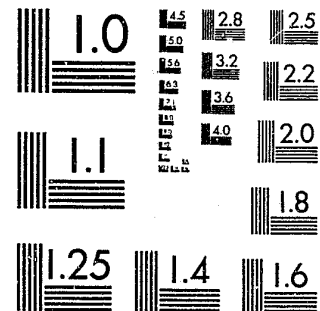


National Criminal Justice Reference Service



This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



MICROCOPY RESOLUTION TEST CHART  
NATIONAL BUREAU OF STANDARDS-1963-A

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504.

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U. S. Department of Justice.

National Institute of Justice  
United States Department of Justice  
Washington, D. C. 20531

7/23/84

84036

93048

TABLE OF CONTENTS

	Page
List of Tables	ii
I. Introduction	1
1. Objectives of the Study	2
2. Background Factors and References	3
II. Methodology	5
III. Data Limitations	6
IV. Highlights of Findings	8
V. Findings	9
1. Locations where more bed-space may be required	28
2. Summary of findings	30
VI. Highlights of Recommendations	34
VII. Recommendations	36
Appendix "A" Solicitor General's Memorandum	
Appendix "B" An Interim Ministry Policy on Community-Based Residential Centres	
Appendix "C" Questionnaire	

U.S. Department of Justice  
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by  
National Parole Board and  
Correctional Services of Canada  
to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

LIST OF TABLES

TABLE	PAGE
1. CRC AND CCC BED CAPACITY AND NUMBER AND PERCENT (OF NATIONAL TOTAL) AVAILABLE TO CSC, BY REGION, 1981	10
2. CRC AND CCC BEDS AVAILABLE AS A PERCENTAGE OF REGIONAL TOTAL, 1981	12
3. PERCENTAGE OF AVAILABLE CRC AND CCC BEDS COMPARED TO ON REGISTER INMATE POPULATION, BY REGION, 1981	13
4. PERCENTAGE OF TOTAL AVAILABLE BEDS UTILIZED, BY REGION, 1981	15
5. AVERAGE DAILY BED UTILIZATION BY CSC IN CRCs BY REGION, 1980 AND 1981	16
6. AVERAGE DAILY BED UTILIZATION IN CCCs BY REGION, 1980 AND 1981	17
7. CRC AVAILABILITY AND UTILIZATION BY PROVINCE, 1981	19
8. CCC CAPACITY AND UTILIZATION BY PROVINCE, 1981	20
9. AVAILABILITY AND UTILIZATION OF CRC AND CCC BEDS FOR CITIES WITH BOTH FACILITIES, 1981	23
10. NUMBER OF CRCs UNDER CONTRACT WITH CSC AND NUMBER OF CCCs BY FISCAL YEAR AND PERCENTAGE CHANGE, 1976/1977 - 1980/1981	25
11. CSC EXPENDITURES ON CRCs UNDER CONTRACT BY FISCAL YEAR, 1976/77 - 1980/81	26
12. BEDS GUARANTEED BY CSC IN CRCs BY REGION, FOR FISCAL YEARS 1978/1979 - 1981/1982	27

CRC - CCC UTILIZATION

INTRODUCTION

In a memorandum dated May 27, 1981, the Solicitor General of Canada requested that the Commissioner of CSC and the Chairman of NPB jointly initiate a study with regard to the relative usage of Community Residential Centres and Community Correctional Centres in Canada. This request was based on a contention by representatives of voluntary agencies that CRCs are being under-utilized by the Federal Government and that CCCs are taking a disproportionate share of federal clients. It was suggested by these agencies that this practice is threatening the continued existence of some of the CRCs.

In his memorandum (see Appendix A) the Minister proposed an objective review of data on the recent levels of usage in both types of centres, which would permit a detailed region by region comparison between occupancy levels of CRCs and CCCs. It was recognized that some of the essential data was not readily available and, therefore, additional basic information would have to be collected with the co-operation of the applicable voluntary agencies. The following information requirements were suggested:

- the number of beds, by CRC and CCC;
- the usage level by CRC and CCC;
- the proportion of bed-space in CRCs used by federal inmates;

- the proportion of bed-space in CRCs that was guaranteed to CSC in the same period, and
- the proportion of bed-space in CRCs that was used by other organizations.

#### OBJECTIVES OF THE STUDY

In response to the Minister's request a joint NPB/CSC study team was chosen to address the following objectives:

1. To obtain and present complete and accurate data on the current availability and utilization of bed-space in CRCs and CCCs by federal clients under conditional release in Canada.
2. To provide a detailed analysis of this data on a province by province basis in order to identify characteristics and situational factors which may be unique to one particular area as compared to another.
3. To determine from this analysis whether current conditional release mechanisms and practices are fair and equitable in the utilization of both public and private community-based residential centres, as well as representing the best interests of our clients and the community.

4. To specify particular problem areas which may be identified in this study with respect to the utilization of community-based residential facilities, e.g. a surplus or paucity of available bed-space, over-utilization of federal facilities to the detriment of private agencies, lack of specialized residential facilities, competition for suitable clientele.
5. To propose solutions to alleviate particular problem areas that are identified as a result of this inquiry.

#### BACKGROUND FACTORS AND REFERENCES

The issues identified by the Minister have been addressed on previous occasions as part of the continuing dialogue on the establishment of community-based resources for offenders. The document entitled "An Interim Ministry Policy on Community Based Residential Centres" prepared for submission to the Senior Policy Advisory Committee meeting on March 13, 1975, and approved by Treasury Board April 10, 1975, (Appendix B) represents a clearly stated federal position on the principles and guidelines with respect to the development, funding and utilization of CRCs.

The CRC "movement" was acknowledged earlier in 1972 in the appointment of a task force by the Solicitor General resulting in the Report of the Task Force on Community Based Residential Centres, 1972 (Outerbridge Report). Since 1976 the number of CRCs under contract has expanded from 69 to the current 125 and the number of CCCs from 13 to the current 18. The role of the voluntary sector in adult corrections has been debated on numerous occasions during the past decade and as recently as July 1981 related questions have resulted in the initiation of a study on the National Parole Board relationship with the voluntary sector.

Because the intent of this study is not to debate the relative merits of CRCs and CCCs a further elaboration of the advantages and disadvantages of public against private facilities will not be provided. On the basis of NPB and CSC experience with both types of facilities it should be sufficient to say that each has a legitimate role which has been demonstrated on numerous occasions. However, the question of preference for one type of facility over another by offenders, institutional and community case management officers, Parole Board Members and supervising agencies cannot be overlooked. Instead it should be understood that preferences are based on a number of factors such as the needs of the offender, programs offered by a facility, availability of security and discipline, reputation and credibility of the

facility, location, etc. There will be economic advantages of one type over another which may be counterbalanced by a recognition that security and supervision are also valid considerations.

#### METHODOLOGY

The Minister in his memorandum of May 27, 1981 requested information on the comparative usage of CRCs and CCCs. Some of the data needed to respond to the Minister's questions were routinely collected but, there was some important information which was not readily available. Based on the Minister's request, it was ascertained that the following information would be required:

- the number of beds, by CRC and CCC;
- the usage level by CRC and CCC;
- the proportion of bed-space in CRCs used by federal inmates;
- the proportion of bed-space in CRCs that was guaranteed by the CSC in the same period, and
- the proportion of bed-space in CRCs that was used by other organizations.

On October 2, 1981 a questionnaire (Appendix C) was sent to all CSC regions requesting the following information on every CRC under contract in their region:

- (1) Name and address of all CRCs;
- (2) total bed capacity of all CRCs;
- (3) the number of beds available to CSC in CRCs;
- (4) the number of beds within the CRC used by other organizations;
- (5) the number of vacant beds in each CRC on a given date;
- (6) the number of bed days used by each organization for the period January to August, 1981, and
- (7) the need for additional bed-space in both CRCs and CCCs in each area.

#### DATA LIMITATIONS

Replies were received from all regions although the responses of some regions were more complete than others. For example, the Ontario Region, with the largest number of CRCs, had the most difficulty in responding to the survey and as a result, it was necessary to estimate the number of beds available to CSC and some of the other information required through a process of extrapolation from the number of bed days used.

Some regions were unable to reply to some of the questions posed and for other questions only partial responses were given. Thus, we could not comment on the extent to which other organizations are using CRCs and we had only a partial response on the vacancy rate of CRCs. Thus, we were unable to address all areas of concern.

Finally 22 CRCs, representing a total of 38 beds available to CSC, were omitted from this study because their inclusion would skew the results by indicating a number of available beds without reflecting the fact that they have fairly minimal utilization and provide only specialized services. Riverside Villa in Calgary; Salvation Army New Hope Lodge in Winnipeg; and Church of the Good Samaritan in Toronto are examples of facilities which admit only females in crisis, provide special services to persons with alcohol and/or drug problems or place their emphasis on mainly religious programs. Although these facilities are recognized as a valuable resource for selected individuals only a few of these beds were utilized on a regular basis.

As can be seen from the above discussion, some of the data used in this report had to be adjusted and therefore, the limitations in the information presented must be acknowledged. Thus, the statistical findings should only be interpreted as an indicator of the current situation with respect to CRCs.

HIGHLIGHTS OF FINDINGS

- About 21% or 561 of the 2705 beds in CRCs under contract with CSC are available to CSC.
- There are 455 beds available in CCCs.
- Of the 1016 CRC and CCC beds available to CSC, 561 or 55% are in CRCs and 455 or 45% are in CCCs.
- Regions with the fewest number of CRC beds have a correspondingly higher number of CCC beds indicating that a balance has developed.
- CSC used 80% of all available CRC beds and 86% of all beds in CCCs for a combined average daily utilization of 82% in 1981.
- Overall both CRC and CCC facilities have experienced a moderate increase in average daily bed utilization over the last 2 years and both have grown at about the same rate. The average daily utilization of CRCs increased 6% from 1980 to 1981. Over the same period, there was a 13% increase in the average daily utilization of CCC beds; however, with the exclusion of Keele CCC which was opened in 1980 this growth would decline to 6%.

- The provincial analysis revealed considerable variations in the utilization of these facilities. The range within CRCs was from 50 to 91% and CCCs varied from 72 to 100%.
- In cities where there is a choice between the type of facility to be utilized, CSC used 78% of the available CRC beds and 86% of the CCC beds.
- Trends in the number of CRCs under contract over the 5 year period between FY 76/77 and FY 80/81 show that there was a dramatic increase in the number of CRCs under contract (81%) from 69 to 125 and in expenditures (106%) until 1978/79 and a levelling off over the last 2 years. Over the same period, CCCs grew by only 39% from 13 to 18.
- The need for additional halfway house facilities in Toronto, Montreal and Winnipeg was demonstrated.

FINDINGS:

Table 1 provides information on the number of beds available to CSC in both CRCs and CCCs by region. These statistics show that the majority (79%) of CRC beds are reserved for organizations other than CSC. Nationally there are 1016 CRC and CCC beds available to CSC of which 561 are in CRCs and 455 are in CCCs.

Regionally the Pacific and Atlantic Regions have the fewest number of CCC/CRC bed spaces - 16% and 10% respectively.

TABLE 1

CRC AND CCC BED CAPACITY AND NUMBER AND PERCENT (OF NATIONAL TOTAL) AVAILABLE TO CSC, BY REGION, 1981

Region	CRC		CCC		TOTAL CRC AND CCC BEDS AVAILABLE		
	CAPACITY	Beds Available to CSC	CAPACITY				
		#	%	#	%	#	%
Pacific	294	93	17	68	15	161	16
Prairies	919	84	15	157	35	241	24
Ontario	837	181	32	58	13	239	24
Quebec	343	135	24	138	30	273	27
Atlantic	312	68	12	34	7	102	10
National	2705	561	100	455	100	1016	100

In the Pacific, Quebec and Atlantic regions, there are about the same number of CCC beds as beds available in CRCs. In the Prairie region, however, the large number of CCC beds seems to have reduced the demand for CRC usage, while in the Ontario region, the opposite is true.

Table 2 gives a national and regional breakdown of available CRC and CCC beds. Overall, there are slightly more beds available in CRCs than in CCCs - 55% and 45% respectively.

CRCs account for at least 50% of all available beds in every region with the exception of the Prairies. Only 35% of the bed space in the Prairies is in CRCs. This is mainly due to the 117 CCC beds available in Alberta with relatively few CRC beds available in Alberta and Saskatchewan.



TABLE 2  
CRC AND CCC BEDS AVAILABLE  
AS A PERCENTAGE OF REGIONAL TOTAL, 1981

Region	CRC		CCC		TOTALS BEDS
	# AVAILABLE	PERCENT	# AVAILABLE	PERCENT	
Pacific	93	58	68	42	161
Prairies	84	35	157	65	241
Ontario	181	76	58	24	239
Quebec	135	50	138	50	273
Atlantic	68	67	34	33	102
National	561	55	455	45	1016

Seventy-six percent of available beds in Ontario are in CRCs which have been firmly established for a number of years. This proportion was even higher prior to the opening of Keele CCC in 1980 which added 24 beds to raise the number of CCC beds to 58.

The Atlantic Region also has a disproportionately high number of CRC beds. Sixty-seven percent of the total beds are in CRCs and there are only two CCCs with a total capacity of 34 beds.

The percentage of available bed-space is compared to the inmate population in Table 3 and may suggest a need for additional beds in Ontario, Quebec and the Atlantic. This requirement is also

demonstrated by other tables and will be addressed in a later section of the report. With the exception of these regions, the distribution of available space corresponds to the size of the inmate population.

TABLE 3  
PERCENTAGE OF AVAILABLE CRC AND CCC BEDS COMPARED  
TO ON REGISTER INMATE POPULATION, BY REGION, 1981

Region	On Register Population Percent	CRC and CCC Beds Available Percent
Pacific	13	16
Prairies	19	24
Ontario	25	24
Quebec	33	27
Atlantic	10	10

The following tables illustrate the utilization of CRC and CCC facilities.

Table 4 indicates that the combined usage of all available beds in both CRCs and CCCs is 82%. Eighty percent of the available bed-space in CRCs and 86% of CCC beds was used in 1981.

The need for additional beds in Ontario (Toronto) and Quebec (Montreal) is suggested. These findings show that facilities in Ontario and Quebec are being used almost 90% of the time.

CRC facilities in the Pacific and Prairies Regions are used less frequently than CCC facilities. In the Pacific region only 68% of the available CRC beds were used. Hatfield House in Vancouver was not used from August to December 1981 because of the murder of the CRC Director in August 1981. A new Director was appointed late in 1981 and CSC is now planning to resume referrals. Prior to August, CSC made more referrals to Hatfield House than any other CRC in the region.

TABLE 4  
PERCENTAGE OF TOTAL AVAILABLE BEDS  
UTILIZED, BY REGION, 1981

REGION	CRC Percentage	CCC Percentage	COMBINED Percentage
Pacific	68	87	76
Prairies	69	83	78
Ontario	91	83	89
Quebec	82	92	87
Atlantic	74	77	75
National	80	86	82

In the Prairies Region CSC used 69% of available CRC beds. This may be due to the situation in Alberta. There is pressure to use the large number of CCC beds without a corresponding incentive to use the CRC beds because there are no guarantees on these beds and these facilities are doing well without CSC referrals. Provincial government referrals are the priority for these CRCs and the absence of CSC guarantees is a result of a federal-provincial agreement.

Tables 5 and 6 show that over the years 1980 and 1981 there has been a slight overall increase in the average daily use of CRC and CCC facilities.

Nationally, the average daily use of CRC beds rose 6% from 1980 to 1981. Over the same years, the number of CRCs under contract remained constant at 125. Finally, information on the number of bed days available in 1980 could not be obtained and therefore, changes in the availability of bed-space can not be documented.

Two regions, the Prairies and Quebec, experienced small decreases in the use of available CRC beds and the Pacific and Ontario Regions had a moderate rise of 13% and 14%.

TABLE 5  
AVERAGE DAILY BED UTILIZATION  
BY CSC IN CRCs, BY REGION, 1980 and 1981

REGION	1980	1981	1980/81 PERCENT CHANGE
Pacific	56	63	13
Prairies	63	59	-6
Ontario	145	165	14
Quebec	111	110	-1
Atlantic	47	50	6
National	422	447	6

Examination of Table 6 indicates that the average daily use of CCCs increased 13% from 1980 to 1981. All regions show an increment from 1980 to 1981. However, the Ontario Region had the largest growth (55%) as a result of the opening of Keele CCC with 24 beds which accounted for most of the national rise. Excluding these 24 beds, the national increment would be only 6%.

Overall the utilization of both facilities suggests a moderate increase in 1981 over 1980 and both have grown at about the same rate.

TABLE 6  
AVERAGE DAILY BED UTILIZATION  
IN CCCs, BY REGION, 1980 AND 1981

REGION	1980	1981	1980/81 PERCENT CHANGE
Pacific	48	52	8
Prairies	112	124	11
Ontario	31	48	55
Quebec	129	135	5
Atlantic	20	26	30
National	340	385	13

Tables 7 and 8 provide information by province similar to that already given by region.

Table 7 shows that the percentage use of available CRC beds was high in Ontario (91%), Manitoba and N.W. Ontario (83%), Quebec (82%), Newfoundland (81%) and New Brunswick (78%).

The situation in B.C., Nova Scotia, and Alberta, which have a lower average daily use, has been partially discussed above and will be further elaborated in Table 9. In the N.W.T. and Saskatchewan only a small number of beds are available and the percentage use is low. These are relatively small population areas which cannot consistently draw significant numbers of CSC clientele requiring the type of residential service offered. In Saskatchewan private halfway houses have not been encouraged by the Provincial Government and as a result the growth of the CRC movement, as in other Provinces, has not been experienced.

TABLE 7  
CRC AVAILABILITY AND UTILIZATION BY PROVINCE, 1981

PROVINCE OR TERRITORY	CAPACITY	BEDS AVAILABLE	AVERAGE DAILY UTILIZATION	PERCENT-AGE UTILIZED
Northwest Territories	12	8	5	63
British Columbia	294	93	63	68
Alberta	304	38	22	58
Saskatchewan	57	2	1	50
Manitoba & North West Ontario	546	36	30	83
Ontario	837	181	165	91
Québec	343	135	110	82
Nova Scotia	242	25	16	64
New Brunswick	29	27	21	78
Newfoundland	41	16	13	81
Prince Edward Island	0	0	0	0
NATIONAL	2705	561	446	80

The situation with respect to a provincial breakdown of CCC capacity and use is shown in Table 8. The use of CCCs is at a relatively high level in each province with an overall percentage utilization of beds at 86%. Fifty-six percent of all CCC beds are located in the provinces of Alberta and Quebec.

TABLE 8  
CCC CAPACITY AND UTILIZATION BY PROVINCE, 1981

PROVINCE	CCC CAPACITY	AVERAGE DAILY UTILIZATION	PERCENTAGE UTILIZED
British Columbia	68	59	87
Alberta	117	93	80
Saskatchewan	20	17	85
Manitoba	20	20	100
Ontario	58	48	83
Québec	138	127	92
Nova Scotia	16	13	81
New Brunswick	18	13	72
NATIONAL	455	390	86

Table 9 provides a comparison of the average daily use of facilities in cities with both CCCs and CRCs. Findings indicate that where there is a choice between the two types of residences, CRC beds are used somewhat less frequently than CCC beds - 78% as compared to 86%.

The Pacific and Prairies Regions have the lowest utilization of CRCs (70% and 73% respectively) as compared to CCC facilities (86% and 83%). In the Pacific Region 3 cities have both CRC and CCC facilities and the lower utilization of CRCs is due to circumstances in Abbotsford and Vancouver. In Abbotsford, only two

CRC beds are available to CSC in a specialized alcohol treatment facility and, therefore, the potential cases to be referred are limited. As explained earlier, the exigency at Hatfield House in Vancouver has been alleviated with the appointment of a new Director. In contrast, the percentage of available CRC beds used in Victoria is greater than for CCC beds - 90% compared to 80%.

The situation in the Prairies, as mentioned previously, is due to the large number of CCC beds available in Alberta (Edmonton and Calgary) with the ensuing pressure to use them and the priority given to provincial referrals. In Winnipeg, CSC is using every bed in the CCC and 90% of the beds available to CSC in the CRCs. Discussions are taking place in Winnipeg with a view to making more beds available.

A similar but less pronounced situation is indicated in Quebec. CCC beds are used slightly more frequently although, in Montreal, both facilities are being used to capacity and additional beds are planned. CSC has made a submission to Treasury Board for the provision of funds for 3 new CRC's in Montreal for fiscal year 82/83. Two new CCCs are also planned for Montreal in fiscal year 82/83.

In Ontario, CSC uses more of the available CRC bed-space than CCC space - 87% and 82% respectively. This is especially evident in

Kingston where CSC is using almost all beds available to it at the one CRC (Elizabeth Fry Society). In Toronto, CSC is using both CCC and CRC beds almost to capacity and more CRC beds are planned.

About equal proportions of the CRC and CCC spaces are used in the Atlantic Region. However, the choice of facility varies by city. More CRC beds are used in St. John, N.B.-82% as compared to 71% in the CCC. In Halifax only 66% of CRC beds are used due mainly to the situation at the MicMac Friendship Centre. This is a specialized facility for native offenders and CSC used on the average only 2 of the 5 beds available in 1981.

TABLE 9  
AVAILABILITY AND UTILIZATION OF CRC AND CCC BEDS  
FOR CITIES WITH BOTH FACILITIES, 1981

Region	City	Beds available CRCs	Average Daily Use	%	Beds in CCCs	Average Daily Use	%	Combined %
	Abbotsford	2	.37	19	20	15.2	76	71
	Vancouver	44	29.8	68	29	28.2	97	80
	Victoria	11	9.9	90	19	15.2	80	84
PACIFIC		57	40.1	70	68	58.6	86	79
	Winnipeg	33	29.5	90	20	20	100	93
	Edmonton	26	13.5	52	65	53.8	83	74
	Calgary	12	8.9	74	52	39.4	76	76
PRAIRIES		71	51.9	73	137	113.2	83	79
	Toronto	38	32.7	86	38	33.2	87	87
	Kingston	5	4.9	98	20	14.5	73	78
ONTARIO		43	37.6	87	58	47.7	82	85
	Quebec City	5	3.6	72	20	17.3	87	84
	Montreal	71	61.5	87	118	109.3	93	90
QUEBEC		76	65.1	86	138	126.6	92	90
	St. John, N.B.	12	9.8	82	18	12.8	71	75
	Halifax	13	8.6	66	16	13.1	82	75
ATLANTIC		25	18.4	74	34	25.9	76	75
NATIONAL		272	213	78	435	372	86	83

When comparing the use of CCCs and CRCs the varying admission criteria for each type of facility must be recognized. CCCs limit admission to male federal day parolees while many CRCs are specialized residences for alcoholics and drug addicts, female offenders, native offenders, young offenders, etc. In addition to being specialized residences, many CRCs will not accept sex offenders, people with backgrounds of extreme violence, informers, etc. The number of people who can be referred to some CRCs is therefore very limited and this will necessarily affect the utilization of these facilities by CSC.

The growth in CRCs under contract with CSC over the period FY 1976/77 to FY 1980/81 is illustrated in Table 10. Over these years, CRCs increased 81% from 69 to 125 and most of this rise occurred in the first 3 years. The number of CRCs under contract has remained constant at 125 for the past two years.

Over the same period, the number of CCCs has also increased but at a much slower but steady pace. Since FY 76/77 the number of CCCs grew from 13 to 18 or 39%.

TABLE 10  
 NUMBER OF CRCs UNDER CONTRACT WITH CSC AND  
 NUMBER OF CCCs BY FISCAL YEAR AND PERCENTAGE CHANGE, 1976/1977 -  
 1980/1981

Year	CRCs Under Contract	CCCs
1976/77	69	13
1977/78	96	14
1978/79	121	16
1979/80	125	17
1980/81	125	18
PERCENT CHANGE	81	39

Table 11 shows aftercare residential budget expenditures by CSC for CRCs over five fiscal years. The percentage increase in disbursements rose a dramatic 106% over the 3 fiscal years 1976/77 to 1978/79 corresponding to the growth in CRCs under contract (see Table 10). Over the past 2 years, the increase (9%) is less substantial reflecting the levelling off of the number of CRCs under contract.

TABLE 11  
CSC EXPENDITURES ON CRCs UNDER CONTRACT BY  
FISCAL YEAR, 1976/77 - 1980/81

YEAR	EXPENDITURE
1976/77	1,458,000
1977/78	2,213,000
1978/79	2,996,664
1979/80	3,574,965
1980/81	3,890,000
PERCENT CHANGE	167

Table 12 shows the number of beds guaranteed by CSC with CRCs through an agreement whereby CSC guarantees payment for a certain number of beds in CRCs whether or not these beds are used. The guarantee is a monthly payment based on 75% of the average daily usage during the previous calendar year. This provides CRCs with a degree of financial stability when referral rates fluctuate for short periods of time.

The number of beds guaranteed decreased from 210 to 177 over the past 4 years primarily as a result of the termination of guarantees in Quebec due to a federal-provincial agreement. Comparable statistics for the 4 year period are obtained by excluding Quebec from the total guarantees. This suggests that the number of

guaranteed beds increased 35% from 131 in 1978/79 to 177 in 1981/82. In addition to Quebec, also as a result of a federal-provincial agreement, there are no guarantees in Alberta.

TABLE 12  
BEDS GUARANTEED BY CSC IN CRCs BY REGION, FOR  
FISCAL YEARS 1978/1979 - 1981/1982

REGION	1978-79	1979-80	1980-81	1981-82
PACIFIC	20	20	28	24
PRAIRIES (none in ALBERTA)	21	20	15	20
ONTARIO	75	72	106	107
QUEBEC	79	64	88	0
ATLANTIC	15	18	21	26
NATIONAL	210	194	258	177



LOCATIONS WHERE MORE BED-SPACE MAY BE REQUIRED

The final question of the survey requested each region to address the issue of whether more CRC and/or CCC beds are required. Following are the responses by region:

PACIFIC REGION

Vernon - Additional CRC bed-space could be utilized if the present rate of CSC referrals continues.

Whitehorse - There is a need for a CRC in the Yukon capable of dealing with CSC clients on an extended residential basis.

Kelowna - Additional CRC bed-space could be utilized if the present rate of CSC referrals continues.

PRAIRIES REGION

Edmonton - A CRC for female offenders is required.

Fort McMurray - A CRC for male offenders is required.

Red Deer - A CRC for male offenders is required.

Inuvik, N.W.T. - A CRC for male offenders is required.

Prince Albert - A CRC for male offenders is required and is under consideration with the Mennonite Central Committee.

Brandon - A CRC is being planned for joint use by CSC, the province, and municipal social services.

Winnipeg - CRC bed-space is required for female offenders.

ONTARIO REGION

Toronto - Plans are well underway for the provision of additional CRC beds.

Cornwall - CRC bed-space is required for male offenders.

QUEBEC REGION

Montreal - More CCC and CRC bed-space is being planned for fiscal year 1982-83.

ATLANTIC REGION

Halifax - There is a need for a CRC specializing in drug and alcohol problems.

Fredericton - A CRC for males is required.

St. John - CRC bed-space for females is required, but the numbers do not justify a CRC for this purpose.

- A CRC is required for difficult full parole and MS cases.

SUMMARY

Current Ministry policy on Community-Based Residential Centres recognizes the vital role that CRCs play in the provision of aftercare residential services to CSC/NPB clients. This policy requires that the following steps be pursued when the need for additional bed-space is identified:

- 1) CSC will look first to the private sector to ascertain whether or not adequate residential facilities already exist to meet the identified need.

- 2) If adequate residential facilities do not exist to meet the identified need CSC, in consultation with the private sector, will consider whether the private sector could, with appropriate federal assistance, provide such services at an acceptable level of quality and at a reasonable cost to the Ministry.

- 3) Only if the above alternatives are not deemed to be feasible will the establishment of a CCC be considered.

There has never been an agreement regarding the sharing of after-care residential cases on an equal basis by CRCs and CCCs nor would such an agreement be advisable. Each facility has a unique and valuable role to play in the Ministry's release program and one type of facility should not "prosper" at the expense of the other.

The findings of this study indicate that in comparison to CCCs there are both more CRC beds available and more CRC beds being used by CSC. Also, CSC is using a large percentage (80%) of the CRC beds available to them and, in cities where there is a choice between the two types of facilities CSC uses 79% of available CRC beds. Finally, CRCs have developed at a much faster rate than

CCCs. Thus, there does not appear to be any foundation to the statement that CRCs are being under-utilized by the Federal Government or that CCCs are taking a disproportionate share of federal clients.

The suggestion that the continued existence of some CRCs is threatened by the Federal Government's under-utilization of these facilities does not appear to be borne out by the statistics. Only 21% of the beds in CRCs under contract with CSC are potentially available to CSC. Very few CRCs are exclusively available to CSC and there are no recent examples of the closure of any of these facilities as a result of a lack of referrals from CSC.

There are examples across the country where an imbalance in the utilization of CRC and CCC beds has been documented. In some cases the percentage use of available CRC beds is higher than the percentage use of CCC beds, while in other cases the opposite is true.

The most obvious imbalance appears to be in Alberta. Indications are, however, that these CRCs are not experiencing severe financial difficulties because the majority of the bed-space is utilized by the provincial government. The situation in Alberta will be monitored in the upcoming joint evaluation of CRCs by CSC

and the Alberta government. If cases of CRCs suffering financially because of low CSC referrals and competition with CCCs are identified then solutions to the problem will be worked out locally with assistance from RHQ and NHQ where necessary.

From the above discussion it is evident that CSC is using a large percentage of the CRC beds available to them. Many CRCs have expressed concerns regarding what they consider to be the low per diem rates paid by CSC for residential services. Thus, the issue may be the per diem rates rather than the low number of referrals. In 1981, the Management Studies Division of the Ministry of the Solicitor General, with the participation of two private sector representatives, reviewed the per diem rates paid to CRCs. The study team proposed a range of per diem rates based on the bed capacity of the CRC and the program offered. The per diems proposed were significantly higher than the actual per diems paid in 1981-82. If approved, they would provide CRCs with a greater degree of financial stability and should also encourage the development of new CRCs and more extensive programs.

The present policy on CRC development may be partially responsible for the relatively equal availability and utilization of CRC and CCC beds. The continued existence and application of this policy will ensure a very major role for CRCs in the provision of residential services to CSC clients in the future.

HIGHLIGHTS OF RECOMMENDATIONS

- (1) Areas in need of additional facilities should be anticipated by CSC and NPB before a shortage of space in any area becomes critical.
- (2) Comprehensive joint planning between CSC, NPB, provincial governments and other organizations should be imperative before establishing CRCs in relatively small population areas where CSC can make few referrals.
- (3) Residential per diem rates paid to CRCs should be significantly increased in order to help ensure their continued operation.
- (4) CSC and NPB should continue to assist with the identification of areas where additional bed-space is required and to support the development of new CRCs. CSC should actively assist in this development by providing seed money and other assistance.
- (5) CSC should review its present guarantee structure to determine if it is serving the purpose for which it was

- intended, if the formula for computing the guarantee is adequate and if the practice should be extended to more CRCs.
- (6) CRC and CCC staff should be encouraged to inform inmates as well as CSC and NPB staff of their facilities and programs.
  - 7) The importance of the evaluation of CRCs cannot be overemphasized. A standardized evaluation format should be used and the completion and content of these evaluations should be monitored by CSC and NPB on a regional and national level.
  - (8) CRC, CSC, and NPB staff should be encouraged to communicate regularly at the local level so that difficulties can be resolved before severe problems result.
  - (9) All CRCs should establish, in consultation with CSC, the number of beds which are available to CSC. A utilization rate can then be computed and this rate can be regularly monitored.
  - (10) CSC and NPB should attempt to establish arrangements whereby the choice of a facility will take into consideration both the inmate's individual needs and the utilization level of each facility.

- (11) Day parole to a CRC or a CCC should be used only to the extent that this control is required and only for as long as necessary.
- (12) The admission criteria of both CRCs and CCCs should be reviewed to determine if a large number of prospective residents are excluded. If it is determined that large numbers of prospective residents are being excluded, the admission criteria should be revised to take into account the current profile of the inmate population.

RECOMMENDATIONS

The findings do not indicate that any CCCs should be closed or that any contracts with CRCs should not be renewed. At present, the combined utilization rate of these facilities is 82% and it is anticipated that more space will be required based on the NPB's new policy of automatic review of inmates at one-sixth of their sentence. Every effort should be made by CSC and NPB to anticipate areas in need of additional facilities before a shortage of space becomes critical.

Some CRCs in large population areas rely exclusively, or almost exclusively, on CSC for referrals. The utilization rate is

normally high in these CRCs due to the volume of CSC referrals and they do not suffer severe financial difficulty. In smaller population areas, however, the volume of referrals is obviously much smaller and CRCs cannot normally survive on CSC referrals alone. Many of the areas identified in this study as requiring CRC bed-space have relatively small populations and CSC could not fully support a CRC on its own. The need for comprehensive joint planning between CSC, NPB, provincial governments, and other organizations in the establishment of a CRC in these areas is crucial to the ultimate maintenance of these CRCs.

As indicated earlier in this report, many CRCs have expressed concerns about what they consider to be the low per diem rates paid by CSC for residential services. A study by the Management Studies Division of the Ministry of the Solicitor General has recommended a significant increase in residential per diem rates. A submission to increase the per diem rates for fiscal year 82/83 has been made to Treasury Board following approval by SMC. We endorse this recommendation for an increase in the per diem rates to help ensure the continued operation of existing CRCs and the development of new CRCs.

CSC and NPB have played a major role in the development and on-going operation of many CRCs in Canada and they should continue

to do so in the future. Both agencies should assist by identifying the need for further bed-space and by supporting the development of new CRCs. CSC should actively assist in this development through the provision of seed money. In addition, CSC should continue the practice of guaranteed monthly payments to existing CRCs. A guaranteed monthly payment based on 75% of the average daily use during the previous calendar year is provided to CRCs, after the initial contract year. This guaranteed payment is intended to provide the CRC with some financial stability during times when referral rates fluctuate for short periods of time. The present guarantee arrangement should be reviewed to determine if it is serving the purpose for which it was intended, if the formula for calculating the guarantee is adequate, and if the practice should be extended to include more CRCs. It is felt that guarantees are a safeguard for CRCs because where they exist there is increased pressure to refer at least the guaranteed number of cases to the CRC.

Currently, CSC headquarters monitors the utilization rates of CCCs and CRCs with guarantees on an ongoing basis and provides for follow-up action with CSC regional headquarters if CCC utilization rates are low or if all of the guaranteed beds in CRCs are not being used for an extended period of time. However, there are many CRCs under contract with CSC which do not have

guarantees and these are not monitored as closely as those with guarantees. It is recommended that CSC's monitoring system be extended to include all CRCs. The monitoring should include the total number of beds available to CSC in each CRC under contract and the up-to-date utilization of each CRC. Further, these two statistics should be compared regularly. The CRC utilization statistics should be shared with NPB on a regional and national level to insure that NPB is apprised of the utilization rate in each CRC.

For a number of years, each CRC has been evaluated prior to contract initiation and thereafter on an annual basis prior to contract renewal. In some instances, these evaluations have been very thorough and worthwhile for both the CRC and CSC. However, in other cases these evaluations have lacked substance and have been performed as an annual obligation rather than a positive exercise. The importance of the evaluation process should not be overlooked. This exercise could serve as a vehicle for both CRC and CSC staff to discuss the fulfillment of the terms of the contract and issues such as referral rates. A standardized evaluation format has recently been developed by CSC to insure a more comprehensive evaluation than has been undertaken in the past. The completion and content of these evaluations should be monitored by CSC and NPB on a regional and national basis. The NPB

should be actively involved in these evaluations and should provide input to CSC on the initiation and renewal of contracts for CRCs. A copy of the evaluations prepared by CSC should be given to NPB for their comments and for discussion of specific areas of concern.

In addition to the formalized contact which will occur at the evaluation, senior staff of the CRC and CSC at the local level should be encouraged to communicate regularly throughout the year. In most cases, difficulties such as low referral rates which may lead to severe financial difficulty can be resolved locally.

In areas where there is not a high volume of referrals, it is generally the CRCs and CCCs which exert a considerable amount of effort to make people aware of their facilities and programs that receive the majority of these referrals. CRCs and CCCs should be encouraged to use every means possible to inform inmates as well as CSC and NPB of their facilities and programs. This is particularly important in areas of high competition or low volume. Residential facilities are aided in this endeavor by CSC's yearly publication of a Directory of Community Based Residential Centres which includes a description of each CRC and CCC. Nevertheless, this must be supplemented by CCC and CRC staff through means such

as visits to institutions to speak to staff and inmates. The financial implications of this recommendation are recognized; however, a significant increase in the per diem rates paid to CRCs may make it possible for more CRC staff to visit institutions.

In the Quebec region which has a lengthy waiting list of day parolees to enter CCCs there is an agreement between CSC and NPB to coordinate and optimize the utilization of CRCs and CCCs. In appropriate cases the NPB grants a day parole without specifying the type of residential facility and CSC determines the facility based on considerations of the inmate's individual needs and the utilization level of each facility. Discussions are presently underway between CSC and NPB to determine if this agreement should be expanded to other regions. Innovative arrangements are encouraged and we feel that they could be especially beneficial in areas where one type of facility may be better known and thus have a waiting list while another type of facility has vacant beds.

The Solicitor General's Study of Conditional Release, 1981 indicated that many CSC staff feel that day parole to a CRC or CCC may be over-used, and that individuals who do not need the controls of day parole should be released directly to full parole if

they are eligible. It has also been suggested that some day parolees remain in CRCs and CCCs longer than is necessary. We recommend that CSC and NPB staff consider day parole to a residential facility only when such controls are needed and only for as long as these controls are necessary. This would ensure that more bed-space was available for those requiring these controls.

Both CCCs and CRCs exclude some inmates from admission to their facilities. CCCs only require that residents be federal inmates on day parole. Many CRCs, on the other hand, automatically refuse several categories of offenders e.g. sex offenders, informers, people with a history of violent offences. Many federal offenders fall into the categories excluded by these facilities. A review of the Inmate Population Profile from 1974 to 1981 indicates that the number of persons incarcerated for violent offences has increased 23% from 4659 persons to 5707 persons. Also, the proportion of the federal population incarcerated for these offences is on the rise. In 1974, 53% of the population had committed a violent offence and in 1981 this proportion increased to 58% of the population. Thus, CRCs and CCCs can expect that, increasingly, CSC will be looking for facilities for these types of offenders. We therefore recommend that the admission criteria for these facilities be reviewed and more facilities for these types of offenders be opened.

MEMORANDUM

27 May, 1981.

TO: D.R. Yeomans, Commissioner/CSC  
W.R. Outerbridge, Chairman/NPB

FROM: Bob Kaplan

RE: CRC - CCC UTILIZATION

As you know, representatives of voluntary agencies have recently complained that CRC's are being under-utilized by the Federal Government. The agencies contend that the problem is the result of the CCC's taking a disproportionate share of federal clients. The agencies believe this practice threatens the continued existence of some of the CRC's.

I believe that it is your position that the CCC's are being utilized only so far as is necessary and that they are in no way being "over-used", and that Parole Board members are exercising proper discretion in directing parolees to CCC's. I wonder.

If we are to assess this situation objectively, it is clear that we will need complete and accurate data on recent levels of usage of both types of centres. Such data have already been supplied to me by your officials but these are incomplete in that certain variables (e.g., actual CRC capacities and the number of beds available to the CSC) are not covered.

The kind of data we require has not, I understand, been collected in any systematic and standard way in the past. Nonetheless, I think it is imperative that we compile the data at this time if we are to deal with the issue adequately and allay the concerns of the private sector.

I would therefore like to have a study undertaken jointly of the relative usage of the CRC's and CCC's in the past two years (fiscal or calendar, whichever is most accessible). I leave it to your discretion to determine the exact details of the data needs. I would hope, however, that the figures would permit those carrying



out the study to determine patterns and make comparisons of usage, and to draw conclusions that will permit us to defend our present practices, or to modify them in a way that will meet both our own needs and those of the agencies concerned.

It seems to me that some of the basic information we would need to collect would be:

- the number of beds; by CRC and CCC,
- the usage level, by CRC and CCC,
- the proportion of bedspace in CRC's used by federal inmates,
- the proportion of bedspace in CRC's that was guaranteed to the CSC in the same period, and
- the proportion of bedspace in CRC's that was used by other organizations.

I would also like the study team to undertake a detailed region-by-region comparison between occupancy levels of CRC's and CSC's, taking into consideration all the foregoing factors.

I realize that obtaining reliable data from the CRC's may be difficult. You may therefore wish to involve in the study some of the national representatives of private sector agencies or even to contract with one or more of them to produce this part of the data. I would be prepared to add my personal endorsement to any such request, if necessary.

Bob Kaplan

AN INTERIM MINISTRY POLICY  
ON  
COMMUNITY-BASED RESIDENTIAL CENTRES

For Submission to the  
Senior Policy Advisory Committee  
Meeting on March 13, 1975.

Approved by Treasury Board,  
April 10, 1975.

AN INTERIM MINISTRY POLICY  
ON COMMUNITY-BASED RESIDENTIAL CENTRES

PURPOSE:

The purpose of this document is to articulate an interim Ministry policy on Community-based Residential Centres.

DEFINITION:

For the purpose of the Ministry of the Solicitor General, a CRC is a residential facility with the following characteristics:

- clientele consists at least partially if not exclusively of offenders or ex-offenders,
- bed capacity normally ranges from 5 - 75,
- normal length of residence in CRC should exceed one week,
- has a program, appropriate to the needs of the residents, designed to:
  - a. assist in the transition of residents from institutional care to re-integration in the community at large and/or
  - b. to provide a non-custodial, community-based alternative for sentencing dispositions.

BACKGROUND:

In recent years, the number of community-based residential centres began to grow with great rapidity in response to a felt need in the community for residential facilities for offenders and ex-offenders. These centres which were funded mainly by private sources provided a variety of services with different degrees of quality. Uncoordinated with government correctional programs, they began to place increasing demands for financial assistance on the federal government.

In April, 1972, the Solicitor General appointed a task force to study, on a national scale, this rapidly growing phenomenon known as the CRC "movement" and to report on the various actions which might be taken by the federal government. A final report was submitted in September, 1972 containing a series of principles and recommendations offered to guide federal government involvement in CRC.

Following receipt of this report and subsequent discussions at the Federal/Provincial Conference in December, 1973, of Ministers responsible for Corrections, a national Conference on CRC was held in June, 1974 in Vancouver under the joint sponsorship of the Government of British Columbia and the Ministry of the Solicitor General.

Despite these activities, the Ministry of the Solicitor General could not commit itself to a firm long-term policy with respect to CRC's because of the following factors.

1. the great difficulty in predicting accurately its future requirements for such residential facilities,
2. the establishment of a task force to study the development of a federal corrections agency which will combine both the Canadian Penitentiary Service and the National Parole Service. This Task Force is presently studying the proposed role of a federal corrections agency, its organization and its relationship to the private sector.

Hence the Ministry of the Solicitor General decided to develop an interim policy on CRC's. A draft policy proposal was submitted to and endorsed by the Continuing Committee of Deputy Ministers responsible for Corrections at their meeting of December 5, 1974 in Quebec City. Subsequent to that meeting, consultations were held with those provinces who indicated their desire to discuss further the development of such a policy.

The following statement of the interim policy reflect the results of these discussions and tentative agreements reached:

#### STATEMENT OF INTERIM POLICY

The Ministry of the Solicitor General recognizes and accepts that privately operated CRC's play an important and integral part in the criminal justice system in Canada. It further recognizes that for selected offenders and potential offenders, CRC do represent a viable alternative to conventional forms of imprisonment.

It follows then that the Ministry of the Solicitor General will, in partnership with provincial government corrections agencies, and private service agencies, support the effective operation and expansion of a wide range of CRC, thus permitting community treatment of some potential offenders and other convicted of less serious offences.

#### PART I - RATIONALE FOR USE OF CRC's

1. CRC's provide needed rehavilitative and residential services for the Ministry of the Solicitor General.
2. If CRC's were not able to provide the required services, the Federal Government would have to develop its own services which will be more expensive in terms of both capital and operating costs. This is not only undesirable from the point of view of the investment that it would represent but most importantly it would deprive the inmate or ex-inmate of a community service which is vital to his rehabilitation.
3. CRC's represent a useful and desirable vehicle for community involvement in corrections. As criminal behaviour is a function of both the offender and of the community in which he lives, the community must accept, wherever practical, at least partial responsibility for the inappropriate

behaviour of some of its members and for dealing with them in the community.

4. Their services are complementary to the objectives of the Ministry of the Solicitor General in the sense that they represent a part of a continuum of services to be provided to the offender.
5. CRC's can respond more quickly to changing conditions because of the absence of a bureaucratic structure.
6. The Ministry of the Solicitor General is committed to the concept of partnership with the private sector. In supporting the CRC movement, the Ministry demonstrates visibly and concretely its commitment to this partnership.

#### PART II - PRINCIPLES AND GUIDELINES

In order to make optimum use of privately operated residential facilities, the following principles and guidelines are adopted:

1. "In responding to identified needs for residential facilities, appropriate representatives of the CPS, NPS and NPB in consultation with appropriate officials from the respective provinces, will look first to the private sector to ascertain whether or not adequate residential facilities already exist to meet the identified need. If not available, they will, in consultation with the private sector, consider whether the private sector could, with appropriate federal assistance, provide such services at an acceptable level of quality, and at a reasonable cost to the Ministry. If a decision is reached that these alternatives are not feasible, then a federally operated residential facility would be established with full consultation and agreement of the National Parole Board."
2. CRC's perform essentially the following four functions:
  - a. they represent an alternative to conventional forms of incarceration;
  - b. they provide a bridge between institutional care and community;
  - c. they represent an agent for innovation and change in corrections;
  - d. they represent a vehicle for community and citizen involvement.
3. Within the context of a total continuum of correctional services, there is a need for a variety of residential facilities offering services such as accommodation, food, social and recreational opportunities and some form of counselling. On the one hand, such facilities complement existing institutional programs by providing lesser degrees of supervision, control and treatment than conventional institutions. On the other, they complement existing community programs by providing greater support, supervision and assistance than generally available under full parole and probation free from residential conditions.

CRC's provide a flexibility, within the continuum in devising special programs for non violent, non-dangerous offenders in special client groups such as natives, youth, the aged and drug-alcohol abusers. Depending on the availability of community resources, residential facilities can be operated exclusively by the private sector, by the provinces, by the CPS/NPS or jointly under a "partnership" arrangement.

- 4. For this interim period, regional directors of CPS and NPS and a designated representative of the NPS will be regarded as the focal point for the development and operation of residential facilities in the regions, on behalf of the Ministry of the Solicitor General.

PART III - A NATIONAL FUNDING FORMULA

The present funding of CRC's is based on a fee-for-services rendered concept consisting of a payment of a per diem rate for every person referred to an approved CRC by a duly authorized official of the Ministry. This type of funding has proven to be inadequate because of the fluctuating number of referrals which created difficulties for CRC's to plan ahead and forced some CRC's to reduce its staff and services.

There is one additional source of funds from the Ministry. In certain "experimental" programs where innovative or creative approaches to corrections are being tested, the Consultation Centre may assist in the planning and financing of such projects for a limited period of time.

In order to ensure the adequate, effective and continued delivery of services by CRC's, the Ministry of the Solicitor General recognizes the need for a more comprehensive approach to the funding of CRC's which consists of providing financial support in the following areas:

- a. stable funding of operations
- b. initial funding
- c. funding of demonstration projects
- d. funding of National and Provincial Associations
- e. staff training and development

A. Stable funding of operations

On going, long term funding will be made available for established CRC's who meet the required standards. Such funding, to be administered by NPS, should be based on a fee-for-service and consists of the following formula:

- i) the Ministry will pay a per diem rate to an approved CRC for every person referred to it by an authorized official of the NPS/CPS.
- ii) the Ministry will guarantee the CRC a minimum number of referrals per month depending on need for space and as long as standards are met. The guaranteed number of referrals to be determined by the District Representative of NPS based on 75% of average monthly use of facility by the Ministry during the past fiscal year or in case of new facilities the average past use for six months.

B. Initial Funding (Start up-seed money)

Limited short term funds will be made available to organizations who wish to establish a CRC in a new community or in a new location within a community where there exists a demonstrated need for a CRC.

This funding program, to be administered by NPS, will provide up to 80% of the projected operating expenses for a period not exceeding six months to organizations who accept certain minimum standards and have secured the necessary residential facility in which the CRC will operate.

In the case where there is a joint use of facility by both the federal and provincial governments, the contribution will be shared equally by both levels of government.

The remaining share will be secured from private sources either in cash or in kind.

No additional funds will be paid by the Ministry of the Solicitor General during this period for federal referrals.

It is hoped that within the six months period, the facility will be fully operational and will meet the standards for eligibility for operational funding.

C. Funding for Demonstration Projects

Part of the budget of the Consultation Centre and the National parole Board is set aside to encourage the development of new, unique, CRC projects.

These funds are intended to provide short term support for creative or innovative efforts in the CRC movement.

D. Funding of National and Provincial CRC Association

At the national conference on community-based residential centres in June, 1974, in Vancouver, there was a unanimous agreement on the need to form a national CRC association and regional or provincial CRC associations.

The main role of these associations would be to serve as a vehicle for communication and the exchange of ideas between:

- a. CRC's themselves
- b. CRC's and the government
- c. CRC's and the community

It is in the interest of the Ministry of the Solicitor General to support the formation of such associations as it would facilitate the consultation process with them and would assist them in coordinating their activities and developing a more active and effective role as part of the criminal justice system.

It is expected that a national CRC association and five regional associations will eventually be formed with two regional associations in 1975-76 and the rest in later years.

E. Staff Training and Development

The Ministry of the Solicitor General recognizes the need for CRC staff development and training and considers it essential if CRC programs are to be effective.

Therefore, the Ministry will take the following steps:

- i. Enter into an agreement with an individual or a private organization such as the St. Leonard's Society of Canada to develop, in consultation with federal and provincial corrections authorities, operators of selected CRC's and with staff of community colleges, a model staff development curriculum for CRC-CCC staff in federal, provincial, municipal and private residential facilities.
- ii. Distribute the resulting staff development curriculum to provincial corrections officials for their discussion with appropriate educational officials and possible implementation.
- iii. Assist selected CRC staff who, chose to avail themselves of the resulting staff development program in an educational institution such as a community college.

The nature of the assistance will be in the form of payment of the salary of a person hired by the CRC to replace the staff person taking development programs.

PART IV - STANDARDS

CRC which wish to be considered for funding on a continuing basis must demonstrate that they meet the following criteria:

- i. provincial incorporation as a non-profit organization;
- ii. a constitution, including statement of objectives;
- iii. a Board of Directors representative of a cross-section of the community;
- iv. a complete set of financial records, duly audited; (submitted to MSG on an annual basis)
- v. records of residents, and of program activities, for statistical and evaluative purposes;
- vi. conformance with local health and safety standards;
- vii. staff appropriate to programs;
- viii. clearly defined admission policy;
- ix. services which include:
  - room and board,
  - some form of program activity such as employment and/or vocational assistance;
  - counselling;
- x. willingness to accept evaluation by NPS representative or a representative of a joint Federal/Provincial/Private Committee

Organizations which wish to establish CRC in new locations will be considered for "seed money" provided they meet the following criteria:

- i. a Board of Directors representative of cross-section of the community;
- ii. an available residential facility which meets local health and safety standards
- iii. a clearly defined admission policy;
- iv. willingness to accept evaluation by NPS representative or a representative of a joint Federal/Provincial/Private Committee;
- v. willingness to work toward other criteria identified above.

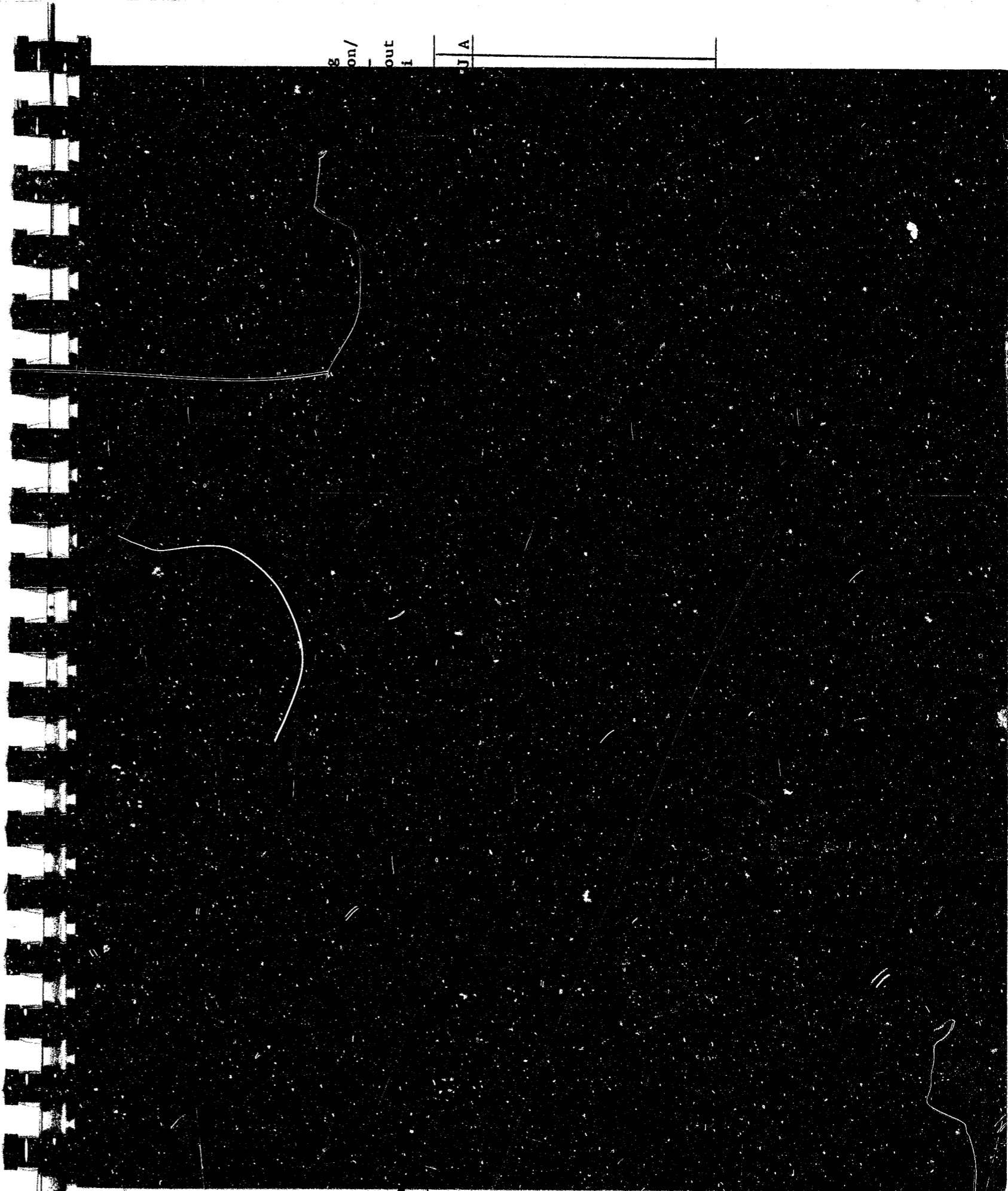


Name & Address of CRC/Nom et adresse du CRC	Capacity/ Capacite	No. of Beds Available to CSC/No. de Lits à la Disposition du SCC	Total No. of Beds Available to others (Specify the Organi- zation)/No. Total de Lits Dont Disposent les autres organismes (Precisez le Nom de L'Organisme)	No. of Vacant Beds on a specific date (specify date checked)/No. de lits vacants a une date pre- cise (precisez la date).	Bed days utilized from Jan-Aug 1981, and by which organization/ nombre de lits utilises quoti- diennement entre Janvier et Aout 1981 et nom des organismes qui les ont utilises.
					J F M A M J J A
					-CSC/SCC
					-Province
					-Others (Specify)
					-Autres (Precisez)

- Do you feel that more CRC/CCC beds are required in your area?/  
A votre avis, faut-il augmenter dans votre région le nombre de  
lits des CRC et des CCC?
- Identify the area/Dans quel secteur?
- Explain the requirement/Expliquez votre réponse.

APPENDIX "C"

- iii) avoir une politique d'admission clairement définie;
- iv) accepter de se faire évaluer par un représentant du SNLC ou un représentant d'un comité mixte fédéral-provincial-privé;
- v) s'engager à respecter progressivement les autres critères mentionnés ci-dessus.



g on/ out

J/A

e & /No CRC

Do A 11 Ide Exp







Name & Address of CRC/Nom et adresse du CRC	Capacity/ Capacite	No. of Beds Available to CSC/No. de Lits à la Disposition du SCC	Total No. of Beds Available to others (Specify the Organi- zation)/No. Total de Lits Dont Disposent les autres organismes (Precisez le Nom de L'Organisme)	No. of Vacant Beds on a specific date (specify date checked)/No. de lits vacants a une date pre- cise (precisez la date).	Bed days utilized from Jan-Aug 1981, and by which organization/ nombre de lits utilises quoti- diennement entre Janvier et Aout 1981 et nom des organismes qui les ont utilises.
					J F M A M J J A
					-CSC/SCC
					-Province
					-Others (Specify)
					-Autres (Precisez)

- Do you feel that more CRC/CCC beds are required in your area?/  
A votre avis, faut-il augmenter dans votre région le nombre de  
lits des CRC et des CCC?
- Identify the area/Dans quel secteur?
- Explain the requirement/Expliquez votre réponse.

APPENDIX "C"

**END**