6	47	0
E. HOUSE RULES	5	24	19	8	90
F. INFORMATION	119	186	15	24	0
7. TERMINATIONS					
A. COMPLETION OF PROGRAM	1141	886	105	1419	70
FURLOUGH	69	127	58	10	54
PROBATION/PAROLE	44	7	39	2	9
CONFINED MISDEMEANANTS	1028	751	4	597	7
DESIGNATED RESTITUTION	0	1	4	810	0
B. PROGRAM VIOLATIONS	26	32	9	44	8
FURLOUGH	7	17	5	3	5
PROBATION/PAROLE	14	3	4	2	3
CONFINED MISDEMEANANTS	5	12	0	6	0
DESIGNATED RESTITUTION	0	0	0	33	0
C. ADMINISTRATIVE REMOVALS	30	17	6	25	2
FURLOUGH	3	9	0	0	1
PROBATION/PAROLE	8	1	6	0	1
CONFINED MISDEMEANANTS	19	7	0	6	0
DESIGNATED RESTITUTION	0	0	0	11	0
8. NUMBER OF WALKAWAYS	19	0	1	4	0
9. # OF RESIDENTS (1ST OF MONTH)	731	458	114	579	124
10. # OF RESIDENTS (LAST OF MONTH)	759	445	109	570	117
11. TOTAL NUMBER OF BED DAYS	23918	17557	3535	19651	6384
12. BED DAYS CONTRACTED	32835	20980	7300	25950	7662
13. % OCCUPANCY	72.84%	83.68%	48.42%	76.11%	83.32%

ATTACHMENT C

ATTACHMENT D
 STATE OF ALASKA
 Department of Corrections
 Adult Probation/Parole
 110 Trading Bay, Suite 190
 Kenai, AK 99611

MEMORANDUM

TO: Ken Brown
 Superintendent
 Wildwood Correctional Center

FROM: Susan J. Ford
 Probation Officer III
 Kenai

DATE: November 6, 1991

RE: Task Force Data on
 Sex Offenders

COMMUNITY CORRECTIONS SEX OFFENDER STATISTICS

<u>City</u>	<u># in SOT</u>	<u># not in SOT</u>	<u># successfully completed</u>	<u># who would be in SOT if approved provider available</u>
Ketchikan	7	8 (3 no treatment order)	0	8
Juneau	28	16	13	4
Sitka	0	9	0	3
Kodiak	12 (all non-approved providers)	3	1	15
Dillingham	0	17	0	17
Kenai	11 (9 non-approved providers)	8	7	13
Palmer	21	0	3	0
Anchorage	150	14 (8 no treatment order)	22	3
Bethel	0	80 (41 no treatment order)	1	10/00
Barrow	0	14	0	14
Nome	0	33	4	17
Kotzebue	14 (all non-approved providers)	0	0	0
Fairbanks	20	58 (13 no treatment order)	19	N/A
TOTAL:	<u>281</u>	<u>238</u>	<u>70</u>	<u>152</u>

Ken Brown
Memorandum
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To better understand the numbers presented above it is important to recognize that Department of Corrections approved sex offender treatment providers are only available in the communities of Ketchikan, Juneau, Kenai, Anchorage and Fairbanks. In Kenai the approved provider has an eight month waiting list. A new sex offender treatment group is just getting underway on a trial basis.

In other areas of the state, as well as communities with DOC approved providers, probation and parole officers are utilizing the services of non-approved DOC mental health providers to provide some level of treatment to their sex offenders. Thus, the category entitled "# of sex offenders in treatment" reflects a mixture of both approved and non-approved treatment providers.

The statistics provided by the Palmer and Anchorage offices are incomplete. Palmer had an employee on extended maternity leave and did not report the sex offender statistics from her caseload. The Anchorage office had only 50% of their probation officers respond to the questionnaire. However, Probation Officers Lee Jones and Ron Travis carry a specialized caseload of sex offenders. Lee believes there are only 20 to 30 additional sex offenders who are not included in their statistics.

Another factor which should be taken into account when reviewing the statistics is that a percentage of the sex offenders on probation and parole have no order for sex offender treatment. For instance, in Bethel there are 60 sex offenders on supervision but only 19 have orders to be in treatment. In some areas of the state individual probation officers are not enforcing Court or Parole Board orders for sex offender treatment because of a conflict with their own personal philosophies, i.e., they don't believe sex offender treatment is effective or that sex offenders can be "cured."

The Fairbanks Probation Office completed a study of their sex offenders under community supervision in May, 1991. Of the 56 sex offenders not in treatment, 13 had no Court or Parole Order for treatment, 10 were treatment complete per a DOC approved provider, 7 had not been referred to treatment by the P.O., 6 had received the maximum treatment benefit according to a DOC approved treatment provider, 4 it was unclear why they weren't in treatment, 3 had completed one year of DOC funded community sex offender treatment and did not continue, 2 dropped out of treatment with no revocation action, 2 were on a waiting list for treatment, 2 were pending revocation action for non-compliance, 2 were treatment complete per non-DOC approved treatment providers, 2 were assessed as not in need of treatment per a DOC approved provider, 1 received the maximum benefit per a non-DOC approved provider, 1 was assessed as not in need of treatment per a non-DOC approved provider, and 1 was assessed to be too severely brain damaged to be in treatment.

Ken Brown
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In summary, it is clear that in those areas where there is no DOC approved sex offender treatment offered, probation officers and judges are not requiring/ordering treatment at the same rate it is being required/ordered in those communities with DOC approved treatment. A large percentage of the sex offenders on probation and parole are residing in those communities where there is no approved sex offender treatment or no treatment at all. It would appear there is a need for more sex offender treatment providers in the village and bush areas where so many of the offenders reside. The utilization of community mental health centers as providers for sex offender treatment would appear to be a recommendation that this task force might want to seriously consider.

cc: Bonnie Majak, FCC
Hubert Nelson, WCC
Susan Jannusch, ACO
Jim Pagels, HMCC
Paul Turner
Dan Carrothers, LCCC
Art Schmidt, PCC
Peggy Brockman, SCCC