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ACQUISITIONS

MASSACHUSETTS REHABILITATION COMMISSION

SECOND TASK FORCE ON CORRECTIONS

MICROFICHE

42399

6/25/82

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Introduction

A. Purpose

The Correctional Office of the Massachusetts Rehabilitation Commission was established in July of 1973. It was established subsequent to recommendations made by the 1973 Correctional Task Force after approval by Commissioner O'Connell. The task force was convened at the request of the Commissioner to review the agency's policy and program of services to the handicapped public offenders. As the Correctional Office has now been in almost two years, it was the consensus of the staff of this office that another Task Force be convened to both assess the effectiveness of client services, and plan for the future.

B. Members of the Task Force

The Task Force Members included the entire staff of the Correctional Office and several M.R.C. personnel from throughout the State. The core group consisted of the following:

Thomas Allman, Chairman
Joseph Bedard
Kathryn Moore
Michael Petrovicz
Carol Materrazzo
James Bowers

Carol Fletcher
Philip Judge
Raymond McMullen
Leslie Shank
Loretta McKoy
Kathryn Guy

Leo Long

Others from the Commission who attended one or more meetings were:

Ann Kelly
James Cunningham
Kevin Costello
Raymond Lucas
Nelson Rahaim

Delia Johnson
Anita Williams
Arthur Gilliam
Connie Gucciardi (original,
member of Correctional Office)

The final report was assembled and drafted by the following members of the Task Force: Thomas Allman, Leo Long, Philip Judge, Leslie Shank and Raymond McMullen.

2. Outside Guests

The Task Force was greatly assisted by the participation of outside public and private agencies, Correctional staff persons, and consumer representatives. They shared ideas, suggestions and constructive criticisms with the group. These guests and their agency affiliation are as follows:

Edward Gallagher
Martin Feeney

Employment Director, Department of Corrections
Assistant to Employment Director, Department of
Corrections

J. Bryan Riley
Emo Landry

Executive Director, Massachusetts Halfway House Inc.
M.C.I. Concord

Raymond Starke

M.C.I. Concord

Polly Wilson

Work-Release Coordinator, M.C.I. Framingham

Cicero Wilson

Chief Planner, Department of Youth Services

Faul Dunn

Case Services, Deer Island House of Correction

Jack Barry

Parole Department

Robert Donahue

Counselor, Massachusetts Halfway House, Inc.

Beverly Moss

National Alliance of Business

The Task Force reviewed the history of the Correctional Office, current problems, and barriers to rehabilitation and in doing so addressed the following specific questions:

1. What recommendations of the 1973 Task Force were implemented?
2. What recommendations of the 1973 Task Force were not implemented?
3. Are current counselor assignments to correctional institutions the most effective means of service delivery to the handicapped public offender?
4. Are assignments to institutions the most effective utilization of available staff time and resources?
5. Is the correctional institutions the most appropriate setting for productive vocational rehabilitation?
6. Are we working with the severely handicapped public offender, as mandated by the Vocational Rehabilitation Act of 1973?
7. What external/internal barriers exist, which inhibit the vocational rehabilitation process?
8. What changes are needed to realistically improve the vocational rehabilitation process?
9. Are H.R.C. policy changes needed to implement these recommendations?
10. What research and follow-up procedures are necessary to evaluate recommendations made by the Study Group of 1975?

C. Statement of Philosophy:

Two major areas of concern were the severely disabled offender and Community Corrections in terms of de-institutionalization. The members of the Task Force have developed a consensus of agreement of beliefs on both areas. This section will discuss their beliefs or philosophy, such philosophy which is elaborated on in the body of the report and the basis for many of the areas discussed and recommendations made. The group believes that in order to deliver services to offenders, first there has to be a philosophy, this is translated into goals and objectives, later to policy and then implemented in reality into action relative to client services.

1. Severely Disabled Public Offender

One of the major areas of concern of the group was the severely disabled public offender client. The group reviewed the guidelines of the Vocational Rehabilitation Act of 1973 regarding the severely disabled and attempted to answer the following questions:

1. Who is the severely disabled offender, how do you determine this?
2. What other kinds of activities are needed to bring the severely disabled into the system?
3. How is the Correctional Office serving the severely disabled?
4. How can the Correctional Office service the severely disabled in the future.

At present the Correctional Office services many clients who are severely disabled, approximately 80 to 90. A major problem to date has been determining who is severely disabled. As a result of this report, many members of the Task Force feel counselors will identify other clients who are severely disabled, who were not presently felt to be severely disabled. Next, clients we currently have resulted from normal referral procedures, not from any special outreach to do casefinding of the severely disabled. Most, not all of the current severely disabled clients, have spent time in a large correctional institution, usually over three years. Some of these clients also have physical disability, such as paraplegia or or epilepsy.

Who is the Severely Disabled Offender?

The first group of offenders that would be classified as severely disabled, are those who fall under any of the categories listed by the federal guidelines. These include epilepsy, psychosis, paraplegia, and severe and moderate mental retardation. However, it was felt by the group that although some offenders at present, served by the office, do fall under these categorical groups, most fall under the group "functionally severely disabled". The major task then is to define how an offender may be functionally severely disabled. Obviously some of the criteria would be similar to that in the federal regulations used to define other disabilities. However, with the offender there are many areas that need to be elaborated on, the major four areas being chronicity of criminal behavior, length of time in prison, multiple problems that require multiple services, and the effect of incarceration upon someone's

ability to readjust to society upon release from prison. On the later point, studies in the field of Corrections have noted that the first 90 days after release from a large institution is a critical period. Most offenders have adjustment problems during this period of time, which are greater depending upon the length of incarceration. There are problems in such areas, as personal hygiene, use of public transportation, even a simple thing like opening a door - a difficult thing for someone who may have had someone else opening doors for him for the past ten years, crossing a congested street, locating housing and forming interpersonal relationships. Basically, their problems relate to the issues of dependence and independence.

One indication that a Public Offender client may be severely disabled is if he is not making a gradual readjustment to society in the first three (3) months after release.

Counselors upon interviewing clients to determine severely disabled, should first inquire how long a person has been out of prison, and then determine where he/she is at psychiatrically, socially, in terms of responsibility and independent behavior.

Another major factor to look at is chronicity of criminal behavior. Here we are concerned with both how long someone has been incarcerated, and the types and severity of offenses, and numbers of offenses. Basically, we are concerned with long term maladaptive behavior, which has resulted in incarceration. The causes of this behavior are family problems, school problems, poor interpersonal relationships, poor work history to mention a few. As a result of incarceration the offenders' problems are increased. The effect of imprisonment can result in perceptual and hearing problems, due to lack of sensory stimulation. Studies have shown that incarceration results in poorer eyesight and hearing.

Next, many offenders have multiple problems which combined limit drastically independent functioning. The problems include first of all the stigma of having a record and how this affects the client psychologically and limits opportunities for employment and normal social life which in turn creates a poor self image. All of these factors should be considered in determining who is severely disabled. Hopefully, with experience, he will be able to better define methods for determination than we have done here, but it takes experience.

The Task Force believes that the severely disabled offender will need multiple services over a longer period of time than other offender clients. Much outreach to get him involved initially will be needed to overcome resistance or apparent lack of motivation and later extensive follow-up will be needed to assure successful rehabilitation. Although officially closed Status 26, there will be a need for follow-up for sometime after closure. Also, advocacy and coordination will be needed to assess clients to apply for SSI and to get approved for SSI. In terms of specific services, the group felt that psychotherapy for some clients would have to be over a longer period of time than the present policy of 3 to 6 months. Therapists with special expertise with offenders will have to be located.

As we gain more expertise in working with the severely disabled offender, services will have to be expanded and new areas developed to meet the needs of these clients. For instance, should services and counseling approach be different for the recently released offender, as opposed to one who has never been institutionalized.

Are clients who have been institutionalized more than 5 years more or less successful in rehabilitation outcome than those institutionalized less than 5 years.

Finally, it is the consensus of the Task Force that the office should develop methods to seek out and service more of the severely disabled. For rehabilitation to be successful with the severely disabled, early identification and intervention is needed which suggests working with juveniles. In addition, services to these clients should be evaluated and monitored with the expectation of finding what works and doesn't work.

2. De-Institutionalization - Community Corrections

One of the crucial questions asked was can rehabilitation be adequately performed in prison? Our experience indicates that the physical barriers are insurmountable, when attempting to effect rehabilitation services in a prison setting. Our experiences indicate that most training programs within institutions are used as defusing elements by the prison administrators.

The concept of rehabilitation of people while incarcerated has long been a goal of many, which has never been substantially realized. Although rehabilitation services are often espoused and sought by prison administrators, and Department of Corrections, all too often rehabilitation becomes secondary to, and subservient to the demands of custody and security.

Chapter 777 of Massachusetts General Laws-Correctional Reform Act of 1972 - stipulates specific actions relative to rehabilitation, such as furloughs, work-release and educational release. It is the impression of the group that virtually none of which have been effectively implemented by the Massachusetts Department of Corrections, as of this writing, due to unreasonable emphasis on security, for the majority incarcerated. For these reasons, and others to be discussed in the body of this report, counselors from the Correctional Office, have been unable to deliver client services in the most effective manner.

Consequently, it was the consensus (unanimous) of the Study Group that future rehabilitation services for the Public Offender client be orientated toward maintaining the offender in the community. This community effort should focus on prevention of incarceration, and on re-integration of the incarcerated to the community. This effort will help to support the Department of Corrections in implementing and expanding community corrections according to Chapter 777.

II History

A. Task Force of 1973

This section will review the recommendations of the Task Force of 1973. Some of these recommendations were implemented, whereas others were not. The purpose of this review is to gain a perspective of where we are at now and to plan where we should go in the future. In the review, we will also discuss those recommendations which were not implemented and that we feel are still viable.

- a. "M.R.C. should provide services to public offender clients"
Implemented
- b. "Age 15 should be guideline as the minimum age in most cases with which to begin services"
Implemented
- c. "Innovative training programs and services should be encouraged and explored"
Partially Implemented
- d. "Counselors should have the flexibility to use either a psychiatric or psychological evaluation in determining eligibility"
Implemented
- e. "A special Correctional Office with administrative and fiscal autonomy, similar to regular area offices should be established in Boston"
Implemented
- f. "Support personnel such as social workers and paraprofessionals should be hired to assist counselors"
Not Implemented except with CETA positions
- g. "Specialty Counselors are needed full-time to work with clients"
Implemented in many parts of the state and through the Correctional Office.
- h. "Area offices need to get volunteer counselors to cover offender clients part-time or full-time, depending upon local needs"
Implemented Partially
- i. "Career ladders are needed to obtain and retain qualified counselors to work with offender clients"
Not Implemented

- j. In addition several recommendations suggested coverage of the following facilities:
1. Mass. Halfway Houses: full-time counselor Implemented
 2. Court Resource Project: Full-Time counselor Deer Island Parolees from N.C.I. Norfolk: Implemented
 3. N.C.I. Norfolk and N.C.I. Walpole: Full-Time counselor Implemented
 4. Cambridge Juvenile and Adult Courts and Somerville Court full-time counselor (Cambridge) Implemented
 5. N.C.I. Concord and N.C.I. Framingham: full-time counselor: Implemented
 6. Job placement Specialist. Implemented through CETA position.
- k. "The Roxbury Office would have a counselor designated to handle local referrals and later develop coverage of Roxbury Court".
Partially Implemented
1. "The Quincy Office should have a counselor designated to cover local referrals and by December of 1973 this counselor should also cover Norfolk County House of Correction" Partially Implemented

As one can see after reading the preceding review, the majority of the recommendations were implemented. Of those recommendations not implemented or partially implemented, the Task Force of 1975 feels they are still viable with the exception of support personnel.

Regarding support personnel, only paraprofessionals should be hired, not social workers. The T.E.T.A. program and the New Careers Programs should be explored for this purpose. Ex-Offenders should be encouraged to apply and be selected if they are qualified. The recommendation of innovative services needs to particularly be explored, especially in reference to the severely disabled and employment of offenders. Area offices in this coverage and coordination of client services to offenders will be discussed later in this report.

*NOTE: Coverage of these facilities was implemented, but with counselor's covering different sets of facilities. Please refer to staffing of the Correctional Office under Section II.D.

B. History of Correctional Office

1. Fiscal 1974 (7/1/73 to 6/30/74)

On July 16, 1973, the Commission opened up the Correctional Office to provide rehabilitation services to public offender clients. Through the goodwill of Mr. J. Bryan Riley, Executive Director of Mass. Halfway House Inc., the office received rent free space at MHI's corporate office then located at 166 Newbury Street, Boston. Later, when Mr. Riley learned that the building was to be torn down and replaced by a parking lot, he invited the office to move with him on August 31, 1973 to another location - Coolidge House. Coolidge House is one of MHI's half-way houses. Together with the corporate, the Correctional Office was located on the fourth floor of Coolidge House at 307 Huntington Avenue, Boston. The office remained there through the end of fiscal year.

Staffing: The initial staffing of the Correctional Office by August 15, 1973 was as follows:

Thomas F. Allman
Andrea Trovato
Patricia McCarthy
Michael Petrowicz

Supervisor
Secretaries

Mass. Half-Way House Inc. Brooke House
Coolidge House and Deer Island House of
Correction

Joseph Bedard
Carol Fletcher

M.C.I. Concord and M.C.I. Shirley
M.C.I. Framingham and Framingham
Juvenile Court

Joseph Tavada

M.C.I. Norfolk, M.C.I. Walpole and
Norfolk County House of Corrections

Lawrence Cable

Cambridge Juvenile Court, Cambridge
District Court and Court Resource Project

Counselors covering institutions such as M.C.I. Concord and Norfolk met clients in the institution and continued services upon release to the community, unless it was a geographic impossibility. In this case, the client was transferred to the counselor covering offenders, if one existed, in that particular part of the state. Nevertheless 60% to 70% of those institutions return to Metropolitan Boston.

During the year one counselor resigned to resume study for a M.Ed in Counseling and a replacement was hired and in addition another counselor was added. Also, the two secretaries resigned and replacements were hired and an additional secretary was added. Also, due to the geographic location, it was decided that M.C.I. Shirley could be better serviced by the Fitchburg Area Office. This change was made in November of 1973. At the end of the fiscal year in June, the staffing was the same as described earlier with the following changes: Secretaries: Carol Materazzo, Connie Gucciardi, Kathryn Moore

Counselors: Mark Macoyanis replaced Lawrence Table and Raymond McMillen was added in October of 1973 to cover the Boston State Pre-Release Center, Self Development Group, and selected referrals from Federal Parole and Federal Probation.

Budget:- The total client service budget encumbered for Fiscal 1974 was \$83,000.00. Total administrative budget encumbered was \$6,000.00. Total Personnel budget was \$110,000.00. The average cost per rehabilitation was a little less than \$400.00. On the other hand, the yearly cost of incarceration is over \$10,000.00 per inmate, let alone costs to support families of inmates on Welfare. Total for entire office budget was \$210,000.00. In addition, funds were saved by free rent and electricity through MHI, and many free medical and psychiatric evaluations through facilities covered.

Client Services In fiscal year 1974, 360 clients were referred, and a total of 250 accepted into Status 10. By the end of the fiscal year the office had a total office caseload of 405, with over 150 in training programs. A total of 90 clients were rehabilitated at a little less than \$400.00 per client. The average starting hourly wage for most clients was \$3.25 per hour. Services provided, ranged from college, to on-the-job-training, to tutoring, psychotherapy, and purchase of tools for a client to obtain a job.

Fiscal (7/1/74 to 6/30/75)

Location:

At the beginning of the fiscal year the office was still located at Coolidge House on Huntington Avenue in Boston. In mid-August the office moved to its present location at 30 Boylston Street, Boston. This move allowed more space for the staff, individual offices and furniture were provided for each counselor. In addition, also, for the first time, each counselor, and secretary had his own phone. In the old location, not having individual offices, phones and furniture resulted in inefficiency. Prior to the move the staff presented J. Bryan Riley of MHI with a plaque with an inscription signifying appreciation for his help in supplying office space.

Staffing:

Staffing was the same as at the end of fiscal 1974, except that two secretaries and two counselors, resigned. They were replaced and an additional counselor was added to enable the MHI caseload to be split. In addition, a counselor was promoted to Unit Supervisor, and a counselor hired to fill that vacancy. Also, a job developer, funded through CETA was hired, who later resigned. This resulted in loss of that particular slot, but a new CETA position has been sought and anticipated soon.

Administratively, the Correctional Office, along with other specialty offices, in October, was placed under a newly created administrative body called Special Projects. The director of Special Projects has equal status to the Regional Director.

The Staffing at the end of Fiscal 1975 is the following:

Office Supervisor
Unit Supervisor
Secretaries

Thomas F. Allman
Joseph Bedard
Lovette McCoy, Kathryn
Moore, plus a vacancy

Counselors:

Michael Petrovics

Mass. Half-Way House,
Brooke, Coolidge House
Mass. Half-Way House,
Project Overcome, Deer
Island House of Correction
Cambridge Court, Court
Resource Project

Leslie Shank

M.C.I. Framingham,
Framingham Juvenile Court
M.C.I. Norfolk, Norfolk
County House of

Philip Judge

Correction, M.C.I. Walpole
Boston State Pre-Release
Center, Self Development
Group, Federal Probation,
Federal Parole
M.C.I. Concord

Carol Fletcher

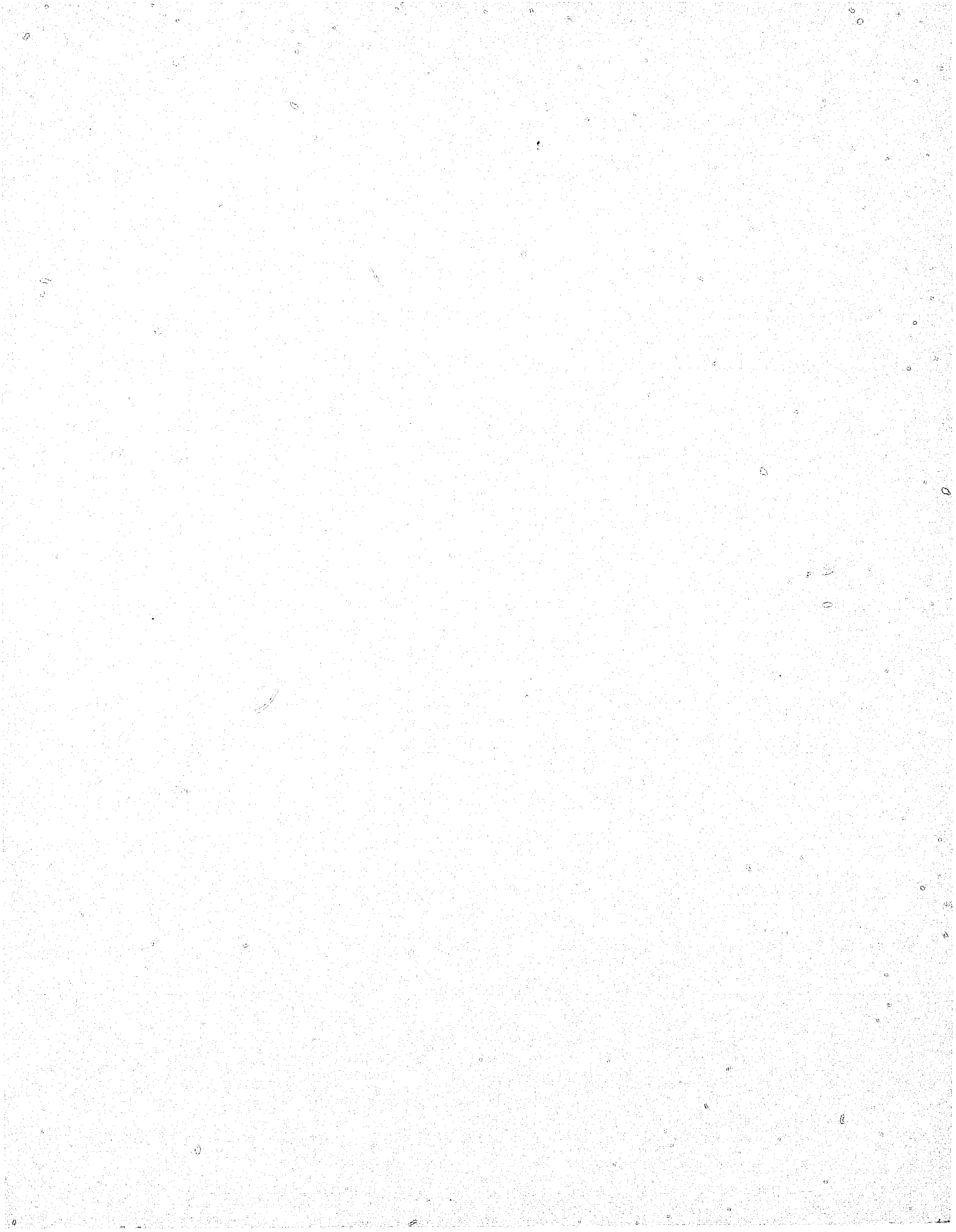
James Dowers

Raymond McMillen

Dennis Gaudet

Budget:- The total client service budget encumbered for Fiscal 1975 including SSI and SPTI was \$292,000.00. Total administrative budget was \$17,870.00. Total personnel budget was \$123,000.00. Total office budget was \$422,370.00.

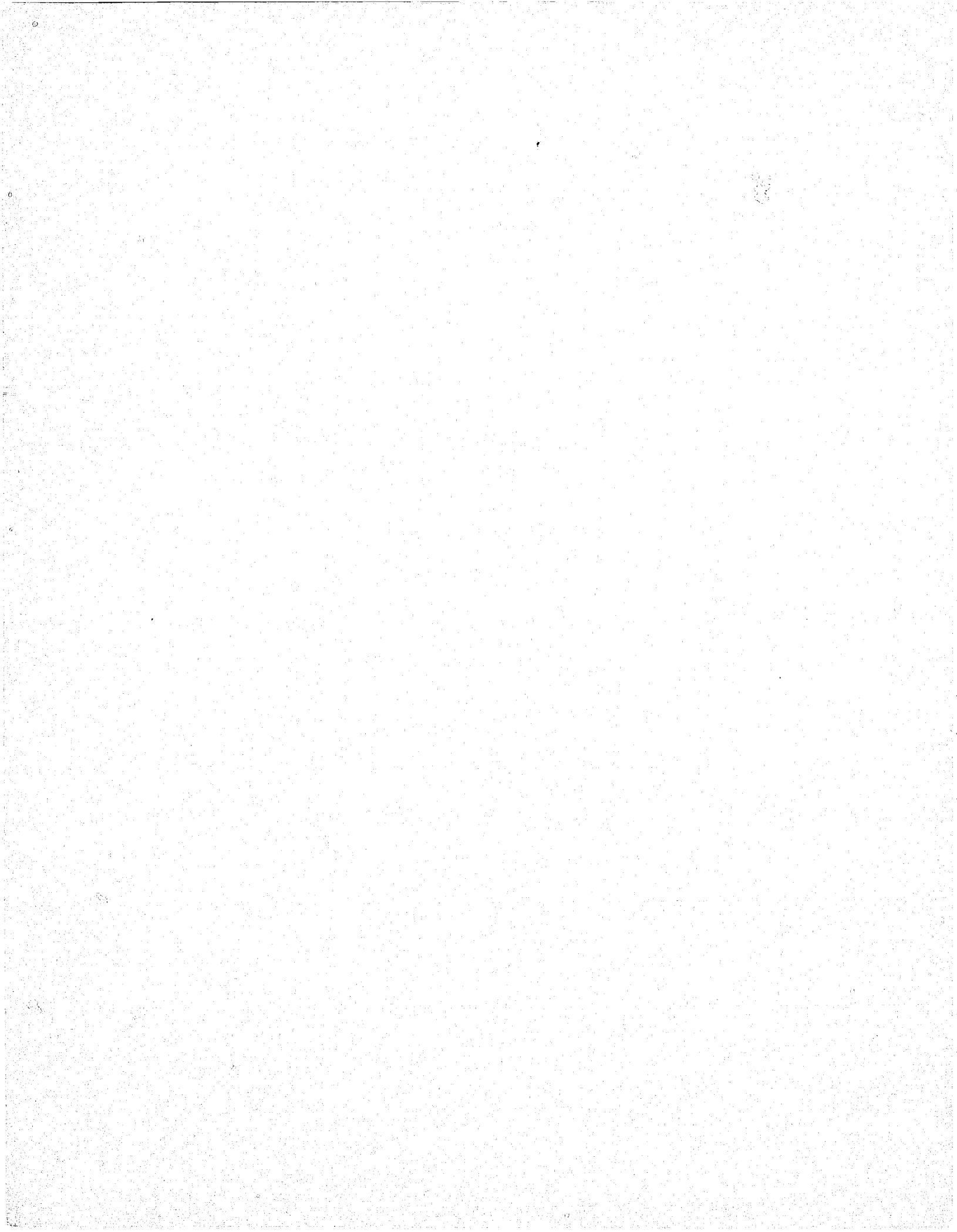
Client Services - In fiscal 1975, a total of 503 clients were referred. 197 were accepted into Status 10, whereas 204 were in training. At the end of the fiscal year the office caseload was 770, there were 63 rehabilitations, at an average cost of \$400.00. Services were provided to more severely disabled offenders this year, as illustrated by the follow-up on clients transferred to M.C.I. Bridgewater. Severely Disabled were also referred through a new program for special offenders which is under the Parole Department. The following chart indicates the caseloads of the office and status of clients at the end of the fiscal year.



Name	00 02	06	10	12	14	16	18	20	22	24	Total
Petrowicz	27	2	28	1	0	1	35	1	1	16	112
Shank	17	3	12	6	0	0	24	0	0	3	70
Fletcher	41	5	34	9	0	0	41	2	2	3	137
Judge	42	0	22	0	4	1	25	3	1	2	100
Bowers	26	1	19	0	2	0	17	0	1	1	67
McMillen	42	1	45	7	1	1	29	0	1	1	128
Gaudet	13	0	33	19	0	2	27	0	1	3	98
Total	208	12	193	42	7	5	198	6	7	34	712

	00 02 06	10+	Total
Petrowicz	29	33	112
Shank	20	50	70
Fletcher	46	91	137
Judge	42	52	94
Bowers	26	41	67
McMillen	43	85	128

Name	00 02 06	10 +	Total
Gaudet	13	85	98
Total	219	487	706



III Statement of Problems and Recommended Solutions

A. Barriers to Rehabilitation

Since implementation of the Correctional Office, counselors have found several internal and external barriers which substantially inhibit the rehabilitation process. This section will discuss these barriers, their ramifications and offer possible solutions. Some of the internal barriers include emergency client needs, the State bid procedure, caseload size and staff retention of qualified personnel with special expertise in working with offenders. External barriers include restrictions on employment, Registry of Motor Vehicles regulations, inappropriate expectations of other agencies, and philosophy and procedures of large correctional institutions.

1. Internal Barriers

a. Emergency Client Needs

Public offender clients returning to society, and others, who are in the community, have functional needs such as housing, employment, board, medical services, etc. Clients show up in the Correctional Office at any given time in a day, who are released from federal and state prisons within the last twenty-four hours. These people have immediate needs such as housing for that night, food for that day, and appropriate clothing. These needs can (in part) be met by other public and private agencies such as the Department of Public Welfare, State Parole, Self Development Group, St. Vincent, Y.I.C.A. etc. However, their resources are limited in the amount of funds they have and can not meet the total needs of all of the population.

Because of various rules and regulations, limited funds, and other administrative reasons, funds are not available from any source when most needed. Examples: Clients of this office, frequently are unable to attend employment interviews, because they have no money to ride public transportation to and returning from the employment interview.

Others, although recently employed, have not received their first paycheck. Until this is received there is no money to go to and from work, nor to eat meals, nor for any other purpose.

To resolve this dilemma, the Study Group would like to propose the formation of an emergency cash fund to be dispersed through an agency such as Self Development Group, with the understanding that it be used specifically for M.R.C. clients. The maximum amount per grant would be established at \$30.00. Mechanisms to monitor the flow of funds and accountability will be established upon approval.

B. Bid Procedure

The present system for purchasing tools, supplies and other equipment, requires a bid process for those items totaling in excess of \$100.00, except for special purchases made through approved training programs up to \$500.00. On an average, this bid process takes a minimum of three months to complete. This can result in the client losing a job, because he is unable to secure the tools when needed to obtain, or maintain employment. Clients involved in O.J.T. (training) are often forced to delay training because the cost of the tools required for training, exceeds \$100.00. Likewise, for those clients, in approved schools, who require more than \$500.00 worth of tools, are unable to proceed in training.

It is recommended that the following suggestions be investigated as possible solutions to the above. That a yearly contract be established with the lowest bidder to expedite the receipt of tools and equipment, in excess of \$100.00 to the client.

In terms of both the \$500.00 and \$100.00 limit we suggest that the laws and regulations be researched and that subsequent legal advocacy be proposed.

C. Caseload Size

One of the other major, internal problems is the excessive caseload size. Numerous studies indicate that public offender clients have multiple needs, requiring multiple services, and these services must be delivered, very often, during flexible hour schedules. That is to say, counseling the public offender client is more than a nine-to-five job. The Juvenile Delinquency Project, as well as other comprehensive studies, have indicated that caseload size should not exceed 55 for juvenile delinquent clients. Other studies have recommended smaller caseloads for adult offenders varying from 70 to 100 clients.

Due to the counselor's additional roles, to serve as advocates and educators as regards the public offenders' needs, unlike other H.R.C. Counselors, more time is required than on a general caseload.

Because of client service needs, previously mentioned, and the additional counselor roles, the Task Force recommends caseload size should be no greater than 35 for adults and 25 for juveniles.

D. Staff Retention

One of the major barriers to rehabilitation services is staff retention. Because of the special needs of the public offender client, requiring multiple services, counselors with special qualifications are needed. Currently, the Correctional Office staff consists of counselors who possess these qualifications and abilities. Unlike regular area offices, one of the roles of specialty offices, in addition to delivering quality client services is to promote the education of other H.R.C. staff as to the special needs and services required by the public offender client. Because of this more of a commitment than the usual nine to five work week, counselors in the Correctional Office should be upgraded to Grade Seventeen.

2. External Barriers

Employment

One of the major external barriers is restrictions on employment for offenders and ex-offenders. Offenders and ex-offenders are barred categorically from certain jobs, because of the very nature of the fact that they are or were an offender, or the nature of their offense. Thus, they are treated as a group, rather than individuals. Particular problems with employment exist when licensing and certification is needed such as in the case of an LPN. Such licensing is done by several different licensing boards, such as nursing board, psychologists board, real estate board, and barbers board. Other problems of employment are due to attitude barriers of individual employers, regardless of licensing qualifications. Many employers still exhibit a resistance or fear of hiring the ex-offender. It is our observation that the situation has improved, but a lot still needs to be done in terms of education and advocacy with employers regarding the hiring of ex-offenders, and those offenders on work-release. A recent job mart sponsored by the Department of Corrections in which M.R.C. participated, has helped greatly to begin to change attitudes of employers.

To remedy these problems, the Task Force suggests two major approaches. The first approach is to review the licensing boards, especially the laws and regulations governing each occupation, and to meet with such boards personally to discuss the nature of M.R.C. It is suggested that a file be developed on each occupational licensing board, including laws and regulations, whether the board interprets them flexibly or rigidly, and their views regarding offenders. Then if certain barriers can not be changed due to laws, it is suggested that M.R.C. contact legislators and criminal justice agencies, both public and private, and together draft remedial legislation. Nevertheless, having a file on each board, could serve as a resource to counselors in terms of vocational planning with clients. This resource file when it is completed, should be shared with all counselors in M.R.C.

Another approach to overcome the external barriers is education and advocacy through personal contact with employers. Presently the D.O.C., through their employment coordinator is making great strides in this area. However, because of the tremendous number of employers, much still needs to be done. The Correctional Office has participated in some public relations jointly with D.O.C., but efforts with D.O.C. and other agencies need to be increased. Staff of the office and M.R.C. should be encouraged to speak to local Chamber of Commerce groups, Civitanis, Jaycees and the Rotary, just to mention a few. In addition, the best way to improve relationship with employers and further job placement for clients, is for individual counselors to contact employers regarding M.R.C. Employers that should especially be contacted include employers, defined by V.R. Act of 1973. Each counselor and supervisor of the correctional office perhaps should be required to contact one or two employers a week, and a card file should be developed on these contacts. Over the space of a year, with nine professional staff, that would be 936 in one year. Even with one contact per week, one would have a total of 468 employers.

D. Registry of Motor Vehicles

Another one of the major barriers to rehabilitation is mobility of the client to rehabilitation services and employment, the goal of rehabilitation. The Registry of Motor Vehicles has various procedures, rules, and regulations which prohibit offenders from getting driver's licenses.

Particularly aggrieved are those with motor vehicle, (moving and theft convictions), sex, narcotic and alcohol. Not having a license strictly limits mobility. This virtually eliminates job and training opportunities outside the local transportation radius of a client. Also, a client cannot work a second or third shift because public transportation is either inadequate or non-existent at those times. A third very important factor is that our client is discriminated against in the job market because he cannot apply for any work where a driver's license is required. These, basically, would be unskilled or semi-skilled positions such as truck driver, cab driver, bus driver, heavy equipment operator, auto mechanic, auto body repair mechanic, pizza delivery person, and hundreds of other jobs, where a license to operate a motor vehicle is necessary in at least some portion of the job function.

Further ramifications of not having a driver's license can result in limited social relationships and feelings of alienation, and poor self-image. Having a driver's license is a symbol of status, and belonging and of achievement.

To solve this problem, what is needed first is to document individual client cases where this barrier has been a problem. Law students could be used to assist on this. The law students should also develop a resource file on rules, regulations and procedures of the Registry of Motor Vehicles regarding offenders. The D.O.C. has an agreement with Parole and the Registry regarding licenses, and they report that they do not have many problems. The counselors in the Correctional Office through experience with individual clients, however, have tried to use the agreement and have found the agreement is not being honored by the Registry, and are in the process of documenting problems. This problem, to our knowledge, has existed for years. We feel ultimately it will have to be worked out on a higher level. If the Commonwealth wants Chapter 777 implemented, the Correctional Reform Act of 1972, which emphasizes work and educational release, these external barriers will have to be overcome. What is probably needed, is for the Secretary of Human Services and the Secretary of Public Safety to meet and discuss this problem and possible solutions.

The major problem as we see it, similar to employment restrictions, is that offenders are treated categorically as a group and not as individuals, although there have been some exceptions. At the office level the following needs to be explored:-

1. Representatives from M.R.C. Correctional Office should meet with the Chief Hearing Officer. The hearing officer and his staff, are the people who make the "nitty-gritty" decisions on revocation and re-instatement of licenses.
2. Legislative approach should be explored with other agencies. To appeal each individual case under the present laws is a process that can delay or inhibit rehabilitation.
3. As a temporary solution, passenger vans could be used to transport people. Through the Chamber of Commerce, and Criminal Justice Advocacy groups and C.E.T.A. funds a

program for transportation service could possibly be developed.

1. Correctional Institutions

For a long time, and prior to the implementation of the Corrections Office, several barriers to the rehabilitation of those individuals incarcerated in large institutions has existed. Many of these problems have been brought to the attention of M.R.C. Administrators. Some progress has been made, but it has been up and down. The fact that these problems exist, is not the fault of any particular individual, but rather is due to the nature of the institutions and their philosophy. The philosophy is basically contradictory in nature, espousing rehabilitation, but practicing security. This is evident by examining the D.O.C. budget of approximately \$34.3 million. Only 2% at the most is spent on educational and rehabilitational services.

The Task Force in pointing them out is not trying to blame any individuals, but merely cite a reality that exists. This inhibits true rehabilitation, and stalls possible solutions. The following problems have been cited by the staff over the last 2 years, such problems continue to exist despite discussion with D.O.C. and proposal to remedy:

External Barriers to Rehabilitation - Massachusetts Department of Corrections, County Institution

1. D.O.C. failure to comply with contractual agreements between D.O.C. and M.R.C. i.e. not following through with medical and psychiatric evaluations for consideration of equipment grants from M.R.C. totalling \$95,000.00.

2. Time lag while attempting to see clients in institutions results in inefficient use of the counselor's time and resources in delivery of client services. An example: Clients are available, usually between nine-thirty in the morning until eleven in the morning, and one in the afternoon until four p.m. The above applies, providing that there are no lock-ups, medical appointments, or other unscheduled activity for the client. A particular case in point. A counselor was interviewing a client at the institution, when a custodial person informed the counselor that the client would have to leave at eleven a.m. because of a court procedure. This terminated the interview untinely, causing a two hour delay before the interview could be resumed.

This example typically illustrates the institution's emphasis on security, as reflected through rigid regulations.

3. The geographic locations of the D.O.C. institutions are so distant that counselor's time is taken with travel, and the travel budget is constantly strained. Approximately \$250.00 per month is spent by counselors for travel to and from the institutions.

4. Philosophically, the guard contingent of the D.O.C. espouses strong physical control of inmates, excessive accountability of their charges, usually seen as inferior by the guards.

5. Presently, the Study Group sees the Department of Corrections both on an administrative and line level, espousing contradictions in their philosophies of rehabilitation and treatment, security, and punishment.

The above is evidenced by favoritism by the correctional staff, first in the selective referral process. That is to say, if an inmate is not personally favored by the selection people, he is not likely to be referred for rehabilitation services, or for any other programs. Selective screening of referrals is essential, providing it is done appropriately. However, it has been the experiences of the counselors of the Correctional Office that, often, such screening is done inappropriately, and based on personal favoritism on the part of the correctional officers, and social workers, rather than on rehabilitation potential. This is the case, not only with referrals to H.R.C., but also with referrals, and accessibility to other rights, privileges, programs, such as basic education courses, furloughs, work and educational release, and visitation rights with families. Additionally, selective screening of referrals is not based so much on inmate needs as on the willingness to conform to prison routines. Inmates interviewed indicate that racial prejudice is also a considerable factor in the determination of program referral.

Not only is selection criteria for programming inappropriate, but the programming, essentially, is seen by the prison administration as a defusing element, filling time, rather than, creating meaningful settings oriented toward vocational goals. Because of this, college courses are taken indiscriminately, year after year, leaving the client disillusioned, and frustrated when he learns that he has not accumulated appropriate credits in a major subject in order to matriculate degree programming. Upon release, many of these inmates approach H.R.C. for funding to complete programming, which very well could have been dealt with at the institution.

Specific Action Plan to Implement Recommendations

This section will address itself to action plans centered around the following priorities:

1. Severely Disabled
2. Emphasis on community based corrections
3. women
juveniles

A. Counselor Assignments

To emphasize the priorities, and to create remedies to the problems inherent in barriers to rehabilitation the Study Group proposes the following recommendations in counselor assignments, some of these are in place, others are changes.

1. First of all, present counselor assignments consist of the following:
 - a. Counselor-Mass. Half-way Houses, Brooke House and Coolidge House
 - b. Counselor-Mass. Half-Way Houses, Project 699, Deer Island House of Correction
 - c. Counselor-The Court Resource Program, Cambridge Courts, Superior Juvenile and District
 - d. Counselor-Framingham Juvenile Court, H.C.I. Framingham
 - e. Counselor-Concord
 - f. Counselor-H.C.I. Norfolk, H.C.I. Walpole, Norfolk County House of Correction
 - g. Counselor-Boston State Pre-Release Center, Self Development Group Federal Parole and Probation
2. Proposed Assignments:
 1. Mass Half-way Houses, Inc.
307 Huntington Avenue
Coolidge House
79 Chandler Street
Brooke House
 2. Mass Half-way Houses, Inc.
699 Massachusetts Ave.
Project 699
Boston Offender Services Project
 3. The Court Resource Program
 4. Boston Pre-Release
Self-Development Group
Federal Parole
 5. Female Caseload
 - A. H.C.I. Framingham (the accent on work and educational release)
 - B. Charlotte House-Halfway house for women

6. M.C.I. Bridgewater (severely disabled)

IX Unit

State Hospital-selected referrals-see Bridgewater change

7. D.Y.S. Court Committed, and court referred, with particular emphasis with the severely disabled, juvenile offenders in intensive care programs of D.Y.S.

These assignments put a special emphasis on Community Corrections, the Severely Disabled offender or delinquent and female offenders. A unit supervisor will act as a liaison with the large state institutions, M.C.I. Walpole, M.C.I. Concord. He will sit in on the Community board, which approves inmates to go to pre-release centers and halfway houses. He will then coordinate referrals of those individuals who will soon be released to the Community based facilities covered by this office, IRL, SDG, and Boston State Pre-Release Center. He will also coordinate referrals of individuals to other IRC offices throughout the state. The goal will be to have an inmate referred with all the necessary diagnostic material and any testing. In that way when the individual arrives at the Community facility, his case can be opened, and services delivered with less delays, and a cost savings on evaluations. Referrals will also still be taken from the general population on these individuals who will be paroled soon. However, under the Department of Corrections goals, most individuals will pass through a Community based facility to help reduce problems of re-integration into the mainstream of society.

These new assignments also put a special emphasis on the severely disabled offenders, juveniles, and female offenders. Because of the Vocational Rehabilitation Act of 1973, and if this office really wants to reach the individuals who have the most problems and are most in need of services, the study group strongly believes an active outreach approach is needed to seek such referrals. The new assignments of a counselor to cover M.C.I. Bridgewater, and another to cover the Department of Youth Services intensive care youth, will do much to meet the goal of serving the severely disabled, as well as services to juveniles.

Next, services to female offenders have long been neglected by criminal justice agencies in this State and across the country. An entire paper could be devoted itself to this neglect. The study group believes that the Correctional Office has also neglected services to female offenders by the assignments chosen by the Task Force of 1973. However, there are on several caseloads, some female clients. These assignments and the facilities covered are mostly serving only males. Thus, the study group recommends that a full-time counselor be assigned to cover females who will soon be released from M.C.I. Framingham, the Charlotte House and the Pre-Release Center for Females, as well as selected referrals from other sources such as Federal Parole and Probation.

3. Methods of Implementation of Changes

This section will discuss each assignment and methods of change, a timetable for change, and rationale for each change.

1. Mass Half-way House, Inc. Brooke and Coolidge Houses - no change is recommended in this assignment as coordination is good with the staff in terms of appropriate referrals, and this assignment supports philosophical and pragmatic goals of priority on Community Corrections.

2. Mass. Half-way House, Inc.

- a. Project 699 (previously called Project Overcome) no change is recommended here for the same reasons stated in number one.
- b. Boston Offender Services Project (B.O.S.P.)

This is a part of III, and services recent releases from Deer Island. Because of delays in receiving evaluations, and inappropriate casework on the part of the Deer Island Staff, it is felt that Deer Island releases could be better served if they were referred to the screening of B.O.S.P. Thus, any inmate at Deer Island could get H.R.C. services, but he would first have to be a client of B.O.S.P. This would be in the inmates interest as B.O.S.P. can assist in emergency needs; such as housing, clothing and food. As advocates of correctional reform, the study group believes this would also force Deer Island staff to utilize B.O.S.P. better, which they have not yet done.

3. The Court Resource Program

This assignment previously was a dual assignment with coverage of Cambridge Court. Under the new assignment it is recommended that the Cambridge H.R.C. office cover the Cambridge Court. This change would begin to occur around January 1, 1976. The Staff of the Correctional Office would be involved in helping to train the staff of the Cambridge Office. Existing clients on the caseload would be retained by the Correctional Office, but all new referrals as of January 1, 1976, would be picked up by the Cambridge Office. This re-assignment relates to the P.F.P.'s of the Correctional Office. The P.F.P. states that one of the goals of a specialty office should be education of other H.R.C. Offices as to how to service and initiate assignments to criminal justice facilities, in this case a court. One goal of the P.F.P. is to visit each area office of the Massachusetts Rehabilitation Commission to share expertise and knowledge of resources in working with offenders. Such a visit to the Cambridge Office would serve as preliminary ground work for changes in January of 1976. The office P.F.P. negotiated further states that a long term goal is to have every H.R.C. office working with offenders. This re-assignment addresses that goal.

4. Boston Pre-Release Center, Self-Development Group, Federal Parole

There is no change in this assignment, as these are community based facility assignments, and also this caseload serves women and is increasing the number of severely disabled serviced.

5. Female Caseload-M.C.I. Framingham and Charlotte House

This represents a change in that this counselor, as of January 1, 1976, would no longer take new referrals from Framingham Juvenile, but would work with existing clients until closure. The same type of preliminary visits and goals advocated by the P.F.P., and discussed relative to Cambridge would apply here.

6. M.C.I. Bridgewater

This assignment would replace the present coverage of M.C.I. Norfolk and M.C.I. Walpole. The unit supervisor liason previously mentioned would screen cases who are going to community facilities, thus, maintaining coverage of the large institutions. This also would promote Chapter 777, the Corrections Department's mandate, and hopefully reduce recidivism, thus alleviating problems of overcrowding. The implementation of the coverage of M.C.I. Bridgewater would follow the plan previously submitted to the Commissioner, except that the timetable on Phase II would not commence until November 1, 1975, the unit supervisor liason would screen referrals of community based facilities. The counselor would then begin to accept referrals from M.C.I. Bridgewater of those men who would be released in the near future to the greater Boston Area and would assist in coordinating referrals on other cases to correctional counselors throughout the state.

In terms of the coverage of Norfolk County House of Correction the study group recommends that effective November 1, 1975 all new referrals be picked up by a counselor from the Quincy M.R.C. Office, as most of the inmates released will return to communities covered by that office. Also, because many of these men will need close follow-up and community resources, the local office, being more knowledgeable of such resources, is in a better position to meet the needs of these men. This is especially true in the case of Chapter 766, which many of these inmates would qualify for as they are under twenty-one years of age. The P.F.P. goals and visits mentioned previously would be adhered to in this situation also.

7. Department of Youth Services

A. Intensive care youth plus Region VI (Boston) referrals. This assignment would put an emphasis on two priorities:

1. Severely disabled and
2. Juveniles

(This assignment would be gradually phased in beginning around November 1, 1975. The counselor covering M.C.I. Concord would probably start picking these youths up, at the same time the liason unit supervisor would begin screening referrals.

B. Geographic Limits

In terms of all present and new assignments counselors will follow the client from the facility to the community whenever possible, to provide continuity of service. In other words, if a client of the Boston Pre-Release Center was paroled to the community the counselor would keep the case, unless it was geographically impossible. The question then is what is geographically possible and impossible. The study group agreed that there should be an office policy on this, as time traveling can be better spent counseling with clients. It is recommended that a 15 mile radius of downtown Boston be used as a rule of thumb to transfer the case to the appropriate area office. Of course there will be some exceptions of clients who may live 20 miles from Boston, but not too far from where the counselor lives. If there is a strong counseling relationship, the counselor may elect not to transfer the case.

C. Coordination with Other Area Offices

One of the major goals of the Study Group and of the P.F.P.'s at the Correctional Office is to promote better coordination of services to offenders with the area offices. A related goal is to advocate for initiation of and expansion of services by the area offices. As mentioned previously, according to the P.F.P. staff from the Correctional Office will visit each area office to share resources, expertise, and experiences working with offenders. The Correctional Office policy to only take referrals directly from facilities covered such as courts, and prisons, needs to be clarified with each area office. There is no way that the office can service every offender client in Metropolitan Boston. With difficult cases the office has and still is willing to make some exceptions. Before an exception should be made, Correctional Office staff should lend assistance to the area office, thus encouraging services in line with the P.F.P.

D. Research and Evaluation

One of the major recommendations of the study group is that effective and valid research and evaluation criteria need to be developed to determine effectiveness of services. In this, services can become more effective in the future. The standard measurement of "26's" used by vocational rehabilitation agencies is only one measure of success. One suggestion is that data be collected on the number of clients who return to prison. Recidivism is a statistic kept by all criminal justice agencies and programs. This data would allow comparison of the Correctional Office to program who works with similar clients. Next, research is needed on the effectiveness of certain services and with certain types of clients. Clients characteristics should be studied in terms of kind of offenses, education, age, years incarcerated, and personality types. For example, is the Correctional Office more successful with clients who have spent less than 5 years in prison as opposed to those who spent more than 5 years in prison? Also, is there a significant difference in the number of 26 closures who received maintenance than 28 closures who received maintenance? This last question might tell us something about the issues, such as dependence and independence. These and other questions need to be examined thoroughly. It is suggested by the study group, that the office staff and H.R.C. Research Unit meet in the near future to discuss these issues. Also, H.R.C.'s program Evaluation Unit should be also consulted.

Conclusions

The purpose of the Study Group was to critically examine the effectiveness of the services by the Correctional Office, and to make recommendations about the future services and the organization of the office. In meeting this task, the group reviewed the history of the office for the last year and a half, and also recommendations made by the original task force of 1973. Recommendations of the original task force were reviewed to determine which recommendations were implemented and of the ones that were not, which are still valid. The reviews of the office and of the original task force clearly point out that services to offenders have progressed a great deal faster than the recommendations. At the same time, however, the present study group has recommended that much still needs to be done. The major recommendations of the present study group were more emphasis on; community corrections, the severely disabled offender, juveniles, and the female offender. Also, the group recommended more coordination with area offices, in initiating new and present services to offenders. Related to these goals, reassignments of counselors was recommended, which clearly emphasized the above goals.

Problem areas, such as employment restrictions, the Registry of Motor Vehicles, Correctional Institutional barriers and the bid system were also discussed. Finally, the study group hopes that this report will also help promote better services to offender clients as did the report of the Task Force of 1973.



END