

CURRENT TRENDS IN CORRECTIONAL PROGRAMMING IN THE USA

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ABSTRACT

Correctional programming has undergone important changes over the past two decades. These changes have been instigated by rapid growth in prison populations, worries over public safety and concerns for reducing the cost of incarceration. Despite a lack of faith in the rehabilitative ideal, correctional programming continues to flourish, albeit in a form that is very different from the past. This paper discusses recent trends in correctional programming. Specifically, it discusses legally mandated services, changing characteristics of inmate populations, inmates with crime-related problems and cost-saving measures.

I. INTRODUCTION

The faith and optimism that once surrounded the "rehabilitative ideal" in the United States is largely extinguished. Decades of evaluation research showing negative results has left the public highly skeptical of treatment and other forms of prison programming. Prisons and jails were once viewed primarily as places where the business of rehabilitation was carried out. Now they are now seen as places where isolating offenders from society furthers the goal of public safety. One might think that as a result of this shift in penal philosophy that correctional programming is withering on the contemporary vine. On the contrary, while the patient is not always as robust as in the past, correctional programming is alive

and well, and in some situations could be considered as flourishing. One reason is that some services are mandated by law and therefore cannot be eliminated. Another reason is the American spirit of pragmatism. Our practical view of the world leads us to develop and search out programs that do indeed work and to find cheaper and more efficient ways of delivering programs. We are always looking for ways to alter the cost-benefit equation to society's advantage.

While correctional programming continues to be a major activity of prisons, the face of these activities has changed radically. Indeed, correctional programming is very different today as compared to one or two decades ago. Three developments - a rapidly growing and changing inmate population, an emphasis on public safety and a concern for cost-effectiveness - have been primarily responsible for the transformation in correctional programming.

The United States has experienced tremendous growth in the number of persons under the custody of the criminal justice system. Over the past decade and a half, the average annual rate of expansion in correctional populations has been 7.6%. Currently, there are more than five million adults under custody, or about 3% of the adult population. Over one million adults are confined in prisons and jails. Some forecasts predict that by the year 2000 the prison population will increase by half again. This situation means that administrators will continue to scramble for resources to deal with an ever-growing number of inmates. At the same time, the large influx of inmates has changed the

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characteristics of prison communities because growth has not been even across the board. Shifts in the composition of inmate populations has created new challenges for prison administrators who are responsible for seeing that confinement does not become a form of idle time-out from society tediously spent.

A primary theme that underlies the prison boom is public safety. Americans believe that incarceration, through the mechanisms of deterrence and incapacitation, is an effective way of reducing the crime rate. For many observers, declining crime rates coinciding with rising incarceration rates is strong proof that incarceration works as a crime control strategy. Consequently, calls for more prisons and tougher laws that provide for longer prison sentences served under harsher conditions continue unabated. Also, correctional programs are being judged individually in terms of how much they contribute to a safer society.

Another theme that underlies the prison boom is strict economy. Americans are coming to realize that incarceration is expensive and that we may not be able to afford all of the prison capacity that we would like to have. As a way of dealing with this situation, economy and cost efficiency are being emphasized in every aspect of criminal justice administration. Prisons administrators are becoming obsessive in their determination to bring down the costs of incarceration. Correctional program administrators increasingly are being asked to cut costs and to justify a program's existence in terms of social and economic analyses.

In this essay, contemporary trends in correctional programming are explored. We will consider legal mandates for treatment, changes in inmate characteristics, offenders with crime-related problems and pressures for cost savings.

II. LEGALLY MANDATED SERVICES IN CORRECTIONS

Offenders have legal rights to treatment in certain circumstances. These rights, for the most part, are limited to medical and mental health care. Nevertheless, a large number of offenders receive services while in the custody of correctional officials because services are legally required. Three categories of inmates that receive legally mandated services and that present exceptional challenges to correctional programming are: mentally ill inmates, inmates suffering from AIDS/HIV and inmates with disabilities that may be protected under the Americans with Disabilities Act.

A. Mentally Ill Offenders

Over the past several decades the United States has pursued a policy of moving mental patients out of hospitals and psychiatric institutions into non-residential community-based treatment centers. Many scholars suspect that as a result of this policy of deinstitutionalization, an increasing number of mental patients are finding their way into the criminal justice system. This shifting of clientele from the mental health to criminal justice system is sometimes referred to as transinstitutionalization.

Inmates with mental health problems can present difficult challenges to correctional programming. Foremost, authorities must insure that necessary psychiatric services are provided while the offender is in custody. Some inmates may require special living arrangements that combine a sheltered environment with supportive services. For inmates with chronic and severe emotional problems, it may be unrealistic to think in terms of integrating them into the prison community. These inmates may have to spend their entire sentence, both within and without prison, in special facilities. For

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inmates with acute, episodic problems, prison staff periodically face the challenge of reintegrating the inmate back into the prison community after periods of residential treatment. This may be difficult if the inmate has limited ability to cope with the regular prison environment. Also, mentally ill inmates may suffer discrimination at the hands of other inmates and even correctional officers, owing to callous attitudes based on stereotypes of mental illness.

As release approaches, correctional officials face the challenge of arranging for a smooth transition back into the community for mentally ill inmates. The success of reintegration depends, in large measure, on continuity of effective and appropriate psychiatric treatment. Arranging for treatment, and then seeing to it that the inmate participates in the treatment, can be difficult. Also, these inmates may require extra support services to help offset the social, emotional and intellectual liabilities that can accompany mental illness.

B. HIV/AIDS

The HIV/AIDS epidemic is unprecedented in recent modern history in terms of its scope and deadliness. Correctional administrators have been especially hard hit in terms the consequences of this epidemic because offender populations contain a large proportion of individuals who are high risk for HIV/AIDS. According to the U.S. Bureau of Justice Statistics, approximately 2.3% of all state and federal inmates are infected with HIV. In New York, the incidence of AIDS in prisons is seven times greater than in the general population.

In the early stages of the disease, correctional officials face the challenge of identifying those who are infected so that treatment can be provided. Many prison systems resist mandatory screening for HIV/AIDS because of the social stigma that

attaches to the disease. Once the client population is identified, the next challenge is to provide treatment in a way that minimizes adverse social consequences. This challenge can be greater after release from prison, because community health agencies can be overwhelmed with local demands for treatment. Also, the social and physical consequences of the disease may negatively impact plans for normal reintegration.

In the advanced stages of the disease, the focus is on providing humane care to ease suffering. In many prison systems, AIDS is the leading cause of death among inmates. One in three inmate deaths were attributable to AIDS between 1991 and 1995. In 1995 alone, 1,010 inmates in the U.S. died of AIDS-related causes.

HIV/AIDS treatment has had a serious financial impact on prison expenditures for medical care. According to the Wall Street Journal, the total lifetime cost of treating HIV is about \$119,000. When the high cost of treatment is combined with the large numbers of inmates suffering from the disease, the financial consequences can be staggering. For example, spending on HIV/AIDS treatment in the Illinois prison system increased ten-fold in a three-year period, jumping from \$30,000 to \$300,000 per month.

Some prison systems have implemented early release programs for inmates in the advanced stage of AIDS. In part, the motives are humanitarian. Inmates can spend their last few months in community hospice settings where they can enjoy greater contact with family and friends. In large measure, however, the motives are pragmatic. Seriously ill inmates present little threat to the community, and the combined costs of security and treatment are high. In returning inmates with AIDS early to the community, the prison system often attempts to transfer the financial burden of treatment to someone else. To the extent that the inmate's quality of care

is compromised in this process, humanitarian rationales for the program are undercut.

C. Americans with Disabilities Act

The Americans with Disabilities Act (ADA) prohibits discrimination in access to programs and services solely on the grounds of a disability. In pursuit of this goal, reasonable accommodation must be made in attempting to provide programs and services to the disabled. This year, the U.S. Supreme Court will review a Federal Appeals Court affirmative ruling that the provisions of the ADA apply to prison inmates. If the lower court decision is upheld, prison officials will be required to modify many prison programs in order to provide access to inmates who are now routinely denied participation. These changes could be expensive and may bring increased security risks. However, increased access to programs arguably will facilitate the reintegration of these offenders into society upon release.

III. CHANGING CHARACTERISTICS OF INMATE POPULATIONS

Inmate populations can be viewed as a composite of many different sub-populations, each with its own unique programming needs. As the size of various sub-populations wax and wane, demands for inmate services will shift accordingly. Since recent growth in prison populations has not been even across the board, changing characteristics of the inmate clientele has had an important effect on the types of correctional programs being offered.

A. Elderly Inmates

As a result mandatory sentences, long sentences, and increased restrictions on parole release, elderly inmates are rapidly growing sub-population within prisons. In

state and federal prisons, the proportion of elderly inmates grew from 4.9% in 1990 to 6.8% in 1997. This change represents a 74% increase in 7 years.

The cost of incarceration is three times greater for elderly inmates compared to younger offenders. In particular, the cost of medical care, which is considerably higher, has become a major issue for prison systems. Some correctional systems have developed specially designed facilities in an attempt to meet the needs of elderly inmates. One such example is the Hocking Correctional Facility in Ohio. The facility contains 600 inmates, the majority of whom are over fifty years old. Depending on the life situation of the offender, traditional prison programs may be irrelevant. For example, an elderly inmate may have little need for additional formal education or for vocational training. The challenge for correctional programming is to keep these inmates active in meaningful and productive ways, and specialized facilities are better situated for this task. Such facilities not only can provide inmates with needed services during incarceration, they can prepare inmates better for release into the community through specialized programs.

Pre-release preparation and aftercare are very serious concerns for older inmates. If an elderly inmate has been in prison for a long time, the society to which he or she returns will be much different than the one left behind. Preparing an inmate for this transition can be challenging. Depending on their physical and mental condition, elderly inmates may not have the full degree of independence that younger inmates have, so they may need assistance with some of the daily tasks of life. Other key aftercare concerns include access to medical services and adequate nutrition. Since elderly inmates do not represent much of a threat to society, economic and political pressures are building for the early release of these offenders back into the

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community. As with HIV/AIDS inmates, the idea behind early release partly is to transfer the cost of medical care and other supportive services to another organization.

B. Young Inmates

Increasingly, juvenile offenders who commit serious crimes are being tried and sentenced as adults by means of juvenile waiver statutes. The pace of revisions over the past decade in these statutes has been phenomenal. These changes have had the effect of subjecting ever-younger juvenile offenders to adult sanctions, which often result in placement with adult correctional authorities. The pressures of juvenile waiver statutes, on the one hand, and longer mandatory sentences, on the other hand, have squeezed correctional programming at both ends of the age spectrum with increasingly larger numbers of juvenile and elderly offenders. In terms of juvenile offenders, indications are that the problem will continue to get worse. The U.S. Bureau of Census estimates that the size of the juvenile population aged 15 to 19 years will grow by 15% in the near future.

Youthful offenders present a distinct and difficult set of challenges for correctional programming. Aspects of physical, social and emotional development differ considerably for juveniles as compared to adults, and addressing this situation can be a difficult task for correctional staff, especially when youth are mixed with adults in the same institution. In particular, youthful offenders often lack maturity and good judgment. They also may have problems with impulse and anger control.

Provision of basic correctional programs, such as education and job training, is more critical for youthful offenders, both because they are likely to have serious needs in these areas, and because there is potentially greater returns for successful

programming. Some young offenders may still be of school age and therefore entitled to educational programs under the law. Other young offenders may be in the early stages of a work career. Care must be taken to insure that educational and vocational progress is not interrupted by institutionalization. Likewise, release from prison is another critical juncture in terms of continuity of programming. Lack of experience and immaturity may require that youthful offenders be provided with supportive and directive services upon release, if reintegration is to be successful.

C. Female Inmates

Another inmate sub-population that has grown considerably during the prison boom is female offenders. As a proportion of the total prison population, female inmates went from 4.1% in 1980 to 5.7% in 1990 to 6.4% in 1997. Throughout most of the period of prison expansion, the rate of increase in female inmates has exceeded the rate of increase for male inmates. For example, the female population in the federal prison system grew by 480% from 1980 to 1994 compared to 313% for the male population. In terms of numbers of inmates, the female population increased from 13,420 inmates to 64,403 inmates during this period.

In keeping with the general characteristic of offender populations, female inmates are disproportionately drawn from minority groups and suffer from high rates of alcohol and drug abuse. As compared to male inmates, female inmates are more likely to have communicable diseases and to have a history of childhood or adult abuse.

Female inmates also differ notably from male inmates in terms of problems created by family demands. About 6% of female inmates enter prison pregnant. For this reason, infant nurseries are common in female prisons. However, infants rarely stay with their mother throughout the

entire term of incarceration, and the separation of mother and infant causes anxiety during confinement. It also is significant that about 67% of female inmates have a child under 18 years of age for which they are responsible. Again, concerns about maternal responsibilities may become visible during incarceration, especially just prior to release. Family visitation programs in prisons can help to alleviate some of these problems. Both pre-release programming and post-release aftercare need to address the complexities of motherhood for female inmates.

IV. OFFENDERS WITH CRIME-RELATED PROBLEMS

Concomitant with the fall of the rehabilitative ideal, there has been firm rejection of the notion that all criminal behaviors are the product of abnormal or deviant processes that need correction. It follows from this view that not every offender is in need of treatment, and prisons today no longer try to rehabilitate every inmate. Correctional programs that are made generally available to inmates, such as education and work programs, are justified more on the grounds of keeping inmates busy and out of trouble than for any rehabilitative effects they might have.

Treatment programs that are designed to rehabilitate inmates and reduce recidivism have not disappeared from the inventory of correctional programming. Rather, a greater degree of selectivity has been implemented in defining the inmate clientele. Treatment programs now target inmates who have serious and consequential deficits or who have problems that are clearly linked to criminal behavior. The strategy is to concentrate limited resources on situations where the promise of reducing criminal recidivism is greatest.

A. Drug Addiction

A link between drug addiction and crime is firmly established in the criminological literature. According to the National Center for Addiction and Substance Abuse, drugs or alcohol were a key element in the crimes of 80% of inmates. Although the precise nature of causal relationships between drugs and crime is not fully understood, it makes intuitive sense that addicts will commit crimes in order to finance expensive drug habits. Thus, if we can eliminate the addiction, then the motivation for some crime will be removed.

Arguments in favor of drug treatment of offenders are gaining strong support from program evaluation research. Several recent evaluations are worthy of mention. A study by the Federal Bureau of Prison found that completion of a residential drug treatment program reduced short-term recidivism rates by about 75%. In particular, inmates who received treatment had a six-month recidivism rate of 3.3% compared to 12.1% for inmates who did not receive treatment. Furthermore, inmates in the treatment group had a drug use relapse rate of 20.5% for the first six months compared to 36.7% for controls. Another recent evaluation by RAND argues for the cost-effectiveness of drug treatment. The study concluded that for heavy drug users treatment produces the best return compared to various other options, including mandatory minimum prison sentences. At a cost of about \$6,500 per year, substance abuse treatment appears to be a good investment. Thus, an accumulating body of solid evidence indicates that drug treatment is effective in reducing criminal recidivism.

If we are to have a policy of making drug treatment widely available to offenders, substantial increases in resources will be needed. For example, the Federal Bureau of Prisons runs 42 residential treatment programs with a combined capacity of 6,000 inmates. However, about 30% of the federal

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inmate population, which stands at about 110,000, have moderate to severe drug and alcohol problems. Thus, the potential client population is about 33,000 inmates. Clearly, the demand for drug treatment among offender populations outstrips the supply.

In the past, the U.S. has showed a willingness to spend considerable sums of money on the drug problem, particularly with regard to law enforcement. President Clinton is currently seeking \$17 billion for a variety of anti-drug-initiatives, a little less than half of which is earmarked for the Justice department. A new federal development raises the possibility that more funds will be made available for treatment. President Clinton has proposed that prisons test inmates for drug use on a regular basis to gauge the extent of drug use in confinement. Thus, the war on drugs has expanded its battleground into prisons. A logical follow-up of the President's proposed policy of inmate drug use testing is to expand treatment options to take advantage of periods of enforced drug abstinence.

B. Alcohol Abuse

The relation between alcohol abuse and crime is as strongly documented as that between drug abuse and crime. According to the U.S. Bureau of Justice Statistics, about 36% of offenders under correctional supervision, or about 2 million offenders, were drinking alcohol at the time they committed their offense. Yet, alcohol abuse remains an under appreciated factor in the etiology of criminal behavior. Perhaps, this is because alcohol, unlike drugs, is a legal commodity, so that only its abuse, and not its use, is seen as problematic.

As drug abuse treatment becomes more widespread in prisons, we can expect a spill over effect that will emphasize the importance of alcohol abuse treatment. Many offenders are polymorphous in their drug use, moving from one substance to

another as availability and interest changes. Many drug addicts also abuse alcohol, because it is readily available and inexpensive. At a policy level, it may not make sense to distinguish too precisely among various forms of substance abuse. Well-developed treatments for alcohol abuse exist, and expanding these treatment options could bring benefits similar to the expansion of drug treatment programs.

C. Chronic Violence

Chronically violent officers are a problem of utmost concern to society, as well as to correctional officials who are charged with their care. In the U.S., the "super-max" prison has emerged as the primary strategy for dealing with persistent violence. These facilities, which are designed to house the "worst of the worst," have become very popular. Presently, there are 57 "super-max" facilities in the U.S. being operated by 36 states and the federal government. Human rights organizations have been extremely vocal in their criticism of "super-max" prisons, alleging that the conditions or confinement are extremely harsh. The incidence of mental illness in these facilities appears relatively high, further heightening human rights concerns.

Most of these prisons are modeled after the federal penitentiary in Marion, Illinois. The inmate regime typically consists of 23 hours a day of seclusion in a cell with 1 hour of sequestered recreation. In recent years, there has been an increasing reliance on technology to minimize inmate interactions with other persons, including correctional officers, as a way of increasing safety. "Super-max" prisons are much more expensive to operate than traditional prisons; however only a small fraction of the inmate population is subjected to the regime. Indiana has a total of 198 inmates confined at two super-max facilities out of a total population of about 15,400 inmates.

We know very little about the effects of the “super-max” regime on inmates. Important questions of reintegration remain unanswered. Most inmates in “super-max” facilities come from, and return to, general prison populations; just as they come from and then return to the outside world. The characteristics of inmates selected for confinement in “super-max” facilities, the circumstances surrounding transitions in and out of these facilities, and the factors that contribute to successful reintegration into the community, are not known.

D. Sex Offenses

Of the nearly 5 million convicted offenders serving sentences in federal or state prisons, 4.7% are convicted of sex crimes. This group of offenders traditionally has been the target of treatment programs. The deliberately predatory, highly compulsive and privately erotic nature of many sex offenses suggests that psychological treatment is needed to prevent recidivism.

As a group, sex offenders have been the targets of tougher laws over the past several years. In Texas, longer sentences combined with curtailment of parole release has caused the number of sex offenders to double in four years, jumping from 6,262 inmates in 1991 to 11,782 inmates in 1995

Many new laws dealing with sex offenders run counter to reintegration goals. These statutes, which resulted from several highly publicized cases of heinous sex crimes, emphasize public surveillance over anonymity in the interest of safety. For example, some states require public notification of the release of sex offenders, as well as registration and tracking of their whereabouts. Citizens may be proactively informed that a sex offender has moved into the neighborhood, or they may access computer files that display the location of sex offenders by geographic area. Such

laws make it considerably more difficult to reintegrate sex offenders back into the community.

Another development involves sexual predator laws that provide for indefinite terms of confinement in a mental hospital after expiration of a criminal sentence. These laws invoke the civil authority of the state to protect the public from clear and present dangers. The sexual predator laws, which are reminiscent of the preventive detention laws and dangerousness civil commitment laws popular in the 1960's, allow for psychiatric confinement until such time that the person no longer represents a threat to public safety. In some cases, the term of confinement could amount to a life sentence.

V. COST SAVINGS MEASURES IN CORRECTIONAL PROGRAMMING

Along with huge growth in prison populations, there has been a tremendous increase in prison expenditures. In some states, it is predicted that spending for corrections will soon exceed that for education. Much of the growth in spending is tied to the construction and staffing of new institutions. For example, the 1999 budget request for the federal prison system includes a 7.4% increase for salaries and expenses and a 62.3% increase for buildings and facilities. As prison expenditures skyrocket, government officials and correctional administrators are searching for ways to limit spending. Areas that often are scrutinized for possible savings involve non-security-related expenses such as medical care, food, transportation and inmate programming.

A. Program & Staff Cuts

In an attempt to reduce costs, some prison systems have adopted a very simple and direct approach: eliminate programs and cut staffing. For example, between 1994 and 1995, New York State eliminated

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most higher education programs for prison inmates. In 1996, the state eliminated 263 program positions in prisons. The positions included drug counselors and teachers. In the following year, 155 additional positions were eliminated.

There is popular support for the elimination of inmate programs because prisons are perceived as being too comfortable. In order to be effective, punishment should involve discomfort, and so the public and many politicians have been pushing for a "no-frills" approach to leaner and tougher incarceration. Correctional administrators, however, while generally supportive of the "no-frills" approach, are careful to protect programs that enhance security by keeping large numbers of inmates productively occupied.

B. Technology

Technology is making strong inroads into all aspects of modern life, and correctional programming is no exception. The impact of technology is perhaps most evident in education where computers, televisions and video are being used to facilitate distance learning and forms of programmed learning. In general society, it is anticipated that these new technologies will be cost-effective in bringing educational programs to large numbers of students. Correctional officials are prepared to capitalize on this development in hopes of lowering existing costs and offsetting the effects of program cuts that may have occurred.

Computer technology can be used to deliver a wide array of instruction that often can be adapted to meet individualized needs. For example, a reading program can be set up to accommodate inmates with widely varying reading skills, and delivery of instruction is flexible enough to follow the inmate as he or she changes institutions. Occasionally, inmate access to technology creates security problems, but so far the benefits of these programs

have outweighed the risks.

Computer technology also can be used to manage correctional programs in order to make them more efficient and effective. As computerized records of inmate participation in various programs becomes more available, we can anticipate that the delivery of services will become more finely tuned and evaluations of program effectiveness will become more commonplace.

C. Outcome-based Evaluations & Cost-benefit Analyses

As part of the emphasis on reducing prison costs, programs are being called upon to demonstrate their effectiveness. In most cases, programs have primary and secondary goals. Vocational programs, for example, may have as a primary goal teaching inmates marketable skills, while as a secondary matter it is hoped that better employment prospects upon release will facilitate reintegration and prevent recidivism. For some, the most important criteria by which programs are to be judged is reduction of recidivism.

Program evaluations can be useful tools for improving existing programs or for choosing among program alternatives in order to maximize results. However, program evaluations can serve a more narrow purpose of identifying programs for elimination. For example, the senate Criminal Justice Committee in Texas recommended that any substance abuse, job training or education program that cannot clearly demonstrate its ability to increase public safety in a cost-effective manner should be abolished.

D. Privatization of Facilities

The privatization of institutional corrections ranks among the most significant penological developments of the century. The growth in private corrections has been phenomenal both in the U.S and throughout the world. Since 1983, the

number of beds managed by private companies in the U.S. grew from 350 to 87,000. According to some estimates, private companies will manage about 400,000 beds in less than a decade.

Privately run correctional facilities have become popular in hopes of capitalizing on the management flexibility and innovation that is typical of the private sector. At minimum, competition from the private sector is forcing administrators in government-operated facilities to adopt a more business-like stance towards the running of prisons.

There is some evidence to suggest that privatization can increase a prison system's flexibility to respond to rapidly changing circumstances. For example, the Department of Corrections in Florida was unable to keep up with the pace of growth in the inmate population. They turned to private corrections as a solution to overcrowding, which brought the additional benefit of an increase in programming resources. Most critically, opportunities for inmates to participate in educational and substance abuse programs expanded.

Recently, private companies have expanded their operations into the area of mental health correctional facilities. Another likely area of future growth is juvenile facilities. Both these types of facilities require a greater than average investment of resources in programming. Also, both groups of clients present difficult reintegration challenges. It remains to be seen whether private corrections can maintain its competitive edge as the mix of facilities it operates changes and as the need for specialized staff for inmate programming increases.

E. Contracting for Correctional Services

Another aspect of the privatization movement is having government-run institutions contract for services by private

companies in an effort to increase flexibility and reduce costs. While the private sector typically can provide a lower bottom-line, there are concerns that profit motives may adversely affect the quality of institutional life for inmates. This is especially true with regard to correctional programming, which is generally accorded a secondary status in the hierarchy of prison activities. However, competition could increase the quality of services especially if this factor is clearly emphasized in the evaluation of bids.

Prison systems now routinely contract for major program activities such as health care, substance abuse treatment and education. In particular, contracts with large health care providers, which involve payment of a flat fee per inmate for all medical care, appear to be successful in bringing down the cost of inmate health care without adverse consequences. In this regard, prisons are following the more general trend of capatatization of health care costs in our society. It remains to be seen whether cost-savings can be sustained over the long term and whether use of similar approaches towards education and drug treatment services will be successful.

Another aspect of contracting involves housing inmates in out-of-state prison systems in an effort to relieve overcrowding. For example, Texas correctional facilities routinely house inmates from other states, from as close as Louisiana to as far away as Massachusetts. Confinement in a "foreign" prison system can make adjustment more difficult. Also, these arrangements make it difficult to maintain family ties during incarceration and post-release planning is harder to do.

F. Co-payment fees

Another popular strategy for reducing inmate program costs, borrowed from the private sector, is requiring a co-payment fee for services. According to a survey by the Association of State Correctional Administrators, 30 states now charge fees

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for program services, such as educational programs. Often the fee involved is nominal. In Connecticut, for example, inmates pay \$3 for elective education courses or vocational courses, \$10 for extended family visits and \$3 for sick calls.

The actual revenues generated from the fee, while not insignificant, cover only a small portion of program costs. Much of the savings come from discouraging inmates from requesting services in the first place. While the wisdom of this strategy is debatable, modest co-payment fees do have the effect of limiting capricious service requests. What the cost of this problem is, and whether the size of the problem varies by type of service is not known. Fees can have the advantage of restricting programs to the motivated inmates by requiring a tangible form of commitment from them. However, this may not be the group who can benefit most from the program.

In some instances, the motivation for the fee more clearly is to recoup program costs. Offenders have been required to pay for probation and parole supervision, use of community correctional centers and electronic monitoring. Concerns have been expressed, however, over the possibility that offenders may be denied participation in more desirable community-based sanctions based on their financial situation.

G. Short-term Intensive Programs

Another cost-reduction strategy involves use of short-term intensive programs, which often are described under the heading of "shock incarceration." These programs are gaining favor because they involve a shortened period of custody that brings reduced costs to the correctional system and quicker freedom to the offender. Higher levels of programming and services negate some of the savings that accrue through shorter custody, although this is thought to pay off in the longer term through reduced recidivism.

A good example of short-term intensive correctional programming is the juvenile boot camp. These programs are organized around an intensive, military-style regimen that continues for about 120 days. Activities include calisthenics, schooling counseling and manual labor. Participants for these programs are carefully screened. Good candidates include young, first time offenders with no history of violence. Some programs target drug users, and include this as an entrance criterion. In fiscal year 1995, the U.S. congress appropriated \$22.5 million for boot camp programs.

Several large-scale evaluations of boot camp programs have been carried out. These evaluations indicate that boot camps are no cheaper and no more effective at reducing recidivism than other correctional options. Among the key findings of this research is that continuity in treatment between the residential and aftercare phases is critical to positive outcomes, and that quality aftercare is difficult to implement.

VI. CONCLUSION

Three major trends have affected corrections in the United States over the past decade and a half. The first trend is unprecedented growth in inmate populations owing to changes in police practices and criminal sentencing. Extended rapid growth has pushed some correctional systems to the edge of a breaking point, redefining "business as usual" into "crisis management". The second trend involves a shift in penal philosophy emphasizing the protection of society. Deterrence and incapacitation have become the dominant rationales for punishment, increasing the certainty and length of prison sentences. Society has become more concerned with the dark side of offenders, worrying about possible future harms, and more guarded in its confidence about the need for and the success of

correctional programming. The third trend is an emphasis on economy and cost-control. Recognizing that incarceration is expensive and that it may not be able to afford all the punishment it would like to dispense, society has chosen to deal with the problem by tightening its belt and cutting costs.

With regard to correctional programming, these developments have played out against a backdrop of a loss of faith in the rehabilitative ideal. This combination of circumstances has dramatically altered the face of correctional programs. Dramatic growth in prison populations has brought large increases in the number of offenders who are legally entitled to receive various services. Dramatic growth also has brought changes in the characteristics of inmate populations that are relevant to programming decisions. Numbers of elderly inmates, young inmates and female inmates are increasing disproportionately in prison systems. Each group has distinct program needs both during confinement and after release. An emphasis on public safety has meant that scarce program resources are concentrated on offenders who present the greatest threat to society or who have treatable problems that are clearly crime-related. Finally, the emphasis on cost reduction has led to a wide variety of initiatives. Most notable are calls for evaluations of program effectiveness and the privatization of many correctional activities. In the long run, these developments may benefit correctional programming by increasing its stock with the public, although there will be periods of chaos and turmoil before this happens.

These developments that are now shaping correctional programming probably will continue to do so for some time. We appear to have entered an era of realistic pragmatism in corrections; acknowledging, on the one hand, that there are limits to what can be done, while on

the other hand, redoubling our commitment to take action where and when it matters most. In this process, correctional programming will continue to be transformed, occupying, as it does, a critical role in penal management and philosophy.