

DRAFT FINAL REPORT

Correctional Industries: Background, Planning and Development Guide for Inmates with Mental Retardation

to

President's Committee on Mental Retardation
Room 5325, Cohen Building
330 Independence Avenue, S.W.
Washington, DC 20201

from

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The Presidents Committee on Mental Retardation, through funding made available by the National Institute of Corrections through an Interagency Agreement, developed a document entitled, "Correctional Industries: Background, Planning and Development Guide for Inmates with Mental Retardation". This Guide presents a general process for developing (or expanding) correctional industry programs for inmates with mental retardation. There is no claim to being "definitive"; in fact, it is patently clear that this is an emerging area requiring considerably more deliberation, support and documentation. These caveats aside, the guide was written, primarily, for use of human services administrators and specialists. Given its intent of stimulating a range of programs and the scarcity of operative models, it draws heavily on correctional industries programs for the regular prison population and community-based industry programs for persons with mental retardation as well as on identified good practice programs for inmates with mental retardation. In addition to the Introduction, major sections of the guide are Legal and Legislative Issues, Model Services, Operative Programs, Planning and Development, and Project Management. It is recommended that this unpublished document be retained at the Information Center and disseminated to the field on an as needed basis.

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Lois C. Gray
President
March 1992

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Chapter 1 INTRODUCTION

CORRECTIONAL INDUSTRIES

Historical Trends

The timbre of this country's involvement with prison industries has fluctuated over decades, affected by influences both internal and external to corrections, itself

Eighteenth and nineteenth century American jails had workhouses. By the beginning of the Civil War, many of the existing states operated prison industry programs; some involved private industry. In response to accusations of unfair private sector competition by labor unions and some businesses, laws banning interstate shipment of prison-made goods were instituted in the first third of the twentieth century. For the next 20-25 years, as a result of the ascendancy of the medical interpretation of criminal behavior as well as private sector opposition, prison industries were de-emphasized as a central element of rehabilitation. (The medical model of criminality attributes criminal behavior to a pathology or illness, requiring curative counseling and psychological intervention.)

However, by mid century, increasing prison riots as well as studies reporting relationships between pre-release preparation, post-release employment, and recidivism redirected attention to correctional industries as a key aspect of prison reform and rehabilitation. Reversal of the official position on correctional industry was marked by the 1967 report by President Johnson's Commission Task Force on Correction; the medical interpretation of criminal behavior and its prescription of treatment and counseling as the primary focus of rehabilitation were supplanted by an emphasis, termed "reintegration", on the rehabilitative efficacy of reduced idleness, meaningful training, and work.

The reintegration model postulates that many crimes are traceable to environmental and situational factors rather than to psychological dysfunctions of

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offenders. Although pathology, as expounded under the medical model, is accepted as explaining some criminal behavior, external factors are deemed to predominate. Reintegration stresses the responsibility of correction systems to improve the socially-acceptable self-sufficiency of its charges while helping them develop useable ties to the labor market.

This orientation, by extension, provided a justification for an expanded role for the private sector and modification of Federal and State laws restricting interstate sale of prison-made originated goods and services. In the early 1970s, Federal legislation and executive orders permitted wider sales of some prison-made goods. Also, importantly, the Justice System Improvement Act of 1979, sponsored by U.S. Senator Charles Percy, permitted interstate sale of goods produced by federally certified State correctional industries.

Concurrently, the tremendous upsurge in the prison population in the last twenty-five years, coupled with increasing fiscal constraints, heightened interest in the cost-saving and profit potentials of efficient, productive, well-managed prison industries. In the early 1980s, the U.S. Department of Justice began offering grants and technical assistance to States committed to initiating and improving their correctional industry programs. With his concept of “factories with fences,” Chief Justice Warren Burger further boosted both the reintegration model and correctional industries by drawing attention to the value of productivity-gearred training, profitable correctional industries, and fair wages - the latter to be used, in part, to compensate victims and to support dependents.

Structure and Organization

The State-use approach to correctional industries, restricting the sale of prison-made goods to State and local governments and requiring these entities to purchase prison-made goods, was dominant, as noted earlier from the 1920s through mid-century. Though correctional industries based on this model still constitute the majority in terms

of numbers of programs and employees, private sector participation for the past two decades, both direct management and indirect advice and guidance, has been encouraged and continues to increase. As during the 1920s, this involvement has generated protestations of unfair competition. To offset these, States encourage business, union and local community participation in the planning and oversight of correctional industries.

Moribund, limited-market correctional industries characterized by unskilled workers, ineffective managers, undercapitalized equipment, and featherbedding are increasingly judged archaic and unacceptable. To improve the quality, and productivity of correctional industries programs, some States have instituted legislation encouraging self-sufficiency and business-like management. To overcome the limitations inherent in annual funding, a few States have established revolving funds which enable longer-term planning. Others have set up advisory and planning boards to articulate and order priorities and to oversee their realization throughout the correctional industry system.

In 1987, approximately 43,000 or nine percent of the 500,000 persons incarcerated in the United States were employed by correctional industries. The majority worked in State-use programs producing items such as brooms, office furniture, and other items to be purchased by State and local governments. In the mid 1980s, the average hourly wage earned by correctional industry employees was \$3.00, up from less than \$1.00 ten years earlier (Pilcher, 1989).

INMATES WITH MENTAL RETARDATION¹

Prevalence

Inmates with mental retardation, though having significantly below average intellectual and social adaptability capabilities, have been judged to be legally responsible for their actions and legally able to stand trial. Frequently they have been charged and convicted of burglary and breaking and entry. A minority has been found guilty of homicide and sexual offenses. Defendants with mental retardation are more likely than other defendants to be found guilty. Once convicted, they receive longer sentences and serve more of their sentences than the general inmate population. In prison, they take a disproportionate amount of staff time and frequently are subject to verbal, physical, and sexual abuse by other inmates. Demographically, inmates with mental retardation are typically older than other prisoners, disproportionately male, and members of minority groups.

The prevalence of mental retardation among prisoners is considerably higher than the three percent estimate for the general population; estimates for inmates range as high as 30 percent with the more widely accepted estimate in the region of four to nine percent. Most (88 percent) of these inmates have been classified as mildly retarded with IQs between 52 and 69, with the remainder classified as moderately retarded with IQs between 36 and 51. This class of prisoners, like other persons with mental retardation, to widely varying degrees, may 1) not communicate at age level, 2) have shorter attention spans, 3) be overcomplaint, 4) have immature social relationships, and 5) have difficulty following comparatively simple sequences of tasks. They, sometimes, have difficulty understanding and following prison rules and may be readily influenced to break them. Consequently, prisoners with mental retardation receive comparatively more punishment,

¹Appendix 1 contains abstracts of selected articles and other publications on the status and needs of inmates with mental retardation.

spend more time in segregation, and are less likely to be granted probation. Their rate of recidivism is also higher.

Correctional Industry

In the field of developmental disabilities, there is growing acceptance that persons with mild retardation can be prepared for independent living and to hold jobs outside sheltered workshops. Even those with moderate mental retardation can frequently work successfully in non-sheltered environments when given sufficient training and support. Somewhat in contrast to this outlook, most inmates with mental retardation have very limited work opportunities, confined when they do get jobs to menial tasks that do not prepare them for independent living upon their release from prison. Within prison, they are unable to compete with other prisoners for the scarce jobs and prerequisite education and training. While the select few in habilitation programs with sheltered workshop components have jobs, they tend to perform tasks which have low wage-value and low transferability to employment outside the sheltered workshop.

Over the past several decades, corrections has been somewhat more in tandem with the larger society in the identification and classification of persons with mental retardation than in its service orientation. Within corrections, services are seemingly provided to this population with a spoken or unspoken (sometimes, court ordered or implied) objective of doing so in segregated settings with special staff “protecting” those with mental retardation from other inmates. The minority of inmates with mental retardation selected for these programs are usually afforded well-developed habilitation services by attentive personnel in supportive and comparatively safe environments. While this approach, which is consistent with the medical approach to rehabilitation, held sway in the field of developmental disabilities most of this century, it is now, as intimated earlier, being replaced, in classrooms, residential institutions, and the larger community, with the concept of normalization, and related concepts of least restrictive environment and non-segregated environment. Long-term segregation is increasingly viewed as

protective but misguided for all but the most severely handicapped. Segregation, if used at all, is recommended to be time-limited for purposes such as diagnosis, evaluation, habilitation planning, and preparation for integration into the general population. Perhaps more importantly, most States with only segregated programs serve only a fraction of inmates with mental retardation, especially those classified as being mildly retarded.

Generally, normalization is defined as the learning and adoption of important social norms to help persons with disabilities function better in normal social settings. Normalization emphasizes adaptive behavior rather than the IQ of the person with mental retardation, with intellectual ability serving as only an imperfect indicator of potential. While intelligence can be modified only slightly after adulthood, the adaptive behavior of persons with mental retardation, especially those classified as mildly retarded, can be improved substantially. Critics of the application of this concept and that of least restrictive environment to prisons note the vulnerability of inmates with mental retardation and argue that prison, by definition, is not a normal setting (prison culture, and risks) and does not readily lend itself to this process. Proponents counter that positive, age-appropriate rules of behavior and interaction can be mastered in prison as well as in the larger society, and that by extension, inmates with mental retardation should not be segregated and over-protected in prison since they are not likely to be so upon release.' Instead, they should be housed, educated, trained and employed alongside other prisoners to the greatest extent feasible without, of course, unduly endangering the inmate with mental retardation. Integration is seen as building self-esteem, broadening options, preparing for release, and shifting emphasis to the whole person from the handicapping condition. Integration, however, is not to be taken as a mandate for dangerous exposure or neglect, rather that existing programs should be revamped and new ones developed within this framework.

From the perspective of realizing vitalized correctional industries, increased participation by inmates with mental retardation is, at first glance, likely to seem

problematic. Though the institutional, individual, and societal benefits of their employment can be readily delineated, concerns may be voiced about their productivity and compensation in other than sheltered workshop settings. Information on this question from correctional industries, in general, is necessarily scarce because of the low level of participation by inmates with mental retardation; however, feedback from sheltered prison workshops and non-sheltered community-based enterprises suggest that persons with mental retardation can be competitively productive in a range of positions. Key elements to their productivity appear to be careful job analysis, appropriate assignment, pre- and on-site training, and on-the-job support. The latter, depending on need, may be transitional or continuous. Compensation for inmates with mental retardation may, in some instances, be adjusted based on the severity of their handicapping condition, trainee classification, or designation of all or some part of the work site as a sheltered workshop. As required by the Fair Labor Standard Act (FLSA), the productivity of workers with mental retardation should be reviewed periodically to determine whether they are eligible for regular wages.

CONTENT AND ORGANIZATION OF THIS GUIDE

This guide presents a general process for developing (or expanding) correctional industry programs for inmates with mental retardation. There is no claim to being “definitive”; in fact, it is patently clear that this is an emerging area requiring considerably more deliberation, support and documentation. These caveats aside, the guide was written, primarily, for use of human services administrators and specialists. Given its intent of stimulating a range of programs and the scarcity of operative models, it draws heavily on correctional industries programs for the regular prison population and community-based industry programs for persons with mental retardation as well as on identified good practice programs for inmates with mental retardation. In addition to the Introduction, major sections of the guide are

- Legal and Legislative Issues present legally accepted definitions of “developmental disability” and “mental retardation”; briefly discuss pre-incarceration considerations and constitutional protection of inmates with mental retardation; cover pertinent legal and statutory regulations governing correctional industries; and take a case-law look at the inmate as employee.
- Model Services describe the major components of model services programs for inmates with mental retardation.
- Operative Programs present overviews of five programs serving this population, highlighting correctional industry components.
- Planning and Development identify and discuss key decisions and stages in initiating a correctional industry programs for inmates with mental retardation; recommend and assume that there is an active development team with representation from administration, correctional industries, and other relevant entities as well as human services.
- Project Management introduces those aspects of managing a correctional industries program for inmates with mental retardation which are most likely to be of direct concern to human services personnel, i.e., recruitment, training and orientation, scheduling and coordination, supervision, job coaching, and security.

Chapter 2
LEGAL ISSUES

THE OFFENDER WITH MENTAL RETARDATION

Definitions: Developmental Disability and Mental Retardation

Mental retardation is one of several conditions categorized as a developmental disability? According to the legal standard established in the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 98-527, as amended, a developmental disability exists under the following conditions where a severe chronic disability of a person is

- Attributable to a mental or physical impairment or a combination of mental and physical impairments
- Manifested before the person attains age twenty-two
- Likely to continue indefinitely
- Likely to result in substantial functional limitations in three or more of the following areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Mobility
 - Self-direction

²Other developmental disabilities include chronic disabilities that impede development - visual and hearing impairments, cerebral palsy, epilepsy, and learning disabilities (as identified in Section 3 of P.L. 98-527).

- Capacity for independent living
- Economic self-sufficiency

- Reflective of the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of a life-long or extended duration and are individually planned and coordinated.

The American Association on Mental Retardation (AAMR) defines mental retardation as “significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period” (Grossman, 1983). Its principal three elements are (1) subaverage general intellectual functioning - IQ below 70; (2) adaptive behavior - significant limitations in meeting the standards of maturation learning, personal independence, and/or social responsibility expected for that age level and cultural group; and (3) manifestation before maturation - usually interpreted as before 18. The four principal categories of mental retardation as defined by the AAMR are mild, IQ 51-69; moderate, IQ 36-50; severe, IQ 21-30; and profound, IQ under 20.

Though some legislation and agencies utilize somewhat variant definitions and terminology for developmental disability and mental retardation, they must remain cognizant and in general compliance with prevailing legal definitions of these conditions. For example, in keeping with its own mandate, the Education of the Handicapped Act (EHA), P.L. 94-142, as amended, places a 21-year old age limit on persons receiving services under the act. Also, some States classify prisoners with intelligence quotients (IQs) slightly higher than 70 as mentally retarded to allow for testing imprecision and low scores on adaptive behavior measures.

Pre-Incarceration Considerations

Questions and debate abound about the processing of defendants with mental retardation through the criminal justice system. Issues of (1) arrest and interrogation, (2) competence to stand trial, (3) pleas of guilty, and (4) criminal responsibility are crucial to an understanding and protecting the rights of offenders with mental retardation (Moschella, 1982).³ For instance, the offender's understanding of legal rights and protections under Miranda might be questioned since mental retardation equates to reduced mental capability and renders some persons vulnerable to suggestibility and compliance when faced with authority. Some of the legal questions surrounding the person with mental retardation prior to incarceration have a substantial impact on program needs and design.

Constitutional Protections and the Inmate with Mental Retardation

Legally the incarcerated offender is afforded certain fundamental rights that are not relinquished by virtue of incarceration. These rights include

- Freedom from cruel and unusual punishment as guaranteed under the 8th Amendment to the U.S. Constitution
- Due process and equal protection as guaranteed under the 14th Amendment to the U.S. Constitution.

³Competency to stand trial relates to participating in and understanding legal procedures not to criminal responsibility. Sometimes findings of incompetence lead to longer confinement than if the accused had been found guilty and sentenced. Criminal responsibility relates to having sufficient capability to appreciate the criminality or wrongfulness of conduct and to conform to the requirements of the laws.

Having rights under the Constitution, however, does not mean that such rights cannot be limited or restricted, when applied to the offender in a correctional environment. Issues of security, economics, and other conditions operating in the prison environment must be considered in relationship to these rights and their free exercise. Though Constitutional rights do not offer the full complement of privileges to the offender as to the non-offender, they, nevertheless, provide the framework for additional rights that must be accorded to all offenders similarly situated.

The Right to Treatment and the Inmate With Mental Retardation

Once it is established that a person has mental retardation, the inmate's rights, level of treatment, and appropriate services must be addressed. Unquestionably, the incarcerated offender who is ill has a right to treatment. This right was enunciated in the case of Estelle vs. Gamble, 49 U.S. 97 (1976). In this case, the Texas offender suffered a back injury, not a mental illness or mental retardation. Bowring vs. Godwin, 55 F. 2nd (4th Cir. 1977), established that there is no reason to distinguish between serious mental and physical illness in regard to the question of medical care.

Though the offender with mental retardation has no specific right to treatment based on a disease or injury model, this right has evolved implicitly from suits brought by prisoners in' State facilities. The outcome of such suits is the enunciation of statutory and regulatory entitlements consistent with the "right to treatment." In Guthrie vs. Evans, 93 F.R.D. 390 (S.D.GA 1981), a suit filed by inmates at the Georgia State Prison (GSP) against the Commissioner of the Department of Offender Rehabilitation resulted in the establishment of a court ordered plan for inmates with mental illnesses or mental retardation. The plan was designed, in part, to ensure that the habilitative needs of those with mental retardation and mental illness are met.

Rights to Service: Educational, Vocational and Habilitative

Additionally, the offender with mental retardation has gained a number of rights through legislation and regulations concerned solely with this condition. Among these is the right to education as detailed in the Education of the Handicapped Act (EHA), as amended. In 1966, Congress added Title VI to the Elementary and Secondary Education Act of 1965 which created funds to educate handicapped children. Under EHA, which replaced Title VI in 1975, local educational institutions are required to provide special education, regardless of whether cognizant agencies are receiving Federal funds. The requirement set the stage for the extension of this right to the institutionalized handicapped young adults. This legal mandate established parameters of educational rights for the offender with mental retardation and the State's entitlement to funding for prison-based special education (Coffey, Procopiow and Miller, 1989).

Section 504 of the Vocational Rehabilitation Act of 1973 mandates that no otherwise qualified, handicapped individual in the United States shall solely, by reason of handicap, be excluded from participation or be denied the benefits of or be subjected to discrimination under any program or activity, including Federal contractors, receiving Federal assistance. This Act accords the mentally retarded offender the right to be included in activities consistent with those provided other inmates as long as such activities are Federally funded. When Section 504 is read in conjunction with EHA, the right to special education is clearly mandated for the offender with mental retardation. The right to special education, however, under the above legislation presupposes that the inmate receiving services will be school-age pursuant to State law (Coffey, Procopiow and Miller, 1989).^{4,5}

⁴ In most States the age ceiling on the right to public education ranges from age 17 to 25, or in some States after 12 years of schooling.

'Mental retardation as a handicapping condition is also addressed in other legislation including the Carl P. Perkins Vocational Educational Act, Women's Educational Equity

There are several court decisions requiring the provision of education or special education to inmates as a means of ameliorating prison conditions found by judges to be cruel and unusual punishment. Typically, unconstitutional conditions of confinement are concurrent with excessive inmate idleness due to lack of adequate programs, especially work and education. Several court orders have expanded offenders' rights: In Ruiz vs. Estelle, 503 F. Supp. 1265, modified 679 F. 2d 1115 (1982), a suit brought against the Texas Department of Corrections (TDOC), the court, in a consent decree, determined that the constitutional guarantees of valid classification and confinement were not being met by the TDOC. The consent decree contained an agreement that all inmates must have access to education programs. In Kendricks vs. Bland, 541 F. Supp. 21 (1981), the court decreed that special education is a partial remedy for unconstitutional conditions of confinement. Other judicial rulings have further reinforced the provisions of previous decrees by holding that all inmates be accorded educational as well as vocational and employment opportunities, e.g., Palmigiano vs. Garrahy, 639 F. Supp. 244 (1986).

The Developmental Disabilities Assistance and Bill of Rights Act, P.L. 98-527, outlines basic services to be accorded to any person with mental retardation. These basic services include an adequate living environment, basic health services, education, training, and employment. Services are mandated pursuant to Title I and Title II under the Act. Overall, these titles are designed to maximize the developmental potential of persons with disabilities while minimizing restrictions placed upon them. Under the Developmental Disabilities Act, States are required to provide assurances that the human rights of developmentally disabled persons are protected. Further, the State plan formulated for education within the State must describe the services available to persons with developmental disabilities, after consideration of data collected by the State Education Authority (SEA).

Act, Job Training Partnership Act, and Tax Reform Act of 1986.

The right to an education and its exercise are critical to inmates' post-release functioning. Thus, this right has recently been tied to parole. Many States have adopted the position that inmates who fail to obtain reading proficiency and/or fail to obtain basic educational proficiency will not be eligible for parole. Such a position raises legal questions with respect to the right of an inmate with mental retardation to due process and equal protection, when the State fails to provide appropriate education for achievement of the State's education requirements for parole.

In 1990, President George Bush signed into law the landmark Americans With Disabilities Act (ADA) which bans discrimination against disabled persons by private sector employers. It describes a disability as a physical or mental impairment. The law requires employers to hire qualified disabled applicants who can perform the essential functions of a job as long as "reasonable accommodations" will not cause undue burden to the employer. Beginning in July 1992, the law will apply to all employers with at least 35 employees; two years later, it extends to those with 15 or more employees.

In Wojtczak vs. Cuyler, the issue of equality in services between general inmates and special population inmates has been decided on the premise that the State must provide equality of services and protection for all inmates. Though not completely clear at this time, inmates with mental retardation could potentially make a claim of denial of equal protection when as a special group they are not given services available to general population inmates. Female inmates who do not receive services comparable to male inmates can also challenge the correctional institution.

Rights to special education and job opportunities when combined with the right not to be idle - or the right to voluntarily participate in work programs - give weight to the entitlement of inmates with mental retardation to prepare for and participate in prison industry programs.

PRISON INDUSTRIES

Overview

The National Institute of Corrections (NIC) defines a correctional industry as an activity which rewards inmates with compensation for their labor and provides a product or service of value for an end-user, either in the public or private sector. Legal issues affecting prison industries range from regulations governing authority to create the prison industry to merchandising and marketing finished products produced by the industry.

Prison industries operate in two arenas - business and corrections - such that they must comply with statutory laws regulating business enterprise as well as those affecting prisons. When there is conflict, the interests of the corrections take precedence -- the prison industry is a prison first and a business second. Corrections and prison industries can, however, operate in tandem to promote the interest of prisoners and the larger society. Legal issues affecting any industry must be considered with respect to prison industries. These issues include building codes, licensing requirements, fire codes, health and safety codes, and labor laws. The correctional industry must also comply with laws and regulations of State correctional institutions. Compliance regulations can be determined by an examination of individual State governmental agencies, i.e., State Department of Labor, Corrections, Health, etc.

Federal Regulations and Prison Industries

Federal legislation enacted in the early 20th century limited interstate sale of prison-made goods. This action was prompted by concern over potential unfair competition between inmate labor and free market businesses and workers. Executive Order 325, which prohibited the employment of prison labor on Federal contracts, also had a significant effect on prison industries during the early part of this century.

Federal laws addressing competition restrictions provided that goods manufactured in whole or part by inmate labor will not be protected against State regulations allowing or denying the importation of these goods. The Walsh-Healey Act of 1936, 41 U.S.C. 35-45, mandated that Federal contractors guarantee that government contracts not include the use of inmate labor. The Sumner-Ashurst Act, 18 U.S.C. 1761, made the transport of prison-made goods through interstate commerce an independent crime. Contrary to the existing laws, States could no longer decide the movement of prison-made goods. Goods exempted from the law included machinery manufactured in Minnesota and interstate sale of goods made for other State governments. Sales to the Federal government of goods shipped in interstate commerce were also exempted from the criminal penalties under this law. In 1973, the Federal government conditionally permitted, with specific conditions, the purchase of goods made by inmates on work release, 18 U.S.C. 4082. State--work release programs were also exempt from the contract prohibition stipulation of Executive Order 325, when consistent with conditions of Federal law as revised in Executive Order No. 11755 which also addressed State inmate labor on Federal contracts.

The Prison Industries Enhancement (PIE) Program of 1979 is an important recent Federal legislation regulating prison industries. Under the PIE Program, State prison industries meeting Federally-mandated, State criteria received a conditional waiver of 18 U.S.C. 1761 and 41 U.S.C. 35-45, purchase of inmate made goods restrictions. Originally, seven States participated in the PIE Program pursuant to the conditions that inmates

- Be paid the prevailing wage
- Receive all fringe benefits except unemployment compensation
- Voluntarily participate in the program

- Agree to use up to 80 percent of gross wages to pay taxes, and room and board
- Meet family support payments
- Pay into victim compensation funds.

The PIE Program also mandated union consultation to guard against employee displacement and surplus. The 1984 reauthorization expanded the PIE Program to include additional State waivers and create additional provisions for expanding prison industries.

Statutory Regulations and Prison Industries: Prison Industry Models

State Use Model

This model incorporates the legislative framework for most State industry legislation. State use model laws have two primary elements: Sales of prison-made goods are made mainly to State and local government buyers and State agencies are required to purchase the products made in the prison industry. Laws regulating the State use model for prison industry may be found in

- State criminal codes statues regulating inmate and general labor laws
- Statues or policies regulating correctional industries.

These regulations and statues ordinarily address

- Statutory authorization to establish the prison industry

- Reporting requirements of planned purchases
- Variance of product specifications
- Prohibitions for deliberate evasion of purchasing regulations
- Types of prison industry goods and State-mandated specifications and prices
- Enforcement of regulations within the correctional industry (Grieser, 1987).

Partnership Model

The partnership model is very much like the State use model except that the partnership model allows for the purchase of product component parts or services from private vendors. Under this model, inmates may repackage goods, assemble products or, in some way, complete the manufacturing process. The partnership model is generally created and exists under the same type of legislative mandates as the State use model.

Corporate Model

This model is a fusion of the corporate and correctional entities. Under this model, the prison industry is a business to be run very much as any other business in a particular industry. Therefore, on the one side of this model is the corporate entity and the rules, regulations and statutory mandates which govern a business enterprise. On the other side is the correctional facility which has its mandates and regulations. The fusion is accomplished through an independent board of directors acting as the governing body over the corporate entity, a governmental corporation. The governmental corporation may receive its legal authority by statute as a non-profit corporation or by public authority granted through legislative enactment granting it corporate powers. In either

instance, the corporate entity requires that corrections directors and the CEOs are active on the board of directors and protect the interest of the correctional system.

Both the non-profit corporation and the public authority require the enactment of additional legislation to remove barriers to operation within the prison industry, i.e., purchasing mandates and restrictions, certain labor laws, inter-agency cooperation, industry and inmate security, status of the inmate-employee, capital acquisition, etc. Required legislation establishing and managing the prison industry must

- Follow the State's non-profit corporate entity regulations consistent with exemptions and other requirements mandated by the correction industry
- Be designed with enabling legislation to create the governing body of the prison industry
- Include laws regulating management and control of the corporate entity which are consistent with rules and regulations of the correctional facility

Include laws facilitating the collaboration and cooperation of the correctional agency

- Include labor, health and safety regulations
- Include product industry, standards and laws (Grieser, 1987).

Private Sector Prison Industry Model

Under this model, the private sector acts in the capacity of either the primary buyer of goods and services or as the employer in the prison industry shop.

Required legislation for proper establishment and management of this model must examine and include

- Laws authorizing the State correctional authority to contract with a private firm
- Subsequent laws regulating unfair competition
- Supervisory authority for non-correctional personnel to supervise inmates in industry shops
- Designation and status of inmate workers
- Clarification of regulations on the sale of inmate goods
- Lease agreements for space within the correctional facility and other lease-purchase matters, i.e., fixtures, duration, etc.
- All other laws, statutes and regulations governing private businesses within the State
- Legislation authorizing an agency within the State to recruit private businesses for prison industries.

Training Industry and Education (TIE) Model

The Training Industry and Education (TIE) model is an example of a State-created model for a prison industry. Through its Department of Training, Industry and Education, the Ohio Department of Rehabilitation and Correction created a collaboration of correctional industries, training, and educational programs designed to provide

inmates with an industry environment for habilitation. TIE, which has been adopted in several States, provides opportunities for inmates to acquire skills training and development for application to appropriate institutional assignments and, later, to work opportunities in the community (Grieser, 1987).

Correctional Industry Standards

Though not law, Correctional Industries Standards play an important role within the correctional industry arena. These standards are often the guidelines by which correction industries are designed and operated. They, based primarily on professional standards, State statutes and applicable laws, can be obtained from the American Correctional Association in Laurel, Maryland.

The Inmate as Employee: Case Law Perspective

Prison industries are an outgrowth of economics and social concerns. Originally they were created to produce income for the State and the prison. Today, however, the attention is more focused on the inmate, both while incarcerated and after release from prison. The following briefs provide an overview of court decisions that apply directly to corrections industries, work programs, and the inmate as employee. The concepts and rulings announced in these court cases should be considered when designing prison industry programs (Sexton, Miller and Jacobsen, 1990).

- Inmate Right to Work. Courts have not ruled that productive work must be available to inmates. Although inmate idleness is frequently considered by courts in finding correctional facility conditions to be unconstitutional based on the “totality of conditions” of confinement (Laaman vs. Helgemoe, 437 F. Supp. 105 [E.D. Penn. 1974]).

- Inmate Right to Refuse to Work. In Main Road a Federal district court ruled that unsentenced inmates confined in Philadelphia correctional facilities could not be required to work. However, some courts have ruled that sentenced inmates can be compelled to work. Also, some States statutes require inmates to work.
- Selecting Inmate Workers. To deny an inmate access to work, there must be objective criteria related to the purpose of detention or correction (such as security, escape risks, or health considerations). Initial classification cannot be arbitrary. In French vs. Owens, a Federal district court included arbitrary work and program assignment procedures as part of an overall finding of unconstitutional conditions of confinement.
- Classification of Inmates. Courts frequently find that the lack of an objective classification system in correctional facilities violates inmates constitutional rights. As a result, lack of a classification system that specifically includes correctional industry eligibility puts a program at risk from the outset because decisions to allow or deny inmate participation in the program based on other criteria will not be considered valid. A classification system is essential if inmate assignment decisions are to be made on an objective and fair basis.
- Equal Protection and Allocation of Resources.- Courts have ruled that access to work programs in State facilities must be comparable for males and females, and that parity may be required among other inmate groups. For example, Glover vs. Johnson required Michigan correctional officials to **revise** and improve industries programs for female inmates.
- Forced Uncompensated Labor. Arkansas State prisoners challenged conditions and practices in the State prison system. The district court held

that conditions and practices in the Arkansas penitentiary system amounted to cruel and unusual punishment prohibited by the 8th and 14th Amendments (Holt vs. Sarver, 309 F. Supp. 362 [ED. Ark. 1970]).

- C o n f i d e n t i a l i t y A s s i g n m e n t of inmates to jobs where they have access to other inmates records or information is allowable. Practices whereby inmates are assigned to sensitive tasks which may compromise security shall be discontinued (Hamilton vs. Landrieu, 351 F. Supp. 549 [E.D. La. 1972]).
- R i g h t t o P a r t i c u l a r E m p l o y m e n t. Inmates have no due process right to any particular job in an institution; no procedural due process is needed to transfer inmates-from one job to another (Altizer vs. Paderick, 569 F. 2d 812 [4th Cir. 1978]. cert. denied. 435 U.S. 1009 [1977]).
- R i g h t t o I d l e P a y. When the inmate is placed in segregation as protective custody, security considerations prevent his attendance at his job. If he is able to work, he should receive pay for work or idle pay when no work is available (Wojtczak vs. Cuyler, 480 F. Supp. 1288 [E.D. Penn. 1979]).
- R i g h t t o W a g e s. Certain inmates with long ‘prison terms which they alleged exceeded their respective life expectancies brought a suit challenging the validity of a statute pursuant to which they were denied access to the whole of their funds. The Superior Court denied relief, and the prisoners appealed. The appeals court held that a “life term” within the meaning of a statute establishing a system for compensating inmates, who performed good and satisfactory work in certain work programs, was limited to those prisoners who were sentenced to life imprisonment and did not apply to inmates whose aggregate sentences exceeded their statistical life

expectancies (Longval vs. Commissioner of Correction, 484 N.E. 2d 112 [App. Ct. Mass. 1985]).

- Physical Capacity and Work Assignment The Eighth Circuit Court of Appeals remanded a case ruling that an inmate stated a claim for cruel and unusual punishment in being assigned a work duty beyond his physical capacity. After his medical reevaluation, he claimed that he remained on squad assignment to use a two-handed hoe, despite that he was classified as fit for only one-armed hoe duty. The court said that while the inmate may ultimately prove no viable claim, he was to be given the chance to develop his case (Toombs vs. Hicks, 773 F. 2d 995 [1985]).
- Inmates Proprietary Rights in Wages. Inmates no longer have a property right in their work wages with respect to deductions for payment to a victim's family. After 1985, wage deductions could also be made for inmate maintenance (Turner vs. Nevada Bd. of State Prison Commissioners, 624 F. Supp. 318 [D. Nev. 1985]).
- Inmate's Right to a Particular Job. Inmates filed suit alleging that they were wrongfully removed from their law library positions. The court of appeals held that the inmates had no vested property or liberty rights to either obtain or maintain their positions (Dupont vs. Saunders, 800 F. 2d 8 [1st cir. 1986]).
- Constitutionally-Protected Interest. A State prisoner brought a suit under Section 1983 following the deduction of court costs from wages he earned while in prison. The United States District Court dismissed, and the prisoner appealed. The court of appeals held that: the prisoner had no constitutionally-protected interest in the wages, and thus the prison officials'

conduct in deducting the court costs was not actionable under Section 1983 (Hrbek vs. Farrier, 787 F. 2d 414 [8th Cir. 1986]).

Chapter 3

MODEL, SERVICES

INTRODUCTION

Over the past two decades, advocates and practitioners have reached a general consensus on the service and treatment needs of inmates with mental retardation. Though resulting program models differ somewhat in disciplinary focus and content, they share the general objectives of improving the functioning, adaptation, and productivity of inmates with mental retardation in prison and, upon their release, in the community (Santamour, 1986). Many operative programs for inmates with mental retardation have been significantly influenced by the Rehabilitative Model, developed and advocated by Miles Santamour and his colleagues. Hence, in this section the Rehabilitative Model is offered as a program prototype within which correctional industries might be developed or expanded. This section concludes with a summary of model standards for habilitation programs.

HABILITATIVE MODEL

According to the Habilitative Model, sustained comprehensive services and support are the key to reducing recidivism and furthering the development of inmates with mental retardation. The term “habilitative” is used to imply that treatment for inmates with mental retardation should begin at their competency level and proceed to mastery. The developmental lag associated with mental retardation frequently means that essential skills, abilities, and knowledge have not been acquired. Unlike the implication in the term “rehabilitation” as commonly used in corrections, the assumption of previous mastery is to be avoided. Habilitation, thus, involves assessing the inmate’s capabilities, abilities, and skills as the basis for developing and implementing an individualized comprehensive plan, to increase the individual’s levels of functioning and

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independence. The habilitation process includes testing, multidisciplinary conferences, training and practice in the activities of daily living, vocational training and job placement, basic academic skills training, counseling, and medical and other specialty services (Santamour, 1989).

Testing

The habilitation process begins with professional assessment of the individual suspected of having mental retardation. To determine competency level, it is necessary to test for both intellectual functioning and adaptive behavior level. A considerable number of people with mild to moderate mental retardation come to the correctional institution without prior diagnosis or treatment history. The following instruments are often prescribed for assessment with the caution that most measures of intellectual functioning and adaptive behavior contain an inference of cultural bias, especially **when** measures of intelligence are used exclusively (Santamour and West, 1982 and Santamour, 1989).

- The Stanford-Binet Test presupposes language skills and is used as a predictor of academic performance in relationship to the chronological age group against which one is tested
- The Wechsler Adult Intelligence Scale (WAIS) combines an assessment of verbal and nonverbal performance and provides a profile of distinguishable mental traits
- The Vineland Social Maturity Scale, The Gesell Development Scales, and the Gunzburg Progress Assessment Chart are used to measure adaptive behavior levels.

In conjunction with the measures of intellectual functioning and adaptive behavior, it is valuable to ascertain interests, work habits, and attitudes as well as other information relevant to vocational habilitation. Some recommended instruments are

- Purdue Pegboard Test
- Crawford's Small Parts Dexterity Test
- The O'Connor Finger Dexterity Test
- The Wells Concrete Direction Test
- The Purdue Perceptual Motor Abilities Survey.

All testing should be supplemented by interviews with the inmates and, if possible, family members and the persons who can offer insight and information on developmental histories, functional levels, interests, and behavior.

Multidisciplinary Planning and Monitoring

To ensure success, the inmate with mental retardation needs the-reinforcement of many persons during the treatment process. The Habilitative Model recommends that a multidisciplinary team of professionals be a part of the habilitation process at all stages. When feasible, the family and friends of the individual with mental retardation can provide input and, along with the inmate, be part of the habilitative treatment team. Regular monitoring conferences to evaluate the progress of treatment and to redirect programming, as needed, are recommended.

Activities of Daily Living

The inmate with mental retardation, if he or she is to successfully cope in the prison or outside environment, must possess certain independent living skills. While some inmates with mental retardation have these skills, others do not and must be taught them as part of the habilitative programming. In teaching independent living skills, it is desirable to develop a program within an atmosphere which provides realistic situations. Therefore, a combined classroom and practical education approach to training is suggested. As realistic a setting as possible for the training of these skills is advisable. Since the acquisition of positive and practical daily living skills and success on the job are correlated, daily living skills that relate directly to job readiness and success should be emphasized. In keeping with the desired result of independence for the inmate with retardation, both within the confines of incarceration and after release, the habilitative program should provide skills training in the following categories, starting at the functional level of the inmate

- Grooming -- to develop the inmate's capability for personal care and appearance
- Laundering - to develop independence in care of clothing and responsibility for this task
- Menu planning and food preparation - to develop skills in nutrition, cooking, kitchen safety, sanitation, and cleanliness
- Housekeeping - to develop skills in choosing, budgeting for, furnishing, and maintaining a home

- Budget preparation and financial management - to develop mathematical skills which can be used in learning to budget and manage financial resources
- Human sexuality, marriage, and family planning - to develop knowledge and information about human sexuality, marriage, and family leading to responsible attitudes and social interactions
- Drug and alcohol education - to provide awareness and information regarding alcohol and illegal drug avoidance and abuse
- Current events - to encourage understanding and motivation to become aware of the community and the larger world
- Civil and legal rights - to provide basic information on legal and civil rights and the proper exercise thereof
- Community resources - to identify a support network of social, legal, medical, psychological, and leisure time resources
- Leisure time activities - to create the opportunity and encourage the inmate with mental retardation to participate in leisure and recreational activities which are sources of enjoyment, relaxation, and pride.

Vocational Development

The aim of any habilitative program is the eventual placement of the offender with retardation in a position of independence both pre- and post-release. The ability to work and to have employable skills are clear indicators of independence. The inmate with mental retardation should acquire both vocational skills and training as preparation

for entry or re-entry into the world of work. A key feature of the vocational development aspect of the habilitative program concept is the proper orientation to work. This orientation supports and aids the inmate with retardation during vocational training and later on the job. As part of the preparation for work, information on the following work-related issues should be taught to the program inmate

- Work habits (time clocks, breaks, work place regulations, etc.)
- Job opportunities and employment techniques (interview skills, application process, etc.)
- Transit information (how to read and utilize bus and rail schedules)
- Communication skills (telephone, letter writing, etc.)
- Financial information (banking, insurance, and budgets).

The person with mental retardation may have difficulty learning skills in isolation and then generalizing these skills to different settings. As with the training of daily living skills, vocational skills taught in a real-life situation or “simulated” as close to real life as possible, will be more easily learned and generalized to other situations. One way to achieve this is to train on-the-job or blend the job training phase with the job placement phase as soon as possible.

As just intimated, vocational training for the inmate with mental retardation can take place in either a sheltered or non-sheltered environment. Sheltered workshops for training and employing persons with mental retardation have proliferated in the past years. These environments offer the opportunity to learn and explore the competitive work world, under close supervision, while acquiring basic work skills training. Some inmates with retardation are, however, reluctant to participate in sheltered workshop

programs because of the stigmatizing association with being labeled “mentally retarded.” Also, the discrepancy between the number of available sheltered workshop slots and the number of inmates classified as retarded is substantial. In addition, the majority of inmates with mental retardation are only mildly retarded; they do not need to be placed or remain in sheltered workshops. Furthermore, skills may not transfer directly from the sheltered workshop to the non-sheltered work environment. Many inmates with mental retardation can participate in non-segregated correctional training programs if the proper habilitational activities are incorporated.

Academic Training

Habilitative programming offers the offenders with mental retardation the opportunity to learn consistent-with their abilities and pace. The academic training required for habilitation programming consists of the development of basic skills including reading, writing, and arithmetic. These skills are developed, when possible, to a level where the inmate with mental retardation is able to master such tasks as reading newspapers, maps, signs, and other public information essential to the maintenance of an independent existence. Academic training is most useful to the inmate with mental retardation when it can be applied practically to the individual’s particular needs and interests. Hence, the more academic training is coordinated with vocational training and job placement, the more effective it will likely be.

Job Placement

A critical aspect of vocational development is the actual job placement, the practical culmination of daily life skills, vocational and academic training. The job should be developed, generally, with regard to the following

- Availability of job opportunities within the correctional facility

- Fellow workers' tolerance and acceptance of special workers
- Consistency with the inmate's abilities and interests
- Commitment of industry managers and supervisors
- Necessity and availability of counseling and on-site support.

Correctional industries could offer a unique source of work placement opportunities for inmates with retardation. However, their actual participation appears to be minimal and concentrated in work assignments requiring little training or skills. Also, they are often restricted to sheltered (workshop) correctional industry. As discussed in the previous section, certain rights are not relinquished by virtue of incarceration. These include the right to equal treatment and to equal services within the correctional system. Just as in the outside world, the person with mental retardation is protected by laws which mandate delivery of services in the least restrictive environment and equal access to job opportunities, inmates with mental retardation are also due these opportunities when they are made available to the rest of the inmate population. Therefore, taking into consideration safety and security issues, inmates with mental retardation should be allowed to function in the least restrictive work environment.

Counseling

Many individuals with retardation, especially those with mild retardation, have difficulty accepting the label of "mentally retarded." Frequently, they utilize defense mechanisms to veil their disabilities. The habilitation counselor must, therefore, uncover any disabling defenses and **assist the** inmate with retardation in using them in a reconstructed positive manner. The counselor must establish a relationship of trust with the inmate to effectuate learning and positive behavioral changes. In doing so, the counselor, whether in individual or group sessions, must remain alert to the necessities of

- Providing “facilitative conditions” (the development of positive regard, and nonpossessive warmth for the person being counseled within the counseling situation)
- Remaining objective while being supportive
- Communicating specific and concrete ideas and feelings in view of the inmate’s probable difficulty with abstraction and conceptualization
- Manipulating the environment when necessary to promote the best interest of the inmate toward mastery of his environment
- Establishing and maintaining rapport and continuous dialogue despite an inmate’s reluctance to do so
- Remaining aware of and maintaining patience with the inmate’s learning rate and ability
- Coping with and positively resolving any feelings of aversion and hesitancy to interact with the client inmate
- Taking the initiative to ensure communication and the proper direction of counseling sessions.

Medical Services

Medical attention for the mentally retarded inmate who is institutionalized should include care to maximize normal functioning and prevent further disabilities. The Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons (ACSMRODDP) outlines primary health care standards for

institutionalized individuals that are applicable to the inmate with mental retardation. Other specialty services which should be available to the inmate with mental retardation include speech, audiology, language development, and physical and occupational therapy.

MODEL, PROGRAM STANDARDS

Developed by the U.S. Department of Health and Human Services (HHS) and the ACSMRODDP, model program standards are practical guidelines for planning, operating and evaluating programs for the mentally retarded (ACSMRODDP, 1984; HHS, 1988 and Santamour, 1989). They encompass diagnosis and evaluation; personal, vocational, and academic skills development; job preparedness; work experiences; and independent life skills. These standards are directed toward the habilitation of offenders with mental retardation, reduction in the associated incidence of security and management problems and, ultimately, preparation for independent, law-abiding living in the community. Organized according to their six major objectives, the model program standards address

1. Creating a developmentally oriented, emotionally supportive, and physically safe environment for inmates with mental retardation
 - The program has a written statement of mission to maximize the human potential of persons with retardation, correct their criminal behavior, lead to appropriate and socially-acceptable behavior, and enhance their ability to cope with their environment within the prison environment.
 - The program has written philosophy and goal statements that are distributed to staff, communicated to the inmates served, and made available to interested others.
 - Each professional service associated with the program has a written statement of objectives.

The program has a description of services available to all concerned. The name of the program, the terminology used to refer to the individuals served, and the way these individuals are presented to the public are appropriate to habilitation goals and do not stigmatize the individuals served.

- Each inmate is provided with the physical and mental health care provided all inmates, as well as special health care required to meet needs that arise from problems associated with the handicapping condition.

2. Setting up a diagnostic and classification scheme that places offenders in environments and programs most appropriate for their personal and security needs.

- Each inmate is assigned an interdisciplinary team that identifies the inmate's needs and devises ways of meeting these needs.
- Assessment of the individual includes attention to physical development and health, sensorimotor development, communicative development, criminal behavior, social development, affective development, cognitive development, adaptive behaviors, basic academic and vocational skills, learning style, interests, independent living skills, and security/custody needs.
- The assessment necessary to develop the initial program plan is completed within 30 calendar days of commitment and the assessment process includes review and updating, as necessary, of evaluations made prior to commitment.
- Each individual receives a reassessment at least annually, or when behavioral responses indicate, in the areas and to the extent determined by the interdisciplinary team.

- The assessment is adapted to the cultural background, language, and ethnic origin of the individual and the family.
3. Developing an individual habilitation plan (IHP) for each offender based on the individual needs and criminal behavior
- An IHP is developed for each inmate by the interdisciplinary team, within one month of commitment. Based on the comprehensive assessment, the IHP specifies the individual's goals and objectives, identifies a continuum of programs and services, and outlines progressive steps.
 - The inmate's IHP is reviewed monthly to gauge progress, determine its continued appropriateness, and make needed modifications.
 - Each inmate served by the program is assigned a case manager who is responsible for coordinating the program's activities and implementing the inmate's IHP.
4. Helping the inmate acquire skills, resources, and opportunities necessary to function adequately while incarcerated and in society after release
- Each inmate has access to training in independent living and social skills, developed and implemented in accordance with the individual's needs as assessed and identified as priorities by the individual's interdisciplinary team.
 - Each inmate has access to special and general education in accordance with assessed needs and the individual education plan developed by the interdisciplinary team and appropriate education staff.
 - All inmates have access to recreational activities designed to 1) develop group and individual leisure time skills and social interaction

skills, with both sexes and all ages, and 2) contribute to physical and mental health.

5. Providing a system of supportive services that will make re-entry into the community easier and post-release success more likely

Each inmate has access to programs and services that will enable the individual to re-enter society as a worker either in the general labor market or in sheltered employment, as appropriate.

- Services include orientation to work and employment, vocational assessment, vocational training and guidance, and work experience.

6. Maintaining professional standards with regard to managing offenders, selecting and training staff, record keeping, and program evaluation.

- The correctional agency has written policies and procedures that define the use and limits of behavior modification programs, the staff members who may authorize their use, and the mechanism for documenting, monitoring, and controlling their use.
- Professional staff working with inmates with mental retardation should meet the same standards for professional ethics, qualifications, certification, licensure, training, and retraining required for their counterparts working with this population in other settings.
- Staff training programs for all professional, security, and consultant staff working with the inmates with mental retardation include orientation, pre- and in-service training, and opportunities for professional growth.
- The program maintains a central record keeping system as well as individual inmate records for the purposes of storing, retrieving, and analyzing cumulative data about inmates and program components.

Records are available only to authorized personnel in accordance with State and Federal regulations pertaining to confidentiality and privacy.

- The program evaluates, at least annually, its performance against stated goals and objectives.

Chapter 4

OPERATIVE PROGRAMS

This section of the guide describes five institution-based programs for offenders with mental retardation. A special effort was made to highlight training and employment opportunities. Descriptions for the South Carolina, Georgia (two), and New York programs are based on telephone interviews and printed materials. The Texas program, which is described in greater detail, was visited by project staff.

SOUTH CAROLINA HABILITATION UNIT⁶

Introduction

The South Carolina Habilitation Unit is organized to provide (1) diagnostic services for inmates suspected of being developmentally disabled, and (2) an intermediate level of residential treatment services for developmentally disabled male inmates and day treatment services for developmentally disabled female inmates. The goal is to promote institutional adjustment and improve post-incarceration adaptation. This program was started in 1975 by the former Department of Corrections Commissioner, William Leeke, as a special learning unit for prisoners with mental retardation. In 1984, it was moved from its original location at Kirkland Correctional *Institution* (a medium security facility) to its present location, Stevenson Correctional Institution (a minimum security facility), which also serves geriatric, and mentally and physically handicapped inmates.

⁶Information in this description was obtained from (1) telephone interviews with the Deputy Warden for Program Services at the Stevenson Correctional Institution, (2) written material provided by the Deputy Warden, and (3) Programming for Mentally Retarded and Learning Disabled Inmates: A Guide for Correctional Administrators, National Institute of Corrections, U.S. Department of Justice, 1989.

Service Population

Currently, the Habilitation Unit provides comprehensive habilitation services to a maximum of 40 male inmates in the residential program and 10 female inmates in the day services program. Male participants reside in the Habilitation Unit at Stevenson, while female inmates are transported to and from the Habilitation Unit daily from a nearby women's prison facility.

From 1987-1990, the average IQ of participants based on the full-scale WAIS was 65. Epilepsy was a common concurrent diagnosis. During this period, the Habilitation Unit served 130 inmates - 105 men and 25 women, of whom 78 percent were black, the remainder white. The typical tenure in the Habilitation Unit was 11 months. The majority (61 percent) of inmates served during 1990 was imprisoned for violent crime, frequently sex offenses. Their average age was 30 years.

Program Eligibility

The Habilitation Unit is potentially open to any inmate with (1) an intellectual impairment, physical impairment, or combination of impairments that substantially limits his or her ability to adjust or function independently in a correctional environment, and (2) a concurrent ability to benefit from adjustment and self-improvement services.

Eligibility decisions are made on a case-by-case basis by the Deputy Warden for Program Services in consultation with other professional staff of the Habilitation Unit. The primary criteria of eligibility are that the prospective participant has been determined to function at a significantly subaverage intellectual level (with this manifestation being evident before the person's 22nd birthday) and has severe deficits in adaptive behavior. Other eligibility criteria include

- Indications that the impairment(s) will continue indefinitely

- The inmate is experiencing substantial limitations in three or more critical areas of major life activities: self-help, self-direction, learning, capacity for independent living, economic self-sufficiency, vision, speech or hearing excluding blindness, and receptive and expressive language
- The inmate has a need for, and is likely to benefit from, individually planned and coordinated interdisciplinary care and treatment
- The inmate is willing to participate in a trial placement and evaluation
- After the trial placement and evaluation, the inmate is willing to participate in the program and demonstrates the potential and the desire to obtain skills during placement in the unit.

Program Components

Referrals and Placement

Placement criteria for the Habilitation Unit are related to custody and security level as determined by severity of offense, length of sentence, and institutional adjustments. Although prisoners in maximum security are not eligible for placement in the Habilitation Unit until they have advanced to higher levels in the classification scheme, they may be put on a waiting list for future consideration. Placement decisions regarding prisoners in minimum security require the approval of the Warden of Stevenson. For those requiring intermediate security, the approval of the Regional Administrator is required. Higher priority is given to male and female inmates classified as youthful offenders because of their shorter sentences, those inmates eligible for services under P.L. 94-142, and those within 12-months of parole or completion of sentence.

Referral to the Habilitation Unit may be initiated by administration, human services, or education personnel. Referrals are routinely made by the regional classification coordinators and psychologists assigned to the three Reception and Evaluation Centers. Referrals from the Transitional Care Units and Gilliam Psychiatric Hospital are given special consideration based on inmates' needs for long-term care in a highly structured, supportive environment.

The Deputy Warden develops and maintains documentation on inmates referred for services. He must also develop and maintain a short-term waiting list of eligible, approved inmates available for routine transfer to the residential program or admission to the day services program as spaces become available. Additionally, the Deputy Warden maintains a long-term waiting list of suspected cases and potentially eligible inmates who are not eligible for placement in less than 12 months, due to custody and security considerations.

Inmates approved for placement in either the residential or day services program are admitted on a trial basis of 30-45 days. After this period, the Deputy Warden and other habilitation professional staff make the determination whether the inmate has a developmental disability, and, if so, is appropriate for unit services. Those inmates found to be inappropriate for the services are discharged from the Habilitation Unit with documented recommendations for other institutional placement programs that better address their needs.

The Deputy Warden designates a social worker to serve as point of contact for all female inmates referred from the women's correctional center to the day services. This social worker, along with the coordinator of habilitation services, interviews referred female inmates in order to evaluate both their suitability for services and their motivation to participate in the Habilitation Unit. The Transitional Care Unit at the women's correctional center coordinates the participation of female inmates assigned to the day services program.

Inmates referred from one of the Reception and Evaluation centers have already undergone an initial 15-day assessment period. Those suspected of having a significant mental disability are given a psychological evaluation by a psychologist. This evaluation typically includes the Beta-II, WAIS, Wide-Range Achievement Test (WRAT), and an interview. When an inmate is referred from another facility, habilitation staff administer the Beta, WRAT and an in-house instrument for assessing basic life skills. When indicated by the results of these tests, the inmate is referred for further assessment by a psychologist. In general, accepted inmates must meet the following two criteria: below 60 on the Beta-II and 3.0 grade level or below on the academic test, especially reading. In addition, those inmates who have been diagnosed as having a mental illness as well as mental retardation must be stabilized prior to acceptance by the Habilitation Unit.

Activities Planning and Scheduling

A multidisciplinary team develops an IHP for each inmate accepted for the Habilitation Unit. The IHP is usually comprised of the following components: special education, life skills, work activity, individual counseling, and recreation. The program, which is highly structured, requires inmates to be involved in scheduled activities for at least 38 hours a week. These are routinely scheduled according to the following format:

- Three special education classes, 40 minutes each per day
- Two social work life skill groups of 50-60 minutes per day
- One work activity assignment of 180 minutes each day, alternating between two work areas on a weekly basis
- One co-educational art and craft activity for 30 minutes after the mid-day meal and one sports activity of 45 minutes at the end of the work day.

Special Education Program

The special education program develops and implements a curriculum designed to enable the inmate with mental retardation to achieve greater levels of independence through the acquisition and mastery of (academically-oriented) life skills. The program's activities include ongoing educational assessment, curriculum and lesson plan development, and group and individual classroom instruction. The special education program is classified as an Experimental School Program approved by the State Department of Education and receives funding for adult prisoners who qualify for services under the EHA. The program is a unit of and receives administrative and technical assistance through the Palmetto Unified School District One.

Work Activity Program

The work activity program emphasizes job acquisition and retention skills through group and hands-on activities in a simulated work environment. The coordinator of habilitation services is responsible for all facets of the work activity program including technical supervision of production coordinators, and managing the work activity centers, both at Stevenson and a satellite work center at the State Park Correctional Center. The objectives of the work activity program are to develop positive work behavior, attitudes, and job maintenance skills. These are accomplished through vocational assessment, work adjustment classes and progressive on-the-job experience in horticulture, vehicle cleaning, and contract work in a work activity center (sheltered environment).

The work adjustment classes concentrate on job seeking, job interviewing, and social skills required to obtain and maintain employment. The horticulture program, the first level of work activity, provides instruction and direct work experience in greenhouse operation, production of annuals and foliage plants, landscape maintenance, vegetable gardens, safe use of fertilizers and pesticides, flower arranging, ornamental nursery, and horticulture crafts.

The vehicle services center, the second level of work activity, provides on-the-job training using agency-owned and employee-owned vehicles. Agency vehicles are serviced at no cost, while employees pay a fee based on services provided. Time studies are the basis for establishing wages for work on private vehicles.

The work activity center, the highest level of work activity, provides a highly structured setting for contract work involving assembling, sorting, disassembling, and packaging.

The coordinator of habilitation services seeks contracts that are suitable for the service population and the available physical space, and that are safe for the environment. On rare occasions, products may be manufactured and offered for sale through an adult work activity -center without a contractual agreement when there is reasonable probability that a market exists for the product, and that the product will sell within a reasonable time without financial lost to the Habilitation Unit. More than 30 contracts with private and public organizations are serviced annually through the work activity center. All contracts with the private sector are in accordance with the State Code of Laws.

Production coordinators conduct time studies using non-handicapped workers as comparisons to arrive at a basis for contract pricing. They also design and monitor the daily productivity of inmate workers ensuring that quality standards are maintained. Production sheets for each inmate are completed daily by production coordinators listing the number of units successfully produced. Inmate workers are paid monthly based on their productivity and the cost per unit. Inmates are given approximately 15 percent of their earnings with the remainder deposited in their trust fund accounts. Inmates assigned to work activities are also available to earn work credits which entitle them to a hierarchy of job titles: work activity trainee, work activity worker, work activity apprentice, and work activity specialist.

Social Work Component

The primary function of the social work program is to assist each inmate to adjust to the correctional environment and to function productively in community settings. The social work program is responsible for initial needs assessment and orientation of individual inmates, assessment of adaptive behavior, development of IHPs and treatment objectives, life skills group training, individual and crisis intervention, counseling, and community release planning. Sex education and “offense specific” group treatment are provided for sex offenders. Each inmate accepted for the Habilitation Unit is assigned to a social worker who serves as the primary case manager and who coordinates all habilitative services for that inmate.

The life skills component of the social work program provides training focused on attitudes and behavior that will help the inmate adjust to community expectations and to live as independently as possible. Behavior development, human sexuality, health, alcohol/drug education, household management, transportation, and pre-release preparation are covered in the life skills component. Inmates, accompanied by a social worker, occasionally go into the community to practice such skills as purchase and money management. Individual counseling concentrates on assisting clients in dealing with emotions, clarifying values, and behaving appropriately.

Recreation

The recreation program affords the inmate with mental retardation opportunities to have fun, learn to use leisure time appropriately and constructively, and interact with others. Recreation include team sports, arts, crafts and indoor games.

Staffing

In addition to the Deputy Warden, the Habilitation Unit has 12 professional staff members, in social work, special education, work activity recreation and corrections. A clinical psychiatrist and psychologist are retained on a contractual basis. Social workers must be licensed by the State and special education teachers must be certified by the State Department of Education.

Non-professional staff include several inmate assistants who work under the direction of professional personnel. Inmate assistants are granted work credits commensurate with their skills and efforts. Some inmate assistants reside in the Habilitation Unit living area, acting as role models and providing other types of support and assistance to inmates with mental retardation,

Disciplinary Actions

The Deputy Warden is required to develop and implement disciplinary policies and procedures for inmates assigned to the Habilitation Unit.

Release Planning

Upon completion of the program, participants are terminated from the Unit either through transfer or release (usually the latter since there are few other appropriate placements for these inmates in the correctional system). At least three months prior to the effective date of an inmate's parole eligibility or completion of sentence, social workers begin to formulate release plans in close coordination with the client and community organizations. These plans vary according to the individual's needs and available resources, i.e., independent or residential living arrangements, job placement, follow-up treatment services, community-based support group linkages, and vocational/ educational training. Social workers make a concerted effort to involve family members

in release planning. Social workers are allowed to appear with their clients at parole hearings to assist them in communicating their accomplishments and post-release arrangements to the parole board. After their release, inmates are followed-up for a minimum of three months.

GEORGIA DEPARTMENT OF CORRECTIONS

State Overview

In 1979, the Mental Health/Mental Retardation Program (MH/MRP) was instituted in the Georgia Department of Offenders Rehabilitation (name changed to the Georgia Department of Corrections in 1984) to provide holistic interdisciplinary services consistent with the needs of handicapped populations. This program grew out of a 1973 lawsuit (Guthrie vs. Evans) brought by inmates at the Georgia State Prison (GSP), a maximum security facility in Reidsville, against the Commissioner of the Department. Prior to the suit, the only provided service was a sheltered living arrangement for inmates who exhibited grossly inadequate or inappropriate behavior. There was insufficient differentiation between mental illness and mental retardation. The court order resulting from the lawsuit required that habilitation services including educational, vocational, life skills, and group counseling components be provided to inmates with mental retardation. Comparable, appropriate services were to be provided for mentally ill inmates. It was further mandated that (1) the safety and health of inmates, staff, or the community should not be compromised in the delivery of these services, and (2) the resolution of any conflict between security issues and treatment issues not impede meeting the medical, psychiatric, and treatment needs of inmates. The court order also dictated the assignment of an independent expert to evaluate the program during and after its first year and that, thereafter, court-appointed special education specialists monitor the program

Other key elements of the court-approved plan for inmates with mental retardation were that

- Provided services adhere to the standards of the American Medical Association, the Association of Mental Retardation, the American Correctional Association, and the Department of Offender Rehabilitation
- Individual Treatment Plans (ITPs) containing time-specific, reasonably achievable goals, be reviewed at least quarterly for indicated modifications and that inmates, when capable, have the right to review their ITPs with their counselors
- MH/MRP staff have sign-off authority and responsibility for disciplining and restraining MH/MRP inmate participants.

The Georgia Department of Corrections has a three-tier system for inmates classified as having special mental health/mental retardation needs: Those classified as Level I require no, or very limited, mental health services. Inmates classified as Level II, for the most part, are treated with medication, receive support from mental health staff, and can be integrated into the correctional community -- attending educational programs, vocational programs, or involved in work programs. The Level III inmates are the most severely disturbed mental health and mental retardation cases. For the most part, they cannot be integrated into the correctional community. The majority of the mental health/mentally retarded inmates within the Georgia Department of Corrections are housed at one of the eight Level II facilities. There are four Level III facilities.

As of February 1991, the Georgia Department of Corrections had an inmate population of 21,687 inmates, of whom 1,319 were diagnosed as mentally ill and/or mentally retarded. Approximately 60 percent of those so diagnosed require inpatient or support living arrangements.

Georgia operates under a State Use model for prison industries. The State Correctional Industries includes metal fabrication, license plate, chemical, printing, garment, wooden furniture and metal furniture operations. Georgia State Prison (GSP) and Georgia Women's Correctional Institute (GWCI) run the only separate State work programs for inmates with mental retardation.

Georgia State Prison (Reidsville)⁷

Although many of the following comments are germane to the entirety of Georgia's MH/MRP, Georgia State Prison (GSP), a maximum security facility in Reidsville, is the focus of discussion of this segment.

Referral Intake and Assessments

While intellectual functioning and social history are evaluated for each inmate entering the Georgia system, the primary determinant of facility assignment is the required level of security/custody or degree of dangerousness. At GSP, it is critical that the goals of the MH/MRP are compatible with the maximum security mission of the institution as well as characteristics of the particular inmate population. Most of the inmates served at GSP are repeat offenders, convicted of violent crimes. More than half have at least one life sentence. Some of the prisoners who qualify for the MH/MRP are in lock-down status (confined to individual cells, except for showers and exercise, for the bulk of the 24-hour day, because they have committed infractions serious enough to pose

⁷Information in this description was obtained from (1) telephone interviews with the Assistant State Director of Mental Health Services of the Georgia State Department of Corrections, (2) written information provided by the Assistant State Director of Mental Health Services, (3) Programming for Mentally Retarded and Learning Disabled Inmates: A Guide for Correctional Administrators, National Institute of Corrections, U.S. Department of Justice, 1989 and (4) an unpublished manuscript by a mental retardation administrator at Georgia State Prison.

a risk to the safety of staff and other inmates). Program services are provided to these individuals in their cells or in secured counseling offices within the dormitory.

Inmates who have been given a guilty but mentally retarded verdict are referred to mental health services within the Georgia Department of Corrections. Prior to referral, an evaluation is done by the Georgia Department of Human Resources and forwarded to the receiving correctional institution. Other inmates who have not received guilty but mentally retarded verdicts are referred to mental health services within the correctional system by medical and counseling staff, correctional officers, or other correctional staff suspecting mental retardation. Inmates may also contact mental health staff to request an evaluation. In addition, the administrative and medical files for each person assigned to Reidsville are reviewed by the mental health/mental retardation staff.

The mental retardation component of MH/MRP at GSP has three eligibility criteria: intellectual functioning, age of onset of mental retardation or developmental impairment, and adaptive behavior. The prisoner with an IQ of 80 or less on a group screening test, is a candidate for individual re-evaluation of functioning and adaptive behavior. (Although the inmate has no choice in the assignment to Reidsville, evaluation or special program participation may be refused.) The WAIS or its revised form, WAIS-R, are used by psychometrists to further assess referrals. When evaluating the results of the WAIS, mental retardation specialists focus on the spread of subtests and the recorded comments of the psychometrists.

The second criterion of mental retardation, the age of onset, can be difficult to ascertain for this population due to (1) communication limitations of the referent individuals, (2) difficulty obtaining information from family members, and (3) confounding factors such as substance abuse. The third criterion of eligibility, adaptive behavior, is determined through administration of the Vineland Social Maturity Scale, other adaptive scales, a social history, disciplinary reports, work assignment evaluations,

and interviews with both the inmate and persons with whom he has established relationships, e.g., family, care workers, and teachers.

Individual Treatment Plan

Once an inmate has been determined to be eligible for the MH/MRP, an ITP is prepared by the mental retardation specialist. A continuum of services is available to inmates with retardation ranging from housing in a separate unit with intensive program intervention to residence with the general prison population with supportive counseling and special education. The components of services that are typically covered in ITPs are (1) individual management and housing, (2) behavior and psychological counseling, (3) education and vocational training, (4) recreation and activity therapy, and (5) work assignment.

Since many of the prisoners with mental retardation at GSP have a dual diagnosis of mental illness and mental retardation, and since most of them will be confined for longer than ten years, instructional and training goals routinely emphasize adaptation and social skills applicable in the prison as well as in the outside community. ITPs for long-term inmates might emphasize letter writing, visiting regulations, and calculation of time served and parole eligibility, while ITPs for short-term inmates might focus on job applications, money management, and consumer education.

Instruction is provided in small groups or on an individual basis in accordance with the security status of prisoners. Recreation objectives vary with the security status of the inmate. For inmates in lock-down, in-cell recreational options such as puzzles and needlework are offered. If a prisoner has disciplinary problems, ITP objectives will be -directed at aggression control and problem-solving.

The objective of vocational training is two-fold: (1) work skills to enhance adjustment to community living and employment and (2) interaction skills and experience

working with other inmates. Vocational instruction includes grounds keeping, custodial/building maintenance, carpentry, and simple electrical work. Prisoners are assigned to vocational training units based on aptitudes and capabilities. Grounds keeping and custodial building maintenance are the supervised vocational activities for the severely handicapped. Less severely disabled inmates are trained in a sheltered workshop where picnic tables and trash cans are assembled using simple electrical tools. Prisoners earn two incentive coupons upon satisfactory completion of each work task; the Georgia Department of Corrections does not have provisions for paying prisoners. These coupons may be exchanged for special treats or activities within the prison compound. Considerable attention is given to devising motivational and reward strategies which do not pose security risks.

Staffing

The MH/MRP, which comes under the direction of the Mental Health Director, has interdisciplinary staff. These include: masters level mental health counselors, behavior specialists, special education teachers, activity therapists, psychiatric nurses, mental health trained correctional officers, clinical chaplains, and mental retardation counselors. Psychiatric and psychological services are provided by consultants.

Disciplinary Actions

Prisoners with mental retardation who violate institutional rules or assault staff or other prisoners are disciplined in the same manner as their normal peers -- placement in lockdown. However, before an inmate who is mentally retarded is disciplined, an evaluation is made by MH/MRP staff. When placed in lock-down, the inmate is assigned to a particular area where he receives counseling and special education. Inmates in lock-down may earn their way to less restrictive living units through successful progression through an institution-wide behavior modification program. In general, although an inmate cannot change his sentence, his security level may be increased or decreased

depending on behavior. Inmates are allowed to use tools only after they have shown they are responsible. Even so, tool access and use are controlled to prevent weapon introduction.

Release and Transfer

Interagency agreements have been established between the Georgia Department of Corrections and the Georgia Department of Human Resources to cover post-release services for inmates who have completed their sentences or who are being paroled. Six months prior to an inmate's release, a counselor who has worked directly with the inmate notifies a rehabilitation services counselor in the county to which he is being returned. In preparation for discharge, release-related activities are incorporated into the inmate's ITP. This includes an appointment for the inmate with the Department of Human Resources in his release county. The Department of Human Resources also provides assistance with living arrangements and job finding. If possible, the inmate's family is included in release planning. Follow-up records are maintained on released inmates.

Georgia Women's Correctional Institution⁸

The description of this program differs from the others in that it focuses on the planning and operation of the correctional industry with less attention to the overall habitation program. This emphasis was possible because the industry program for female inmates with mental retardation is a new project. The National Institute for Corrections (NIC) was the catalyst for the development of an industry program for inmates with retardation at Georgia Women's Correctional Institution (GWCI). Several programs, including the one at GSP, for male inmates with mental retardation had been launched

⁸Information in this description was obtained from telephone interviews with L "Buzz" Hope, Director, Training, Industry and Education (TIE) Program, Department of Corrections and Patricia Nelson, MH/MR Unit Director, Georgia Women's Correctional Institution.

successfully in several States; however, women's programs were in short supply. The NIC wanted a prototype for female inmates that could be adopted in other States.

Development

The Director of the TIE Program is the State Project Director for The NIC Project, at GWCI. The goal was to replicate the GSP program learning from its successes and mistakes. Three factors were deemed critical

1. Involve all parties with a stake in the project in its design and implementation
2. Plan and implement staff and inmate orientation and training
3. Use a pre- and post-test design to empirically evaluate the impact of the project on the inmate participants.

A general steering committee was formed to write a proposal, select local staff, oversee the development of the project and, later, to function in an advisory capacity. The general steering committee includes the State Project Director, Director of the State Mental Health Program, Supervisor for Female Services, a mental retardation specialist from GSP, Deputy Warden for Security at GWCI, a representative from Correctional Industries, and an external evaluator.

Their first task was to identify a site for the project and to secure funding. Mental health professionals from several institutions were interviewed to ascertain their interest in hosting the project. The selection criteria favorable to GWCI included strong interest of staff; close proximity to an existing State correctional industry, the Garment Factory; and an inmate population including women with mental retardation. The general

steering committee wrote a winning proposal to NIC, resulting in a grant of \$50,000 for the period April 1991 through October 1992.

start-up

After site selection, the general steering committee was expanded to include local representatives: the local mental health administrator and a mental health counselor; correctional industry staff from the Garment Factory; security personnel from GWCI; a research assistant; and a special education teacher. These individuals also operate as the local steering committee administering and implementing the program.

Initially, both the general and local steering committee members met weekly to design project components. During project implementation, meetings decreased to bi-weekly. Now they are held on an as-needed basis. The local project director keeps the general steering committee, which now serves in an advisory capacity, apprised of activities and accomplishments on the project.

Staffing and Organization

Project staff were selected based on their positive experiences with inmates with mental retardation. Core staff include a counselor, correctional officer, and special education teacher. Each visited GSP to meet their counterparts as part of their orientation to the program. In addition, the correctional officer spent one week at GSP working with the men's program learning the special requirements of this position.

The research assistant was hired to work temporarily for the project, helping with testing and orientation of inmates, record searches and reviews, and training. A psychologist also helps with screening inmates. An activity therapist supervises transition activity and coordinates incentives. The production manager, who reports to the plan manager, oversees the work site. The local mental health administrator, who is the local

project director for the NIC Project, supervises the counselor and special education teacher and shares supervisory responsibility for the correctional officer.

Inmate Selection, Orientation and Training

Selection criteria for inmate participants include diagnosis of mental retardation, exclusive of a dual diagnosis when possible, sentence length through the end of the project to ensure stability in the group, and interest. GWCI serves approximately 923 women, 105 of whom receive MH/MR services. To identify participants for the program

- The mental health caseload was reviewed to identify inmates with a diagnosis of mental retardation
- The remedial education teacher identified students whose work indicated the possibility of mental retardation
- The central office then ran a printout of sentence length and Culture Fair IQ scores
- Candidates, lacking formal or current scores, were tested using the WAIS; a score of 70 was the cut-off.

A pool of 18 potential inmates was identified and interviewed to determine their level of interest. Top candidates from the interviews were given a vocational interest inventory to ascertain aptitudes. Screened candidates then completed the Self-Esteem Inventory. A conscious effort was made to include some inmates who were management problems. Ten inmates were selected to participate in the project, three of whom presented management difficulties. The participants are primarily Level II, as defined by the DSM-III. Their WAIS IQ scores range from 56 to 69, with a similar range in adaptive

behavior scores. The youngest worker is in her early 20s and the oldest in her early 50s. Offenses range from forgery to murder; sentences range from two years to life.

The special education teacher and counselor prepared lesson plans for orientation for the inmate participants. The first week of orientation focused on social and interaction skills, with a strong emphasis on hygiene. In the second **week**, safety issues were covered. A transition activity was planned for inmate participants to ascertain their individual strengths and to give them practice working together; for two weeks, they produced toy wooden cars (materials from a previous inmate project) at the work site. During this period, the ratio of staff to inmate was nearly 1:1.

One inmate has been pulled from the project. She felt, rightly, that she was functioning at a higher level than the other participants. She criticized the program and its rules, the other participants, and was generally considered a negative influence.

Project Components

Education and work are the two major components of the NIC project. Special education classes in reading, mathematics, and life skills, which are very responsive to needs identified at the work site, are conducted each morning. For example, when the program began, inmates worked on recognizing different signs in the work place and measuring with a yard stick.

Several hundred people work in the Garment Factory, 76 of whom are women, exclusive of the NIC project participants. The factory produces uniforms for inmates, release clothes, aprons, towels, sheets, underwear, wash cloths, blankets, etc. The physical plant consists of several large rooms, a warehouse, and office space for administrative staff. Male and female inmates work in separate areas on different tasks.

The NIC project work site is segregated within the Garment Factory because

- Participants might become distracted by the activity and noise level in the main parts of the factory
- Program planners anticipated problems having participants work with regular inmates, male and female, and, possibly, with male correctional officers
- The ratio of supervisors to workers needed to be lower with this target population.

Also, staff felt a need to control the environment, especially to manage tools. To maintain the closed environment, project participants have no social time. All inmates do, however, eat lunch in the same dining hall and sometimes interact during breaks.

The work room is about the size of a school classroom. It contains work tables, chairs, shelves for storage, scissors, hammers, yardsticks, and two sewing machines. Tasks were introduced gradually to allow participants to learn new skills slowly and to experience success. The first assignment was to make belts. Rolls of webbing, loose buckles, and tips were delivered to the work site. The various tasks of production were assigned to work teams

Later, piece work was added. A laundry basket full of pockets was received; the workers snipped loose threads, and then folded and stacked the pockets. Aprons were prepared for tie strings and then shipped out for them. They were returned so that loose threads could be snipped. The aprons were then folded, counted, bundled, and packed in shipment boxes. Recently, sewing machines were added for work on towels and wash cloths. Assignments requiring more skills will be incorporated as long as the inmate participants are able to master them.

Remuneration

Inmate participants are not paid. A weekly incentive program is used to reward good behavior. Incentives include personal hygiene items such as shampoo, candy, coke, and hot chocolate. These are earned for good performance, behavior, and hygiene. Uniforms must be neat, clean and pressed, and behavior must be appropriate at school and at work. Incentives are not related to production. One incentive may be earned per week. Care is taken to ensure that rewards are of approximately equal monetary value. For example, several candy bars and bags of chips may equal one bottle of shampoo.

Discipline and security

The correctional officer works with the inmate participants all day. She is with them in their special education classes from 8:30-10:30 a.m. daily and in their sheltered work environment from 11:00-2:30 p.m., Monday through Thursday. She transports them to and from the work site and does regular shakedowns for contraband, a routine procedure for outside details. A sergeant from Correctional Industries is her backup and she may also call upon officers from GWCI, if needed.

When there is a problem in school or at the work site, a review and consultation session with the concerned inmate is scheduled with project staff. The inappropriate behavior is described, as is the expected behavior. If the behavior occurs again, the inmate is warned that a third infraction will result in her being held out for a specific period of time. If the behavior problem is at work, the third occurrence results in a suspension from work for a day or two, though she is allowed to continue in school. The inmate also loses her weekly incentive. A second suspension may be made for a week, after which the inmate is terminated from the program.

Disciplinary reports can be written for participants as for the general inmate population. Punishment involves restrictions, such as loss of store privileges or certain

activities and time in isolation. However, the length of time between the infraction and punishment is sometimes long; therefore, the project tries to avoid using this measure with inmates with retardation as much as possible.

Preliminary Results

Workers started making belts in September 1991. Pre-test data were collected on self-esteem, socialization, coping, and academic skills. Post-test data will be collected during the summer of 1992. Informal observations indicate that the project is working well. Inmates who had previously been unwilling to attend school or work are now enthusiastically involved in both. They seem to be receiving fewer disciplinary actions, as well. Inmate participants seemingly enjoy work; they like making belts the most and have a high tolerance for repetitive tasks. The process of starting and finishing a product is very satisfying to them. They take pride in their work and are recognized in the institution for having produced them.

The local project director is gathering data to conduct an interim evaluation. She is looking at time spent in segregation, for example, expecting a decrease. It is hoped that a complementary analysis will examine the number of staff hours saved due to decreased behavior problems.

Project workers produce 400-500 belts in a (three hour) day. The quantity and quality surpass that which general population inmates had attained. Hard data on profitability have yet to be generated. Factory staff will try to compute a dollar value for the work. Relationships between treatment and security staff have improved, too. The correctional officer is involved in staff meetings and after spending six hours per day with the inmates, make valuable contributions to these sessions.

Challenges and Opportunities

Cooperation is a key feature of the NIC Project. A large number of persons are involved, and there has been no resistance to the project. Even in the face of departmental financial problems, staff went back to the drawing board, committed to finding workable solutions. For example, the mental health division has been short a position since July, but continues, enthusiastically, with the project. Due to financial cutbacks, the project also lost the special education teacher during a hiring freeze. Asked what to do, the education staff identified an adult basic education teacher with previous experience in special education and assigned her to the project, even though the education supervisor had to go back into the classroom to cover for her.

Many would like to see the program expand. However, this does not seem feasible because of the required low staff to worker ratios. The desire to include more workers is thwarted by financial considerations, primarily funds for an additional correctional officer. Continuation of the program is anticipated beyond the duration of the grant. While resources have not been allocated, strong support from the Warden and the Commissioner leaves staff confident that the project will continue.

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES⁹

Overview

The New York State Department of Correctional Services (DOCS), a 63-facility system, tailors its services to the security level and needs of inmates with developmental disabilities including mental retardation. Its operative philosophy is to assign these inmates to the least restrictive environment. The New York Commission on Quality of Care for the Mentally Retarded, which recently reviewed the State's prison system, accepted the basic premise of the DOCS that inmates with mental retardation or other developmental disabilities be integrated into the general prison population whenever feasible. This agency also concurred with DOCS that many of the programming and rehabilitative needs of inmates-with developmental disabilities are not significantly different than the needs of non-developmentally disabled inmates.

Of the 60,000 prisoners in the DOCS as of January 1991, 50 percent are black, 32 percent Hispanic and the remaining 17 percent are either white or other. Most are young, in the 18-24 year old age group. Eighty-four percent of the prisoners originate from the New York City metropolitan area, with only 16 percent coming from the 49 other counties in New York State. Over 75 percent lack a high school diploma; 20 percent have completed grade school. The typical crimes of incarceration are drug-related offenses (33 percent), robbery (22 percent), murder/homicide (15 percent), and burglary (11 percent). Most of their sentences are far less than five years.

'Information in this report was obtained from telephone interviews with Dr. Raymond Broaddus, New York State Department of Correctional Services; (2) with Mr. James Newton, New York State Department of Correctional Services; (3) with Dr. Nancy Ray, New York Commission on Quality of **Care** for the Mentally Retarded; and (4) written materials from the interviewees including the report, Inmates with Developmental Disabilities in New York State Correctional Facilities, issued by the Commission.

Approximately two percent or 1,200 inmates have been classified as developmentally disabled - chiefly, because of multiple mild-moderate impairments rather than any one single outstanding or severe disability or impairment. Among those diagnosed as developmentally disabled, less than 75 are sufficiently severe and/or are lacking in daily living skills to preclude integration with the general prison population. The inmates so affected are referred to the Special Needs Unit at the Wende Facility. The other, less developmentally disabled inmates, are “mainstreamed” into the general prison population and are able to avail themselves of correctional industry and educational opportunities based on their interests, aptitudes, and levels of functioning.

Although the State has made some provisions for those female offenders with developmental disabilities assigned to maximum security, the special needs program for females is much less extensive-than that for male prisoners.

Major Program Components

Screening and Referral

Inmates thought to have special needs are screened (placed *in* extended classification) either upon intake at one of the four reception and classification centers or later, after their referral to a facility. At the reception centers, inmates-are processed for prison entry and are evaluated for educational, psychological, developmental, medical, and social problems. During the first few days at a reception center, inmates thought to be developmentally disabled are interviewed and administered a Revised Beta. Those who score below 70 on this test, currently administered almost exclusively in English despite the significant number of Hispanic inmates, are referred to a psychologist in the Office of Mental Health or directly to the Bureau of Health and Psychiatric Services. Subsequent assessment includes the full-scale WAIS-R, living and coping skills evaluation, and a review of psycho-social history which are used to ascertain program needs and

make facility assignments. In 1990, 3,600 of 25,500 incoming inmates were referred for extended assessment.

An inmate's stay in a reception center is typically 30 to 60 days, but may be as short as a few days and as long as a year. After leaving a reception center, an inmate is usually sent to a treatment unit to await transfer to a State prison facility that meets his security classification.

The four-tier classification used by DOCS for its 63 facilities is based on the inmate needs and available resources:

Level 1

- Totally sheltered living environment
- Total special education program
- Access to rehabilitation counseling services
- Access to psychological services

Available at one facility, Wende in upstate New York

Level 2

- Individual cell
- Access to special education resource rooms
- Access to rehabilitation or other specialized counseling
- Access to psychological services

Available at five maximum security facilities and three medium security facilities

Level 3

- No living restrictions
- Access to special education resource rooms
- Access to specialized counseling

- Access to psychological services

Available at five maximum security facilities and ten medium security facilities

Level 4

- No living restrictions
- No specialized education program
- No access to specialized counseling
- Access to psychological services

Available at 63 facilities

Assignment to the Special Needs Unit at Wende is restricted to those inmates who

- Have tested less than 70 on a recent full-scale WAIS-R
- Have a documented lack of coping skills (not attributable to other factors, e.g., mental illness, language barrier, and physical handicap)
- Have one or both of the following characteristics
 - Pre-incarceration placement in a developmental center or other OMR/DD facility
 - Placement in special education classes or institutions prior to incarceration.

Inmates assigned to the Special Needs Unit are mainly separated from the rest of Wende's population. They are offered basic recreational classes in the mornings, Monday through Friday. A few participate in vocational training in the main prison and a few volunteer for custodial tasks. Special Needs Unit inmates may participate in daily recreation in the yard and, on occasion, may participate in clinical groups with members of the general prison population. The Commission on Quality of Care for the Mentally

Retarded reported that both space and staff constraints have limited the Unit from providing intended specialized and intensive short-term programs. The State plans to open a 64-bed unit similar to Wende in 1991.

In addition to the Special Needs Unit at Wende, the Assessment and Program Preparation Unit at Clinton Correctional Facility, which has 254 beds, serves inmates who are “multiple victim” prone for any number of reasons. Approximately 60 of the inmates in this Unit are developmentally disabled. The others have been sent to Clinton because they have committed bizarre crimes, have enemies within the prison system, are informers; are ex-police officers, have mental illnesses, are homosexual, and/or are sexual offenders.

Prisoners who have increased their coping skills or who are eligible for a reduction in their security level are considered for transfer to other facilities with appropriate services and security. However, inmates assigned to either the Special Needs Unit or the Assessment and Program Participation Unit frequently serve their entire sentence there.

Placement Coordination And Counseling

A program committee composed of counselors, educators, trainers, and administrators interviews each inmate with a developmental disability assigned to reside with the general prison population. The committee is responsible for developing an individual treatment plan for the inmate based on abilities, interests, skills and functioning levels, and on facilities resources and security level. This inmate, as are all inmates regardless of their disposition and special needs, is assigned a counselor, who provides support and guidance throughout the stay in that facility. The assigned counselor, who has at least a Bachelor’s degree and who has passed the relevant civil service examination, has access to a range of professionals including medical practitioners, security officers, psychologists, and educators. On a six-month basis, the counselor formally reviews the inmate’s performance relative to his treatment plan. In

the interim, the counselor, other service providers or the inmate, himself, may initiate a special review.

Educational, Industry, and Job Programs

The New York DOCS offers an array of occupational, educational, industrial, and facility job opportunities to its prison population. Occupational training includes building maintenance, printing, painting, carpentry, masonry, auto mechanics, janitorial services, horticultural, and other vocational areas. Available educational services are special education, learning laboratories, adult basic education, GED preparation, and college courses. Industrial jobs are available in the manufacturing of office furniture, storage cabinets and clothing, and the production of personal hygiene and janitorial supplies. Facility jobs such as food service workers, porters, clerks, and outside maintenance and conservation workers are also available. In some instances, aptitude tests are administered to determine if the inmate has the ability to do a particular task. The overriding question, irrespective of mental or physical condition, is whether the individual can perform the required activities. Inmates are paid an hourly wage based on the nature of the assignment and their seniority. Inmates who participate in therapeutic programs are paid as if these were job assignments.

Inmates with developmental disabilities are eligible for any of these placements, based on their current level of functioning. No inmate with mental retardation or any other developmental disability is placed on an assignment he cannot handle. Perhaps more importantly, no inmate is excluded from any position for which his capacities may allow him to succeed. In addition to the regular assignments, sheltered workshops are available for inmates who cannot perform in the mainstream due to a number of factors - e.g., attention span, emotional stability and coping behavior not just developmental disabilities.

Release Planning

Inmates who are approaching parole or completion of their sentences are assigned release counselors who work with the inmates, parole *officers*, facility counselors, and representatives of community human service agencies to develop and implement release plans. The previously mentioned study by the New York Commission on Quality of Care for the Mentally Retarded found gaps in the continuity of care to inmates with mental retardation at the point of release from DOCS. The Commission concluded that the problems generated by inadequate preparation for the release of inmates with developmental disabilities far outweigh the problems they might encounter in prison.

Many of the soon-to-be-released inmates with developmental disabilities are already known to the community human service systems. In fact, their incarceration in many instances is due, in part, to the inability of the community human service system to provide meaningful intervention. Upon release from DOCS, these individuals are returned to the same communities, but now with the additional stigma of being ex-convicts. The Commission recommended that appropriate community agencies become involved with inmates with developmental disabilities earlier in the discharge process. The DOCS plans to establish a parole-preparation unit at a medium security facility (Arthur Kill) located on Staten Island to serve 50 special-needs inmates within three to six months of their release dates.

TEXAS MENTALLY RETARDED OFFENDERS PROGRAM¹⁰

The State System

Despite unprecedented growth in the number of beds over the past five years, prison overcrowding remains a major problem in Texas, leading to reduced sentences and jeopardy to the integrity of the entire system. The Texas Department of Criminal Justice (TDCJ), designed to increase the efficiency and effectiveness of adult corrections programs for the State, was instituted in FY90. The Texas Board of Criminal Justice, which governs the Texas Department of Criminal Justice consists of nine members, appointed by the Governor. In addition, Judicial Advisory Council advises the board and the Community Justice Assistance Division on matters concerning the judiciary.

The TDCJ has three divisions: (1) The Institutional Division, formerly the Texas Department of Corrections (DOC), operates the prison facilities, provides rehabilitation and health services for inmates, and has fiduciary accountability for all finances and prison industries. Most of the services and programs for offenders with mental retardation come under this division. (2) The forementioned Community Justice Assistance Division administers probation and provides technical assistance to local jurisdictions in the areas of finance, programs, and training - thus standardizing the "front-end" services of the Department. (3) The Pardons and Parole Division calculates parole eligibility dates for inmates, making parole and pardon recommendations.

Texas is one of 35 States and the District of Columbia operating under a court order to limit the inmate population to 95 percent capacity to prevent overcrowding. Thirty-nine prison units, including two female units and four private pre-release centers,

¹⁰Information contained here was obtained from an on-site interview at the Beto I Facility and written materials provided by TDCJ's public relations office and the Director of the program for inmates with mental retardation at Beto I.

housed 49,157 inmates on August 31, 1990. Construction for 16,000 additional prison beds was approved in FY90. ¹¹

Approximately 95 percent of the inmate population is male, and approximately 70 percent of the offenders are non-aggravated. Blacks comprise 48 percent of the population, whites 31 percent, and Hispanics 22 percent. The average age is 31.5 years. The majority of the inmates had previously been on probation (69 percent), and most had been incarcerated in Texas (51 percent) or other (8 percent) prison systems. Many of the offenses committed were violent (44.9 percent), with property crimes the next most frequent category (31.5 percent), and drug-related offenses third (18.7 percent). Sentence length ranged from two years to life, or death. The average length of sentence was 23.1 years.. However, the average length of sentence served was 1.8 years or 19 percent of the sentence.

In 1986 an Ad Hoc Committee, established by the State Legislature, convened to examine services for mentally ill and mentally retarded persons in the State. The Mentally Retarded and Developmental Disabilities Committee included representatives from State service agencies. The committee considered available programs and ways to improve and coordinate them: Formalized by a legislative mandate in 1989, the now-named Council for Mentally Impaired Offenders implemented Project CHANCE, a release program for offenders with mental retardation, described later in this summary.

Court Mandate

As recently as one decade ago, the Institutional Division (ID), formerly the DOC, mainstreamed offenders with mental retardation. At that time, the DOC took the position that rehabilitative services were available to all inmates, and that any special

¹¹All figures refer to current inmates and are taken from the 1990 Fiscal Year Summary, Institutional Division, Texas Department of Criminal Justice.

services needed by the prisoner with mental retardation could be provided by medical or psychiatric doctors. The position argued before the U.S. District Court in the case of Ruiz vs. Estelle was that if change was required, inmates with mental retardation could be treated like those with mental illness.

The plaintiffs and a member of the Texas Board of Corrections countered that offenders with mental retardation should be designated as a special class and that treatment be designed to meet their particular needs. The court agreed and ruled that, “by not recognizing the special rehabilitative needs of such inmates, the Texas DOC failed to meet its constitutional obligations to provide minimally adequate conditions of confinement.” (TDCJ, 1990) In 1981, the Texas DOC agreed to provide adequate living facilities, working conditions, fair discipline, and protection from other inmates to all special needs inmates. To further comply with the court order, the Mentally Retarded Offender Plan of December 1984 was written.

Philosophy

The Mentally Retarded Offenders Program (MROP) is based on the philosophy that offenders with mental retardation can learn, given appropriate training and -opportunities, and that they can be integrated successfully back into the larger community. The purpose of the MROP is

to provide opportunities to mentally retarded offenders to permit them to acquire educational and vocational skills; life and social skills necessary for independent living, and work skills and habits necessary to become productive members of society; and to provide direction, support, and encouragement in these endeavors. The further purpose of this plan is to ensure that mentally retarded offenders are provided adequate living facilities and work conditions, fair discipline, and protection from other prisoners. (TDCJ, 1990)

Texas designed a program that segregates offenders with mental retardation from the general prison population. For example, the entire DOC is designated a school district and receives funding in the same way as the public schools. For the MROP, a separate school was established to educate offenders with mental retardation at the male and female facilities, respectively. Thus, their academic, vocational, and rehabilitative educational services are segregated from the general prison population.

Development and Implementation

Texas DOC did not wait for the completion or court approval in 1986 of the Mentally Retarded Offenders Plan to begin its operation. By 1983, 45 inmates were identified, based on group IQ testing, by the diagnostic unit in Huntsville, as having mental retardation, and sent to-a special wing of Beto I. Staff consisted of the program supervisor, the school principal, and a couple of case managers. The staff spent much of their time teaching and deciding on the duties of case managers and psychologists, caseload size, and how to develop individual treatment plans. They used trial and error, feeding their best ideas into the Plan. When it was formally written in 1984, MROP began to use it to complete the program design.

By 1986, 912 inmates, close to the 1,000 persons capacity, lived in the four MROP cell blocks. Working with the Texas Department of Mental Health and Mental Retardation, a Diagnostic and Evaluation Team was certified in late 1986. This team screened inmates ensuring that program placements were appropriate.

Organization

MROP operates under the court-approved plan in two facilities, one for men and the other for women. A director administers each program and treatment teams work with the inmates. These teams include a psychologist, case manager, and rehabilitation aides (correctional officers). A treatment team works with clients on a designated wing.

The teams develop individual habilitation plans for the offenders, design group activities to address special problems within the group, and provide counseling. The case manager, with a background in social work, directs orientation for new inmates, assists with day-to-day activities, and intervenes to resolve minor infractions.

Unlike the regular correctional officers, rehabilitation aides are health services employees. Three aides per wing cover the first and second shifts, compared to one officer in the general population. Rehabilitation aides wear blue uniforms for easy identification; regular correctional officers wear gray.

All MROP Treatment Team members receive at least two hours of pre-service training and two weeks of on-the-job training intermingled with formal training sessions. The latter covers

- Overview of MROP and introduction to the unit
- Behavior management
- Data collection and record keeping
- Individualized habilitation plans
- The concept of normalization
- Social services
- Methods and techniques of individual and group counseling
- Curriculum planning and implementation of daily living classes
- Interview techniques.

BETO I Program for Men

Clients in MROP do not differ significantly from the general prison population on a number of characteristics, e.g., type of offenses, lengths of sentences, substance abuse, etc. Across the State, approximately three percent of all female and 1.8 percent of all

male inmates are mentally retarded. MROP served 69 women (in Gatesville) and 760 men in April 1991. Their demographic characteristics were

<u>Characteristics</u>	<u>Male</u> %	<u>Female</u> %
Black	78	80
Hispanic	13	15
White	9	5
Average Age	30	26
Substance Abuse	87	85
Average Length of Stay (Days)	259	140

MROP serves a much larger percentage of blacks than found in the general prison population. Men serve longer sentences than women.

The number of males served in MROP has declined since 1986. This drop is due to two factors - improved screening procedures and increased parole releases to comply with the overcrowding stipulation. At Beto I, the men's facility, MROP occupies five of eight wings on the south end of the unit. Of 715 staff, 165 work in MROP.

Screening and Referral

All inmates take the Revised Beta II group intelligence test as part of the diagnostic process. Those who score 70 or less then take the Culture Fair IQ Test. Again, a score of 70 or less leads to another test, the WAIS-R. A score of 73 or less leads to a referral to MROP. For three years, MROP accepted all inmates referred to the program by this process.

Currently, the Diagnostic and Evaluation Center continues the assessment process by administering the Vineland Adaptive Behavior Scale. A borderline score leads to compilation of a social history to verify the history of retardation and to further

psychological evaluation. If warranted, a psychiatric evaluation, medical history, and other tests may be administered by certified personnel. A complete diagnosis must be prepared within 30 days. At present, 80 percent of the referrals are accepted into MROP. Persons of borderline intelligence with high adaptive behavior scores are often returned to the general population. However, the Diagnostic and Evaluation Team may exercise the option to assign these persons to the program if they think that they will benefit from MROP.

Placement

Since all male and female offenders with mental retardation are housed in segregated facilities, placement refers to housing classification. Five categories are used to place men in Beto I: (1) The special category of "A" is for inmates undergoing diagnostic evaluation. (2) Category "B" defines the dual diagnosis of mental illness and mental retardation. (3) Category "C" are inmates with mental retardation who are vulnerable to attack from more aggressive and disruptive MROP patients or those with enemies on the unit. (4) "D" level housing targets inmates who are aggressive or disruptive. (5) Non-aggressive and non-disruptive offenders are category "E." This group comprises the majority of the inmates with mental retardation. Model prisoners are classified "F" and are generally those who are the least disruptive.

MROP operates a group level behavior modification program. In the token program, clients earn tokens for positive, constructive behavior. These may be traded for privileges.

Individual Habilitation Plans

The diagnostic and evaluation team recommends an IHP for each client assigned to MROP. The treatment team meets with the inmate to finalize the plan. Many

inmates with mental retardation lack work skills and experience, both crucial to favorable reviews for parole. IHPs often address these as well as academic skills and social needs.

Education and Vocational Training

The Windham School, serving MROP, provides academic and vocational education, including life skills. TDCJ requires that all inmates scoring lower than the 6.1 grade level in reading, language, or mathematics attend school. The exception is inmates who have a high school diploma. Many inmates exceeding the 6.1 level cutoff opt to work toward their GED.

Special education classes are also available through Windham School. Inmates may be referred by an academic or vocational teacher or by self-referrals. A score of 70 or less on the WAIS-R or the Woodcock Johnson Cognitive Intelligence or Achievement tests qualifies a student for special education. A background check of MROP files is used for the final diagnosis. Clients may refuse to be tested for special education, in accordance with P.L. 94-142.

The intermediate goal of the academic component is to increase skills in reading, writing, language, and arithmetic. Social studies, science, health, and physical education are offered also. The long-term goal is to help each student obtain a GED. School district policies for competency-based adult education, using instructional objectives, are followed. IQ levels determine classes into which students are scheduled.

Inmates compete for vocational courses. The most popular course is Institutional Home Management. Windham also offers horticulture, plumbing, electrical trades, general construction (carpentry), and brick laying. Inmates may work in a co-op situation in which they attend school in the morning and work in the sign shop in the afternoon with general population work crews. The prison industrial trades, however, are profit-making enterprises, not training grounds for inmates.

The vocational component trains participants to qualify for entry-level jobs and teaches job-keeping skills and safety. Each trade lists skills required of workers; these become learning objectives. Inmates with industrial jobs may enroll in Coordinated Vocational Adult Education (CVAE) which teaches practical skills for specific positions. CVAE runs for three to six weeks with 16 students per class.

Participants spend three hours per day, five days per week in academic classes. This time includes a 10-minute daily break, weekly trips to the library, and computer laboratory attendance. Six hours per day are spent on vocational pursuits, classes or work. Two to three hours per day are spent in recreation, depending on the weather. Three recreational periods of one hour are scheduled during good weather and two one-hour, indoor periods during bad. In February 1991, 80 percent of the clients in MROP attended Windham School. Over half, 57.7 percent, enrolled in regular academic courses; 27.9 percent enrolled in special education courses; and 14.5 percent enrolled in vocational courses.

Staffing at Windham School includes the principal, one counselor, two educational diagnosticians, two special education teachers, two academic teachers, and six vocational teachers. In the academic fields, teachers must be certified by the State of Texas. Tradespeople are often hired to teach vocational courses. They receive temporary certification and have two years to complete 21 hours of college credit to be certified permanently to teach.

Work and Correctional Industries

Three industries are located at Beto I. The sign shop makes all of the highway signs for the State. Concrete blocks are made in the block plant; the agricultural component raises food for the prison. Prisoners at Beto I work in the normal range of institutional jobs. Inmates earn good time, not wages, for working.

The treatment team, in consultation with the vocational rehabilitation counselor and the captain who monitors job assignments, assigns clients work. Rarely do inmates with mental retardation compete with other inmates for job assignments. Also, some assignments are unavailable to them because work site supervisors believe them to be incapable; Beto I has a large, well-trained pool of general population workers who feel that inmates with mental retardation are not competitive. About 600 inmates with mental retardation work in the kitchen or sign shop as custodians or porters, or in utility squads. Except in the kitchen, inmates with mental retardation work separately from other inmates.

Many inmates with mental retardation who complete vocational training do not get to work in their field while at Beto I. This is due partly to the fact that most jobs are connected with the facilities in which inmates reside. Ordinarily, work squads comprised of vocational graduates take over some aspect of maintenance of their unit. Since MROP shares a building, their plumbing needs, for example, are already being met by the general population vocational education graduates. MROP has tried to develop special work programs for its clients.

Special Programs

Individual and group counseling are key supportive services provided to MROP clients. Because of the size of the program and the range of problems presented, ten special programs serve the needs of select groups. Some of these are remedial and others are enhancement programs. They serve as few as one and as many as 80 clients. The program titles include

- Intensive Treatment Program
- Occupational Therapy
- Dual Diagnosis Stress Management
- Educational Group

- American Sign Language Group
- Hygiene Group
- Behavior Management Group
- Model Group.

Disciplinary Procedures

The MRO Plan defines discipline as a treatment issue. Therefore, special rules have been devised to increase the sensitivity and appropriateness of disciplinary actions. These take into consideration the intellectual limitations of inmates with mental retardation. This disciplinary system is completely separated from the system for general population inmates, though some of the same procedures are followed.

Fighting, refusing to work, breaking rules, disobeying orders, etc. cause tickets to be written citing the disciplinary infractions. These may be written by rehabilitation aides, general population correctional officers, or any TDCJ-ID staff. Tickets for general population inmates are sent directly to Disciplinary Court. The court hears the case and metes out punishments, ranging from a verbal reprimand, to loss of good time, or demotion in time earning classification. Other options might include cell restriction, loss of recreation, and extra work duties. For inmates with mental retardation, the ticket is sent to the client's assessment team, the case manager, and one rehabilitation aide. Depending on the severity of the violation and the client's history, they decide whether to deal with the infraction immediately or to send it to the treatment team. If it is sent to the treatment team, they, too, may opt to handle it or send it to the Behavior Management Team (BMT). The BMT is MROP's Disciplinary Court. Every effort is made to resolve disciplinary problems within the treatment team. BMT is used as a last resort and very serious infractions.

Gatesville Program for Women

Texas provides an opportunity to view the implementation of two model programs, Beto I with a very large population of 760 men and Gatesville with a relatively small population, 69 women. Both comply with the guidelines in the MRO Plan.

Gatesville is a sheltered unit like Beto I. It is located on a minimum custody unit with 140 beds, 72 of which are MROP. Forty of these are in a single cell facility and 32 in a dormitory. Unlike Beto I, Gatesville accepts many inmates exhibiting borderline intellectual functioning, it uses the least restrictive setting for all activities and encourages interaction between inmates with mental retardation and general population inmates.

MROP women participate in all general population programs, e.g., chaplaincy Bible study, choir, recreational swimming, other organized sports, and prenatal and aerobics classes. Generally, women inmates are more tolerant of offenders with mental retardation than are male inmates. Older general population women sometimes take the more disabled and dual diagnosis inmates with mental retardation under their wings.

Gatesville places an equal emphasis on academic education, life skills, recreation, and work/vocational education. Women, usually, spend three hours per day in each of these activities. A number of life skills classes are offered. Some of the classes offered and the rationale for them are

- Parenting skills - inmates average two to three children, and child, abuse/neglect is a common crime; Gatesville works with Child Protective Services, the Department of Human Services, to offer assistance with baby care, discipline, nutrition, health, and childbirth
- Health and nutrition class -- women do not recognize health problems in themselves or their children

- Money management -- counting money, making change, budgeting, and balancing a checkbook are key life skills
- Practical management -- filling out applications, learning appropriate work behaviors, job-hunting skills, interviewing, and job-keeping skills are necessary for employment after release from prison
- Structured Leisure Class -- many inmates with mental retardation are incarcerated for aggravated assault and need to learn how to resolve conflict more appropriately and to use leisure time constructively. Clients work on interpersonal skills through playing table games, crocheting, doing needlepoint, etc.

In addition, guest speakers are invited frequently to address topics of interest.

The staff-to-client ratio is 1:10 ratio in the single cell facility and 1:32 in the dormitory. Case managers work with 17-18 persons, except for the evening shifts which work with six to seven and conduct life skills classes. Treatment teams handle disciplinary infractions.

Close relationships develop between staff and inmates in the Gatesville MROP. All case managers are female, as are most of the correctional officers. One lieutenant supervises both MROP and general population correctional officers. She has worked diligently to ensure that there is no division between the two groups.

The ambience of Gatesville MROP appears more friendly, caring and relaxed than Beto I. This may be related to the nature of offenses - 85 percent of the women are incarcerated for substance abuse related crimes and the remainder for child abuse or neglect. For many of the female inmates, MROP is their first encounter with the penal system.

Release and Transfer

Few clients are transferred out of MROP. Occasionally, they are transferred to the outpatient status, numbering approximately 35. More often dual diagnosis patients encounter circumstances which render their mental illness the primary concern. They, then, are transferred to a psychiatric facility until their functioning returns to a level appropriate to MROP.

Procedures releasing clients from MROP are the same as those used with the general population. The parole board makes a decision and releases clients into the custody of a parole officer. Six months prior to release, MROP clients enroll in a Windham School pre-release course. Following release, offenders returning to one of the five major metropolitan areas-in Texas report to a parole officer specially trained to work with ex-offenders with mental retardation. Others follow the same procedures as the general population.

Windham's pre-release course is 70 hours long and covers life skills with emphasis on personal development, employment aids, money management, and community resources. The course also covers health and nutrition, substance abuse, civic and legal responsibility, and defensive driving. Parole planning, with an emphasis on the first 48 hours of release, provides anticipatory guidance and concludes the course.

Project RIO, a general population program to help parolees find jobs, recently started accepting a few referrals from MROP. They must have completed their vocational training. One year before release, internal assessment specialists orient clients and compile papers, e.g., birth certificates, Social Security and Selective Service cards, etc. that may be needed during the job search. The Texas Employment Commission runs employability skills classes and the assessment specialists write employability development plans. Parolees are released to external Project RIO counselors who provide continuing support. Ex-offenders may enroll through their parole officers after release. Fewer than

20 MROP clients have been released under Project RIO and it is too early to determine its impact.

Project CHANCE, funded by the Texas Council on Offenders with Mental Impairments, began in September 1988. The program provides services, identifies barriers to services, and works to decrease the prevalence and incidence of incarceration. Project CHANCE is dedicated to

- Case Management done intensively in the community
- Habilitation using an Individual Justice Plan
- Advocacy for less restrictive alternatives to incarceration
- Networking among service providers
- Coordinating Council set up locally to fight barriers to care
- Education/Training to criminal justice personnel.

Clients are referred to Project CHANCE as a part of parole, but may be self-referrals, or referrals from judges, attorneys and other members of the human services and criminal justice systems.

Interested parole officers receive a one-day training to sensitize them to the special needs of and community resources for inmates with special needs. Project CHANCE staff work closely with the probation department, sheriffs office, and police.

The most difficult services to secure are health care and social services. Restrictions on human services and criminal justice services are not always compatible. For example, some sex offenders seeking housing were referred to Human Services. Human Services placed them in a complex which housed a number of children, and the parole officer made them move. Human Services cannot restrict living environments but Criminal Justice can, and does.

Ex-offenders from MROP have a 45 percent rate of recidivism within a two-year period. Thus far, Project CHANCE ex-offenders have a recidivism rate of 10-15 percent. Added benefits have been much improved relationships with community agencies and between Human Services and the Board of Pardons and Parole.

Program Assessments and New Directions

Until this year, MROP was monitored by the U.S. Federal District Court for compliance with the consent decree resulting from Ruiz vs. Estelle. Annual site visits supplemented written reports. Annual reports are still filed with the courts. Quality Assurance office in Health Services conducts monthly spot checks at Beto I. Within MROP, the case manager does a monthly spot check of records and conducts peer reviews. Every year or two, an in-depth, self-audit of compliance with the 300 plus standards in the MRO Plan is conducted.

Measuring the effectiveness of the program(s) with inmates is difficult. Definitive data on recidivism are not available for MROP and in order to collect data, internal studies would have to define recidivism as a return to prison and a return to MROP. If success is defined as reducing the disciplinary problems caused by inmates with mental retardation, then the assessment is very positive. Five years ago approximately 25 percent of the inmates with mental retardation earned "good time." Today, more than 75 percent have this distinction.

Within Beto I, animosity towards inmates with mental retardation continues to mirror the attitudes of the larger society. The problem is being partially averted if not resolved by the segregation of MROs into a sheltered program. Similarly, correctional officers belittle rehabilitation aides and consider them "soft" on criminals. And, the rehabilitation aides, themselves, have some difficulty treating inmates with mental retardation differently from the general population inmates. At Gatesville, partly due to size, the classic conflict in the role of correctional officers - security versus treatment --

has been resolved since officers report to one supervisor who supports and encourages a pro-treatment approach by all personnel.

Chapter 5 PLANNING AND DEVELOPMENT

This chapter focuses on planning and developing a correctional industry program for inmates with mental retardation. It is written from the perspective of the human services, mental retardation administrator with the assumption of collaborative involvement by the correctional industry department. If, on the other hand, the initiative for a correctional industry program for inmates with mental retardation is being undertaken by correctional industry personnel, the two preceding chapters are probably more relevant. In any case, without collaboration and its implied scope of expertise, the process of developing and/or expanding correctional industries for prisoners with mental retardation will be considerably more arduous. As stated previously in the Introduction, these guidelines were originally intended to be based primarily on operating correctional industry programs serving inmates with mental retardation, preferably in non-sheltered as well as sheltered workshop settings. A fairly exhaustive review of State programs and contacts with numerous experts resulted in the identification of considerably fewer and less varied projects than anticipated. Correspondingly, there was little written information specifically addressing correctional industry programs for inmates with mental retardation. In fact, the failure to identify a sufficient number and range of programs along with the scarcity of information directly addressing the needs of this population underscores the need for more focus and activity on this topic. However, there are several recently prepared manuals on the development of correctional industry programs for the general prison population, and on non-sheltered employment programs for community-based persons with mental retardation. Together, these two groups of manuals cover the topics of concern - correctional industries and employment of persons with mental retardation. Therefore, these guidelines are reflective of the previously described five programs for inmates with mental retardation and available references, chief among which are

DRAFT

- Auerbach, Barbara J.; Sexton, George E.; Farrow, Franklin C.; and Lawson, Robert. Work in American Prisons: The Private Sector Gets Involved, National Institute of Justice, U.S. Department of Justice, Washington, DC, 1988.
- Barrett, John and Lavin, Don. The Industrial Work Model: A Guide for Developing Transitional and Supported Employment, Materials Development Center, Stout Vocational Rehabilitation Institution, School of Education and Human Services, University of Wisconsin-Stout, Menomonie, Wisconsin, 1987.
- Miller, Rod; Sexton, George and Jacobson, Vic. Developing a Jail Industry: A Workbook, National Institute of Justice, U.S. Department of Justice, Washington, DC, 1990.
- Sexton, George E.; Auerbach, Barbara J.; Farrow, Franklin C. and Lawson, Robert. Developing Private Sector Industries: From Concept to Start-Up, National Institute of Justice, U.S. Department of Justice, Washington, DC, 1991.

However, due to the absence of a stronger direct empirical base for correctional industries programs for inmates with mental retardation, these guidelines are more suggestive than directive and should be used as such. Hopefully, more definitive guidelines, grounded on a surge of new programs, can be prepared soon.

CORRECTIONAL INDUSTRY: DEFINITION, BENEFITS AND CONCERNS

As noted earlier, the National Institute of Corrections (NIC) defines a correctional industry as an activity which rewards inmates with compensation for their labor and provides a product or service of value for an end-user, either in the public or private

sector. This intentionally broad definition encompasses many different programs -- large and small, manufacture and service, public and private, on-site and off-site, restrictive and non-restrictive, and regular and special populations - which are found within the correctional industry environment. Likewise, this manual is intended to be useful in the development of a diversity of correctional industry programs, with the common distinction of serving inmates with mental retardation. An operative premise is that inmates with mental retardation, as has been shown with their community-based counterparts, can participate at several levels of responsibility in a broad spectrum of non-sheltered as well as sheltered industry programs.

The attractiveness of correctional industries is readily evident in their potential benefits to

Corrections

- Reduction in inmate idleness
- Generation of revenue
- Contribution to facility income
- Reduction in inmate mischief
- Improvement in inmate control and management
- Wage deductions for room and board

Inmates

- Development of work skills
- Opportunity for vocational/ educational training
- Job placement opportunities
- Opportunity to earn income
- Improvement in parole prospects
- Contribution to family support
- Enhancement of self image

Industry

- Source of dependable, flexible labor
- Profit enhancement
- Improvement in public image

Business Incentives and Credits

- Reduce expenses for some benefits and operation

Also, if the correctional industry is integrated, inmates with mental retardation are afforded opportunities for normalization and improvement of social interactions skills and confidence. These benefits notwithstanding concerns and objections to correctional industry, in general, and to the participation of inmates with mental retardation are likely to arise from various sources:

- Human Services Professionals - Some human services professionals may have strong personal and professional convictions that persons with mental retardation are to be protected and not exposed to demanding, potentially risky environments and activities. Also, the belief is still held by some human services professionals that persons with mental retardation and other developmental disabilities are best served in segregated settings.
- Court Decisions - Some courts have decreed that inmates with mental retardation and other special needs are best served in segregated programs.

Corrections Staff - Because of perceived or real threat to security, disruption of routine, and a notion against inmates being coddled, corrections personnel may strongly resist the development of prison industries. Some may also oppose industry programs because of anticipated conflicts in scheduling and perceived drain on limited resources. Many correctional staff are ignorant of the true meaning of mental retardation and display hostile and deprecating attitudes toward those classified as mentally retarded.

- Inmates - Inmates with mental retardation may fear, based on previous experience, being exposed and competing with regular prisoners and, hence, prefer to work in segregated settings. Some inmates may prey on or otherwise be hostile to those designated as mentally retarded while others may resent their perceived receipt of preferential treatment.

- Industry Managers and Owners - Some industry managers and owners may be reluctant to employ or otherwise work with inmates classified as mentally retarded fearing lower productivity, safety, and security along with increased liability.
- Community -- Outside the prisons, business, labor, and community leaders may object to correctional industries based on the perception of the unfair competitive advantage of using prison labor.

One of the initial and ongoing tasks of project planners will be to identify and forthrightly address objections which may spring from legitimate concerns as well as from misinformation and prejudice. For instance, a decision to integrate inmates diagnosed as mentally retarded with regular inmates in the workplace raises valid questions about protecting and preparing those with mental retardation as well as about educating regular inmates and staff.

PRE-DEVELOPMENT ACTIVITIES

Development Team

Given required multidisciplinary involvement and cooperation and objectives previously cited, the identification and assembly of a development team is considered critical to the institution or expansion of correctional industry programs for the mentally retarded. Therefore, an appropriately broad-based team should be drawn together to participate in making and formulating initial policy decisions and directions as well as possibly carrying out developmental tasks. The development team should minimally have representation from mental retardation and human services, correctional industry, facility administration, legal, and correctional personnel. Representation by labor, trade associations, business groups, inmates, and private citizens should also be considered. Once assembled, a first order of business for the development team will be to outline

terms of involvement and level of effort. A perhaps seemingly mundane, but important, second order of business will be to decide who will prepare and keep records of team deliberations, decisions, and products.

Mission Statement. Goals and Objectives

After deciding upon its organizational and functional terms, the development team can turn to a mission statement of why it exists, what is to be achieved and how. This statement, which need not be any more than one page in length, should be a conceptual and motivational reference for subsequent planning and development. The mission statement should be based on information and insights that the team members can bring to bear at this point in the development process; as with all other parts of the development plan, it will be subject to review and modification.

Once the group has prepared a mission statement, it can begin to enunciate the goals implicit in that statement. Goals should be specific, measurable, realistic and have projected accomplishment dates such that the development team and support staff will know what is to be accomplished within particular time frames. Since not all goals need or can usually be addressed simultaneously, some will have short or intermediate time frames, while the timing of others may be more long-term.

Objectives should be administrative and functional derivatives of goals which direct particular functional areas of mission and goal achievements. Such objectives should specify what is to be done, when and how accomplishment can be measured. Prior to adoption by the group, objectives should be reviewed relative to their support of the mission statement and goals and their clarity and achievability within specified time frames and likely resources.

Development Stages: Overview

Correctional industries are initiated and evolve in innumerable ways. Even so, a survey of various programs suggest that most programs share a common body of activities. According to Miller, Sexton and Jacobson (1990), these activities fall into three distinct stages

- Foundation decisions whereby key policies and program parameters are established. The development team must consider and make decisions and policies relative to
 - Laws, legislation and standards
 - Correctional industry models
 - Inmate assessment
 - Inmate work environment
 - Inmate compensation

- Development tasks which gives shape to the day-to-day character of the program are based on the findings and policies of the foundation decisions. Major development tasks include
 - Industry identification and selection
 - Preparation of an internal management administration plan
 - Coordination and integration of the correctional industry programs for other relevant correctional programs
 - Obtaining start-up funding
 - Creation of a risk-management strategy
 - Specification of inmate eligibility criteria
 - Development of the inmate training curriculum

- Implementation activities which consist of critical start-up tasks
 - Staff selection and training
 - Limited implementation and assessment.

FOUNDATION DECISIONS

Review of Laws and Standards

In the development of correctional industry programs for inmates with mental retardation, the development team must consider relevant legal requirements and professional standards. These laws and standards should be examined from the vantages of mental retardation, corrections, and industry. Along with the information presented or referenced in Section 2, guide- readers are advised to carefully review State statutes, regulations, case law, regulatory standards, and professional standards.

Inmate Assessment

The inmate population is assessed at two points, at least, 1) during planning and implementation -- assessment in the aggregate to determine the suitability of particular industries and, 2) later, individual assessment for program referral and participation. During planning, the objective is to arrive at a profile of the capabilities and liabilities of the prospective work force. A preliminary decision must be made as to whether inmates with mental retardation will be in a restricted or sheltered workshop, or whether they will work beside regular inmates. Depending on this decision, assessment may be limited to those with mental retardation or may include the regular inmate population. Inmate assessment should minimally consider

- | | |
|--|---|
| <ul style="list-style-type: none"> • Disabilities • Job interests • Aptitudes • Skills | <ul style="list-style-type: none"> • Social adjustment and interpersonal skills • Self-help skills • Medication dependencies |
|--|---|

- Physical and emotional tolerances
- Perception and motor skills
- Language development
- Schedules
- Sentences
- Individual habilitation plan
- Security classifications

Employment Models for Inmates With Mental Retardation

Choice of the employment model for inmates with mental retardation is closely tied to decisions about the levels of integration with regular inmates and needed on-the-job support. On one end, there is the traditional sheltered workshop wherein all or most trainees and workers are mentally retarded or have some other form of disability; at the other, there is the unrestricted or open correctional industry where inmates with mental retardation are recruited, processed, and supervised the same as or similar to other inmates. In between these extremes, there are numerous combinations of levels and types of support.

In community settings, supported involvement of persons with developmental disabilities in a competitive employment setting is increasingly common. Support may extend for the duration of employment or may taper off into a transitional phase and eventually end, once the employee is deemed to be prepared to function independently.

There is growing evidence that the less restrictive, more integrated environment is more conducive to learning and eventual job success for the worker with mental retardation. (See bibliography for reference details.) Furthermore, integrated work settings are more in line with current laws that encourage equal opportunities for the disabled employee.

In community settings, examples of employment models that have been successful at integrating the individual with mental retardation include

- Coalitions and partnerships with the private industry sector
 - Direct job placement - assistance to individuals in locating competitive employment in fully integrated work setting
 - Projects with industry - business and rehabilitation sectors work together to train persons with disabilities to meet current, specific employment needs
 - Supported work in competitive setting - primarily for individuals with more severe disabilities who require ongoing training and support to maintain employment.

- Profit-Making Entrepreneurial Businesses
 - Production workshops - similar to sheltered workshops, but work on the competitive manufacture of a product or provision of a service
 - Affirmative business -- businesses operated as a regular business; people with and without disabilities employed
 - Co-operatives - a group of people with disabilities who organize themselves to work cooperatively in operating an income-generating business and share the profits.

Another option available to community-based programs is placing clients with mental retardation or other developmental disabilities in supervised enclaves in one or a few settings or scattered in multiple work sites. The decision on the type of employment to be used must be based on consideration of security and risk, correctional rules and regulations, and potential effectiveness for inmate success.

Correctional Industry Models

After reviewing relevant standards, laws and court decisions, the development team should be able to concentrate the program model most appropriate to the particular facility or correction system and to inmates' needs and capabilities.

- State-used Model, currently in place in most States, in its basic form restricts sale of prison goods and products to State and local buyers and correspondingly requires State and local agencies to purchase goods made by the prison industry. Private participation is usually limited to advisory capacities. Inmate wages are frequently limited to stipends, sometimes with production incentives.
- Partnership Model, a variation of the State-used model, permits the purchase of products or components from private vendors. It is also known as a joint venture, licensing or franchising. In some instances, the correctional industry may be limited to repackaging completed goods or assembling parts of the product which are sold to the traditional correctional industry markets -- State and local agencies. Generally, legislation is used to limit partnership activities practice since the basic industry is already covered by State-use legislation.
- Corporate Model creates a quasi-independent governing body, non-profit corporation, or public authority that runs the correctional industry, thereby increasing financing, staffing and operational options. Enabling legislation usually mandates business and/or correctional involvement.
- Private Sector Private Industry (PSPI) Model, which involves the private sector either as a primary consumer or employer, is the trend in correctional industries. This, too, is usually authorized as an add-on to generic State-use legislation, minimally allowing corrections to contract with private firms for the production of goods or services. Authorizing legislation frequently contains provisions to prevent unfair competition with other State workers by requiring that inmates be paid wages and given fringe benefits. Remuneration realized by prisoners may be lowered due to adjustments for room and board and victim compensation. Private

operation of the correctional industry requires additional legislation addressing supervision of prison inmates, definition of inmates as workers, and specifications on the sale of inmate goods. The two prevalent forms of PSPI are the Customer Model and the Employer Model. Under the Customer Model, a private company purchases most or all of the output of the industry which is owned and operated by the correctional agency. Under the Employer Model, a private company owns and operates the industry inside the prison and has control over business operations. Participating inmates are employees of the private company. In some States, a special office within the Department of Corrections is established for identifying and recruiting private industries. In others, this function is handled by the Office of Economic Development.

- Training Industry and Education (TIE), which involves the coordination of these three activities, can usually be accomplished without enabling legislation; however, some legal adjustments may have to be made to allow inmates involved in industry to have different daily schedules and to authorize funding and administrative changes. TIE, which is compatible with the other models, has received increasing attention in the last five years.

The decision to pursue a particular model will be affected by State law and regulations, security and risk considerations, corrections expertise and resources as well as goals and objectives (Grieser, 1987).

Method of Inmate Compensation

Though the decision cannot be finalized until a specific industry has been selected, the development team has to give early consideration to the method of inmate compensation. Payment method decisions are based on legal, policy motivational, and

security considerations. The team should become conversant with the applicability of the Fair Labor Standard Act (FLSA) provisions for inmates employed in private industries, traditional State-use industries, and sheltered workshops. Potential options for monetary compensation include prevailing wage for a particular job, half-pay wages, percentage wages, piece-rate wages, hourly rate wages, daily rate wages, and stipends. Some non-monetary incentives are limited free commissary, special meals, extra hours of television, extended phone privileges, furloughs, civilian clothes privileges, extra uniform privileges, preferred housing assignments, and extra gym and recreational time. In addition, many inmates will be motivated by the opportunity to learn and enhance their skills, vocational training certificates and escape from idleness. Since a correctional industry is a business, it may be prudent to tie compensation to productivity rather than just attendance and effort.

DEVELOPMENT TASKS

Industry Identification and Selection

Identifying existing or instituting new industries in which inmates with mental retardation might become involved constitutes, perhaps, the biggest hurdle for those members of the development team new to correctional industries and employment development. If the development team decides to pursue integrating inmates with mental retardation into existing prison industries, the entire process of marketing, start-up, funding, and development may be unnecessary. Given the opportunity, this decision seems very reasonable and directs attention to the issues of inmate integration and support. If not feasible whether because of the lack of correctional industries or a shortage of positions, the development team will have to start a correctional industry. Accordingly, the team will need to decide how prospective industries will be identified, recruited, and screened. Suggested general screening criteria are State laws and regulations, security and liability considerations, agency experience and commitment, work force, space, and existing industry.

Internal Management Administration

The key elements of administration are human and material resources, organizational structure, task specification and coordination, scheduling, and strategy or approach. A detailed internal plan addressing these elements is as important to the success of the correctional industry as it is to any other organization or business. In this instance, the internal management plan should clearly distinguish the domains of the mental retardation program from those of the corrections administration and the industry. Key components of project administration which will be discussed separately, are task coordination and integration, record planning, business plan and revenue projections, and monitoring and evaluation.

Task Coordination

A detailed schedule for completing particular tasks and achieving objectives are invaluable to the planning and development process. Displays of schedules on charts and graphs relative to time frame are useful for project oversight and monitoring. It is recommended that the schedule restate the referent goal(s), objective(s), to be achieved, and presents tasks and activities in the order of implementation. Scheduling, whether narrative or graphic, benefits from specific checkpoints (events) and milestones (tangible measures of task completion). Initial schedules should be reviewed periodically by the development team and modified as needed. Established time frames should be tempered by the availability of personnel, complexity of the program to be developed, and the likely amount of support and opposition.

Record Planning

Identification of the essential elements of a record system is an often overlooked component of the development process. Since there is limited information on this type

of program, recordation of progress and problems is very important. At a minimum, records should be maintained on

- Administration policies and procedures
- Staff training procedures and policies
- Staff job descriptions
- Inmate job analyses and job descriptions
- Inmate recruitment, selection and training procedures and curricula
- Compensation criteria, policy and procedures
- Policies and procedures for supervision, evaluation and termination of staff and inmate workers
- Industry production practices, policies and procedures
- Records systems description and procedures
- Timekeeping and remuneration procedures
- Production and inventory
- Bookkeeping practices
- Participant characteristics, adjustment, and productivity

- Interaction with other programs **and** units.

Project Monitoring and Evaluation

The development team must address the way the program will be monitored and evaluated. Monitoring tracks what happens relative to personnel, other resources, task completion, and outcomes. The checkpoints and milestones developed as part of scheduling can be important elements of program monitoring.

Evaluation goes further and assesses outcomes and procedures relative to standards, objectives, goals, and other programs. Although it may be necessary to refine indicators, much of the work on goals and objectives as well as scheduling can be incorporated into monitoring and evaluation. Major steps in program evaluation are

- Specifying and examining program goals and objectives
- Focusing on program assessment needs and potential uses of results, i.e., evaluation questions or pressing decisions
- Organizing the effort relative to information sources and available resources
- Establishing an assessment review period and a work schedule
- Collecting and summarizing information
- Analyzing results
- Planning for change, including new or revised objectives and activities.

Business Plan and Budget

A correctional industry is, by definition, a business. Pertinent information should be presented and organized comparable to other businesses such that the correctional industry can be assessed on its business merits, not just social service or correctional terms. The business plan should include a budget detailing expense items, differentiating start-up and ongoing costs, specifying initial and ongoing sources of revenue and projecting expenses relative to income. The plan should contain sufficient narrative so that readers unfamiliar with the industry will be able to understand how it will work and its relative prospects for success. The business plan, once developed, can be adapted to the requirements of different presentations and proposals.

Program Collaboration and Integration

Today's prison generally offers the inmate numerous opportunities for rehabilitation and habilitation. Sometimes these programs compete for the inmate's time and creates conflicts with time schedules. The various problems associated with the issue of competition among programs can be resolved through integration and collaboration of the various programming components. As advocated by TIE, work could be the key to linking programs within the prison by enhancing inmate's motivation and incentive to take part in education, vocation, job readiness and life skills training programs linked to employment opportunities. Discussed below are three methods, including TIE, which should be considered by the development team to forestall program conflict and effectively integrate industry programs with other correctional programs.

1. The TIE approach is based on the idea that training, education and industry are most effective when they are linked together. Knowledge acquired by the inmates is reinforced by the inmate's use of this knowledge through practical work experience. The advantages of the TIE concept are

- Inmates can easily see the advantages of a learning program, if it is related to real-world applications and benefits
- Inmates are motivated to participate in all phases of the TIE program
- Friction between competing programs within the prison industry is greatly reduced
- Scarce resources can be consolidated, coordinated, and channeled into the most effective application for the overall benefit of the inmate
- Inmates have the opportunity to prepare, in sequential steps, for employment in the prison industry.

TIE offers three alternatives or approaches which can be used to link corrections programs.

TIE Approach I -- In this approach, most commonly used in prison systems, the inmate sequentially progresses through steps leading to an ultimate goal, usually employment. Any step(s) previously mastered in the progression may be skipped. An inmate with mental retardation may, for example, begin in an industry program learning adaptation and coping skills for everyday living and progress to vocational skills which could lead to job placement within the prison industry.

TIE Approach II -- This approach aligns training and industry work with education. Only those inmates who have successfully completed the pre-industry training program component are assigned to participate in the industry work program. If an inmate does not meet the educational qualifications, he cannot be assigned to a training program.

TIE Approach III -- The third approach is the half and half concept. The inmate works one half of the day and attends vocational or educational classes the other half of the day. This approach can reduce worker boredom and provide motivation by enabling the inmate to quickly see the relevance of education to job performance (Sexton, Miller and Jacobsen, 1990).

2. The Industrial Work Model created by RISE, Inc. is another program model which could be used to effectively integrate prison industry programs with programs for inmates with mental retardation. It offers a plan for the implementation and coordination of an industrial work program for persons who are unable to benefit from conventional education and training programs due to the severity of their handicapping condition, i.e., persons with mental retardation and learning disabilities. The Industrial Work Model is based on the philosophical principles that persons with vocational handicaps can be successful in many industrial work settings given appropriate support, and that they deserve the opportunity and choice to work in the least nonsegregated work environment possible. Another tenet is that the long-term employment prospects of individuals with handicaps is greatly improved by assertive integrative training and placement support. The program is divided into two divisions, the Internal Services Division and the Industry-based Services Division. More traditional habilitative service programs, such as the Sheltered Employment and Work Activity programs are housed within the Internal Services Division. Nontraditional vocational programs including the Transitional Employment Program (TEP), Supported Employment Programs (SEP), and a School-to-Work Transition Program are located in the Industry-based division (Barrett and Levin, 1987).

3. The Habilitation Model, advocated by Santamour and associates, is the model with which most human services and mental retardation specialists are likely to be familiar. Like the Industrial Work Model, it was created for persons with mental

retardation; unlike RISE, it presupposes a prison rather than a community environment. The Habilitation Model advocates a full-day of activities, including citizenship and current events, health and sex education, remedial education, vocational training, life skills, recreation, and special-problem meetings. Vocational development and job placement are recommended to be progressive from testing and orientation to the work orientation, vocational training, and careful selection and monitoring of job placement (Santamour, 1989).

Start-up Funding

Parallel to industry marketing, the development team has to consider possible sources of funds to cover industry planning and start-up expenses. Private funding (including loans), Federal grants for demonstration projects, Federal funds through Private Industry Councils, and other employment programs, State economic development, and other State programs are possible sources which warrant exploration.

Securing start-up funding is a phase of marketing and as such requires attractive packaging, stimulating and informative presentation. Presentations and proposals should be prepared from the perspective of the recipient. Highlights in a proposal submitted to a government agency should be somewhat different than those to a lending institution. Prior to making a presentation or writing a proposal, it is advisable to obtain funding guidelines and priorities from the recipient. In all cases, presentations and proposals should be realistic relative to effort and outcomes. Since the reviewers of proposals are usually experts in the topical area, feedback from their presentations can be helpful in improving the entire project plan.

Risk and Liability Management

Prison industries are by population and location subject to different and, perhaps, more risks than community-based businesses. Thus, in addition to risks associated with a

business, the development team must consider those endemic to a correctional industry, and in this case, those connected with having a work force with a developmental disability. Some risks which must be considered by the development team are

- Injury to staff, prisoners, and the public
- Breach of safety and security practices
- Involvement with costly litigation
- Consequences of inadequate insurance coverage
- Negligent hiring or retention
- Failure to direct
- Failure to supervise
- Negligence in assignment and entrustment
- Failure to train or to support (Sexton, Miller and Jacobsen, 1990).

Inmate Eligibility

Inmate capacity, interest, and security classification are usual criteria of correctional industry eligibility. Other criteria will emanate from the particular industry, standards, and job descriptions. For the inmate with mental retardation, a substantial amount of information on abilities, life-skills, and training is in the prison or human services record. For all inmates, useful -- but sometimes dated - information may be obtained from intake and classification records. For the population with mental

retardation, medical clearance may take on greater importance. Also, additional screening relative to interest, and motor and social skills may be required.

Inmate Training Curriculum

Training curricula for inmates with mental retardation should cover interaction with staff and other inmates as well as task performance and productivity. Training grounded in analyses of technical, decision-making and social skills required for successful participation, should be multi-leveled, as needed, beginning with basic task training and proceeding to mock interaction, time-clock training, simulated work environment, and finally, work environment training. Optimally, there will be a natural flow, such as advocated by TIE, from training offered by the habilitation program and referral and assignment to the correctional assignment. Assignment to relatively simple jobs may require more of an orientation than training. Some steps could be skipped or abbreviated if the inmate with mental retardation has sufficient capability or, if during training, it becomes obvious that a particular phase could be completed early or passed-over.

IMPLEMENTATION ACTIVITIES

Staff Selection and Orientation

Recruiting qualified staff for a correctional facility is sometimes difficult due to its location, mission, level of funding, and special requirements. Even so qualified staff are the keystones of a successful correctional industry and must be diligently pursued.

Job descriptions should be used in the selection of staff with emphasis on related experiences in similar settings with persons who have mental retardation or other developmental disabilities. Screening and selection criteria and indicators must be devised so that attitudes, values, and actual job performance, as well as technical

capabilities can be ascertained. Both human services and correctional industry candidates should be assessed relative to

- Attitudes toward persons with mental retardation and their prospects for learning, employment, and leading fruitful, meaningful lives
- Ability to communicate effectively with a range of industry and prison personnel and inmates
- Temperament to handle the pressure and stress associated with working in a prison environment with inmates in general and with those with developmental disabilities
- Ability to consider simultaneously the demands of business, corrections, and the special requirements of inmates with mental retardation
- Reputation as a steady, energetic, dependable employee.

Specific positions which must be developed and filled are, of course, largely dependent on the particular industry. Supervisory and job coaching positions, however, warrant special note. In any correctional industry, the supervisor is in direct line of communication and authority between workers, industry management, and corrections personnel. When the employer is private sector, the supervisor is likely to be located separately from the company's headquarters and must be able to operate independently -- within the dictates of corrections and industry. The supervisor must know how to plan, instruct, train, set limits, oversee, communicate, and report. Previous supervisory experience, alertness, technical know-how, and flexibility within the established limits are prerequisite attributes. The supervisor should be aware of behavioral tendencies among prison employees, e.g., testing authority and manipulation. When working with inmates with mental retardation, the supervisor must be supportive of correctional industry

employment for this population and should be aware of services available to help inmates with mental retardation succeed in their correctional industry placements.

The job coach is, in a sense, the operative link between the habilitation program and the industry. This person has direct day-to-day contact with the working inmates. The person in this position will either have conducted or will be very familiar with job analyses used to determine which job can be performed by inmates with mental retardation and requisite on-the-job training and orientation. The job coach should have a working knowledge of tasks, behavioral expectations, learning steps, training procedures, and proficiency standards of prospective job assignments. In addition, the job coach must be able to train and motivate client and enlist the cooperation of supervisors and other industry employees. Barrett and Lavin (1987) suggest, in order of priority, eight critical job coach competencies

- Train clients on specific job skills
- Train clients on appropriate behavior needed for success on the job
- Conduct task analysis of client-job duties and responsibilities
- Modify/adapt work station and/or job duties to accommodate handicapped worker
- Communicate with the client prior to initial placement about job expectations, duties, and other relevant matters
- Conduct job analysis of specific skills required to perform work
- Involve on-site (industry) personnel in the training and supervision to prepare for fadeout

- Monitor relationships between co-workers, employer, and employee to ensure that positive and supportive communication occurs.

In regard to monitoring relationships and communication, the job coach must be prepared to intervene appropriately when the client is not performing as expected or is having difficulty with supervisors or co-workers. The relationship between the job coach and client should be such that the client is willing to discuss feelings, impressions, and expectations about the placement. The relationship between the job coach and supervisor should be equally as open with frank discussion of client and industry concerns. When a placement does not meet the expectations of the client or the industry, after appropriate corrective steps, the job coach must respect requests for transfer or termination from the client and supervisor.

Even with careful screening and selection, there should be no presumption that new staff will be familiar with the goals, objectives, and operations of a particular industry program. These, along with problem and conflict resolution, should be covered in staff orientation. A packet of materials covered during orientation should be given to all new staff. Orientation should be evaluated immediately after its completion and again a few months later. The first assessment should concentrate on perceived 'appropriateness of materials covered in orientation, while the second should focus on the utility of provided orientation and suggestions for improvement.

The initial orientation session will probably have more than one participant. The development team will have to decide how subsequent orientations will be provided to employees as they are hired individually.

In some instances, staff orientation will not be sufficient and staff training - e.g., for inmate employees - will be required. In all instances, provisions should be made for in-service training and professional development. In addition, it is highly recommended that all correctional staff who come into contact with inmate workers are aware of the

program's objectives and functions. This awareness will contribute to correctional staff support and cooperation, and minimize misunderstandings about rule exemptions and changes, and the presence and authority of any non-prison industry personnel.

Limited Implementation and Review

Arguments for graduated implementation (pilot approach) of the correctional industry program for the mentally retarded are compelling. The development team will not wish to have invested its time and resources in the operation of an industry which is faulty and likely to fail, due to unforeseen deficiencies. Even though the individual elements of a plan may have been studied and checked exhaustively, the best method of ensuring their smooth interrelationship and operation is gradual program start-up, i.e., a miniaturized walk-through of the entire project differing from full operation only in scale. This limited implementation will provide the development team with an opportunity to check systems, procedures, staff knowledge, and even the assumptions and rationales behind the program. Insight and obtained information can be used to solve previously unforeseen problems, forestall others, and to greatly enhance the likelihood of program success.

Chapter 6

PROJECT MANAGEMENT

This chapter focuses on those aspects of program management most likely to be of concern to the mental retardation human services administrator. There is the assumption that whether the program was initiated by human services or correctional industry personnel, those knowledgeable and experienced in correctional industry have been involved in project planning and will be involved in project management. It is also assumed that policies, procedures, and practices have been developed and closely scrutinized during the development process. Also, as noted earlier there are several excellent guides on the development and operation of correctional industries. In addition to those identified in the previous sections, interested readers may secure and consult the following

- Sexton, George E.; Miller, Rod; and Jacobson, Victor J., Operating Jail Industries: A Resource Manual, National Institute of Justice, U.S. Department of Justice, Washington, DC, 1990.
- American Correctional Association, Correctional Industry's Handbook for Line Supervisors, Laurel, Maryland, 1990

The Correctional Industries Information Clearinghouse (CLNET) in Laurel, Maryland is a centralized source of information on correctional industries. Since there is comparatively little information about correctional industries for inmates with mental retardation, materials on correctional industries, in general, may be supplemented by industry information for community-based special populations prepared by Goodwill Industries, the Departments of Education and Labor, and organizations concentrating on the training and employment of persons with developmental disabilities.

The purpose of business management is to maintain the operations and stability of a business so as to increase the potential for profit, efficiency and satisfaction, and to minimize the probability of inefficiency, error and failure. Generally, management of a prison industry has much in common with the management of any other business, except for location in a prison where the overriding mandate is secure containment of sentenced inmates. Management is a summary term covering a myriad of interwoven activities. Those aspects of industry management most likely to involve the human services, mental retardation administrator as distinct from the correctional industry administrator are

- Inmate screening and selection
- Inmate training and orientation
- Scheduling and coordination
- Inmate supervision
- Placement management/job coaching
- Security.

Other management issues such as production oversight, marketing, sales, inventory control and work place layout are almost exclusively in the domain of correctional industries and covered in detail in reference manuals obtainable from CI-NET, National Institute of Justice, U.S. Department of Justice, and other sources noted in this Guide.

INMATES SCREENING AND SELECTION

General Inmate Population

The work model decision of whether the correctional industry will be sheltered or integrated and to what degree should have been made during the planning process. This decision along with other aspects of the development plan should dictate the specifics of inmate recruitment and selection. If the industry is to be integrated, there must be procedures suitable for recruiting regular inmates as well as those with mental retardation. If all inmates are to be recruited and selected using the same procedures, the following recommendations are in order

- Job openings specifying security classification and prerequisite training education should be posted, distributed, or announced throughout the prison system; Interested inmates should have opportunities to obtain more information about the positions in person as well as through supplementary printed material. The array and skill levels of available jobs and their different requirements should be emphasized.
- Job descriptions should be clear relative to requisite skills, education, training, and security classification. Provisions for on-the-job training should be highlighted. Any apprenticeships and other trade-recognized training and work experience leading to certification or licensure should be noted.
- Written instructions on the application process should be clear and presented in the simplest language possible.
- Staff should be available at designated places and times to answer questions and to assist in the completion of applications.

- Printed material and staff should provide assurance that selection will be fair and inclusive -- equal employment opportunity - within classification and other security constraints.

Potential criteria for screening and selecting applicants are security classification, education, job skills, related experience, aptitude, vocational interests, time left in sentence, disciplinary record, drug dependency, and physical and mental health status. Utilized criteria should be written and applied such that they do not unnecessarily screen out or discriminate against applicants with notable but non-job related characteristics. In addition to the job application, classification and assessment records may have to be accessed and reviewed.

All phases of screening and selection must be done with the understanding that they are subject to review and that unsuccessful applicants will be notified of the reasons for rejection. It is equally important to keep in mind that candidates who make it through the screening process must have been cleared through security classification and other appropriate channels before being offered jobs. Once cleared, each inmate should be apprised of specific work requirements, rules and regulations and given an opportunity to think over the job before accepting or rejecting the offer.

Inmates with Mental Retardation

For many industries employing inmates with mental retardation, recruitment and screening will be much more targeted and distinguishable from that for the general inmate population, either because it is restricted to inmates with mental retardation or because special procedures have been developed to ensure their participation. Recruitment and screening of inmates with mental retardation are likely to be the joint responsibilities of the habilitation program and the correctional industry. As with regular inmates, the applications of those with mental retardation should be assessed in view of job requirements, as expressed in job descriptions. In addition for this group, more so

than for the general inmate population, industry planners and job coaches should have prepared detailed analyses of requisite aptitudes; motor, technical and social skills; and other qualifying attributes to be used as the basis for training and coaching as well as selecting participants. As noted above, in any employment situation, screening and selection should be based on objective criteria to the extent feasible and should be documented. Inmates with mental retardation expressing interest but not selected for correctional industry employment should be informed of the basis of the decision and given the same rights of appeal and reapplication as other inmates. (Once underway, a project it may become better able to accommodate the more severely handicapped person or the dually diagnosed individual, e.g., mental retardation and physical disability.)

During recruitment and again during selection, inmates with mental retardation should be informed if their employment is likely to be permanent (closed-ended) or temporary (open-ended or revolving). The latter may be more appropriate when 1) work experience objectives are more important than continued employment, 2) there are limited slots for a number of workers, and 3) job and interactional skills can be readily mastered.

INMATE TRAINING AND ORIENTATION

General Inmate Population

The inmate employee must be given the information and instruction necessary for adjustment to the new work place and position. Minimally, orientation of new inmate employees will include a review of the job description including responsibilities and restrictions, verbal and written job assignments, demonstration of assigned tasks, and review of safety, security and sanitation rules and other observances. The new inmate employee should be given a written document covering policies and procedures on attendance, wage plan, withholding, provisions for good time or sentence reduction, disciplinary actions, performance evaluation, job termination, safety, security, and other

pertinent rules and policies. Assistance with completion of administrative forms related to remuneration and withholdings should be provided, as needed. Upon completing orientation, the inmate employees should check-off and affix their signatures (or equivalent) attesting to topics covered and understood.

Inmates with Mental Retardation

As discussed before, training for inmates with mental retardation is likely to cover interactional and other behavior as well as technical requirements. Training, based largely on the job analysis and functional assessment of inmates with mental retardation, should be multi-leveled beginning, as needed, with basic training, proceeding to mocked interaction, simulated work environment, and finally assignment to the shop under the auspices of the job coach. In this latter phase, it is important that the relationship between the job coach and supervisor be clearly explained to and understood by the worker with mental retardation.

Work policies and procedures should be clearly explained to inmates with mental retardation. Those who have sufficient intellectual capability and who can write should sign a check-off statement attesting to their understanding. For all, the job coach should be available to explain and retrain, as needed, during start-up.

SCHEDULING AND COORDINATION

The scheduled demands and exigencies of a correctional industry unless handled properly are likely to conflict with prison organization and scheduling. In the controlled prison environment, the inmate is usually on a rigid schedule, allowed restricted movements and activities only at prescribed times. However, from the perspective of industry personnel attuned to shifts, the prison schedule is subject to frequent disruptions for counts, shakedowns, lockdowns, commissary privileges, meals, legal visits, court dates, personal visits, and treatment appointments. This restricted, but variable, system is quite

unlike the typical industry day which is more predictable and comparatively long and uninterrupted, except for lunch and optional breaks, one in the morning and the other in the afternoon. In contrast, in some prisons, the midday meal may stop all other activities for up to two hours. Prison interruptions can be difficult for the correctional industry which typically wants a lengthy and dependable block of inmates' time during the course of the day. Adjustments, some of which may have been anticipated during the planning stage, may have to be made by both industry and prison management personnel. Industry may have to opt for shorter shifts, and evening and weekend work. During lockdowns, non-inmate workers may have to be employed. Prison management may have to be flexible -- rescheduling inmates' appointments, readjusting visiting hours, and shortening the meal periods.

During the planning and start-up of a correctional industry, there is likely to be resistance to scheduling adjustments from both security and other prison personnel because of anticipated chaos, risk, and rescheduling complexities: increased inmate and material movement, and the mere presence of non-prison personnel in the facility can raise the level of risk. On the other hand, the thought that should be kept in the forefront is that a successful industry program reduces idle time, diverts energy and is a worthwhile investment for both inmates and the facility. Established policies and procedures, revised as indicated, and ongoing anticipatory communication are the keys to minimizing scheduling problems.

While inmates with mental retardation not in habilitation programs are more likely than their regular inmate counterparts to be idle, those in habilitation programs have tight schedules beginning early morning and ending early evening. For this latter group, schedule adjustment and compromise will involve habilitation as well as other facility and industry personnel. If, as advocated by Santamour and other mental retardation specialists, correctional industry employment for inmates with mental retardation is a desired part of the habilitation process, scheduling adjustments will be readily accommodated by habitation personnel.

INMATE SUPERVISION

Supervisors are critical determinants of successful implementation of a correctional industry. The supervisor in the correctional industry, like his counterpart in any manufacturing or service industry, is concerned with work force productivity, product quality and work ethics. Major contextual differences have to do with workers' characteristics, security procedures, and the vigilance and skills needed to prevent and handle attempted escapes, theft and acts of violence. Consequently, correctional industry supervisors must have strong managerial, technical, communication, and motivational skills since they operate simultaneously in the arenas of corrections and industry, and, in this instance, mental retardation. To prepare for working in a particular correctional industry, supervisors, like other industry staff, should participate in staff orientation, in-service training, and other professional development activities.

Industry supervisors must display strong technical and instructional skills, if they are to earn and maintain the respect of inmates. At the same time supervisors must be aware and understand the characteristics of an inmate work force, which is mostly unskilled, undereducated, and unstable (due to sentence completion and reclassification). From the beginning the supervisor must demonstrate the willingness and the strength to set limits, require their adherence, and initiate and follow through on disciplinary actions. They must resist being manipulated and drawn into inmates' problems. They must also be able to identify and resist the subtle and not so subtle manipulation and blackmail attempts of some inmates. Disruptive, obstreperous behavior, be it overt or covert, can not be tolerated if the work place is to be the proper environment for meeting quality control, productivity and other objectives.

The supervisor must keep industry and prison personnel informed of plans, schedules and unexpected disruptions. There must be definite and readily activated procedures for processing requests, obtaining clearances, and disseminating change orders to appropriate units and personnel. Also, in this instance, the supervisor must have a

working knowledge of the habilitation program and industry objectives for inmates with mental retardation. Importantly, the supervisor must be willing to relinquish some of his authority, and work with the job coach.

JOB COACHING

Not only is the job coach the major link between the habilitation program and the industry, but also the inmate with mental retardation and the industry. As such the job coach must be aware of the rules and regulations of the prison and the habilitation program as well as the correctional industry. The job coach approaches industry with the worker, emphasizing ability rather than disability. The job coach is the primary employment support of the inmate with mental retardation, especially during the first weeks of employment or on-the-job training. In addition to interacting with his client, the job coach must be able to establish good rapport with other industry workers and draw the inmate with mental retardation into the sphere of social acceptability as well as job acceptability. As needed, the job coach will advocate for the worker with mental retardation, report back to the habilitation program, and meet with the supervisor. The job coach is also responsible for identifying adaptive devices and techniques that will assist the inmate with mental retardation in fulfilling the duties of the job, including utilizing “natural” supports within the work, environment, i.e., non-disabled lead workers, colleagues, and naturally occurring cues. Job coaching may occur one-on-one or with several inmates at a time, depending on staff resources and the training support needs of the inmates with mental retardation.

The job coach must keep records of provided support and interaction in order to prepare reports and maintain an ongoing assessment of the inmate’s needs and progress. As the employment “case manager” for the inmate with mental retardation, the job coach provides prompt, precise, sincere, and discrete feedback to the client, habilitation program and industry supervisor with the intent of improving inmate abilities and socialization. Most job evaluations are conducted after the probationary period and,

thereafter, annually or semiannually. For the newly placed inmate with mental retardation, however, evaluations should take place at least monthly and should include assessment by the supervisor as well as the job coach.

As the inmate with mental retardation becomes more technically proficient and acclimated to his work environment, job coaching will change and, depending on the support model, may be eventually phased out (time limited versus ongoing job coaching support). Whenever there are changes in job coaching personnel or duties, the supervisor and inmate with mental retardation should be alerted in advance.

SECURITY AND RISK CONSIDERATIONS

Since operation of a correctional industry frequently involves the temporary transfer of inmate oversight to non-custody personnel, industry personnel must be aware of security as well as business requirements and risks. Preparation for meeting correctional industry security requirements are part of planning and development. The specifics of security arrangements between the industry and the correctional facility, ideally, will have been covered in the policies and procedures manual, and pre-implementation agreements (or formal contracts). They should be reviewed during orientation. Likewise, inmate's limits should have been covered in their orientation.

Security clarifications and adjustments are likely once the industry is operating. Some security adjustments may involve custodial inspection of vehicles and containers leaving and entering the facility, routine and emergency searches, and shakedowns. As noted earlier, it is critical that industry supervisors and security personnel keep each other informed of unexpected and expected actions that might affect security.

Generally, business risk management is concerned with the prevention of injury to staff and the public, adherence to safety practices, avoidance of costly legal expenses, and control of insurance cost. Susceptibility to claims of negligence is a risk management

concern which may be heightened with the employment of inmates with mental retardation. Hence, for litigious as well as habilitative and productivity reasons, the design and implementation of their involvement should adhere to both industry standards and those for services to persons with mental retardation.

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Appendix 1

ABSTRACTS

“Handle With Care: Special Inmates, Special Needs,” Austin, R. M. and Duncan, A. S., Corrections Today, Vol. 50, No. 3, pp. 116-120, June 1988.

ABSTRACT: Austin and Duncan provide a brief historical review to show why correctional facilities must now deal with special inmate needs. Recognition of the inhumane treatment that existed for mental patients in state hospitals heightened social consciousness and increased social understanding and acceptance of the mentally ill. The criminal justice system mirrored these new attitudes. Several States adopted “guilty mentally ill” statutes which led to positive collaboration between the correctional system and the mental health system. -According to the authors, the offender with mental retardation is disproportionately represented within the correctional system. They recommend a comprehensive look at the provision of services to this population since their presence has an impact on daily functioning, security, delivery of services, housing, overall prison environment, and administration. The authors state that basic correctional mental health services should include identification and assessment, crisis intervention, counseling, special education, and vocational training as well as special housing arrangements for those inmates who have difficulties functioning in the general prison population. The availability of hospital care and mental health services, as well as adequate record keeping is also deemed important. Austin and Duncan address the importance of the development and implementation of policies that ensure equitable treatment for the offender with mental retardation. Though mentally retarded inmates do not have the same, definite constitutional rights to treatment as do mentally ill offenders, they are, however, entitled to the assurance of personal safety and freedom from unreasonable restraint. Inmates under the age of twenty-two years of age are eligible for educational, vocational and evaluative services under Public Law 94-142. The authors note that training for correctional staff must be expanded in the effort to provide quality services for the mentally retarded offender. They also discuss the special concerns and needs of sex and substance abuse offenders and HIV positive offenders. The authors state that at present there are no statutes mandating the treatment of sex offenders. Parole agencies, however, expect these offenders to undergo some type of treatment. Due to this conflict, sex offenders often end up spending a longer time in prison, thus draining prison resource. The authors think that substance abuse offenders do not have constitutional rights to rehabilitation. They discuss the issue of inmates in the Georgia State Prison who use alcohol and drugs to mask their mental disorders. These individuals tend to spend a relatively short time in prison, which does not permit time for diagnosis of their mental illnesses. They are then released to volunteer community treatment programs. Austin and Duncan state that these individuals often

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return to the prison system, placing a further burden on the system for space and care. They see the presence of HIV positive offenders as a challenge for the prison system and its components. Mental health and medical personnel and prison staff as a whole are strained in dealing with the intricate needs of these offenders. The authors conclude that mental health professionals must be prepared to meet the challenges presented by the special needs of inmates within the prison system. They advocate an increase in program funding, number of facilities, and follow-up care.

‘The Retarded Offender: A Problem Without A Program,’ DeSilva, Bruce, Corrections Today, Vol. 6, No. 4, pp. 24-33, August 1980.

ABSTRACT: DeSilva observes that adequate programs for serving the mentally retarded offender are almost non-existent and that the few operative programs should be re-examined as a prelude to upgrading their services. He discusses the demographics of mentally retarded offenders quoting Miles B. Santamour, past Coordinator of the Presidential Committee on Mental Retardation. Santamour is also quoted as stating that testing must differentiate between the retarded and uneducated. Desilva points out some of the social, economic, and developmental factors contributing to the disproportionate number of mentally retarded inmates. Retarded offenders are generally poor and have low educational attainment. Their criminal activity is frequently directly related to their poverty. Due to their inability to think spontaneously, they are often caught. Their prison terms tend to be longer than their non-retarded peers since they are often considered poor risks for probation or parole.

DeSilva gives an overview of programs developed by North Carolina, Virginia, and Texas for this population. He is careful to point out their limitations and areas where improvement is indicated, i.e., identifying the mentally retarded inmate, programming to address their special needs, and improving the knowledge and attitudes of corrections personnel.

The author also discusses the reliability and validity of several intelligence tests, primarily from the perspective of Georgetown University staff psychologist, Dr. Kathy Katz.

DeSilva concludes by describing the position of the offender with mental retardation within the criminal justice system, noting that this category of offenders has no special rights for treatment under the law. He also observes that some experts maintain that they should not be held accountable for their criminal conduct, while others think that they should. DeSilva considers the offender with mental retardation as a misfit in both the criminal justice system and the community social service system.

“An Institutional Programming Model For the Adult Developmentally Disabled Offender,” Deemer, William J. and Conine, Andrienne D., Corrections Today. Vol. 6, No. 4, pp. 24-33, August 1980.

ABSTRACT: The authors give a brief description of the development and implementation of a program for mentally retarded offenders in the State of South Carolina. Recognizing that as many as five percent of incarcerated individuals have problems with retardation, the South Carolina Department of Corrections embarked upon two federally-funded studies between 1972 and 1976 to define the problem and seek solutions. These studies resulted in three major findings which led ultimately to the development of the Habilitation Unit for the Developmentally Disabled Offender in South Carolina: (1) the South Carolina Department of Corrections has an inadequate assessment process for identifying its retarded inmate population; (2) the offender with mental retardation is often the victim of abuse and exploitation by ‘brighter’ inmates; and (3) there is a need for the development of programs for the retarded offender in the State of South Carolina. Deemer and Connie give also an overview of the resulting program through a discussion of its ten program elements. (1) Participant eligibility covers referral and acceptance into the program. (2) Initial orientation and assessment consist of an evaluation and acquaintance process that each participant undergoes. (3) Following orientation, an Individual Habilitative Plan (IHP) that outlines objectives and the strategy for their accomplishment is prepared. (4) Special education involves the teaching of basic education and academic-oriented life skills. (5) Life skills training teaches the participant positive behavior and attitudes necessary for survival. (6) Adult work activity provides progressive sheltered and non-sheltered work experience. (7) Counseling services, conducted on an individual and group basis, are offered to assist the participant with psycho-social adjustments. (8) Paraprofessional inmate assistants serve as role models and enhance services provided by the professionals. (9) Treatment reviews are conducted monthly to determine adjustment and the achievement of the objectives established for each participant. (10) Finally, release planning involves the coordinating of correctional and community services to prepare for and assist the participant with independent living. The authors also discuss program changes which have occurred since the implementation of the original program. These include facility relocation, addition of another adult work activity component, increase in participant population, broadening of the eligibility requirements, and addition of a social worker position. The authors attribute the success of the Habilitation Unit to its flexibility in resolving problems, commitment to allocating necessary resources, cooperation of security and program staff, and efforts of program staff.

“The Mentally Retarded Offender: Texas CAMIO Research Project,” Friel, Charles M., The Retarded Offender, ED Miles B. Santamour and Patricia S. Watson, Praeger Publisher: New York, Chap. 10, pp. 176-194, 1982.

ABSTRACT: The primary goal of this federally-funded project was to study the concerns surrounding the incidence, characteristics, processing and availability of programs for offenders with mental retardation within the Texas Department of Corrections. The reader is introduced to the purposes of the project: (1) ascertaining the number of mentally retarded individuals in Texas correctional facilities, (2) determining the incidence of criminal history among the mentally retarded housed in State residential facilities, (3) determining the relationship between intelligence and criminality, (4) determining the existence of treatment programs throughout the country, and (5) developing a task force, comprised of representatives from several agencies that deal with mental retardation, to develop a strategy to enhance State programs for offenders with mental retardation. The author initiates the seven major areas of investigation with a review of-theoretical literature on mental retardation, criminality and their correlates. This is followed by a review of legal literature and its implications on the subject. Third, an investigation is conducted to determine the incidence of mental retardation within the Texas Department of Corrections. Fourth, an investigation is made to determine characteristics common to the mentally retarded population (both juvenile and adult) in the Texas correctional system. The fifth concern is the incidence of antisocial and delinquent behavior occurring among residents housed in State facilities for the mentally retarded; the sixth is the quality and availability of treatment programs and community based resources. Finally, a national survey is conducted to determine the use of intelligence tests within correctional systems. Friel reports that the study revealed that although earlier theorizing linked criminality with subnormal intelligence, recent theories postulate that the relationship is administrative and legal, not causal. The study also revealed that minorities are over-represented among identified offenders with mental retardation. In addition, the incidence of mental retardation was found to be higher in the inmate population in Texas than in the general population. The results also revealed that many facilities are utilizing intelligence tests and offering treatment to offenders with mental retardation. Friel states that his study did not indicate an optimistic outlook for juvenile, mentally retarded offenders relative to their involvement in community based programs. State training schools seem to be more receptive to their needs.

“The Shriver-Mass CAPP Project: A Residential Community Program for Mentally Retarded Adult Parolees,” Gardner, Joseph and Krauss, Marty Wyngaarden, The Retarded Offender, ED Miles B. Santamour and Patricia Watson, Praeger Publisher: New York, Chap. 26, pp. 358-369, 1982.

ABSTRACT: The Shriver-Mass CAPP Project was instituted in the State of Massachusetts to serve developmentally disabled (mildly retarded) adult male parolees. The experiences of offenders with mental retardation are discussed from the context of the model residential program initiated to provide them services. The authors observe that the offender with mental retardation is usually characterized by social, economic and educational deprivation. They discuss the findings of several researchers - such as Brown and ‘Courtless, who in 1971, alerted the correctional and human services system to the needs of prisoners with mental retardation. Also, Kurtz and Lomastro are quoted as considering the reliance on IQ testing as problematic when used for differentiating populations on behavioral issues.

Gardner and Krauss describe the Shriver-Mass CAPP Project as comprehensive and enjoying sponsorship from both the private and public sectors in Massachusetts. The project serves a relatively small number of clients - an operational level of ten clients for five to six months. Services, tailored to individual needs (psychological, educational, social, employment and housing) of each client, are provided by highly trained professional staff. The concept of normalization is enforced within the program. Clients are required to assume responsibility for their actions and contribute to their individual program and the facility. Follow-up assistance continues for a minimum of 90 days after program completion. The three operational objectives of the program are identified as (1) graduation of participants, (2) development of individual employment and training plans, and (3) elimination of parole revocation. The success of the project is substantiated with statistical data on 40 clients. Successful completion of the program is positively associated with length of time in the project, receiving educational tutoring, having savings, and living with one’s family after leaving the program. Gainful employment is positively associated with having attended a State school, being older upon first incarceration, having committed a crime against persons, time in the program, being tutored, having savings, and living with one’s family after leaving the program. Though IQ was not associated with either positive or negative outcomes, emotional stability contributed to positive outcomes - graduation, employment, and adherence to the terms of parole.

“Is Normalization the Answer for MROs?” McDaniel, C. O., Corrections Today, Vol. 49, No. 2, pp. 184-192, April 1987.

ABSTRACT: According to McDaniel, 450,000 inmates are housed in State and Federal correctional institutions throughout the United States; of this number, 22,500 to 45,000 are classified as having mental retardation. He thinks their impact on correctional facilities is greater than their number because inmates with mental retardation tend to be stubborn and resistant to authority, and to have a high rate of recidivism..

McDaniel defines normalization as the use of certain behavior norms to help mentally retarded persons function better in normal or natural settings. Normalization in a correctional context advocates integration of the mentally retarded offender into the overall prison population. Involvement in positive social roles, both formal and informal throughout the period of incarceration, is also important. McDaniel asserts that for such roles to be understood by the inmate with mental retardation, a normalization treatment program must involve the following: diagnosis and evaluation, training in pleasant surroundings, encouragement of the mentally retarded offender to act according to chronological age, accurate matching with appropriate staff, positive re-enforcement, use of encouraging language, and the use of formal titles such as Mr. and Ms. when referring to inmates with mental retardation. One normalization objective is to increase self-esteem. Another important objective is that the offender with mental retardation have normal everyday experiences of life and conditions that are highly valued. These prepare the mentally retarded individual to cope with extraordinary circumstances.

The author also presents counter arguments to normalization: the concept of normalization is too idealistic; prisons are not normal environments, and normal opportunities do not exist for inmates within the prison setting. Further, some studies have shown that mental retardation is connected to social, developmental, and economic deprivation, The characteristics manifested from such circumstances hinder the mentally retarded individual from adjusting to the prison environment. They are slow in adapting to routine and highly vulnerable to negative influencing, placing them in what McDaniel calls “double handicaps.” He suggests an alternative approach to normalization, a gradual process involving a phase-by-phase integration of the mentally retarded offender into the general prison population. This process includes behavior modification and indepth social outreach as the individual prepares to make the move back into society.

‘The Mentally Retarded Offender: Law Enforcement and Court Proceedings,’
Moschella, Alex L Jr., The Retarded Offender, ED Miles B. Santamour and Patricia S.
Watson, Praeger Publishers: New York, Chap. 11, pp. 195-203 1982.

ABSTRACT: Moschella advocates balancing the concerns of the offender with mental retardation and the principles of normalization. He does not support the development of double standards within the criminal justice system. He believes that as the existing criminal justice system improves to benefit the defendant and the community, the rights of the mentally retarded offender will automatically improve. Moschella doubts that police departments should be given more discretion when it comes to whom they arrest and for what reasons; particularly for the mentally retarded. Moschella advocates interagency cooperation to develop public policy on behalf of the offender with mental retardation.

Four issues pertaining to the involvement of persons with mental retardation with the criminal justice system are discussed: (1) arrest and interrogation, (2) determination of competence to stand trial, (3) pleas of guilty, and (4) criminal responsibility. A multidisciplinary team is suggested to determine the competency of mentally retarded persons to stand trial. He notes that principles of due process forbid a person charged with a crime from being convicted of that crime while considered legally incompetent. He advocates reality therapy as a means of dealing with the mentally retarded offender, and sees protection and advocacy as very important in linking the courts, the offender, and the community. Plea bargaining is an area that requires special attention on the part of defense lawyers representing the mentally retarded, since it is reasonable to assume that many mentally retarded individuals will not be able to understand fully procedures for plea bargaining. Moschella maintains that mental retardation can serve to lessen culpability. He concludes by suggesting several points of advocacy for the offender with mental retardation: that mental retardation not be equated with dangerousness in the discussion of patterns of offenses, the encouragement of community-based mental health treatment and maintenance of accurate records on offenders with mental retardation, and alternative sentencing for the offender with mental retardation, e.g., restitution and probation.

“The Need for Training in Special Education for Correctional Educators,” Platt, J.S.; Wienke, W. D. and Tunick, R. H., Journal of Correctional Education, Vol. 32, No. 4, pp. 8-12, January 1982.

ABSTRACT: Platt, Wienke and Tunick studies are based on Section 504 of the Vocational Rehabilitation Act Amendment of 1973 which requires correctional institutions to provide appropriate education for their handicapped inmates. They discuss programming provisions for the handicapped inmate within the correctional system -- programming which would adequately fulfill the legal obligations of correctional education programs to provide education designed to meet the individual needs of the handicapped. Statistics are given on the number of incarcerated handicapped and learning disabled individuals. Surveys indicate that 32 percent of adjudicated juveniles are learning disabled, while 12.9 percent are mentally retarded. Comparable data for adult inmates are not available. The authors state that personnel available to work with the mentally retarded within correctional institutions is inadequate. They point out the importance of correctional educators being familiar with the characteristics of this special inmate population, e.g., language deficiencies and the need to have tasks simplified to facilitate comprehension. The authors believe that knowledge of the use and interpretation of assessment procedures will enable correctional educators to identify the capabilities of each inmate. They outline other essential skills that educators who deal with the adult learning handicapped should possess

- Knowledge of task analysis -- the identification of component skills necessary to complete a task and recognition of the fact that the handicapped learner learns in a different manner than a normal learner and that teaching must be presented in an ordered fashion to minimize confusion
- Identification and understanding physical and psychological limitations and strengths of the inmate in order to appropriately address needs
- Orientation to the philosophy of functional compensatory instruction -- making education of the handicapped learner as realistic as possible and gearing it to individual needs.

Pre-service and in-service training is advocated for correctional educators; collaboration and support among professionals in the field are recommended. The authors conclude that the importance placed on establishing quality education programs for handicapped inmates will ultimately determine how correctional facilities fulfill their rehabilitative responsibilities. The legal basis for these responsibilities is already in place.

Appendix 2

SELECTED RESOURCE LISTING

The task of establishing a comprehensive program which addresses the needs of the inmate with mental retardation is one that involves the use and the coordination of a multitude of resources. This listing is to alert correctional administrators and advocates of offenders with mental retardation to some of the resources available in the fields of mental retardation and correctional industries. Identified resources consist primarily of nationally based agencies which have as their focus either persons with mental retardation or correctional industry programs.

* * * * *

American Correctional Association
Contact: Gwen Smith-Ingley
8025 Laurel Lakes Court
Laurel, MD 20707
(301) 206-5061

The American Correctional Association (ACA) founded in 1870 is a private, membership organization representing over 25,000 corrections professionals in the United States and Canada. The multi-service organization has as one of its aims the establishment of a unified voice in the area of correctional policy. The ACA has been awarded several research grants to formulate guidelines and provide technical assistance within corrections. The association has also established two comprehensive automated informational systems. CI-Net (Correctional Industries Information Clearinghouse and ACAnet (Computer Network). In addition, ACA has a library open to the public.

Criminal Justice Associates
Contact: George Sexton
Barbara Auerbach
48 E. Chestnut Hill Avenue
Philadelphia, PA 19118
(215) 247-1390

Criminal Justice Associates (CJA) is a non-profit corporation which provides correctional industry programs with state-of-the-art technical assistance, research, training, and management consulting services. CJA's staff includes persons with extensive experience in prison industries, corrections, and business.

Institute for Law and Justice, Inc.
Contact: Dr. Randall Guynes
1018 Duke Street
Alexandria, VA 22314
(703) 549-7686

The Institute for Law and Justice, Inc. (ILJ) is a non-profit corporation specializing in research, training, and consulting services in law enforcement and criminal justice. A staff experienced in law enforcement, corrections, prison industries, research, consulting and teaching is available to provide a full-range of technical assistance and resource information. ILJ has worked with criminal justice agencies in all 50 states.

National Council on Vocational Education
Contact: Joyce Winterton
330 C Street, S.W., suite 4080
Washington, DC 20202-7580
(202) 732-1884

The National Council on Vocational education was established pursuant to Congressional authorization under the Carl D. Perkins Vocational Education Act of 1984. The seventeen member council is composed of presidential appointees who advise the President, Congress, and the Secretary of Education on a wide range of vocational education issues. One of the primary aims of the council is to track, on a national level, the vocational needs of the handicapped and the level of participation of the handicapped in vocational education.

National Institute of Corrections (NIC)
Information Center
1970 30th Street Suite 130
Boulder, CO 80301
(303) 939-8877

NIC serves as a clearinghouse for the collection and dissemination of materials on correctional programs. Information is available to individuals and organizations interested in the subject of criminal justice, particularly in the areas of policies, procedures, and standards of program operation. The NIC provides a referral service to other data and information sources. A nominal fee is charged for some publications; others are available on a loan basis, while some may be acquired free of charge.

The National Criminal Justice Reference Service (NCJRS)
1600 Research Boulevard
Rockville, MD 20850
(301) 251-5500

This agency houses The Juvenile Justice Clearinghouse, Justice Statistics Clearinghouse, and The Dispute Resolution Information Center. These components are linked together for the purpose of information and resource sharing. NCJRS offers a number of planning and research support services to individuals interested in juvenile and criminal justice.

The Correctional Education Association
8025 Laurel Lake Court
Laurel, MD 20707
(800) 206-5100

The Correctional Education Association (CEA), an affiliate of The American Correctional Association, serves as the professional organization for administrators and teachers working within the corrections/criminal justice system. CEA publishes standards for educational training of professional staff within corrections. The two newsletters published by this organization, the Yearbook of Correctional Education; and the Journal of Correctional Education provide information on legislation, programs and resources in the field of corrections. CEA sponsors several workshops and conferences through regional affiliates and chapters.

The President's Committee on Mental Retardation
Department of Health and Human Services
330 Independence Ave., S.W.
Room 5325, Cohen Building
Washington, DC 20201
(301) 206-5061

Established in 1966, the PCMR acts in an advisory capacity to the President and the Secretary of Health and Human Services on matters relating to programs and services for persons with mental retardation. The PCMR consists of 21 citizen members, appointed by the President, and six public members including: the Secretaries of Health and Human Services, Housing and Urban Development, Labor, and Education; the Attorney General; and the Director of ACTION. The Secretary of Health and Human Services serves as Chairperson of the committee. The PCMR is charged with evaluating the adequacy of current practices and programs for persons with mental retardation. The PCMR also coordinates federal agency activities in mental retardation, conducts studies on existing programs, and promotes research.