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# U.S. CRIME BILL: State Assurances, August 1994

Prepared for the National Institute of Corrections and the Federal Bureau of Prisons by LIS, Inc., Information Center Contractor Longmont, Colorado

August 1994

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# **OVERVIEW**

**Purpose:** This document was developed to provide state-by-state information on the status of particular components in the management and operation of correctional facilities and programs. The components were based on the language of the Crime Bill legislation as of August 11, 1994. At that date, the language required assurances that "the State or States have a comprehensive correctional plan which represents an integrated approach," to include the following components:

- 1. Diversion programs
- 2. Drug diversion programs
- 3. Community corrections programs
- 4. A prisoner screening and security classification system
- 5. Appropriate professional training for corrections officers in dealing with violent offenders
- 6. Prisoner rehabilitation and treatment programs
- 7. Prisoner work activities
- 8. Job skills programs
- 9. Educational programs
- 10. A pre-release prisoner assessment to provide risk reduction management
- 11. Post-release assistance
- 12. An assessment of recidivism rates

No available data demonstrate the extent to which each state has "a comprehensive plan which represents an integrated approach." However, the available data can indicate state-by-state activity within many of the components named in the legislation.

**Method:** The timeframe for this project eliminated the possibility of conducting a fifty-state survey based on the specified components. Instead, the NIC Information Center staff searched for existing fifty-state surveys that address the components. In some instances, survey information is less comprehensive than the legislative language might require; in such instances, staff selected the most representative data and noted the limitations. Where no fifty-state survey information is available, staff provided brief descriptions of nationwide trends, based on authoritative research.

In practice, the twelve components listed in the legislation often overlap. The nature and extent of any overlap is determined by how the components are defined. For clarity in presentation, the Information Center staff defined the components (see the introductions to the tables) and grouped together the components that most commonly shade into each other in practice (see Data Groupings, below). Although the staff selected titles for the groupings, the components in each group retain the legislative language and correspond to the numbers in the list (above) within this overview. The titles for the groupings correspond to the titles of the tables and text that follow.



National Institute of Corrections Information Center

# **DATA GROUPINGS**

# Community-based corrections (TABLE 1, pp. 3-6)

#1 Diversion

#2 Drug diversion

#3 Community corrections

# Institutional programs (TABLE 2 and supplementary material, pp. 7–13)

# 6 Rehabilitation/treatment #11 Post-release assistance

# Institutional programs related to education and employment (TABLE 3, pp. 14-15)

#7 Work activities

#8 Job skills #9 Education

# Assessment/risk management (TABLE 4 and supplementary material, pp. 16–19)

# 4 Screening/classification

#10 Pre-release assessment

#12 Recidivism assessment

# Staff training (p. 20)

#5 Training, violent offenders

# INTRODUCTION: Community-Based Corrections (TABLE 1)

For the purposes of this document, diversion, including drug diversion, is grouped with community corrections under "community based corrections," meaning programs conducted outside an institution. Such programs are primarily aimed at reducing the institutional population while providing an appropriate balance between the programming needs of the offender and the safety needs of the community.

## **Definitions**

Diversion: The diversion data presented in Table 1 reflect programs considered by the reporting agencies to be community-based alternatives to prison.

Drug diversion: Programs considered by the reporting agencies to be community-based alternatives to prison that have been designed specifically for drug-involved offenders. Within Table 1, components of diversion programs designed designed for chemically dependent persons are highlighted in bold.

Community corrections: Programs offered to provide offender control or treatment in the community. Community-based correctional programs can provide 1) a direct sentencing option; 2) varying levels of sanctions and supervision for failure to comply with the terms and conditions of community release, or 3) a supervised re-entry of persons conditionally released from prison. Additional program components not appearing in the table include fines, restitution, day reporting centers, intensive supervision, and parole.

## **Additional Notes**

Community-based corrections can be conducted under the auspices of various state or local agencies. The survey data available for Table 1 include only programs provided or coordinated by state corrections departments.

# **Table 1. Community-Based Corrections**

COVERS LEGISLATIVE COMPONENTS: Diversion, Drug diversion, Community corrections

			Ma	jor Community C Program Opti	orrections ons <sup>2</sup>	
	Programs Considered Alternatives to Prisons <sup>1</sup>	Supervised release	Electronic monitoring/ home detention	Shock Incarceration/ boot camp	Residential placement	Substance abuse/ DWI/DUI
Alabama	Supervised intensive restitution (SIR)	1		1		
Alaska	(N/A)					
Arizona	Home arrest program; shock incarceration	1	1	1		
Arkansas	None	1		1		1
California	The Alternative Sentencing Program proposes to take selected violent felony offenders (with sentence lengths of 36 months or less), serving their first term of state incarceration to successfully complete an intensive 120-day incarceration program resulting in the offender being released to an intensive 180-day "aftercare" parole supervision program and discharge.			•	1	
Colorado	Boot camp; intensive supervision	1		1	1	
Connecticut	Halfway houses; community day services program	1			1	
Delaware	Development center (3rd party placement)	✓	1			
D.C.	Electronic monitoring; halfway houses	✓	1		1	/
Florida	Non-secure drug treatment centers; community control program; diversion centers; intensive drug treatment centers	1	1	/		/
Georgia	Probation (street); probation diversion centers; probation detention centers; probation boot camps; inmate pre-release transitional centers			1		/
Hawaii		1	1		1	1
ldaho	Electronic monitoring			1		
Illinois	Impact incarceration program (boot camp)	1	1	1		
Indiana	(N/A)					

<sup>Sources
1. Contact, Inc. Corrections Compendium October 1993, p. 11–15. "Corrections Budget 1994-94, Programs." Programs provided/coordinate the state corrections department which the agency considers are alternatives to incarceration. Bold highlighting indicates diversion programs specifically identified as being targeted for substance abusing offenders.
2. American Correctional Association: ACA Directory, 1994. Data as of June 30, 1993.</sup> 

			Ma	Jor Community C Program Opti	orrections ons <sup>2</sup>	
	Programs Considered Alternatives to Prisons <sup>1</sup>	Supervised release	Electronic monitoring/ home detention	Shock incarceration/ boot camp	Residential placement	Substance abuse/
lowa	Community based corrections and its related programs		1	1		1
Kansas	Community corrections; county operated conservation camp (boot camp)				-	1
Kentucky	Probation & Parole drug testing and treatment program; community sex offender program; community corrections grants				1	
Louisiana	Community based programs for adults and juveniles			1		1
Maine	Intensive supervision; electronic monitoring; supervised community confinement	1	1			
Maryland	Home detention; boot camp		1	1	1	
Massachusetts			1	1	1	1
Michigan	Special alternative incarceration (boot camp); probation detention center; technical rule violator centers		1	1	1	
Minnesota	Community service programs; work release; contracts with local facilities	1		1		
Mississippi	Restitution			1		
Missouri	Intensive supervision (probation and parole); house arrest (electronic monitoring)		1		1	
Montana	(N/A)	1	1	1	1	1
Nebraska	Legislature has approved funds to study and implement boot camps and community programs	1				1
Nevada	Boot camp		1	1		1
New Hampshire	Court diversion program; court referral program; high intensity surveillance; electronic monitoring; correctional pathways		1	1		1
New Jersey	Halfway house program		1		1	
New Mexico	Community corrections; reintegration; intensive supervision					1
New York	Shock incarceration			1	1	1

Contact, Inc. Corrections Compendium October 1993, p. 11–15. "Corrections Budget 1994-94, Programs." Programs provided/coordinated by the state corrections department which the agency considers are alternatives to incarceration. Bold highlighting indicates diversion programs specifically identified as being targeted for substance abusing offenders.
 American Correctional Association: ACA Directory, 1994. Data as of June 30, 1993.

# Table 1, cont.

			Ма	ijor Community C Program Opti	orrections ons <sup>2</sup>	
	Programs Considered Alternatives to Prisons <sup>1</sup>	Supervised release	Electronic monitoring/ home detention	Shock Incarceration/ boot camp	Residential placement	Substance abuse/
North Carolina	House arrest; intensive surveillance			1		1
North Dakota	Community confinement and treatment programs; intensive supervision programs within community, electronic monitoring; day reporting; home confinement		<b>✓</b>		1	<b>/</b>
Ohio	Community corrections			1		
Oklahoma	Community supervision of certain non-violent offenders if prison population exceeds 97% of capacity			/	1	
Oregon	Local work centers; jail and probation centers; day reporting; electronic surveillance; community service projects	1				1
Pennsylvania	Community based centers to divert parole violators from prison	1			1	1
Rhode Island	Home confinement program; reintegration center for probation and parole	1	/			1
South Carolina	[None; programs under another agency]			1	1	
South Dakota	None		1			1
Tennessee				1		
Texas	Community diversion programs/ adult probation and diversion of special needs offenders into treatment alternatives	1		1		1
Utah	None				- y	
Vermont	Undergoing comprehensive restructuring into a continuum of sanctions	1		1	1	
Virginia	Boot camp	1	1	1	1	
Washington	Work release; community service; work ethic camp					1
West Virginia	None	I and the second		1		15
Wisconsin	Intensive sanctions			1		1
Wyoming	(N/A)	1		1		
	TOTALS	21	20	30	19	25

Sources
1. Contact, Inc. Corrections Compendium October 1993, p. 11–15. "Corrections Budget 1994-94, Programs." Programs provided/coordinates the state corrections department which the agency considers are alternatives to incarceration. Bold highlighting indicates diversion programs specifically identified as being targeted for substance abusing offenders.

2. American Correctional Association: ACA Directory, 1994. Data as of June 30, 1993.

# **INTRODUCTION: Institutional Programs (TABLE 2)**

Programs selected for this table are the major program types provided by agencies to address problems that contribute to criminal behavior. Categories include substance abuse treatment, mental health treatment, and sex offender treatment. Also included in the table is provision of women's programs, which tend to be more broadly focused on family services.

A national survey of services for older offenders indicates that correctional agencies in thirty-three states and the District of Columbia operate special facilities or programs for this population (Aday, 1994. "Elderly Inmates." Federal Probation June 1994. Table 1, "Geriatric Facilities, Problems, Plans, and Research Needs," included by permission of the author). Populations of older offenders are growing as states implement changes in their sentencing practices. Programs address special needs of older offenders in areas such as medical care, substance abuse treatment, planning for transition back to the community, and loss, death, and dying.

There is no nationwide information available on linkages between institutional programs and community-based treatment after release. It is known that some agencies pursue community linkages for specific treatment populations, e.g., sex offenders and substance abuse treatment participants. Some states also have parole officers who "case manage" the transition of inmates back to the community.

Table 2. Institutional Programs: Major Types Provided

COVERS LEGISLATIVE COMPONENTS: Rehabilitation, Treatment; Post-release assistance

	Substance Abuse Treatment Programs <sup>1</sup>	Mental Health Treatment Programs <sup>1</sup>	Sex Offender Treatment Programs <sup>1</sup>	Programs for Women Offenders <sup>2</sup>
Alabama				1
Alaska	1	1	1	1
Arizona	1	1	1	1
Arkansas	1	1	1	1
California	1		1	1
Colorado	1	1	1	(N/A)
Connecticut	1	1	1	1
Delaware	1	1	1	1
D.C.	1			1
Florida	/	1		1
Georgia	/	1	1	1
Hawaii	1	1	1	1
Idaho	1			1
Illinois	1	1	1	/
Indiana	1			<b>/</b>
lowa	1	1	1	
Kansas	1	1	1	/
Kentucky	1	1	1	1
Louisiana	1	1		1
Maine	1	1	1	(N/A)
Maryland		1	1	1
Massachusetts	1	1	1	1
Michigan	1	1	1	1
Minnesota	1	1	1	1
Mississippi	1	1		1
Missouri	1	1	1	1
Montana	1	1	1	1
Nebraska	1	1	1	1

Criminal Justice Institute: Corrections Yearbook 1993.
 Contact, Inc. Corrections Compendium February 1994. Although all corrections departments report a variety of programming for wome components range from state to state, especially in the types of visiting possible. See full survey, included by permission.

Table 2, cont.

	Substance Abuse Treatment Programs 1	Mental Health Treatment Programs <sup>1</sup>	Sex Offender Treatment Programs <sup>1</sup>	Programs for Women Offenders <sup>2</sup>
Nevada	1	1	1	1
New Hampshire	1	1	1	1
New Jersey			1	1
New Mexico		1	1	1
New York	1	1	1	<b>√</b>
North Carolina	1	1	1	1
North Dakota	1	1	1	1
Ohio	1	1	1	1
Oklahoma	<b>/</b>	1	1	1
Oregon	1	1	1	1
Pennsylvania	1	1	1	1
Rhode Island				1
South Carolina	1	1	1	1
South Dakota	1	1	1	<b>✓</b>
Tennessee		1	1	1
Texas		1	1	1
Utah	1	1	1	(N/A)
Vermont	<b>✓</b>		1	1
Virginia	1	1	1	1
Washington	1		1	1
West Virginia	1	1	1	✓
Wisconsin	1		1	1
Wyoming	1	1	1	1
TOTALS	44	41	43	48

<sup>Sources
1. Criminal Justice Institute: Corrections Yearbook 1993.
2. Contact, Inc. Corrections Compendium February 1994. Although all corrections departments report a variety of programming for women, the components range from state to state, especially in the types of visiting possible. See full survey, attached by permission.</sup> 

# FEMALE INMATES — PROGRAMS, SERVICES

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X	HAWAII	×			×			×	×	×	×	: =		<	- T
N	грано	×		×				×	×	×	(by comes- pondence)	×	* *		No.
No.   No.	ILLINDIS	×	×	×				×	×	×	×	×			
X	INDIANA	×		×			×		×	×	×	×	×		No
NA	IOWA	×		×	×			×	×	×	(by corres- pendence)	×	×		No
No response	KANSAS	×		×				×	×	×	×	×	×		No
Mo response	KENTUCKY	×		×	×			×	×	×	×	×	×		No.
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HUSETTS   X	MARYLAND	×						×		×	×	×	×		Yes
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# FEMALE INMATES — PROGRAMS, SERVICES

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PENNSYLVANIA	×		· -					×	×	×	×	×		No
PHODE ISLAND	×		< >	,				×	×	×	×	X	×	
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SOUTH DAKOTA	< >						×	×	X	X	×	×	×	2
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TABLE 1. GERIATRIC FACILITIES, PROBLEMS, PLANS, AND RESEARCH NEEDS

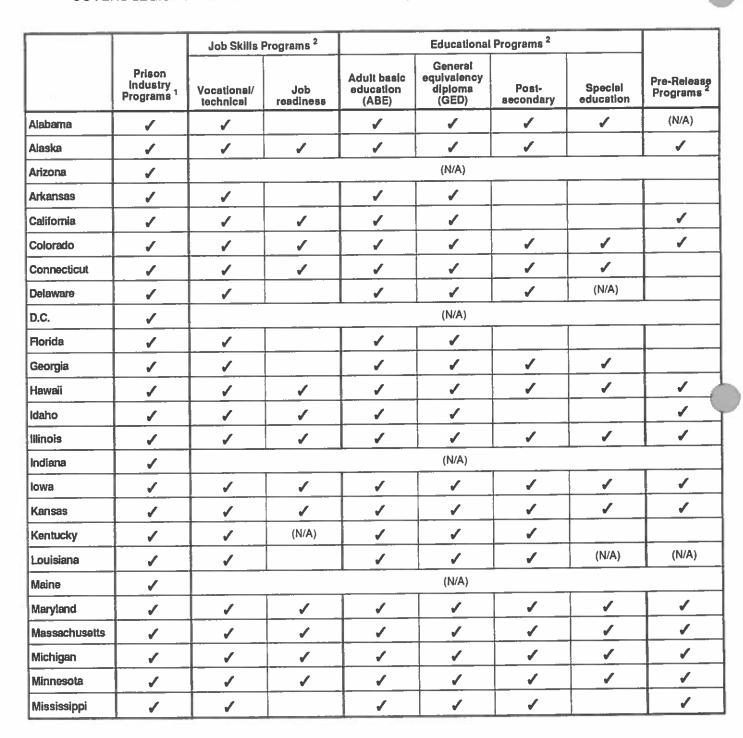
State	Geriatric facilities or special programs for elderly inmates	Most pressing problems in responding to needs of aging/infirm inmates	Plans to implement programs/ policies or build new facilities	Desired research information
Ψ	Maintains aged/infirm unit, special programming	Rieing medical costs	Ongoing discussion about future needs	Physical/dietary needs
AK	Geriatric inmates with chronic health problems housed separately	Special medical needs	Assessing needs of older inmates	Health problems, increase in older inmates
A2	New 23-bed facility for chronic/aged	Rising medical costs	None	None
AR	Geriatric inmates with chronic health problems grouped together	Chronic health problems, adequate housing	Long-range plans for skilled nursing unit	None
CA	None	General overcrowding of prison population	None	None
00	None	None	None	Health costs
CĪ.	None	Chronic health problems	None	Sentencing laws
DE	None	Rising medical costs	Planning stage	Impact of special housing/programs
DC	Geriatric units on limited basis	Expansion of facilities	Special needs office under development	Release policies, sentencing laws
F	Medical facility and medium/ minimum security	None	Only discussions for programs/special None units	None
GA	Housed at men's correctional institution	Space for those with chronic health needs	Conducting research on impact of long-termers	Health care costs
Ħ	None	Matching facilities and health needs of inmates	Trying to develop community-based program	Impact of elderly on prison population
Ω	Two tiers in one unit with no restrictions	Rising medical costs	Special needs/medical unit being planned	None
Ħ	One 84-bed unit just for older offenders	Space, parole issues, and supervision	Policies currently being implemented	General needs of aged inmates
N	None	None	None	None
IA	Grouped in some units	Rising medical costs	Conducting research	None
KS	Facility available for infirm/geriatric patienta	Prison space, keeping elderly inmates busy	None	Parole policies
KY	Genatric wing providing special care	Medical costs and adequate space	Converting dormitory to nursing home	Recidivism rates
<b>Y</b> 1	Two facilities have dorms for the aged	Rising medical costs	Appointed task force to set new policies for aged inmates	Impact of improved health care on longevity
ME	No facility, contracts with nursing home	Need geriatric unit	Discussion stage	None
QW	Special dormitory for aged and infirm	Space, short-term adjustment of new elderly offender	Remodeling facility	None
MA	Nane	Rising medical costs	Remodeling facility	None
Mſ	Facility provided for aged inmates	Meeting needs of inmates with limited activity functions	Additional beds recommended, research assessment recently completed	None

# **ELDERLY INMATES**

Limited housing in one facility	Ribing medical costs	Anticipating psychosocial needs	Special needs of aging inmates
Two disabled units, one nursing home	Staff shortages, medical costs	Discussing policies and facility needs	Program needs family success
Infirm elderly are assigned to regional infirmaries	Increasing number of older inmates, rising medical costs	Remodeling facilities to meet handicap codes	Medical needs, nursing home care
None	Handicapped access rooms, medical costs	Building plan for aged/infirm inmates	Geriatric needs
None	None	None	None
None	Care of aged and physically impaired, adequate housing	Long-range plans to build medical unit with nursing home	Cost effectiveness of screening tests
Inpatient health facility utilized	Rising medical costs, health problems	Long-range objectives under discussion	Incarreration alternatives
Separate geriatric unit, programming	Prison space, medical costs, parole problems	Proposing secure nursing home facility	Special needs of older inmates
Older inmates are housed in two units	Victimization, rising medical costs	None	None
None	None	None	None
Geriatric hospital, special programming	Meeting complex needs of older inmates	None	Management of chronic health
None	Rising medical costs	None	None
Large facility with elevator for infirm	Marked increase in older inmates	Plans to build new facility for aged	None
No unit, contracts with nursing homes	None	Discussions only	Sentencing trends
None	Rising medical costs	None	Release planning
Older inmates with ADL problems placed close to services	Lack of community support, medical costs	Support services for geriatric offenders being considered	Projection of older inmates 55+ by the year 2000
None	None	None	None
Older inmates housed in several facilities with programming	Providing intermediate care, medical costs	Five-year plan to build large unit for special needs and aging inmates	Handling racial conflict
None	Rising medical costs	Space for older inmates	Staff training
Housed at reception center/special needs unit	Rising medical costs	Special needs unit recently opened	Adjustment of older inmates
New geriatric unit recently opened	Medical staffing	Implement programs for older inmates	Crime careers, family relations
None	Medical problems	None	None
None	Inappropriate programs	None	None
Elderly housed in special unit and smaller areas in others	Specialized care and equipment in timely, increasing numbers	New 100-bed unit for aged/infirm recently opened	Handling older inmates, awareness promotion
Small area in one unit held for older/infirm	Providing services, increasing numbers	State-wide study on long-term care needs	None
Protective custody section	Medical costs, staffing, adequate space New facility with some provisions for aged	New facility with some provisions for aged	None
Long-term care unit and minimum security near hospital	Chronic health problems	Treatment facility with nursing home section	Inmate profile for those over 60
Try to segregate older inmates	Chronic illnesses	Plans for special treatment facility	Family relationships

# Table 3. Institutional Programs Related to Education and Employment

COVERS LEGISLATIVE COMPONENTS: Rehabilitation, Work activities; Job skills; Education



Criminal Justice Institute: Corrections Yearbook 1993. Data for New Jersey from Correctional Industries Association, 1994 Directory.
 Corrections Compendium April 1994. "Education in U.S. Prisons, Part Two." Participation in vocational and educational programs varies by state. New York has the highest enrollment in vocational/technical training at almost 9,200 inmates; Montana reported the smallest num with 18 inmates participating. ABE enrollment ranges from 9,000 inmates in Ohio to 2 inmates in North Dakota. Texas leads in GED enrollment with 4,046 inmates; North Dakota has the smallest GED enrollment with 12.

Of the 36 states in which post-secondary education is available, only 21 offer programs leading to full, four-year degrees. Seven (7) states provide enportunities for inmates to accept in cost or district. provide opportunities for inmates to engage in post-graduate studies. Enrollment in special education programs ranges from 1,729 inmates in New Jersey to five inmates in South Dakota.

		Job Skills	Programs <sup>2</sup>		Educations	l Programs <sup>2</sup>		
	Prison Industry Programs <sup>1</sup>	Vocational/ technical	Job readiness	Adult basic education (ABE)	General equivalency diploma (GED)	Post- secondary	Special education	Pre-Release Programs <sup>2</sup>
Missouri	1	✓	1	1	1	1	1	
Montana	1	1	(N/A)	1	1	1	(N/A)	(N/A)
Nebraska	1		<b>√</b>	1	1	1	1	1
Nevada	1			•	(N/A)			
New Hampshire	1	1	1	1	(N/A)	1	1	1
New Jersey	1	1	✓	1	1			(N/A)
New Mexico	1	1	1	1	1	1	1	1
New York	/	1	(N/A)	1	1	1	1	(N/A)
North Carolina	1	1	✓	1	1	1	1	1
North Dakota	1	1		1	1	1	1	1
Ohio	1	1	1	1	1	1	1	1
Oklahoma	1	1	(N/A)	1	1	1	(N/A)	(N/A)
Oregon	1	1	1	1	1	1	1	1
Pennsylvania	1	1	1	1	1	1	1	
Rhode Island	1	1	1	1	1	1	1	
South Carolina	1	1	1	1	1	1	1	1
South Dakota	1	1	1	1	1		1	1
Tennessee		1	1	1	1	1	1	1
Техаз	1	1	(N/A)	1	1			1
Utah	1	_			(N/A)			
Vermont	1	✓	1	1	1		(N/A)	(N/A)
Virginia	1	1	(N/A)	1	1	1	(N/A)	(N/A)
Washington	1	1	(N/A)	1	1	1	(N/A)	(N/A)
West Virginia	1					(N/A)	(N/A)	
Wisconsin	1	1	(N/A)	1	1	1	1	(N/A)
Wyoming	1	1	1	1	1	1		1
TOTALS	51	43	28	44	43	36	27	25

# Sources

Criminal Justice Institute: Corrections Yearbook 1993. Data for New Jersey from Correctional Industries Association, 1994 Directory.
 Corrections Compendium April 1994. "Education in U.S. Prisons, Part Two." Participation in vocational and educational programs varies by state. New York has the highest enrollment in vocational/technical training at almost 9,200 inmates; Montana reported the smallest number with 18 inmates participating. ABE enrollment ranges from 9,000 inmates in Ohio to 2 inmates in North Dakota. Texas leads in GED enrollment with 4,046 inmates; North Dakota has the smallest GED enrollment with 12.
 Of the 36 states in which post-secondary education is available, only 21 offer programs leading to full, four-year degrees. Seven (7) states provide opportunities for inmates to engage in post-graduate studies.
 Enrollment in special education programs ranges from 1,729 inmates in New Jersey to five inmates in South Dakota.

# INTRODUCTION: Assessment/Risk Management (TABLE 4)

Program components characterized for this document as "assessment/risk management" components—screening/classification, pre-release assessment, and recidivism accessment—are designed to improve the ability of agencies to predict offender behavior. Applications include 1) assigning custody placement, 2) determining program placements, and 3) assessing risk on release.

No data are available that indicate what screening/classification systems are in place across the fifty states and the District of Columbia. The closest related data identify only the existence of centralized locations for diagnostic reception, where risk/needs assessment screening is conducted. This information appears in Table 4. The trend nationwide is toward the use of objective classification instruments.

According to a 1994 study, parole boards in half the states as well as the District of Columbia use risk assessment instruments in considering inmates for release. (Runda, Rhine, and Wetter, 1994. *The Practice of Parole Boards*. Lexington, Kentucky: Association of Paroling Authorities, International. Figure 26, which identifies the states that use risk assessment instruments, is included by permission of the authors.)

Another indicator of pre-release assessment is the existence of pre-release centers, where placement is based on some form of assessment. Information for each state is provided in Table 4.

No nationwide surveys exist on recidivism assessment. Although all states track recidivism rates, there is no uniform method of either defining or measuring recidivism. Only recently have agencies attempted to link recidivism evaluations to the development of programs aimed at its reduction. James Bonta, a researcher in Canada, reports two existing classification instruments that predict recidivism with significant accuracy. ("Risk-Needs Assessment and Treatment," paper presented to the International Association of Residential and Community Alternatives, November 1993.)

# Table 4. Assessment/Risk Management

COVERS LEGISLATIVE COMPONENTS: Screening/classification; Pre-release assessment; Recidivism assessment

	Diagnostic Reception <sup>1</sup>	Pre-Release Centers 1
Aiabama	1	1
Alaska		1
Arizona	/	
Arkansas	1	1
California	1	✓
Colorado	1	
Connecticut	✓	
Delaware		
D.C.	1	1
Florida	1	
Georgia	1	
Hawaii	1	
Idaho	<b>✓</b>	✓
Illinois	1	
Indiana	1	1
lowa	1	
Kansas	✓	1
Kentucky	/	
Louisiana	1	
Maine		✓
Maryland	/	✓
Massachusetts	✓	1
Michigan	1	
Minnesota		
Mississippi	1	
Missouri	1	
Montana		✓
Nebraska	/	
Nevada	1	

Source
1. American Correctional Association: ACA Directory, 1994.

	Diagnostic Reception 1	Pre-Release Centers 1
New Hampshire	✓	
New Jersey	✓	<b>/</b>
New Mexico	1	
New York	✓	
North Carolina		
North Dakota		
Ohio	✓	/
Oklahoma	✓	
Oregon	✓	1
Pennsylvania	✓	
Rhode Island	✓	
South Carolina	✓	1
South Dakota	1	
Tennessee	✓	1
Texas	1	1
Utah	1	
Vermont		
Virginia	1	1
Washington	1	1
West Virginia		
Wisconsin	1	
Wyoming	✓	_
TOTALS	42	20

Source
1. American Correctional Association: ACA Directory, 1994.



# **Staff Training for Managing Violent Offenders**

No state correctional agencies include training specifically for managing violent offenders in their training programs for pre-certification of correctional officers. Some states offer elective classes such as "verbal judo" or "less than lethal force" to train staff in methods for de-escalating potentially violent situations. Curricula that adequately address the current degree of violent behavior—which has only recently emerged as a trend within institutions—have not yet been developed.

Focus groups conducted by the NIC Academy first identified unprecedented problems with violent behavior approximately two years ago. NIC initiatives in 1995 will begin to pursue effective methods for addressing the issue.