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FORENSIC MENTAL HEALTH SCREENING
AND EVALUATION OF
CLIENT-OFFENDERS: AN OVERVIEW

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1.0 GENERAL INTRODUCTION

While the spread of the mental health disciplines into the criminal justice process has spawned considerable debate (cf., Bonnie and Slobogin, 1980; Perlin, 1980; Miller, 1980; Fersch, 1980), the movement does not appear to be slowing.* Perhaps the mental health system's most significant involvement in the criminal justice process is represented by the screening and evaluation of offenders and alleged offenders (hereafter "client-offenders") performed by psychiatrists, psychologists, and social workers for attorneys, courts, and corrections agencies.

For many client-offenders, a pivotal point in the criminal justice process occurs when, at the direction of a judge or some other criminal justice authority, a mental health professional assesses the client-offender's mental condition. The results of such forensic mental health evaluations can have profound effects on the destinies of persons charged with or convicted of crimes. The opinions of mental health professionals routinely form the basis for such determinations as whether a client-offender is competent to proceed to trial, is criminally responsible, is capable of responding to conditions of probation, or simply is more appropriately processed by the mental health system than by the criminal justice system. Indeed, the findings of the mental health professional in large part determine whether a client-offender is to become a patient, a prisoner, or a free person.

It is estimated that one million forensic mental health screenings and evaluations are conducted in the United States each year (National Institute of Law Enforcement and Criminal Justice, 1979). Screening and evaluation may occur for various reasons at any of several points in the criminal justice process. It may be performed in court clinics, community and regional forensic mental health centers, hospitals, and corrections facilities. The process may be informal (relying primarily on intuitive judgment) or formal (using standardized methods), extensive or circumscribed, and may serve specific disposition, placement, or treatment decisions. The mental health evaluator or examiner may be a policeman, a jail or prison counselor, a probation or parole officer, a social worker, an attorney, a nurse, a psychologist, or a psychiatrist.

The information presented in this paper was gathered during the course of a research project conducted by the National Center for State Courts as part of the National Evaluation Program (NEP) of the National Institute of Justice, United States Department of Justice. The NEP employs a methodology by which selected areas or domains of interest within the criminal justice system are examined systematically in a variety of settings and conditions. The NEP was developed by the National Institute of Justice in response to a congressional mandate that the Law Enforcement Assistance Administration (LEAA) evaluate its wide range of programs and share evaluation results with state and local officials (see

*Full citations to publications referred to in parentheses may be found on page 37.

Nay, Barnes, Kay, Ratner, and Graham, 1977). It was recognized that full-scale evaluations of all LEAA-funded programs would be impractical. The cost of such an undertaking was thought to be prohibitive, and the effort itself unrewarding, since the kinds of information necessary for evaluating the accomplishments of such programs simply were not available. Therefore, the NEP was designed to proceed in phases. The first phase was designed to reveal the following with respect to a particular area of programs:

- o The current state of knowledge about the program area.
- o Conspicuous gaps in such knowledge.
- o The likelihood of these gaps' being filled by additional evaluative efforts.
- o The nature and scope of sensible next steps (including a design of a test of the feasibility of approaches proposed for subsequent NEP phases).

The National Center for State Courts conducted an NEP Phase I study in the program area of "screening and evaluation for mental health services for criminal justice clientele." In assessing the evaluability of screening and evaluation programs, National Center staff reviewed the literature relating to screening and evaluation, surveyed forensic screening and evaluation programs throughout the country, and visited 20 selected forensic programs in 17 states and the District of Columbia. A number of conspicuous knowledge gaps were identified, and the likelihood of their being filled by additional evaluative efforts, as well as the nature and scope of sensible next steps, was assessed during field testing of several tentative program evaluation models in a number of forensic units throughout the country.

This paper reflects the National Center's initial assessment of the current state of knowledge about screening and evaluation. It contains a generalized description of the screening and evaluation process, presented in the form of an operational definition, and includes discussions of the purposes, points of application, and manner of resource allocation for screening and evaluation in 121 selected programs throughout the country which were surveyed in telephone interviews. Summary descriptions of the programs and an annotated listing of selected literature in the forensic mental health area are presented in appendices. Detailed descriptions of the day-to-day operations of the 20 court clinics, community and regional forensic mental health centers, centralized state forensic units, jail mental health services, and community corrections programs will appear in subsequent issues of Perspectives on Mental Health and the Law.

2.0 AN OPERATIONAL DEFINITION OF SCREENING AND EVALUATION

2.1 Introduction

Operational definitions describe entities in terms of how they are put to use or how they work. They group specific procedures into particular, clearly identifiable areas in order to allow for a better understanding of those procedures and identification of related issues and problems. Walter Lippmann once said that "[f]or the most part we do not first see, and then define, we define first and then see" (Lippmann, 1927, p. 81). The operational definition of forensic mental health screening and evaluation presented in this paper was developed by the National Center for State Courts as a starting point and guide for the NEP Phase I "Assessment of Screening and Evaluation" research project. The definition has been refined in the course of the research. It begins with the following general statement:

Screening and evaluation is the process conducted by mental health personnel, at the direction of criminal justice authorities, for the purposes of delineating, acquiring, and providing information about the mental condition of client-offenders that would be useful for decision-making in the criminal justice system.

The nine key elements of the definition are underlined. Each element represents a distinct aspect of the screening and evaluation process and is discussed separately in the following pages. The order in which these elements are examined below varies somewhat from that in which they appear in the statement above.

2.2 Process

A particular activity or set of activities, directed toward a client-offender, subsuming many different methods and involving a number of steps or operations.

The screening and evaluation process, as defined above, may include a number of tasks varying in terminology, formality, and complexity and may entail differential allocations of mental health staff resources, e.g., a clinical interview conducted by a psychiatrist, psychologist, or social worker; psychiatric or psychological testing; a neurological evaluation; a mental status examination; a nursing assessment; a ward observation; or a combination of these. Staff resources devoted to the process vary with the professional disciplines of the staff and the amount of time consumed by the process. A cursory mental status examination may take only twenty minutes, while the administration of a battery of psychological tests may require an entire day.

Of particular importance to this definition is the fact that screening and evaluation generally are conceived of as distinct processes involving different methods and techniques and designed to resolve

different types of questions. Some observers make clear distinctions between screening and evaluation. For instance, Pelc (1977) views screening as the simplest form of evaluation, capable of being performed by a paraprofessional. "The purpose of screening is assessment of an offender's suitability or eligibility for a specific intervention or rehabilitation program," writes Pelc, a psychologist (1977, p. 277). In his view, classification is an intermediate step used to select the most appropriate intervention alternative. Finally, Pelc suggests that evaluation is "the most psychologically sophisticated process for assessing an offender's psychosocial functioning" (Pelc, 1977, p. 279). Diagnostic evaluation is conducted by a professional with graduate training for the purpose of assessing personality development and the likely response to treatment intervention.

In some jurisdictions, screening refers to preliminary procedures for the purpose of ascertaining whether further (and presumably, more extensive) evaluation is required. In the District of Columbia, for example, "screening examinations" are conducted in the Superior Court by staff of the District Forensic Psychiatry Division. When further examination for competency or criminal responsibility is recommended, a report advises the court whether such further evaluation should be conducted (a) on an outpatient basis, (b) while the defendant is committed to the custody of the Department of Corrections, or (c) only while the defendant is hospitalized. The screening report may satisfy the "prima facie evidence" criterion posed for commitment of the accused for a mental examination.

2.3 Information About Mental Condition

Data concerning an individual's physical, emotional, and/or cognitive functioning, and social and behavioral history, including inferences drawn from this information with regard to past, present, and future behavior.

Information about mental condition subsumes almost all that may be known about an individual and his or her environment. Included are such observable characteristics as gender, appearance, social and family history, and behavioral responses in formal testing settings. Subtle inferences about personality may be drawn from an individual's reactions to tests like the Rorschach or the Minnesota Multiphasic Personality Inventory (MMPI), or from insights gained by interview of the client-offender. Medical data gathered during physical examinations, X-ray, and laboratory tests may also contribute to the information about mental condition. In his description of a "theoretically ideal model of a psychiatric evaluation," Gerard (1974, p. 26) notes that the model need not be followed as he outlined it since "[e]very mental health professional develops his own style. The crucial question is not the format in which the information is presented, but rather whether all the information has been gathered and considered."

In practice, uncertainty about the mental condition of a criminal offender or alleged offender is not always the primary reason

for an evaluation request. Pretrial commitment for screening and evaluation, for example, may occur for reasons quite independent of questions about an individual's mental status--reasons such as legal strategy, preventive detention, or a lack of other, clear alternatives (Geller and Lister, 1978). A recent survey of North Carolina judges and defense attorneys is revealing. Two-thirds of the judges responding believed that motions for competency evaluations were used by the defense to delay trial; however, most of the judges said they granted such motions "unless they believed the motion was being used as a transparent delay tactic" (Roesch and Golding, 1978). Questioned about their reasons for requesting competency evaluations, most attorneys were unclear or gave reasons suggesting motives unrelated to concerns about competency.

2.4 Client-Offenders

Individuals who are involved in the criminal justice process as convicted criminals or alleged offenders, and whose mental condition has been questioned.

Client-offenders are criminal offenders or alleged offenders whose mental health has been questioned by criminal justice authorities. This group includes, but is not limited to, (1) persons brought to a mental hospital by a police officer who observes the person engaging in bizarre behavior; (2) persons who may be incompetent to proceed with trial; (3) defendants found not guilty by reason of insanity; (4) persons adjudicated under special statutes as, for example, "sexually dangerous individuals"; (5) convicted offenders receiving mental health treatment as part of their probation program; and (6) sentenced offenders who have become mentally disturbed while incarcerated.

"Client-offender" may not be the best term to describe criminal offenders and alleged offenders in need of mental health services. The word "client" denotes a voluntary, therapeutic relationship with a mental health professional--a situation not always applicable in the criminal justice process. Further, the word "offender" suggests that the individual already has been adjudged guilty. Nevertheless, awkward as it may be, the term "client-offender" is used here to encompass all potentially mentally disabled persons who are variously involved in the criminal justice and mental health systems.

2.5 Mental Health Personnel

Persons representing the mental health system who are charged with the responsibility of conducting the process of screening and evaluation.

Mental health personnel include psychiatrists, psychiatric interns, clinical psychologists, neurologists, psychometricians, social workers, jail guards, medical security officers, counselors, and their agents. They may conduct their work in public or private psychiatric hospitals, detention centers, diagnostic centers in jails and courthouses, or community and regional mental health centers.

Mental health personnel may possess no formal mental health experience or training. On the other hand, minimum qualifications and training may be regulated by law, and forensic mental health examiners may be subject to licensure and certification. Most states authorize only psychiatrists or clinical psychologists to perform evaluations, although at least one state (Tennessee) permits social workers, nurses, and even lawyers to do forensic evaluations in certain circumstances (Petrila, 1980). Laws in some jurisdictions are quite specific regarding who may perform particular types of examinations. In California, court-ordered examinations of "mentally disordered sex offenders" must be conducted by two or three "clinical psychologists, each of whom shall have a doctoral degree and at least five years of postgraduate experience in the diagnosis of emotional and mental disorders," or by a medical doctor who has "directed his professional practice primarily to the diagnosis of and treatment of mental and nervous disorders for a period of not less than five years" (California Welfare Code §6307).

In other states, requirements are more vague. In Virginia, competency evaluations are performed by judge-appointed "psychiatric committees" containing "one or more physicians skilled in the diagnosis of insanity" (Virginia Code §19.2-169). At least one court has recognized a minimum degree of proficiency in the English language sufficient to enable effective communication with client-offenders as a necessary qualification for forensic evaluators (Beran and Toomey, 1979, p. 43). Seymour L. Halleck suggests the reality of the issue:

The issue of psychiatrists understanding the English language is a serious one. Forty percent of American psychiatrists are foreign medical graduates and on the eastern seaboard that number is sixty percent. Many foreign graduates are superb psychiatrists, some of our better psychiatrists, but as a rule they have serious problems with the English language. On a site visit to Florida, I actually saw a patient labeled as delusionary because she told the psychiatrist at the beginning of the interview that she had butterflies in her stomach. These are serious, real issues. Some psychiatrists who work in our forensic units are superb, but many of them have serious problems with the English language. (commenting on a paper presented by Nicholas Kittrie in Beran and Toomey, 1979, p. 52)

The expertise of mental health evaluators is often challenged in the courtroom (see Perlin, 1980). Attorneys are coached in model cross-examination techniques and are advised to probe in such areas as past and continuing education, licenses, certifications, employment, professional affiliations and contributions, and facility with statistical techniques and "learned treatises" (Poythress, 1978). All this may indicate an increasing skepticism about the use of clinical concepts and clinical personnel in the resolution of such legal questions as criminal responsibility and competency to stand trial (Beran and Toomey, 1979, p. 86).

Mental health personnel may provide screening and evaluation services to the courts through a variety of arrangements. They may serve as independent examiners acting at the request of the client-offender at his own, or the state's, expense. Court clinics or mental health workers on the court's staff may perform the necessary evaluations, or a contractual arrangement with mental health facilities or individuals may provide the vehicle for the provision of mental health screening and evaluation services. Mental health personnel employed to conduct screening and evaluation may be securely enmeshed in the bureaucracy of the mental health system, the criminal justice system, or both.

2.6 Delineating

The procedures involved in defining the psycho-legal questions, delimiting the information about the client-offender required by the criminal justice authorities, and determining the scope of the screening and evaluation process.

The nature of a mental health evaluation requested by a court often is not clear to the mental health personnel called upon to conduct the evaluation. To some extent, the procedures to be followed in screening and evaluation are specified in criminal procedure and mental health statutes. But statutory guidelines vary greatly. For example, Massachusetts law states that the purpose of pretrial psychiatric examination is "to aid the court in determination of the defendant's competency to stand trial and/or in the determination of criminal responsibility" (Massachusetts Department of Mental Health, 1971). The Massachusetts law is unusually explicit, as noted by Geller and Lister (1978, p. 54):

During the commitment period the psychiatric facility is requested to examine the patient in depth and comment on the following: 1) the presence of mental illness (defined by the law as "a substantial disorder of thought, mood, perception, orientation, or memory, which grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but shall not include alcoholism"), 2) whether or not the defendant is competent to stand trial, 3) whether or not the defendant is criminally responsible (e.g., whether the evaluator feels the defendant was responsible for his or her actions at the time the crime was committed), and 4) recommendations to the court regarding treatment. Recommendations to the court include no further treatment, outpatient treatment, voluntary inpatient treatment, or commitment. The report of the psychiatric facility is to be returned to the court on a standard form. The court's questions, e.g., questions regarding mental illness, competency, criminal responsibility, and recommendations, are explicitly stated on this form.

Generally, states' laws concerning screening and evaluation outline the constraints of the evaluation process and in essence define the client-offender population to be served (Beran and Toomey, 1979, p. 148). Statutory guidelines, however, are often imprecise and may cause confusion, in both the criminal justice and the mental health systems, about mental illness, which is a particular clinical condition, and about competency to stand trial and insanity, which are legal conditions. The distinctions between competency and insanity also may be blurred in law. For example, the Florida Rules of Criminal Procedure (Rule 3.210), in effect in 1977, did not define competency to stand trial in terms of the defendant's ability to understand the nature of the charges or the capability to assist counsel, but instead used the terms "sanity" and "insanity" (cf. Williams and Miller, in press). Another peculiarity of this Florida law, sure to bewilder mental health personnel, is the requirement of not-guilty-by-reason-of-insanity adjudication following a finding that there is no substantial probability that a defendant will become competent to stand trial within the foreseeable future.

Communication between the judge and the mental health personnel should be lucid and complete, but is often incomplete and flawed. For example, "[r]equests for evaluation on the incompetency issue often solicit reports containing only psychiatric diagnoses or other clinical assessments of the defendant's affliction with psychiatric disorders" assert Beran and Toomey (1979, p. 76). The precision with which the court poses the psycho-legal question for the mental health personnel, noting specifically what information is needed and for what purpose, is crucial to the success of the screening and evaluation process.

Delineating the screening and evaluation process is also influenced by what has been referred to as the "socialization of the law" (Perlin, 1980) as contrasted with written rules of substance and procedure. For example, a hospital commitment of a criminal defendant before trial may be formally made to evaluate competency to stand trial, but in practice such hospitalization may be used as a final disposition of a troublesome defendant. Geller and Lister (1978, p. 57) assert that such hospitalization for "evaluation of competency and criminal responsibility is becoming increasingly responsible for the involuntarily incarcerated state hospital population."

2.7 Acquiring

The actual procedures, techniques, tests, and other data gathering instruments used to collect information about the mental condition of client-offenders.

The approach taken to forensic evaluation differs markedly among agencies and among individual examiners. Each case may dictate a different method depending upon the nature of the case, the behavior of the client-offender, the information requested by the court, the resources available for the evaluation, and the skills of the mental health professional conducting the evaluation. Although many writers have proposed preferred or even "ideal" forensic evaluation procedures

(e.g., Gerard, 1974; see also Bonnie and Slobogin, 1980, Note 204), there seems to be little consensus on the minimum criteria for an adequate evaluation and "much research must be carried out before more than tentative proposals can be advanced" (Bonnie and Slobogin, 1980, p. 496).

Methods for acquiring information range from sophisticated objective testing to quick subjective judgments. The mainstay of the screening and evaluation process is the clinical interview, typically conducted by a psychologist or psychiatrist, and supported by psychological testing, the gathering of a social history, and a medical examination. The total medical examination may include a physical examination, blood tests, urinalysis, a neurological evaluation, and x-rays, to explore physical causes of symptoms of mental disability. Psychiatric and psychological interviews with the client-offender reveal information about present illness, past history, social history, and family history. Attention may be focused on the individual's understanding of the alleged crime or on present ability to assist an attorney in presenting a defense. An interview with a family member or other person close to the client-offender may be conducted to verify the client-offender's statements and gain a fuller appreciation for his or her orientation. The mental status examination entails observations of the client-offender to determine general appearance and behavior, speech, mood, or affect.

The style and format of the clinical interview are dictated by the reasons for referral, specific referral questions, the nature of the case, the background, experience, and preference of the examiner, as well as the client's behavior during the interview. The interview may begin with several inquiries designed to build rapport, followed by a brief statement explaining, in effect, that the examiner is assisting the court to assess mental problems. This may be followed by a number of pointed questions (Why are you here? What happened in the past? When? Are you on medication?) that prompt responses, discussion, and more questions, such as the following posed in one presentence psychiatric evaluation observed by one of the authors in the Pima County Court Clinic, Tucson, Arizona.

- o You know, of course, that you will be sent to prison or placed on probation? What will you do while on probation?
- o Are you having problems in jail? Sleeping? Are you hearing voices?
- o How is your health?
- o Did you have trouble in court?
- o Do you know today's date? Time?
- o What does "No use crying over spilled milk" mean?
- o Where are your folks now?

- o How far did you go in school?
- o Have you been able to work? What do you like to do?

Critical questions from the Minnesota Multiphasic Personality Inventory (i.e., those framing problems areas such as depression, suicide, persecution, family discord, and alcohol problems) are sometimes used in the clinical interview. When the referral question concerns competency to stand trial, the clinical interview may include the administration of checklists, tests, or sections of instruments for the assessment of competency to stand trial.

A battery of psychological tests may be administered to assess intelligence and cognitive and perceptual functioning, as well as to confirm judgments based on the case history, interviews, and observation. Frequently used tests include the Wechsler Adult Intelligence Scale, the Bender Gestalt, the Rorschach and projective drawings, the Color-Form Sort, and the Thematic Apperception Test or TAT (Miller, Dawson, Dix and Parnas, 1971); also used may be the Minnesota Multiphasic Personality Inventory (MMPI), the Rotter Sentence Completion Test, the Quick Test of Verbal Ability, the Object Relations Technique, the House-Tree-Person Test, the Draw-a-Person Test, the Lawrence Mental Competency Test, the Legal Dangerousness Scale, and the Competency Assessment Instrument (NIMH, 1973). Vocational tests may also be administered. Finally, staff conferences may be held to integrate the information obtained.

In addition to physical examination, observations, clinical diagnostic interviews, the administration of psychological tests, staff conferences, and professional judgments--procedures typically performed by mental health workers regardless of the criminal involvement of the individual--mental health workers also may be asked to comment on the applicability of legal concepts or tests, such as those for criminal responsibility and competency to stand trial. The confusion of legal concepts with mental health concepts has been a problem identified for at least one group of mental health workers (Poythress, 1979) and complicates the roles of the medical and legal professionals in the decision-making process.

What are the legal implications of acquiring information from the defendant during forensic evaluation and from "third party" sources of information? Bonnie and Slobogin contend that "[t]he most powerful legal disincentive to full disclosure is the defendant's fear that what he says during the forensic evaluation will be used against him in court" (1980, p. 497; see also Popiel, 1980). The law, in many jurisdictions, does little to encourage full cooperation by the client-offender by failing to assure sixth and fifth amendments rights--i.e., the right to a competent forensic evaluation for the purpose of establishing the most appropriate defense, and the right to keep silent during the evaluation. And, not surprisingly, protection of the defendant's rights varies according to the economics involved. For example, an affluent defendant's statements to a private psychiatrist retained by counsel are protected by the attorney-client privilege until such time as counsel chooses to submit

clinical evidence (see Bonnie and Slobogin, 1980, pp. 497-503; Saltzburg, 1980). Indigent defendants, evaluated by mental health professionals in state forensic units, may be offered fewer protections against the prosecution's use of incriminating disclosures of information acquired during evaluation. As stated by Bonnie and Slobogin (1980, p. 499),

[A] defendant must choose between his fifth and sixth amendment rights. If he remains silent, or is cautious about the information he reveals, he may forfeit the adequate evaluation necessary to determine whether he can successfully raise a clinically based defense.

2.8 Providing

The procedures involved in the actual transmittal of information acquired by the mental health system to the criminal justice authorities.

Perhaps nowhere else in the screening and evaluation process are the discrepancies between practice and formal legal requirements more noticeable than in the provision stage. Often there is little relationship between the information requested by the court and that provided by mental health personnel. The information provided to the court may not only be short of that required by the psycho-legal question, but also may be discrepant with that actually acquired by the mental health personnel. The observations of Geller and Lister (1978) illustrate persistent difficulties related to the provision of information:

The first step of the commitment process is an evaluation of competency and/or criminal responsibility done at the court by a psychiatrist designated to be forensically qualified. At the central district court in Worcester [Massachusetts], the following instructions appear at the desk where the examining psychiatrist writes his report. "Attention Psychiatrists: There is a question of his competency to stand trial and his criminal responsibility at the time of the alleged crimes. (The above must be put in your statement upon examination of patients.)" In spite of the forensic qualifications of the examining psychiatrists and in spite of the explicit directions supplied, 65% of the reports made no mention of competency, and 93% of the reports made no mention of criminal responsibility. (pp. 57-58).

Difficulties in providing information are further compounded by non-specific statutes. For example, in Wisconsin,

[i]n criminal competency examinations, the report of examination is not statutorily required to be based upon any specified level of professional certainty.

It is not required to recommend any particular method or modality for restoring an incompetent defendant to competency, nor even to include an opinion as to the prospects for the defendant's regaining competency within the foreseeable future (Fullin, 1978).

Typically, mental health personnel prepare written reports for the court and sometimes testify as expert witnesses regarding the mental fitness of client-offenders. Mental health personnel, researchers and practitioners alike, are relatively uninformed about how criminal justice authorities utilize evaluation reports. It seems that the two groups of professionals rarely communicate about the services they exchange, except for perhaps an occasional, informal telephone call from a judge seeking clarification of a written report.

It may be that the more thorough and understandable the written evaluation report provided to the court, the less likely it is that the evaluator is subpoenaed to testify. In fact, a measure of the effectiveness of forensic mental health evaluation may be the ratio of written reports acceptable to the court, to the number of requests for courtroom testimony by psychologists and psychiatrists. Laban, Kashgarian, Nessa, and Spencer (1977) discuss such a measure in their assessment of mental health evaluations of competency to stand trial. The perceived value of a forensic report also may be measured by its timeliness, that is, whether or not the report accompanies the client-offender who may be moving between the criminal justice and mental health systems. In states that conduct preliminary precommitment examinations (following which the accused is either brought to trial or committed to an institution for further examination), the client-offender often arrives at the receiving institution for further examination with no written report of the precommitment evaluation. Of 87 commitments to Worcester State Hospital in Massachusetts in 1975, 20 percent arrived without reports of the precommitment evaluations performed by the court psychiatrist (Geller and Lister, 1978). As one Virginia psychiatrist on the receiving end remarked, "I don't know whether to look in the attic or in the basement when a patient comes in."

Finally, the practice of providing evaluative clinical opinion about a client-offender's mental health to the prosecution, as well as to the court and the client-offender's attorney, is constitutionally questionable. (In Virginia, as in many states, a state psychiatrist's report pertaining to client-offender's criminal responsibility goes automatically to the prosecution and the court, as well as the defense, even if the defense initiated the request for the evaluation [Bonnie and Slobogin, 1980, Note 211].)

2.9 Decision-Making in the Criminal Justice System

The process of choosing among the options available to the criminal justice system for dealing with suspected mentally ill offenders.

Brooks (1974) has enumerated seven general categories of legal options available for dealing with the mentally ill offender: 1) excuse of the offense, or acquittal by reason of insanity, followed by release or confinement by means of civil commitment procedures (some states provide for criminal commitment following an NGI verdict); 2) criminal commitment after a finding of diminished capacity due to mental illness and conviction of a lesser included offense; 3) confinement in a criminal hospital, and perhaps later in a civil hospital, after a determination of incompetency to stand trial; 4) conviction of the crime charged (perhaps after a "guilty but mentally ill" verdict) and confinement in a special institution or hospital designed to deal with a special category of offenders, such as dangerous offenders, sex offenders, or habitual offenders; 5) original conviction and subsequent transfer from prison to a hospital for criminally insane persons; 6) involuntary civil commitment, although offenses and criminal charges may be involved; and 7) straight conviction for offenses, and disposition (probation, parole, etc.) based on mental condition. The client-offender may also be released or placed in a community-based, non-residential treatment program.

2.10 Criminal Justice Authorities

Prosecutors, defense attorneys, judges, corrections officials, and their agents involved in decision-making concerning client-offenders.

Depending upon the extent of the client-offender's penetration into the criminal justice system (e.g., pretrial, presentencing) and the issue before the court (e.g., competency, criminal responsibility, diminished capacity, or appropriate sentencing), a variety of individuals with various roles within the criminal justice system may be involved in initiating and facilitating screening and evaluation decisions. For example, if a client-offender is incarcerated, a jail paramedic or sheriff may bring the inmate to the attention of mental health personnel if a mental examination is indicated. In the courtroom, usually upon motion of either party or upon his or her own initiative, a judge may order a mental examination. In some states, statutes both specify who may raise questions of criminal responsibility and competency to stand trial, and detail the procedures for doing so; in other states, the statutes are silent on the issue. Generally, attorneys, judges, corrections personnel, mental health workers, and client-offenders themselves usually are the ones to raise the issue of mental health.

2.11 A Conceptual Framework

The foregoing definition and its nine key elements can be imposed on a simple conceptual framework of three processes characterizing screening and evaluation--delineation, acquisition, and provision. Delineation and provision of information subsume almost all the interactions of the criminal justice system and the mental health system in the screening and evaluation process.

Delineation, as noted earlier in the definition, includes all activities, standards, rules, and established proceedings which serve to define and focus the legal-psychological question before the criminal justice authorities. Provision, simply, involves the transfer of the information acquired by mental health personnel to the requesting agent or agency. Obviously, delineating and later providing mental health information necessitates communication between the two systems. The delineation and provision phases thus provide, from the perspective of the criminal justice system, perhaps the greatest opportunity for relatively inexpensive and expedient improvement in the screening and evaluation process. Raising the issue of mental health and using the information provided remain largely the domain of the criminal justice system. Acquisition, the activity of gathering the mental health information about a client-offender, on the other hand, is often viewed by criminal justice personnel as a black box whose inner workings are known only to mental health professionals. As a result, instituting changes in the acquisition of mental health information is relatively difficult for criminal justice authorities and would better result from the efforts of mental health personnel. Viewed in such an operational manner, the stage for reform in the process of screening and evaluation is set.

3.0 PURPOSES, POINTS OF APPLICATION, AND RESOURCE ALLOCATION FOR MENTAL HEALTH SCREENING AND EVALUATION IN CRIMINAL JUSTICE: A SURVEY

3.1 Introduction

Presented below are the findings from a brief telephone survey of 121 programs throughout the country involved in forensic mental health screening and evaluation. The survey was intended to generate information about the manner in which screening and evaluation is conducted in various settings. No attempt has been made to provide comprehensive discussion of all the data collected, nor is it suggested that these data create a complete picture of screening and evaluation of offenders. Some of the salient aspects of the forensic evaluation units surveyed--purposes, point of application, caseload and personnel--are discussed. Much of the discussion, however, simply raises questions that we hope will serve a heuristic purpose. Each program discussed in this section is summarized in Appendix A.

3.2 Method

The survey was conducted as an initial phase of the National Center's NEP Phase I research in the area of screening and evaluation. Its focus was on program identification, program description, and hypothesis generation. The selection of programs was much closer to what can be described as theoretical sampling than to traditional statistical, representative sampling.

Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges . . . The initial decisions are not based on a preconceived theoretical framework. (Glaser and Strauss, 1967, p. 45)

3.2.1 Initial Sample of Forensic Projects

The initial focus of the National Center's assessment of screening and evaluation practices was on projects funded by the Department of Justice (DOJ) relating to mental health services. The search for projects began with PROFILE printouts of all grants and subgrants awarded in the area of mental health services in recent years. The PROFILE system is a computerized database management system under the control of the Department of Justice, and succeeds its Grant Management Information System (GMIS). Printouts for individual projects identify grant information and usually provide a brief abstract of the proposed project.

PROFILE printouts showed projects that have received block awards since 1974 or nonblock awards since 1969. The listings reviewed were current as of October 19, 1979. Indicated as having received block funding (categorical funds passed to or through state agencies for criminal justice purposes) were 1,583 projects, which were given a total

of \$102,499,390 in grant monies. The nonblock awards (generally discretionary grants) printout listed 101 projects, with grant monies totalling \$16,843,957.

The procedures used to select projects for examination basically involved (1) identifying projects with PROFILE titles or summaries containing specified key words, and (2) excluding those projects falling into certain categories. Projects having titles or summaries containing at least one word from each of the lists of key words appearing in Table 1 were initially identified. All projects apparently involving inmate classification or intake screening were also selected, whether or not the key word criterion was satisfied. Of those projects sampled on these bases, any project falling into one of the categories set out in Table 2 was excluded.

By this process, approximately 450 block-funded and 28 non-blockfunded projects were identified. In order to reduce the sample size to a manageable one, projects having received awards before 1977 were excluded from consideration. As a consequence, the sample was reduced to 153 projects, 149 with block awards and four with nonblock awards.

3.2.2 Exclusion and Additions to Sample

The use of key words and phrases in PROFILE project titles and project abstracts is an imprecise procedure for identifying mental health screening and evaluation projects. PROFILE information was compiled at the time of the grant award, and the project summary was abstracted from the grant application. In general, the information contained in PROFILE descriptions is quite meager, making selection and classification a difficult task. Relevant projects may be excluded, while irrelevant projects may be included. Since the goal of this effort, however, was not to provide a comprehensive survey of such projects but rather to draw a sample from which to define current practices, the initial sample was deemed sufficient with some sample editing. Relevant projects (including those not funded by DOJ) were added to the survey sample when they were suggested by respondents during telephone interviews. These additions partially replaced those projects in the initial sample that were eliminated. By means of this field input, considerable flexibility was provided for eliminating initially selected but irrelevant projects and adding previously undiscovered, relevant ones.

Of the 153 projects initially satisfying the selection criteria, a total of 58 were subsequently excluded from the sample. Twenty exclusions were duplications in the PROFILE sample due to continuation funding; 10 projects were defunct; 25 projects performed no screening and evaluation or served primarily juveniles, alcohol or drug abuse programs, or were projects that appeared to fall into the exclusion categories (Table 2) only after more complete or accurate information was obtained about them; and repeated attempts to obtain information about 3 projects proved unsuccessful.

Table 1

Key Words Appearing in PROFILE Titles or Summaries

List A	List B
diagnosis forensic mental health psychiatric psychological	assessment care classification counseling court clinic evaluation placement procedure program referral screening services testing therapy transfer treatment

Table 2

Categories of Excluded Projects

-
- (1) juvenile justice projects
 - (2) projects primarily concerned with education or screening of justice system employees (police, correctional officers, etc.) or other non-offenders (victims, witnesses, etc.)
 - (3) projects primarily concerned with alcohol or drug abuse
 - (4) projects involving medical screening only
 - (5) exclusively research-oriented projects
 - (6) primarily treatment-oriented projects (see Note)
-

Note: Unless the List A key word requirement was satisfied by the word "diagnosis"; or the List B key word requirement was satisfied by "screening," "evaluation," or "testing"; or the word "referral" was used with respect to the mental health aspect of the project (or it appeared that referral to mental health services was an aspect of the project).

A total of 26 projects were subsequently added to the sample as a result of responses to telephone survey Question 14: "Do you know of any other criminal justice mental health screening and evaluation programs that seem particularly effective or that are particularly innovative?" The final sample thus consisted of 121 forensic evaluation projects of which 95 were selected from the PROFILE and 26 were added at the suggestion of survey respondents.

3.2.3 Survey Respondents Identification

Introductory letters were sent to each of the 149 block grantees initially identified in the PROFILE sample in order to identify potential respondents to the survey. (The 4 nonblock grants were already identified by the name of a project director in the PROFILE and therefore did not require the identification of contact persons.) Each letter contained a summary of the goals of the Mental Health Services Evaluation, a copy of the individual project's PROFILE entry describing the grant award, and a request that the name and number of an individual capable and willing to answer a few questions about the identified project be supplied by return mail. A total of 103 contacts were identified in this manner as a result of two sequential mailings. The names of contacts for the balance of the projects were obtained by telephone search.

3.2.4 The Questionnaire

The questionnaire requested information about overall project objectives, target populations of the projects, descriptive data specific to screening and evaluation activities, and other supplementary information. Questionnaires were administered informally over the telephone by five interviewers during the period December 1979 through February 1980.

3.3 Results and Discussion

The results are presented under eight topics: 1) purposes; 2) stage(s) in the criminal justice process at which screening and evaluation take place; 3) facilities where screenings and evaluations are conducted; 4) caseload; 5) staff size and composition; 6) problems encountered by the project; 7) respondents' views toward innovation; and 8) program evaluation history of the project.

3.3.1 Purposes

Respondents were asked whether any of seven categories of functions was a purpose of their projects and if so, whether the purpose represented a major or minor purpose. Table 3 summarizes responses to this question. The modal response was in the category of treatment; 105 respondents (87 percent) indicated that a purpose of their project was determining whether client-offenders needed "treatment" for mental health problems; 83 (69 percent) said that treatment was a major purpose. Approximately half of the respondents indicated that facilitating decisions concerning the use of pretrial diversion (47 percent), making input to sentencing decisions (52 percent), or screening for inmate

Table 3

Percentage of Mental Health Screening and
Evaluation Units with Major and Minor
Purposes in Various Function Categories

Category	Purpose		
	Major	Minor	Combined
Treatment	69	18	87
Sentencing	29	23	52
Prisoner Intake Screening	36	11	47
Pretrial Diversion	26	21	47
Competency	23	17	40
Criminal Responsibility	17	15	32
Parole	10	21	31
Other	7	8	17

N = 121

classification and intake (47 percent) were purposes of their projects. About one-third indicated that their projects were aimed at determinations of competency (40 percent), determinations of criminal responsibility (32 percent), or facilitating parole decisions (31 percent). Other purposes indicated were determinations of fitness for vocational education programs, work release programs, examinations of offenders on probation, and post-release treatment referrals.

A comparison of the percentage of respondents reporting competency determinations (40 percent) as a major or minor purpose with the percentage reporting criminal responsibility (32 percent) is intriguing in light of the view that the issue of competency is far more important than criminal responsibility, at least insofar as the issue of competency is called into question more than ten times as often as the insanity defense is used in criminal proceedings (Laban, Kashgarian, Nessa, & Spencer, 1977; Morris & Hawkins, 1970; McGarry, 1971). However, the forensic evaluation for the defense of insanity tends to be more time consuming and often involves courtroom testimony by mental health personnel (Laban et al., 1977).

Fifty-five (44 percent) of the projects can be characterized as comprehensive in that they were described as having at least five purposes (major and minor purposes combined) or at least three major purposes indicated in Table 3. Twenty-one (17 percent) had more than five purposes, either major or minor. An example of a comprehensive project is the Summit County Forensic Center in Akron, Ohio. This community forensic center provides comprehensive mental health screening and evaluation at various stages in the criminal justice process. The staff performs court-ordered evaluations for competency and insanity hearings, provides presentence reports, and advises the courts on probation and parole supervision. The center serves offenders incarcerated through the municipal and common pleas courts. Its staff of seven, mostly part-time psychiatrists, psychologists, and social workers, handles approximately 35 cases per month.

3.3.2 Stages in the Criminal Justice Process

Screening and evaluation may occur for various reasons at any of several stages in the criminal justice process: before or during trial, between trial and final sentencing, after sentencing and upon first entering jail or prison, and during or after incarceration. Seventy-six of the units surveyed (63 percent) indicated activity at the pretrial stage; 59 (49 percent) provided input to the courts between trial and sentencing; and 67 (55 percent) were involved in general intake screening or inmate classification as offenders first entered jail or prison. Half of the projects conducted screening and evaluation during and/or after a prisoner's confinement in jail or prison: 61 (50 percent) respondents indicated that their programs involved mental health screening and evaluation during incarceration; and 15 projects (12 percent) conducted screening and evaluation at the probation and parole stages, including preparation of inmates for release or transfer to halfway houses.

Thirty projects (25 percent) indicated that they conducted forensic mental health screening and evaluation at all four stages, i.e., pretrial through incarceration. An additional 20 projects (17 percent) were active in three stages, i.e., pretrial, sentencing, and during imprisonment. Thirty-three projects (27 percent) conducted their work in only two stages of the criminal process, and 38 projects (31 percent) operated only at a single stage. Of those specialized projects with activities at only one stage in the criminal process, the majority operated at the pretrial or jail/ prison intake stage. These specialized projects tended to have a singular purpose such as determination of treatment alternatives, pretrial diversion, or job placement in the community after release.

If one restricts the earlier definition of "comprehensive" forensic units (i.e., five purposes, major and minor combined, or at least three major purposes) by excluding programs occurring in less than three stages of the criminal process, 34 (28 percent) programs qualify. Thus, a little more than one quarter of the projects surveyed are comprehensive in that they conduct screening and evaluation for most purposes and involve client-offenders in several stages of the criminal process.

3.3.3 Facilities

Forensic screening and evaluation are conducted in various locations: mental health institutions, court clinics, community-based correctional facilities or forensic units, community mental health centers, jails, and hospitals. Of a total of 121 projects surveyed, 84 projects (69 percent) conducted screening and evaluation in a single type of facility; 29 (24 percent) in two separate types; and 8 projects in three or more types of facilities. The most common places for screening and evaluation were local jails or detention centers, followed by state prisons and courts. Table 4 summarizes survey respondents' answers to the question of the facilities where most screening or evaluations for their project are conducted.

The relatively large percentage (28 percent) of responses in the "other" category of facilities (see Table 4) suggests a certain makeshift, non-standard character in the conduct of screening and evaluation conducted by many projects. Examples include probation department, city building, private offices of psychiatrist and psychologist, halfway house, "field office," special diagnostic and evaluation center, police building, scene of crisis, public defender's office, converted sorority house, and special project office.

3.3.4 Caseload

Respondents were asked to indicate the average monthly caseload of the projects that they represented. The total monthly caseload of the 120 projects reporting this information was about 17,000. Figure 1 summarizes the monthly caseload of the surveyed projects as reported by the respondents. More than half of the surveyed units have an average

Table 4
Percentage of Projects Involving Forensic
Mental Health Screening and Evaluation
by Types and Number of Facilities Involved

Facility	N	Percentage
Type		
Court	19	16
Local Jail or Detention Center	71	59
State Correctional Facility	22	18
Community Clinic or Center	16	13
Hospital ^a	9	7
Other	34	28
Total ^b	171	
Number		
Single	84	69
Two	29	24
Three or More	8	7
Total	121	

^aIncluding forensic units within hospitals.

^bA project could operate in more than one facility; multiple responses possible.

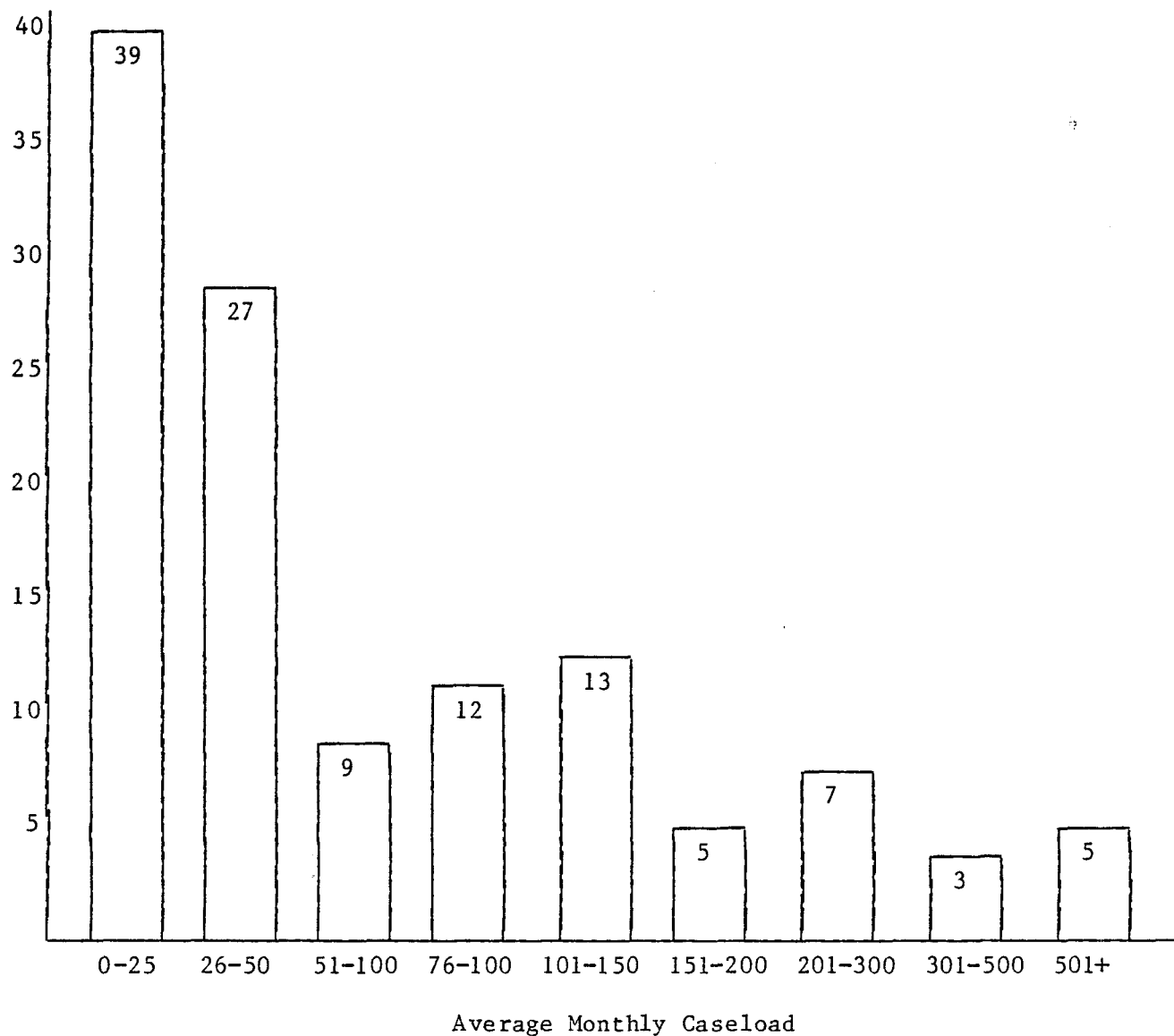


Figure 1. Distribution of monthly caseload of 120 forensic mental health screening and evaluation units.

monthly caseload of less than 50 client-offenders, with the modal response category being 0-25. Caseloads range from 3 to 4000 monthly, with a median of 40.

Caseload differences among programs can be understood in the context of debate among mental health personnel about the appropriate role of treatment versus screening and evaluation services provided by forensic units, assuming that treatment is generally more time and resource consuming than evaluation. According to Beran and Toomey (1979), some directors of forensic units in Ohio believe that treatment and evaluation are of equal importance, while others believe that while treatment is a legitimate activity it clearly takes a much lower priority than screening and evaluation services. Others simply believe that treatment has no place in community forensic units. The different views of the relative importance of screening and evaluation, as compared to treatment, may be reflected in the caseloads of two community forensic units described by Beran and Toomey (1979, p. 121): one center's caseload was reported as 50 percent screening and evaluation and 50 percent treatment, while another center's caseload was approximately 1 percent treatment over a 17-month period.

No clear relationships between caseload size and project purpose, stages in the criminal process and facility type, seem evident. Even the expected relationship between caseload and staff size was not in evidence. An exception occurs in the projects handling extremely large caseloads. The profiles of the eight projects with the reportedly largest monthly caseload, where one might logically expect to see some similarities suggesting patterns of relationships, are displayed in Table 5. Several characteristics common to forensic units with large caseflows are suggested by this table: (1) they tend to be located in large metropolitan areas; (2) they tend to be housed in local jails or state prisons, facilities equipped to accommodate large numbers; (3) their major purposes are inmate screening and classification, treatment, or pretrial diversion; (4) most employ largely psychologists; and (5) they tend to have small staff-client ratios, suggesting only screening and cursory mental health evaluation.

3.3.5 Staff Size and Composition

The median staff size of the 121 projects surveyed was 4 persons engaged in screening and evaluation, with a range from the full-time equivalent of less than one staff member to a total of 50 staff members. Only 13 projects had staffs exceeding 15 individuals.

Psychiatrists, psychologists, and social workers were the three professional groups predominantly involved in conducting screenings and evaluations. Forty-six projects (38 percent) employed psychiatrists, 67 (55 percent) employed social workers, and 78 projects (64 percent) employed psychologists. Beyond these three professional groups, the list of personnel types is diverse, including persons with various titles: psychometric technician, counselor (with degree in political science), psychological intern, law enforcement officer, screener, case manager,

Table 5

Profiles of Forensic Mental Health Screening and Evaluation Projects
with an Average Monthly Caseload of 300+ Client-Offenders

Project	Location	Caseload	Major Purposes	Criminal Process Stage	Facilities	Staff	
						Size	Composition
1	Chicago, IL	4000	inmate screening treatment	pretrial intake incarceration	local jail	10	psychologist psychiatrist social worker
2	Newark, NJ	1500	inmate screening treatment	intake incarceration	state prison	3	psychologist social worker other
3	Frankfort, KY	950	pretrial diversion	pretrial	local jail	3	diversion officer
4	Birmingham, AL	800	inmate screening treatment	pretrial intake	local jail	6	social worker
5	Atlanta, GA	580	sentencing inmate screening parole treatment	pretrial sentencing intake	court local jail state prison other	50	psychologist social worker behavioral specialist
6	Columbia, SC	400	inmate screening parole	intake	state prison	10	psychologist psychometric technician
7	Kansas City, MO	400	pretrial diversion inmate screening treatment	pretrial intake incarceration	local jail	5	psychiatrist intake screeners
8	Cleveland, OH	400	inmate screening treatment	intake	local jail	4	psychiatrist psychologist social worker

probation officer, defense attorney, sheriff, treatment team member, behavioral clinician, educational coordinator, mental health nurse, diversion officer, priest, minister, college student, mental health specialist, vocational services counselor, human resource technician, chief of security, counseling therapist, rehabilitation officer, correctional officer, nurse, and attorney.

The staffing patterns of the six community forensic units described by Beran and Toomey (1979) suggest a similar diversity of backgrounds, experience, and disciplines:

The directors of three centers, Butler, Dayton, and Toledo, possessed master's degrees in social work and the directors of the two other centers, Akron and Columbus, had master's degrees in psychology. The center in Cincinnati was administered by a clinical director with an M.D. and a clinical coordinator with a master's degree in social work. Staff size ranged from 20 to 7, with consultants and part-time employees comprising the majority of the personnel. Typically the full-time personnel were psychologists and social workers. Psychiatrists worked primarily on a consulting, part-time basis. (p. 122)

3.3.6 Problems and Noteworthy Aspects of Projects

The survey was partly designed to provide initial information that might guide later research. Two questions answered by the respondents were particularly relevant: "In your opinion, what aspect of your program is especially noteworthy or unique with respect to screening and evaluation?" (Survey Question No. 11) and "What is the biggest problem, if any, that hinders the program's work?" (Survey Question No. 12). These were designed to draw out facets of the operations of screening and evaluation projects that may not be evident from the literature or other sources of background information. The questions were not, of course, intended to bring forth more than a small portion of the variables that must be considered in an evaluation design. As will be discussed in the next section, one interesting finding, derived partly from responses to Question 11, is that the respondents typically conveyed little knowledge about innovations in the forensic mental health screening and evaluation.

Typically, respondents emphasized problems caused by people or events outside the control of program staff. The great majority of the problems mentioned were, in essence, lack of support of the program by others. Table 6 lists categories of responses and percentages of respondents providing answers in those categories.

It should be expected, perhaps, that the great majority of the problems mentioned are the result of outside forces and not of the programs' personnel. This suggests for evaluators the obvious warning that a participant is likely to stress failures for which he or she is

Table 6
Percentage of Respondents Indicating Problems in
Various Program Areas

Problem	Percentage	
More resources needed		
Needs more funds	20	
Needs more staff	15	
Needs more space or facilities	11	46
Lack of cooperation or support from others (other than lack of resources given)		
Coordination or, usually, cooperation problems with police, jailors, and others with whom the program interacts	20	
General lack of community support for the program	9	
Problems caused because people outside the program control who gets placed in the program	8	
Delay problems caused by people outside the program	4	41
Other special problems caused by the program's environment		
Shortage of places to refer clients, including lack of community supporting services	6	
Travel problems--bringing clients to the program, or staff traveling to clients	5	
Other	8	19
Problems potentially under control of the program staff		14

not accountable. This is an important bias. On the other hand, it also suggests that the outside forces--especially adequacy of funding and cooperation by criminal justice officials--should be given considerable attention in an evaluation design. The effectiveness of a program may indeed be largely determined by the friendliness of its peculiar environment. A different environment--e.g., if the program were in another community--may mean a totally different evaluation result.

It is interesting that many respondents said their programs had problems dealing with criminal justice officials. Perhaps in the same vein, seven respondents (11 percent) indicating "noteworthy or unique" aspects of their programs (in answer to Question 11) mentioned efforts aimed at coordination of the program with criminal justice officials, and another five respondents mentioned the program's relationships with community resources. Hence, the problem of meshing operations of the mental health and criminal justice systems appears to be a major trouble spot, alongside the more publicized problem of meshing definitions of mental health defects. This should be a prime focus of an evaluation design.

Eleven (or 14 percent) of the respondents did mention problems not clearly outside the control of their programs. The most common, given by five, was dissatisfaction with staff quality. Four respondents stated that, for varying reasons, their programs had trouble conducting sufficiently comprehensive evaluations. That this is a major point is supported by the finding that, in response to Question 11, about half indicated that the comprehensiveness of evaluations or the evaluation procedures used was a noteworthy or unique aspect of their projects.

3.3.7 Knowledge of Innovative Procedures

Respondents generally conveyed little knowledge about new or innovative procedures for mental health screening and evaluation. This was indicated primarily in the answers to Survey Question 14, the "snowballing" question, designed to enlarge our sample. The question read: "Do you know any other criminal justice mental health screening and evaluation programs that seem particularly effective or that are particularly innovative?" Only 38 percent of the respondents were able to identify any programs; only 3 percent (four respondents) identified two projects and none mentioned more than two. Many of the references were vague--e.g., a nearby sheriff's office recently initiated a screening program in the local jail.

The answers to Question 14, moreover, suggest that the respondents are insular. Only two mentioned programs outside their own states, suggesting limited information about developments outside their jurisdiction.

Respondents were able to say little about innovative procedures in mental health screening and evaluation. The interpretation of this finding, however, is not clear at this early stage of the study. Perhaps there is little innovation in this area. This would be an important and

startling finding. But a more likely interpretation, based on our initial impressions, is that respondents are not cognizant of work outside their sphere of activity. Illustrative is the fact that the programs identified in response to the snowballing question (Question 14) were almost always in-state programs. Another interpretation problem is that the respondents, typically project directors (and often directors of rather small projects) may have less contact with innovations elsewhere than many other officials involved in mental health screening and evaluation, especially psychiatrists (seldom project directors) and upper-level supervisors. Respondents' inability to mention new or innovative procedures (whether caused by lack of innovations or lack of knowledge by respondent) stands in marked contrast to the extreme problems and uncertainties in forensic mental health as described in the literature on the subject.

3.3.8 Program Evaluation

How should program evaluation of forensic mental health screening and evaluation projects be carried out? This is the essential question of the Mental Health Service Evaluation. On the assumption that at least partial answers to this question may be found in the reports of completed program evaluation efforts, survey respondents were queried as to the availability of research or evaluation efforts focused on their projects' screening and evaluation efforts.

Of the 84 respondents answering the question of documentation of past evaluation efforts, 43 (51 percent) indicated that they were unaware of the availability of reports describing program evaluation results, this in spite of the mandate for program evaluation of federally funded project activities. (See, for example, Law Enforcement Assistance Administration, 1978.) Fifteen respondents (18 percent) indicated that a program evaluation had, indeed, been conducted but a written report of the results was, unfortunately, not available or easily accessible. With the criterion of a completed feedback loop between evaluator and decision makers, the lack of availability to program managers (the majority of survey respondents) of completed evaluation results is the functional equivalent of no program evaluation at all.

Twenty-six respondents (31 percent) indicated that their projects had been evaluated and that written reports of results were available. Reports related to 13 projects were obtained and reviewed. Four of the projects, located in Ohio, were described in a commercially published, widely disseminated evaluation report of a forensic mental health services delivery system in Ohio (Beran and Toomey, 1979). While only four respondents indicated their awareness of this volume and deemed it to be directly germane to program evaluation issues in their project, it has relevance to all 18 Ohio projects surveyed, since it addresses the entire statewide forensic services delivery system.

With the exception of Beran and Toomey, most of the evaluation reports seem to be part of a "fugitive" literature of program evaluation--literature created primarily in service to federal or state requirements

for periodic reports under the topic headings of "program evaluation," "monitoring," or "progress reporting" (Breitmeyer, 1978; Heaton, 1978; Larimer County Community Corrections, 1979; Metropolitan Criminal Justice Planning Unit, 1979; Messina, 1979; Vera Institute of Justice, 1974; Morgan, 1978; Franzese, 1979). Unfortunately, few of these reports seem to provide adequate answers to the question of how forensic screening and evaluation activities can be evaluated.

One such report (one of the more comprehensive ones) of an evaluation of a pretrial services project is illustrative and typical of the fugitive, limited-access literature that is uninspiring for the program evaluator of screening and evaluation projects (Heaton, 1978). To its credit, the report is valuable in that it contains a description of the objectives of the project, a description of the initial screening interviews and the subsequent more intensive mental health evaluation, a flow chart of the court system served by the diversion project, and samples of forms used at various points in the project. But in terms of useful program evaluation information the report is disappointing. In the descriptions of the mental health evaluations, the utilization of five projective tests (Rorschach, the Thematic Apperception Test, the Bender Motor Gestalt Test, the Goldman Memory Test, and the Rotter Incomplete Sentence Test) and five objective tests (the WAIS, WISC, Beta Intelligence Test, the Competency Screening Test, and the MMPI) are discussed. However, of 59 mental evaluations conducted during the first year of the project, 32 were complete mental evaluations utilizing both projective and subjective analysis, and 27 examinations utilized only the MMPI. We are not told what constitutes "complete" evaluation, nor what factors dictated the use of this type of assessment. In describing the underlying rationale and logic of the program evaluation methodology, an outcome sought in the conduct of mental health evaluations was the reduction of the time between arrest and trial. This measure of time or delay between arrest and trial is a potentially interesting standard measure of the effectiveness of screening and evaluation, a fact seemingly not lost to the authors of the report. Unfortunately, no data are reported relating to this measure. Fifty-six persons were referred to community agencies to be treated during the first year of the project operation, and 36 received counseling from pretrial services personnel. The only evaluation data reported is user-satisfaction information. Twenty-two percent of the judges, district attorneys, probation officers, referral agencies, and other clients responding to the questionnaire reported that mental health evaluations were the most valuable aspect of the service provided by the project, competing with other options such as diversion, release with service, release on recognizance, and investigative services.

The reports documenting evaluation efforts were, on the whole, silent on issues of quality in the delivery of forensic mental health evaluation and screening, dealing primarily with program description comprising discussions of purposes, objectives, procedures, organizational structures, and enrollment figures. Outcome measures discussed were on the broad program level rather than on the procedures of screening and evaluation--the focus of the present effort. For example, in his

evaluation of a pretrial intervention program in Florida, involving screening of offenders, Messina determined the program's impact on diverting adult defendants from the criminal justice system by assessing the overall percentage of participants who were unsuccessful in completing the program owing to rearrest or noncompliance with program rules (Messina, 1979). A comparison of the program's criteria for selection of participants with those of other pretrial programs concluded that no two programs appear to have identical criteria. Interestingly, when specific measures for evaluating forensic mental health personnel activities are recommended, it is done in the context of an "evaluability assessment"--not an accomplished program evaluation--of a detention-rehabilitation program (Breitmeyer, 1978).

The most comprehensive (and most effective) program evaluation of forensic mental health services was conducted from 1972 to 1975 by the Ohio State University Program for the Study of Crime and Delinquency. This effort, involving the evaluation of six of the earliest established community forensic evaluation treatment centers of Ohio (i.e., those in Akron, Cincinnati, Columbus, Dayton, Hamilton [Butler County], and Toledo), resulted in the writing of eight monographs, the last of which, representing an analysis of the total state forensic services delivery system, was widely disseminated throughout Ohio to decision makers within the mental health and criminal justice system. This program evaluation effort in Ohio has been further described and placed in a national context by Beran and Toomey. Their volume is a notable exception to the evaluation reports of surveyed projects that were reviewed, in that it directly addresses program evaluation issues.

The purpose of the Ohio evaluation project was to compare the services provided in the various community forensic centers with those of each other and with those services previously arranged with the centralized forensic units within the state institution. Evaluation research questions, relevant to this discussion, were the following:

- o Who referred clients to the centers, what kinds of clients were being served, and how did they differ from those served in the institutional setting?
- o What professional staff were involved in the variety of diagnostic and treatment services? Was there an optimal mix of disciplines for meeting services needs?
- o What were the qualifications of staff members?
- o What were the costs and benefits of using community rather than institutional settings for evaluations?
- o What coordination and cooperation were necessary to facilitate the most efficient operation of the total forensic system? (Beran and Toomey, 1979, p. 112)

The above questions were addressed comprehensively by the Ohio evaluation project. Multiple measurements were made for and about various groups, including clients, consultants, referral agents, and administrators. A comparative descriptive design guided the acquisition of objective data on clients (i.e., demographic characteristics, charges, current court status, previous record, previous mental health involvement, referral source, referral reason, types of evaluations performed, recommendation of evaluator, and court disposition), attitudinal data from mental health personnel, judges, probation and parole officers, and systems data (e.g., costs, staff size and composition, and length of time for processing clients). Beran and Toomey summarize the findings of the Ohio evaluation project; these findings support the development of community-based programs for disordered offenders:

The findings presented clearly indicate that the anticipated benefits of forensic psychiatric centers . . . are in large measure being realized by the centers in Akron, Butler County, Cincinnati, Columbus, Dayton, and Toledo. The caseload sizes of significantly greater proportions than served by LSH [Lima State Hospital] prior to the centers' openings are clear testimony that the centers are supplementing the evaluation and treatment services of LSH, lightening LSH's caseload from the counties served by the centers, and preventing the institutionalization of some individuals and thus the disruptive influence on the client, his family, and the community of such institutionalization, not to mention the easing of the reintegration problem. Cost analyses demonstrated that the centers negate a sizable proportion of costs incumbent upon institutionalization at LSH. Generally speaking, the centers are providing not only evaluations, recommendations, treatment, and emergency intervention services, but also consultation and education services for local criminal justice system agents. The centers are performing Ascherman [post-conviction examination to determine whether an offender is mentally ill, mentally retarded, or psychopathic] and competency/sanity evaluations in significantly shorter spans of time than typical of LSH, and the periods between referral and admission and release and court disposition are also much shorter for the centers. Given all this, it is not too surprising that most criminal justice system referral agents strongly endorse the centers and describe them as quite superior to LSH. (pp. 139-140, text in brackets added)

In spite of the relatively comprehensive nature of the Ohio evaluation effort, the former associate director of the Ohio project states that "[t]here appears to be no satisfactory objective way to address quality issues in the FPSDS (forensic psychiatric service delivery

system), given the current state of research in the mental health and criminal justice fields" (Carlson, 1979, p. 170). Carlson's statement reinforces a basic premise of the present evaluability assessment of forensic mental health evaluation and screening throughout the country, as well as impressions drawn from the dearth of documented program evaluation efforts gleaned from the telephone survey: namely, that the current state-of-the-art in program evaluation has not yet advanced to a level where large-scale program evaluation seems sensible; that standard measures of program quality are yet to be identified, developed, and communicated; and that such measures must yet be placed in the context of viable measurement and program evaluation systems. In short, program evaluation models for forensic mental health evaluation and screening remain to be developed and demonstrated.

3.4 Conclusions

Growing out of the operational definition and programs analysis presented in this paper is something of a forensic programs typology, or more modestly stated, a categorization of forensic mental health programs. A number of characteristics of forensic programs might be considered elements in such a categorization, such as the stated purposes of the program; the reasons for referral of client-offenders to the program; the criminal justice agencies that are served by the program; the stages in the criminal process at which the program is active; the type of facility in which the program is located; staff size and composition; caseload; governing statutes; and resident population. Yet the development of typologies based on these sorts of unidimensional characteristics seems fraught with problems. For example, a typology based on client-offender populations may be quite fragile because of the difficulty one encounters in defining, dividing up, and managing the deviant population. There is significant controversy about whether to maintain separate facilities for "mental patients," "criminals," and those who may be identified by both labels. One study committee, for example, has proposed that defendants found to be incompetent should be treated as would any patient in civil proceedings (Brakel and Rock, 1971, p. 416).

Another set of characteristics that might form the basis for a categorization of forensic mental health screening and evaluation programs relates to the basic elements of the forensic service delivery system. The forensic service delivery system generally consists of five elements (cf. Carlson, 1979): centralized state institutions, local and state corrections agencies, court clinics, community-based mental health centers, and civil mental health institutions and training schools.

Perhaps the oldest element of the forensic mental health service delivery system is the centralized institution. This type of forensic unit, a maximum security, inpatient facility located within a prison or hospital for the criminally insane, typically serves an entire state or region. Client-offenders for whom mental health services are required may have to travel long distances and be hospitalized for weeks or months for relatively simple procedures such as evaluations to assess competency to stand trial. Lima State Hospital in Ohio and Central State

Hospital in Virginia are examples of centralized forensic mental health evaluation units. Centralized facilities generally have two main purposes. First, they serve as institutions of custody for "criminally insane" offenders (including those persons found incompetent to stand trial, persons committed under some psychopath statute, and those committed after being found not guilty by reason of insanity). Second, they serve as centers for the screening and evaluation of offenders (cf. Carlson, 1979).

There are strong national trends moving towards community-based services as an alternative to institutionalization for most human service needs. Forensic mental health screening and evaluation is no exception to this trend. For example, in 1971 Ohio established its first community forensic center; by early 1974, six state-supported centers were in operation; and, as of August 1978, Ohio had established 16 community forensic centers across the state (Roth, 1979). State legislation designates the community centers, rather than a central facility, as the setting for court-ordered mental health evaluations for competency and criminal responsibility. Some states plan to phase out central institutional facilities entirely and develop smaller forensic centers on the grounds of existing state civil hospitals and training schools for the retarded (Roth, 1978; Petrila, 1980).

State and local corrections agencies also may conduct forensic mental health screening and evaluations. These decentralized programs typically differ from the centralized institutional programs in terms of comprehensiveness of purpose, reasons for referral, type of client-offender (i.e., mentally ill, mentally retarded, or psychopathic offender), and caseload. They differ from the community-based forensic centers in terms of security, caseload, and type of offender.

The final element in the forensic mental health delivery system is the court clinic. Court clinics generally are located within the environment of a courthouse and thus are community-based, but they differ from the four other elements with respect to the stage in the criminal justice process at which their work is focused (usually almost entirely pretrial) and the thoroughness of their forensic examination (some only screen offenders to determine whether or not further evaluation may be necessary). As late as 1966, a national survey by Guttmacher (cited in Beran and Toomey, 1979, p. 109) identified only 27 court clinics in the entire United States. By 1974, a single state, Massachusetts, had 30 such clinics in operation (Lipsitt, 1974, cited in Beran and Toomey, 1979, p. 110).

A tentative typology based on the primary elements of a forensic mental health delivery system--court clinics, civil institutions, local and state corrections agencies, community-based mental health centers, and centralized institutions--has several advantages. It is ordered along a practical dimension with centralization of services on one end and decentralization on the other. It is grounded in political and administrative reality. The discrimination within basic types can easily be sharpened; and a program evaluation approach based on the elements,

enriched by subdividing them according to purposes, reasons for referral, stages of use, caseload, staff size, and staff type, is quite feasible. Similarly, the differences between element types can be highlighted by ordering elements according to such primary functions as information-generation, decision-making, custody, and treatment (cf. Carlson, 1979).

A final advantage, for the evaluation, of a tentative typology of forensic programs based on the primary elements of the forensic service delivery system is that such a typology is consistent with the procedural emphasis of program evaluation. Themes and issues in the interaction of the mental health system and criminal justice systems seem to be too fluid and complex and may be partly to blame for the grossly inadequate communication among various sectors of these systems (see Beran and Toomey, 1979, p. 178). A typology based on the delivery system--apart from themes, issues, and even purposes and aims--may not entirely avoid complexity, but it should at least provide a common lexicon, grounded in procedure, capable of facilitating program evaluation in the area of forensic mental health screening and evaluation.

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APPENDIX A

Program Summaries

The following program summaries highlight characteristics of each program surveyed. The summaries are presented alphabetically by state and by city within states.

Figure 2 shows a sample program summary, each part of which has been labeled. The labels indicate the following:

- (A) Program Name--Unless a different name was supplied by the survey respondent, the name indicated is that which appears on the computerized printout from which the initial program selection was made. In some instances, the name has been shortened.
- (B) Program Address--As with the program name, unless a different address was supplied by the respondent, the address indicated is that which appears on the computerized printout. In many instances, the address provided is that of the grantee of LEAA funds allocated for the program. Although this address may not identify the specific location of the program, it is one through which the program can be contacted.
- (C) Program Contact--The name indicated identifies the individual who provided the survey responses. His or her telephone number also is indicated.
- (D) Program Narrative--This is a brief narrative description of the purposes and operation of the program.
- (E) Selected Data--Presented here are eight numbered items of information descriptive of the program. Except with respect to item number 7, which was ascertained from the computerized printout (where applicable), each item was supplied by the program contact in response to a particular survey question. The information appearing in each item is as follows:
 - (1) Stage in the criminal justice process at which screening or evaluation is conducted. Possible entries are: Pretrial (before or during trial), Sentencing (between trial and sentencing), Intake (upon first entering a jail or prison), Incarceration (during a prisoner's stay in jail or prison), and Other. If respondent identified several stages, only the two most applicable are indicated.
 - (2) Purpose of the program's screening or evaluation. Possible entries are Diversion (pretrial diversion), Competency (competency to stand trial), Insanity (not guilty by reason of insanity), Sentencing (sentencing recommendation), Classification

(prisoner intake classification), Parole (parole recommendation), Treatment (determining whether the patient needs treatment for mental health problems), and Other. Only the two most applicable are indicated.

(3) Location at which screening or evaluation is conducted. Possible entries are: Court (court facility), Jail (local jail or detention center), Prison (state correctional facility), Clinic (clinic or community mental health center), Forensic Unit (state or private hospital forensic unit), and Other. Only the two most applicable are indicated.

(4) Number of persons screened or evaluated by the program per month.

(5) Types of program staff involved in screening or evaluation. Possible entries are Psychiatrist, Intern (psychiatric intern or resident), Doctor (other than a psychiatrist), Psychologist, Social Worker, and Other. Only the two most applicable are indicated.

(6) Ratio of total program staff to full-time equivalent staff (FTE) involved in screening or evaluation. For example, a ratio of 3:2 indicates a project staff of 3 individuals working the full-time equivalent of two people, with 1 or more of the staff working part time.

(7) Grant number and date grant awarded, where applicable; state grant number indicated for programs funded by LEAA block grants, LEAA number indicated for programs funded by nonblock grants.

(8) Citation to a report, provided by the program upon request, that has been reviewed and determined to address program evaluation issues. Reports containing program descriptions not dealing specifically with program evaluation are not cited. Evaluation reports pertaining to a number of programs operating in Ohio are contained in Beran, N.J. & Toomey, B.G., eds., Mentally Ill Offenders and the Criminal Justice System: Issues in Forensic Services. New York: Praeger, 1979. Although not every Ohio program summarized is specifically discussed in this text, issues relevant to the operation of each such program are addressed. Therefore, for each Ohio program summarized, Beran and Toomey is cited in Item Number 8.

(A) Program Name

Pretrial Intervention Program

(B) Program
Address

Broward County Courthouse
Fort Lauderdale, Florida 33301

(C) Program Contact

Contact: Robert Howard
(305) 584-5511

(D) Program
Narrative

Summary: This pretrial intervention program functions as a diversion program for first offenders charged with misdemeanors. Eligible persons are interviewed, and their special needs are identified. As an alternative to institutionalization, those participating in the program receive such services as individual and family counseling, vocational placement in existing job-training programs, and referral for psychological and medical care.

(1) Pretrial (2) Diversion (3) Other (4) 110/month
(5) Other (6) 3:3 (7) 78-A4-14-EA01 6/12/78 (8) Messina, J. M.
Evaluation report: Broward County Pretrial Intervention Program.
Fort Lauderdale, Florida: Criminal Justice Planning (416 S. W. First
Avenue, 33301), July 1979.

(E) Selected Data

- (1) Stage
- (2) Purpose
- (3) Location
- (4) Number examined
- (5) Staff type
- (6) Staff size
- (7) Grant number, date
- (8) Evaluation report

Figure 2. Sample program summary.

Community Mental Health Center

The University of Alabama
Department of Psychiatry
1700 7th Avenue, South
Birmingham, Alabama 35294

Contact: Juanita Mullins, Coordinator of Adult Intake Unit
(205) 934-4107

Summary: This mental health program services one Alabama county. Interviews are conducted in hospital emergency rooms, local jails, and at the mental health center. Screenings and evaluations are performed to assess appropriate treatment programs and to provide information for the court's use in determining disposition.

(1) Pretrial, Sentencing (2) Sentencing, Treatment
(3) Jail, Other (4) 50/month (5) Psychiatrist, Social Worker (6) 4:3
(7) N/A (8) N/A

Deferral Project

City of Birmingham
City Hall
Birmingham, Alabama

Contact: John Pendergrass
(205) 254-2305

Summary: This is a social services program located in the city jail. Social workers screen sentenced misdemeanants for drug, alcohol, or mental health problems. Offenders may be referred to outside agencies for treatment.

(1) Incarceration (2) Sentencing, Treatment (3) Jail
(4) 100/ month (5) Social Worker (6) 2:2 (7) CF79080002 9/28/78
(8) N/A

Alabama, Alaska

Medical Care--Health Services

517 6th Avenue South
Birmingham, Alabama 35202

Contact: Leland Holcome
(205) 254-2802

Summary: This program performs intake screening and evaluation. Inmates with physical problems are referred to a hospital and those with mental health problems are referred to community agencies.

1) Pretrial, Intake (2) Classification, Treatment (3) Jail
(4) 800/month (5) Social Worker, Other (6) 6:6 (7) 78EDAX0164
9/30/78 (8) N/A

County Work Release Program

Marengo County Commission
Courthouse
Linden, Alabama

Contact: Michael W. Haley
(205) 295-4208 or (205) 295-5217

Summary: This work release program screens long-term prisoners to determine whether they are appropriate candidates for working in the community. Rather than use formalized psychological tests, the program conducts interviews to assess fitness. Prisoners may be referred to educational or therapeutic programs.

(1) Incarceration (2) Treatment, Other (3) Jail, Prison
(4) 3/month (5) Psychologist, Other (6) 2:2 (7) CF 7902 0002 9/28/78
(8) Morgan, C. H. The special national workshop on mental health services in jails: Service delivery models. National Institute of Corrections, U. S. Department of Justice, September 1978.

Counseling Program for Sex Offenders

326 4th Street, Suite 220
Juneau, Alaska 99811

Contact: Tony Mander, Project Director

Summary: Psychological tests and interviews are used to screen sex offenders for a psychotherapeutic program. A psychologist considers amenability to treatment as well as the offender's mental health status and interest in the rehabilitation program to select program participants.

(1) Incarceration (2) Treatment (3) Prison (4) 10/month
(5) Psychologist (6) 1:0.25 (7) 78-EA-006 7/2/79 (8) N/A

Behavioral Health Agency

1919 Trekkle Road
Casa Grande, Arizona 85222

Contact: Ms. Pat Griffin
(602) 836-1688

Summary: This general community mental health center provides services to the general public and may also screen offenders or alleged offenders at the request of the courts.

(1) Pretrial, Intake (2) Treatment (3) Clinic (4) 1/month
(5) Psychologist, Social Worker (6) 7:5 (7) N/A (8) N/A

Psychological Evaluation for Adult Probation Department

Pinal County Board of Supervisors
Courthouse
Florence, Arizona 85232

Contact: John C. Woods, Chief Probation Officer
(602) 868-5801 ext. 351

Summary: Offenders who are awaiting sentencing and may qualify for probation are screened by the staff. Offenders may be referred to an outside agency for a more complete psychiatric evaluation that will accompany the presentence report.

(1) Sentencing, Other (2) Sentencing, Other (3) Court,
Other (4) 6/month (5) Other (6) 4:4 (7) 77-019-5-IIIB-C(A) 3/24/77
(8) N/A

Cummings (Maximum Security Unit of State Prison)

Department of Corrections
P.O. Box 8707
Pine Bluff, Arkansas 71611

Contact: Maggie Bennett, Coordinator of Mental Health Services
(501) 247-1800 ext. 363

Summary: At present, social histories and psychological profiles are used to determine program and security needs. A new diagnostic center soon will provide a comprehensive screening and evaluation process to determine treatment needs of the individual offender.

(1) Intake (2) Classification (3) Prison (4) 125/month
(5) Psychologist, Social Worker (6) 4:4 (7) N/A (8) N/A

California, Colorado

Plea Bargaining Alternative Disposition

Orange County Public Defender
700 Civer Center Drive West
Santa Ana, California 92701

Contact: David Maher
(714) 834-2322

Summary: This program is designed to provide convicted felons with alternatives to incarceration. The defense attorney makes a recommendation to the program staff, who, in turn, evaluate the offender to determine an appropriate alternative to present to the court.

(1) Pretrial (2) Diversion, Sentencing (3) Court, Jail
(4) 20/month (5) Social Worker, Other (6) 2:2 (7) A2079-3-77 7/8/77
(8) N/A

Adult Diversion Project

Watervleit Building
7100 Broadway
Building I, Penthouse
Denver, Colorado 80221

Contact: John Kresnik
(303) 427-6001

Summary: This program evaluates persons referred by the prosecutor who have been charged with non-violent, first-time felony offenses. Evaluation results are used to determine appropriate diversion programs for eligible candidates.

(1) Pretrial (2) Diversion (3) Other (4) 13/month
(5) Social Worker, Other (6) 2:2 (7) 78-4B-(01)-DRMB-005 7/13/79
(8) N/A

Larimer County Community Corrections

502 West Laurel Street
Fort Collins, Colorado 80521

Contact: Jay Kammerzell, Assistant Director
(303) 221-2100 ext. 431

Summary: This program conducts screening and evaluation at several stages in the criminal justice process. Program goals are to identify appropriate cases for diversion into community programs and determine treatment needs of offenders.

(1) Pretrial, Sentencing (2) Diversion, Treatment (3) Jail, Other (4) 31/month (5) Doctor, Psychologist (6) 18:18 (7) 77-AGE-11A-(2)C2-110 7/14/78 (8) Larimer County Community Corrections. Larimer County Community Corrections Project: Final Report, 1979. Denver, Colorado: Colorado Division of Criminal Justice, August, 1979. Larimer County Community Corrections. Final Report: LEAA halfway house grant. Denver, Colorado: Colorado Division of Criminal Justice, October, 1979.

Jefferson County Diagnostic Unit

707 13th Street
Golden, Colorado 80401

Contact: Richard Wihera, Forensic Clinician
(303) 279-7193

Summary: The program evaluates offenders referred to it by various county and state agencies. The psychologists employed at the unit conduct psychological testing, write evaluations, make recommendations, and testify as expert witnesses in court.

(1) Sentencing, Other (2) Sentencing, Treatment (3) Jail, Other (4) 30/month (5) Psychologist (6) 4:4 (7) N/A (8) N/A

Connecticut, Delaware

Court Diagnostics Clinics

90 Washington Street
Hartford, Connecticut 06115

Contact: Dr. James Johnson, Deputy Commissioner for Mental Health
(203) 566-5133

Summary: Three clinics operate in Connecticut to provide comprehensive evaluations of offenders or those awaiting trial. A team approach is utilized in the evaluations. The evaluations may be ordered by the court or may be upon referral from other criminal justice personnel.

(1) Pretrial, Other (2) Diversion, Competency (3) Jail,
Other (4) 200/month (5) Psychiatrist, Social Worker (6) 9:9
(7) 77-AC-121-0023 7/27/77 (8) N/A

Criminal Justice Service Center

11th & Washington Street
Central YMCA
Wilmington, Delaware 19801

Contact: Mr. Provot, Supervisor
(302) 571-3500

Summary: The program primarily deals with adult offenders upon referral from the Delaware court system. After an initial interview, those offenders who may have psychological problems are referred to a substance evaluation team for further testing, treatment, or referral to other agencies.

(1) Pretrial, Intake (2) Diversion, Classification
(3) Other (4) 100/month (5) Social Worker, Other (6) 4:4 (7) N/A
(8) N/A

Florida

Forensic Psychiatric Unit/Mental Health Center, Inc.

Polk County
P.O. Box 60
Bartow, Florida 33830

Contact: Toni Maloney
(813) 533-9068

Summary: This forensic psychiatric unit of the county mental health center developed and currently uses its own instrument to determine competency to stand trial. Social workers, psychologists, and those with advanced degrees in criminal justice screen and evaluate at all stages of the criminal justice process.

(1) Pretrial, Incarceration (2) Competency, Insanity (3) Jail, Other (4) 25/month (5) Psychologist, Other (6) 5:4.5
(7) 77-A4-07-EE02 11/18/77 (8) N/A

Polk County Forensic Unit

160 East Church Street
Bartow, Florida 33830

Contact: Dr. Kaplan, Director
(813) 683-5701

Summary: This program conducts comprehensive forensic examinations to assess criminal responsibility, competency to stand trial, and mental disabilities to be considered in sentencing.

(1) Pretrial, Sentencing (2) Competency, Insanity (3) Jail, Forensic Unit (4) 40/month (5) Psychiatrist, Psychologist (6) 6:4
(7) N/A (8) N/A

Florida

Diagnostic and Classification System

Volusia County Correctional Facility
Daytona Beach, Florida 32720

Contact: T.C. Lodge, Case Management Coordinator
(904) 258-7000 ext. 4365

Summary: This is a screening and classification program in a county jail facility. All inmates who have been sentenced to incarceration for a considerable length of time are interviewed and given psychological tests by a mental health counselor. Jail officials determine how best to handle each inmate based upon the recommendations of the diagnostic unit.

(1) Incarceration (2) Classification, Treatment (3) Jail
(4) 25/month (5) Psychologist, Other (6) 4:4 (7) 78-A4-65-EC01
8/24/78 (8) N/A

Criminal Diversion Project

Collier County
Courthouse
East Naples, Florida 33940

Contact: Thomas Traxinger
(813) 775-0411

Summary: This diversion program interviews arrestees before arraignment in order to determine amenability to treatment for emotional problems or drug or alcohol abuse, as an alternative to prosecution.

(1) Pretrial, Sentencing (2) Diversion, Treatment
(3) Court, Jail (4) 100/month (5) Social Worker (6) 2:2
(7) 79-AA-09-EB02 4/20/79 (8) Franzese, C. Monitoring report:
Collier County Criminal Diversion Project. Southwest Florida
Regional Planning Council, June 1979.

Forensic Unit

201 South East 6th Street
Fort Lauderdale, Florida 33301

Contact: Mr. Lawrence Davis, Program Director
(305) 765-4849

Summary: This program conducts screenings of alleged offenders suspected of being incompetent to stand trial. The screening results in a finding of competency or an order for a further evaluation to assess competency.

(1) Pretrial, Other (2) Competency (3) Jail, Other
(4) 35/month (5) Psychiatrist, Psychologist (6) 3:1.5 (7) N/A (8) N/A

Pretrial Intervention Program

Broward County Courthouse
Fort Lauderdale, Florida 33301

Contact: Robert Howard
(305) 584-5511

Summary: This pretrial intervention program functions as a diversion program for first offenders charged with misdemeanors. Eligible persons are interviewed, and their special needs are identified. As an alternative to institutionalization, those participating in the program receive such services as individual and family counseling, vocational placement in existing job-training programs, and referral for psychological and medical care.

(1) Pretrial (2) Diversion (3) Other (4) 110/month
(5) Other (6) 3:3 (7) 78-A4-14-EA01 6/12/78 (8) Messina, J. M.
Evaluation report: Broward County Pretrial Intervention Program.
Fort Lauderdale, Florida: Criminal Justice Planning (416 S. W. First Avenue, 33301), July 1979.

Florida

Project Challenge--A Model for Comprehensive Community
Correction

Alachua County Courthouse
Gainesville, Florida 32601

Contact: Donald Calianna, Director
County Adult Detention Center
(904) 377-1040

Summary: A psychiatrist, a psychologist, social workers, and other "social science" personnel perform evaluations in a local jail, at various stages in the criminal justice process. Pretrial diversion, sentencing, and prisoner intake are the program's major goals. Competency to stand trial, parole recommendations, determining needs for mental health treatment and determining criminal responsibility are additional program purposes.

(1) Before or during trial, between trial and sentencing, upon entering jail, during prisoner's stay in jail (2) Diversion, Sentencing, Intake Classification (3) Jail (4) 250-300/month (5) Psychologist, Psychiatrist, Social Worker, Other (6) 6:6 (7) 77-A4-63-EA01 (8) N/A

Pretrial Intervention Classification

P. O. Box 779
Jacksonville, Florida 32202

Contact: M.L. (Trish) Pearson, Correctional Officer II
(904) 633-4243

Summary: A 1976 study of the Florida jails and prisons revealed that 60% of inmates had some type of mental health problem that contributed to their maladjustment during incarceration. As a consequence, this program was designed to perform extensive mental health screening and classification. It also refers offenders to appropriate treatment agencies.

(1) Pretrial, Intake (2) Intake, Treatment (3) Jail (4) 200/ month (5) Psychiatrist, Other (6) 4:1.5 (7) 77-A4-11-EE01 9/7/78 (8) Metropolitan Criminal Justice Planning Unit. Monitoring report: Consolidated City of Jacksonville Pre-trial Intervention Classification Program, FY-77. Jacksonville, Florida: Author, April 1979.

Outpatient Evaluation Division

Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, Florida 33136

Contact: Barry Morris, Acting Coordinator of Forensics
(305) 325-6880

Summary: The outpatient screening and evaluation program is part of a larger program that includes mental health treatment. A series of three projective tests are administered by psychologists during the prescreening process. Screening involves interviews conducted by psychiatrists. Spanish and English personnel are hired in order to service the bilingual catchment area.

Although determining criminal responsibility and competency to stand trial are the major purposes of this pre-dispositional assessment program, court-ordered psychiatric evaluations are conducted at all stages of criminal justice.

(1) Pretrial, Sentencing (2) Competency, Insanity
(3) Forensic Unit (4) 20/month (5) Psychiatrist, Psychologist (6) 6:5
(7) 77-A4-15- EA01 10/7/77 (8) N/A

Public Defender Social Workers

1351 N.W. 12th Street, #803
Miami, Florida 33125

Contact: Sharon Brass
(305) 547-7300 Ext. 4000

Summary: The program's forensic social workers evaluate offenders or alleged offenders at several stages of the criminal justice process but focus on the pretrial and sentencing stages. Community-based treatment or rehabilitation programs may be recommended to the court as alternatives to prosecution or traditional disposition.

(1) Pretrial, Sentencing (2) Diversion, Treatment (3) Jail,
Other (4) 30/month (5) Social Worker (6) 2:2 (7) 78-A3-15-DH01
6/29/78 (8) NA

Florida

Orange County Corrections Department

Orange County Sheriff's Department
1 North Court Street
Orlando, Florida

Contact: Dr. John Cassady, Staff Psychologist
(813) 420-3048

Summary: This program performs screening and evaluation of inmates both for competency hearings and to aid in the classification process. The classification team may refer an inmate to the staff psychologist who performs a more comprehensive screening and evaluation. The inmate may receive mental health treatment in the jail or may be referred to outside agencies.

(1) Pretrial, Intake (2) Competency, Classification
(3) Jail (4) 75/month (5) Psychiatrist, Other (6) 6:5 (7) N/A (8) N/A

Counseling and Social Services

Florida Department of Corrections
1311 Winewood Boulevard
Tallahassee, Florida 32301

Contact: James A. Ivey, Inmate Activities Administrator
(904) 487-2475

Summary: This project provides counseling and social services, including psychological evaluations, tutorial services, referral, individual and group counseling, drug treatment, pre-release activities, and job placement, in Florida's correctional institutions. The bulk of screening and evaluation is conducted at the inmate reception stage at which psychiatrists and/or psychologists assess inmates and recommend classification.

(1) Prison Intake, Prison (2) Classification, Treatment
(3) Prison (4) 120/month (5) Psychiatrist, Psychologist (6) 75:75
(7) 1278-A4-41-ED01 (8) N/A

Florida

Woman's Resource Center - Stockade Intervention Project

Hillsborough County
P. O. Box 1110
Tampa, Florida 33601

Contact: Eileen Garcia, Director
(813) 223-4997

Summary: This project provides mental health services upon intake for prisoners at the Hillsborough County Stockade. Every woman is screened for medical and mental health services by a counselor working in the stockade (county jail for women). Treatment includes counseling, medical help, employment assistance and psychiatric/psychological referral.

(1) Prison, Pretrial (2) Intake Screening, Treatment
Determination (3) Jail (4) 90/month (5) Social Worker (6) 1:1
(7) 1279-AA-12-ED01 (8) N/A

County Jail Mental Health Services

Palm Beach County
P.O. Box 1989
West Palm Beach, Florida 33402

Contact: Jane Thompson
(305) 837-2850

Summary: This program provides court-ordered evaluations and crisis intervention counseling sessions for mentally disordered offenders in the county jail.

(1) Pretrial, Sentencing (2) Competency, Insanity (3) Jail
(4) 50/month (5) Psychologist (6) 1:1 (7) 79-AA-96-ED01 1/30/79
(8) N/A

Georgia

Diversion Center

Georgia Department of Offender Rehabilitation
800 Peachtree Street
Atlanta, Georgia 30308

Contact: Vince Fallin, Probation Counselor
(404) 894-4865

Summary: The Department of Offender Rehabilitation operates eleven residential restitution and diversion centers for adult males convicted of nonviolent criminal behavior. A center for female offenders was scheduled to open in 1980.

The sentencing judge or a probation officer may recommend placement in a diversion center in lieu of traditional prison sentence. Within seven days, offenders entering the program undergo psychiatric evaluation and a needs assessment. Referrals to appropriate treatment agencies and restitution via employment in the community are primary program goals. Upon release from the diversion center, the offender is placed on regular probation.

(1) Pretrial, Sentencing (2) Sentencing, Treatment
(3) Court, Other (4) 580/month (5) Psychologist, Social Worker
(6) 50:50 (7) 78E-15-001 6/16/78 (8) N/A

Vocational Rehabilitation and Transitional Program

Georgia Department of Offender Rehabilitation
815 Trinity
Atlanta, Georgia 30334

Contact: Mike Lloyd, Director of Transitional Services
(404) 894-5351

Summary: Seven residential centers provide treatment for alcohol and drug abuse, vocational and employment counseling, and mental health counseling for recently released state inmates. Psychiatric evaluations are performed before intake to facilitate proper placement.

(1) Other (2) Treatment, Other (3) Other (4) 125/month
(5) Social Worker, Other (6) 84:84 (7) 78J-22-001 6/28/78 (8) N/A

Hawaii, Illinois

Intake Services Center--Jail Overcrowding Project

2199 Kamehameha Highway
Honolulu, Hawaii 96819

Contact: Masaru Oshiro, Intake Service Center Administrator
(808) 848-2540

Summary: The program conducts screening and evaluation of all offenders or suspected offenders entering Hawaii's unified corrections system. Among the program's goals are effective pre-trial diversion and determining mental health and other special needs of prisoners.

(1) Intake (2) Diversion, Classification (3) Jail, Prison
(4) 200/Month (5) Psychologist, Social Worker (6) 4:4 (7) 77E-6.1A
2/16/78 (8) NA

Dwight Correctional Center

Illinois Department of Corrections
120 South Riverside Plaza
Chicago, Illinois 60606

Contact: Linda A. Giesen, Warden
(815) 584-2806

Summary: The program operates as an in-house mental health clinic for female inmates and provides individual and group counseling services.

(1) Intake, Incarceration (2) Treatment (3) Prison
(4) 45/month (5) Psychiatrist, Other (6) 2:2 (7) 7810H023276 1/10/79
(8) N/A

Illinois, Indiana

Medical Care and Health Service at Cook County Jail

Health and Hospitals Governing Commission
1900 West Polk Street
Chicago, Illinois 60612

Contact: Robert Dean, Director of Prison Health Services
(312) 633-5782

Summary: This program conducts mental health status examinations, upon intake, of everyone detained in the Cook County Jail. Prisoners whose mental health needs arise while they are incarcerated are also evaluated. The program operates independently of the corrections department and has the authority to make treatment decisions.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Jail (4) 4000/month (5) Psychiatrist, Psychologist (6) 10:8
(7) 78EDAX0147 9/30/78 (8) N/A

Presentence Consultation Service

Elkhart Superior Court
315 South Second Street
Elkhart, Indiana 46514

Contact: Stephanie Sommers, Chief Adult Probation Officer
(219) 294-2688

Summary: The purpose of this program is to provide psychological diagnostic information for presentence reports. Probation officers take complete social histories, administer psychological test, and refer some defendants to psychologists for further evaluation.

(1) Sentencing (2) Sentencing, Treatment (3) Jail, Other
(4) 25/month (5) Psychologist, Other (6) 7:6 (7) 78E-I02-01-054
6/7/78 77E-I02-01-055 6/1/77 (8) N/A

Probation Services

315 South Second Street
Elkhart, Indiana 46514

Contact: Stephanie Somers
(219) 294-1688

Summary: This agency provides the courts with presentence evaluations of those offenders who are eligible for probation. Probation officers screen the clients and may then refer them to a psychologist for more comprehensive examinations. These evaluations are used by both the courts for sentencing and by the probation department for providing treatment.

(1) Sentencing (2) Sentencing, Treatment (3) Court
(4) 10/month (5) Psychologist, Other (6) 5:5 (7) N/A (8) N/A

Orientation and Diagnostics Coordination

Indiana Department of Corrections
401 North Randolph Street
Indianapolis, Indiana 46204

Contact: Dana Blank, Assistant Superintendent
(317) 639-2671

Summary: This is the only state facility for adult female offenders. Inmates enter an orientation and diagnostic cottage upon arrival at the prison. Medical examinations and assessments of educational, vocational, and mental health needs are conducted, but intake classification is the primary purpose of the program.

(1) Sentencing, Intake (2) Classification (3) Prison
(4) 25/ month (5) Psychologist, Other (6) 4:4 (7) 79E-H03-19-006
12/1/78 77E- H03-19-030 8/9/78 (8) N/A

Indiana

Probation Services

515 Columbia Street
Lafayette, Indiana 47901

Contact: Sally E. Craw, Alcoholism Counselor
(317) 742-7361

Summary: This is a private agency serving the courts on a contract basis to link alleged offenders with suitable treatment facilities in the community. The staff works as an advocate for the defendant, usually a misdemeanor, and provides educational services to both the defendant and the community.

(1) Pretrial (2) Diversion, Treatment (3) Court, Other
(4) 70/month (5) Other (6) 1:1 (7) 77C-101-03-016 12/8/76 (8) N/A

Specialized Services Officer for Adult Felons

St. Joseph County Adult Probation Department
South Bend, Indiana 46601

Contact: Jerry L. Johnson
(219) 284-9565

Summary: A special services adult probation officer gives special attention to selected young felons and makes referrals to educational, mental health, and vocational programs.

(1) Sentencing, Other (2) Sentencing, Treatment (3) Jail,
Other (4) 30/month (5) Other (6) 1:0.5 (7) 78C-I01-01-007 11/9/77
(8) N/A

Wyandotte County Pre-Trial Services Project

Wyandotte County
Seventh and Ann Avenue
Kansas City, Kansas 66101

Contact: Richard D. Shannon, Court Administrator
Wyandotte County Courthouse
710 North 7th Street
Kansas City, Kansas 66101
(913) 573-2940

Summary: The Wyandotte County Pre-Trial Services Project was initiated in July of 1977 in an attempt to solve several criminal justice problems encountered in the county, including severe jail overcrowding, discriminatory bail practices, and lack of available services for inmates, defendants, and the court. The goals of the project were to reduce the jail population by 26 percent, to reduce the criminal court docket, and reduce the delay between arrest and trial or diversion. Another goal of the project was the coordination of services for the court in order to divert from jail individuals who the court feels could better be treated by other agencies more qualified and better equipped to minister to the mentally ill, alcoholics, and those with drug problems. A preliminary screening is conducted for all those entering the jail within 24 hours of arrest. If further mental examination is recommended, a certified psychologist will conduct mental evaluations and psychological testing on those defendants requiring it, at the time of incarceration, rather than weeks later just before trial, thus decreasing the time between arrest and trial in these cases.

(1) Pretrial (2) Diversion, Competency (3) Jail
(4) 75/month (5) Psychologist, Other (6) 3:3 (7) 20CF78013600 6/1/78
(8) Heaton, J. An evaluation of the Wyandotte County Pretrial Services Project. Topeka, Kansas: Governor's Committee on Criminal Administration (503 Kansas Avenue, 66603), December 1978.

Kansas

Psychological Evaluations

Kansas Correctional Institution for Women
Box 160
Lansing, Kansas 66043

Contact: Ian Flugler, Chief Psychologist
(913) 727-3553

Summary: The purpose of this program is to promote differential treatment modes for female offenders. Every incoming inmate is screened to determine what, if any, mental health treatment should be provided during the inmate's period of incarceration. Mental health problems arising during an inmate's stay also are evaluated. Additionally, court-ordered presentence evaluations of convicted female offenders may be conducted at this diagnostic center.

(1) Sentencing, Intake (2) Sentencing, Classification
(3) Prison (4) 12/month (5) Psychologist, Social Worker (6) 3:2.5
(7) CF77103582 6/1/78 (8) N/A

State Security Hospital Annex

Larned State Hospital
P.O. Box 89
Larned, Kansas 67550

Contact: Vernon Reese
(316) 285-2131 ext. 451

Summary: The program provides for court-ordered competency and insanity evaluations as well as treatment for mental health problems.

(1) Pretrial, Sentencing (2) Competency, Insanity
(3) Clinic, Hospital (4) 25/month (5) Psychologist, Social Worker
(6) 5:5 (7) CF 77103146 7/1/77 (8) N/A

Kansas, Kentucky

Kansas Diagnostic and Reception Center

P. O. Box 1558
Topeka, Kansas 66601

Contact: Mr. George Thompson
(913) 296-7211 (913) 296-7287

Summary: The center performs medical and psychiatric evaluations on all offenders entering the correctional system. The offenders remain at the center for four weeks, and the psychiatric report is returned to the court for any possible modifications in sentencing. The report is also used to arrange appropriate treatment and to decide in which institution the inmate will be placed.

(1) Sentencing, Intake (2) Sentencing, Classification
(3) Other (4) 125/month (5) Psychiatrist, Social Worker (6) 27:27
(7) N/A (8) N/A

Barren River Mental Health and Mental Retardation Board, Inc.

822 Woodway Drive
Box 3310
Bowling Green, Kentucky 42101

Contact: Richard Walker, Executive Director
(502) 843-4382

Summary: This program services a ten-county area. Its activities include psychological evaluations for pretrial hearings, expert witness court testimony, evaluations for parole or probation, psychotherapy for offenders who pleaded insanity or who were found incompetent to stand trial, emergency mental health services for jails, referral services, and community outreach.

(1) Pretrial, Sentencing (2) Competency, Insanity
(3) Court, Clinic (4) 250/month (5) Psychiatrist, Psychologist
(6) 4:3.5 (7) 3044-037-3/G 2B/79 1/22/79 2707-014-2/78 12/29/77
2366-039-1/77 1/14/77 (8) N/A

Kentucky

Mediation and Misdemeanor Diversion

Administrative Office of the Courts
403 Wapping Street
Frankfort, Kentucky 40601

Contact: John Hendricks
(502) 564-7486

Summary: This program acts as a facility for both mediation and diversion. The mediation process is an alternative means of processing minor domestic and neighborhood disputes. The diversion program, operating only in the Covington area, is staffed by a judge and a diversion officer. They interview diversion candidates, focusing upon the offender's previous record and present offense. Those chosen for the program are diverted from the criminal justice system and given aid in employment and other social services.

(1) Pretrial (2) Diversion (3) Jail (4) 950/month (5) Other
(6) 5:5 (7) 3153-046-1/C3D/79 3/23/79 (8) N/A

Criminal Justice and Juvenile Court Services

Courthouse, Third Floor
Mayfield, Kentucky 42066

Contact: Sondra Grimes, Project Coordinator
(502) 247-5798

Summary: The program's psychologist screens adult offenders and alleged offenders at several stages in the criminal justice process. Diversion and alternatives to incarceration are primary goals of the project. Referrals are made to psychotherapeutic and employment programs.

(1) Pretrial, Other (2) Diversion, Sentencing (3) Court,
Jail (4) 32/month (5) Psychologist (6) 1:1 (7) 3107-040-1/G 2D/79
1/22/79 (8) N/A

Louisiana

Diagnostic Center

P.O. Box 2029
Alexandria, Louisiana 71301

Contact: Harold Swilley, Director of Rehabilitation
(318) 445-7559

Summary: All prisoners are administered psychological tests shortly after entering the local jail and are interviewed by counselors. Further interviews with psychiatrists, referrals to other agencies for treatment, and institutionalization for severe mental health problems can follow the initial screening process.

(1) Pretrial, Intake (2) Classification, Treatment (3) Jail (4) 275/month (5) Psychologist, Other (6) 8:6 (7) 77-E3-8.3-0238 12/14/77 (8) Breitmeyer, R. Technical Assistance Report, Diagnostic/Rehabilitation Program, Rapides Parish Detention Center. (Memorandum to the National Institute of Corrections). Ann Arbor, Michigan: Author (P.O. Box 7240, 48170), November 1978.

Central Louisiana State Hospital

Box 31
Pineville, Louisiana 71360

Contact: Thomas Deiker, Director of Psychiatric Training
(318) 445-2421 ext. 455

Summary: This program provides screening and evaluation services for the county jail and the local courts. Prisoners at the jail are screened upon intake by "rehabilitation counselors" and may be referred to psychiatrists for further evaluation. Assessments of criminal responsibility, competency to stand trial, and mental suitability for probation or parole are made upon court referral.

(1) Intake, Sentencing (2) Classification, Treatment (3) Jail (4) 90/month (5) Psychiatrist, Other (6) 7:5 (7) N/A (8) N/A

Maryland

Contractual Diagnostic Services

Department of Public Safety--Correctional Services
One Investment Place
Towson, Maryland 21204

Contact: Leo M. Allman
(301) 321-3691

Summary: This program contracts with an organization of mental health professionals to provide psychological and psychiatric evaluations for presentence reports.

(1) Sentencing (2) Sentencing (3) Jail (4) 35/month
(5) Psychologist, Psychiatrist (6) 5:5 (7) 77EA-D11-7058 11/8/77
(8) N/A

Potential Parole Diagnostic Services

Department of Public Safety and Correctional Services
One Investment Place
Towson, Maryland 21204

Contact: Bardwell Stebbins
(301) 321-3650

Summary: The program arranges to have psychologists interview inmates to assess likelihood of parole success.

(1) Incarceration (2) Parole (3) Prison (4) 15/month
(5) Psychologist (6) 3:2.3 (7) 77CADI2-7059 12/1/78 (8) N/A

Mental Health Correctional Treatment Program

Prince George County Detention Center
Upper Marlboro, Maryland 20870

Contact: Bruce Orenstein, Mental Health Facilitator
(301) 952-3940

Summary: The program provides screening and evaluation as well as individual and group counseling for detention center inmates and for some state prisoners who are assigned to the detention center.

(1) Pretrial, Intake (2) Sentencing, Classification
(3) Jail (4) 45/month (5) Psychologist, Social Worker (6) 2:2
(7) 77CAAC3-7092 3/29/78 79CAAC3-9033 5/31/79 (8) N/A

Michigan, Missouri

State Forensic Unit

P. O. Box 2060
Ann Arbor, Michigan 48106

Contact: Robert Racine, Executive Assistant
(313) 429-2531

Summary: The unit provides the courts with psychiatric evaluations for competency and insanity hearings. The staff also provides treatment for those declared incompetent.

(1) Pretrial, Sentencing (2) Competency, Insanity
(3) Forensic Unit (4) 160/month (5) Psychiatrist, Social Worker
(6) 16:15 (7) N/A (8) N/A

Correctional Services

Macomb County Jail Corrections Center
Mount Clemens, Michigan

Contact: Mr. Donald Amboyer
(313) 469-5151

Summary: This program conducts intake screening for fifteen educational and vocational programs. Screening by mental health officials terminated in March, 1979.

(1) Intake (2) Treatment, Other (3) Jail (4) 100/month
(5) Other (6) 2:1 (7) 2101 24E79 9/22/78 (8) N/A

Reality House

1409 Rosemary Lane
Columbia, Missouri 65201

Contact: Molly Weis
(314) 751-3432

Summary: This is a residential facility that serves as an alternative to traditional incarceration for eligible first-time male felons. Screening is conducted to determine motivation level and amenability to psychotherapeutic treatment.

(1) Sentencing, Other (2) Sentencing, Other (3) Jail, Other
(4) 6/month (5) Psychologist, Other (6) 7:5 (7) 77-AC-F3-C003
1/19/77 (8) N/A

Missouri

Drug, Alcohol Abuse, and Special Offender Counseling

Southeast Missouri Community Treatment Center

Box 48

109 S. Franklin

Farmington, Missouri 63640

Contact: David Miller
(314) 756-5749

Summary: In addition to counseling offenders with drug and alcohol abuse problems, this program screens offenders and alleged offenders for problems related to mental retardation and may recommend referral to community treatment programs.

(1) Pretrial, Incarceration (2) Parole, Treatment (3) Other
(4) 3/month (5) Psychologist, Social Worker (6) 2:2 (7) 78-AC-F3-H019
1/1/79 (8) N/A

Halfway House for Region Eight

Southeast Missouri Community Treatment Center

109 S. Franklin

Farmington, Missouri 63640

Contact: David Miller
(314) 756-5749

Summary: This program evaluates probationers; and parolees who enter the halfway house are evaluated in order to determine treatment needs.

(1) Other (2) Parole, Treatment (3) Other (4) 7/month
(5) Psychologist, Other (6) 2:2 (7) 77-AC-F3-H004 1/4/77 (8) N/A

Expanded Diagnostic Service Program

Department of Social Services

911 Missouri Boulevard

Jefferson City, Missouri 65101

Contact: Donald Smith, Classification and Assignment
(314) 751-3224

Summary: Inmate classification and treatment assessment are conducted in a diagnostic center.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Other (4) 45/month (5) Psychiatrist (6) 1:1 (7) 77-AC-F6-DC03
12/28/76 (8) N/A

Community Corrections Center

Jackson County Department of Corrections
East Twelfth
Kansas City, Missouri 64106

Contact: R. Edward Meacham
(816) 881-3458

Summary: Inmates of this community corrections center are screened and classified upon intake, at which time their special needs are determined. The center provides residential and non-residential services, including pretrial release counseling, educational and vocational training, and diagnostic services. In addition to assessing the treatment needs of inmates, the center screens appropriate prisoners for participation in a pretrial diversion program.

- (1) Pretrial, Jail Intake, During Incarceration
- (2) Diversion, Prisoner Classification, Treatment Need Assessment
- (3) Jail (4) 400/month (5) Psychiatric, Intake Screeners (6) 5:5:
- (7) 2978-AC-F3-A004 (8) N/A

Community Treatment Centers

Department of Welfare, City of St. Louis
Civil Courts Building
12th & Market Street
Saint Louis, Missouri 63101

Contact: Edward Tripp, Commissioner
(314) 381-1872

Summary: This program conducts screening and evaluation of offenders upon intake at a medium security county jail. Referrals may be made to community mental health and other community programs.

- (1) Intake (2) Classification, Treatment (3) Jail
- (4) 37/month (5) Psychologist, Social Worker (6) 5:5
- (7) 78-AC-F3-T012 1/31/78 (8) N/A

Montana, Nebraska, New Hampshire

Clinical, Diagnostic and Evaluation Services

Montana State Prison, Box 7
Deer Lodge, Montana 59722

Contact: John Ault, Associate Warden of Treatment
(406) 846-1320

Summary: Offenders are evaluated via psychological and educational tests for the purposes of sentence recommendations and institutional treatment services.

(1) Sentencing (2) Sentencing, Treatment (3) Prison
(4) 10/month (5) Psychologist, Social Worker (6) 7:3 (7) 774822
8/16/78 (8) N/A

Comprehensive Psychiatric Care Program

Evaluation Center
P.O. Box 2800
Lincoln, Nebraska 68502

Contact: Kenneth Leggett, Program Administrator
(402) 471-3330

Summary: This program provides mental health evaluations for three state prisons. The major purpose of the unit is intake assessment, but courts also order evaluations for sentencing recommendations through the program. Inmates classified as having mental health problem are reviewed by the staff every ninety days.

(1) Intake, Incarceration (2) Sentencing, Classification
(3) Other (4) 40/month (5) Psychologist, Social Worker (6) 19:17.5
(7) 31 7801 E 01 0022 12/2/77 (8) N/A

Psychiatric Social Worker/Corrections

Hillsborough County House of Corrections
Mast Road
Goffstown, New Hampshire 03045

Contact: Nelson McCaskell
(603) 669-4350

Summary: Those awaiting trial and those sentenced to the county jail are informally screened and evaluated for possible mental health problems.

(1) Pretrial, Incarceration (2) Treatment (3) Jail
(4) 125/month (5) Other (6) 1:0.50 (7) 77-I-A/940 10/1/76 (8) N/A

Psychological and Social Services

Essex County Corrections
Elm Road
Caldwell, New Jersey 07066

Contact: Jan Delucia, Director

Summary: The project provides classification, counseling, diagnosis and treatment to inmates. Incoming prisoners are interviewed within 24 hours after arrival and can be referred to other institutional service programs.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Prison (4) 1500/month (5) Psychologist, Social Worker (6) 3:3
(7) A-D:1-157-77 8/2/78 (8) N/A

Community Offender Employment/Education Program

Work Release Building
603 Federal Street
Camden, New Jersey 08102

Contact: John Goan, Coordinator of Vocational Services
(609) 757-6725

Summary: Upon entering the county jail, male and female offenders and alleged offenders undergo preliminary screening to assess treatment needs. A Service Coordinator determines eligibility for programs. Psychiatric problems are referred to the Mental Health Board. Vocational services are offered in a Work Release Center.

(1) Pretrial, Sentencing (2) Diversion, Treatment (3) Jail,
Other (4) 20/month (5) Social Worker, Other (6) 5:5 (7) A-D :1-076-78
3/7/79 (8) N/A

New Jersey

Correctional Inmate Service Program

Cape May County Jail
Cape May, New Jersey

Contact: Bob Walsh, Director of Inmate Services
(609) 465-7911 ext. 274

Summary: The Correctional Inmate Service Program assesses every inmate entering jail. Through an interview, needs are determined. Available services are coordinated by the program's director. Screening and evaluation is conducted at various stages in the criminal justice process. Pretrial diversion, competency to stand trial, prisoner intake screening and classification, and determining treatment for mental health problems are the major purposes of the program.

(1) All (2) Need assessment and mental health screening
(3) Jail (4) 25-30/month (5) Psychologist (6) 2:1 (7) A-D:1-020-78
(8) N/A

Pretrial Intervention Program

Union County
Courthouse
Elizabeth, New Jersey

Contact: Ross Doyle
(201) 527-4336

Summary: This program coordinates the diversion of persons charged with appropriate indictable offenses into community treatment or rehabilitation programs.

(1) Pretrial (2) Diversion, Treatment (3) Court (4) 70/month
(5) Other (6) 4:4 (7) A-C:6-090-78 5/15/79 (8) N/A

Probation Vocational Service Center

Union County Courthouse
Elizabeth, New Jersey

Contact: Fred Bostel
(201) 353-0500 ext. 356

Summary: This is a comprehensive employment resource center for both adult and juvenile probationers. The staff links offenders with employers and also aids offenders in obtaining job training. The center also performs aptitude and vocational testing.

(1) Other (2) Treatment (3) Court (4) 65/month (5) Social Worker, Other (6) 3:3 (7) A-D:6-215-77 10/10/78 (8) N/A

Pretrial Intervention Program (Hunterdon County)

#5 Mine Street
Flemington, New Jersey 08822

Contact: Dr. Richard Achey
(201) 788-1364

Summary: All persons charged with indictable offenses are eligible to be evaluated by the program staff. Staff members interview offenders and make recommendations to the court. If the prosecutor and the judge consent, the trial is postponed and the offender is placed in the intervention program.

(1) Pretrial (2) Diversion, Treatment (3) Jail (4) 22 (5) Social Worker (6) 2:2 (7) A-C:6-118-77 5/24/78 (8) N/A

Pretrial Intervention Program

Atlantic County Courthouse
Mays Landing, New Jersey

Contact: Suzanne Longacre, Criminal Justice Planner
(609) 646-8685

Summary: This program coordinates the diversion of persons charged with appropriate indictable offenses into community treatment or rehabilitation programs.

(1) Pretrial (2) Diversion (3) Court (4) 40/month (5) Social Worker, Other (6) 4:4 (7) A-C:6-102-77 5/24/78 (8) N/A

New Jersey

Pretrial Intervention Unit

Burlington County Courthouse
Mount Holly, New Jersey 08060

Contact: Robert H. Aaronson
(609) 267-3300 ext. 5919

Summary: All persons awaiting trial on indictable offenses are entitled to be evaluated by this project. The offenders are interviewed and the staff may then provide the court with an evaluation. If the prosecutor and the judge agree, the trial is postponed and the person is placed in the program.

(1) Pretrial (2) Diversion (3) Other (4) 25/month (5) Other
(6) 3:3 (7) A-C:6-109-77 5/24/78 (8) N/A

Psychological and Social Services Unit

Burlington County Courthouse
Mount Holly, New Jersey 08060

Contact: Lawrence M. Cohen
(609) 267-3300 ext. 5207

Summary: This is a counseling and referral program for inmates of the county jail. The staff performs screening and counseling for mental health problems and drug or alcohol abuse. Each inmate is examined within 72 hours of arrival. The staff recommends classification and may provide alternatives to custodial sentencing.

(1) Pretrial, Incarceration (2) Diversion, Classification
(3) Jail (4) 120/month (5) Psychologist, Social Worker (6) 3:3 (7)
A-D:1-148- 77 8/2/78 (8) N/A

Workhouse Treatment Unit

Middlesex County Courthouse
New Brunswick, New Jersey

Contact: Rick Vanderheuvel
(201) 745-3451

Summary: A mental health team screens and evaluates inmates upon intake to the workhouse, provides treatment services during incarceration, and makes referrals to community-based programs upon release.

(1) Pretrial, Incarceration (2) Classification, Treatment
(3) Jail (4) 100/month (5) Psychologist, Social Worker (6) 6:5.25 (7)
A-D:1- 200-77 10/10/78 (8) N/A

Women's Self-Development Program

Essex County Courthouse
Newark, New Jersey

Contact: Bill Innis, Deputy Warden
(201) 226-7777

Summary: This program evaluates women sentenced to the Essex County Correctional Center to identify their special problems and determine appropriate treatment or services. The diagnostic process is also used to classify inmates.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Prison (4) 80/month (5) Psychologist, Social Worker (6) 2:2
(7) A-D:1-156-77 8/2/78 (8) N/A

Pretrial Intervention Unit

Sussex County
Courthouse
Newton, New Jersey

Contact: R. Sanford Fogelson
(201) 383-2210

Summary: This diversion program offers evaluations, recommendations, counseling, referrals and general services for anyone charged with an indictable offense in Sussex County. Probation officers conduct screening interviews and submit reports to the prosecutor concerning available job placement, vocational and academic training, medical treatment, and psychological evaluation and therapy.

(1) Pretrial, Other (2) Diversion (3) Court (4) 15/month
(5) Other (6) 2:2 (7) A-C:6-082-78 3/7/79 (8) N/A

New Jersey, North Carolina

Passaic County Jail Psychological Services

11 Marshall Street
Paterson, New Jersey 07501

Contact: John Scillieri, Chief Psychologist
(201) 881-4627

Summary: This is a relatively informal classification and treatment program. A professional staff provides services to inmates and pretrial detainees in order to link offenders with appropriate treatment facilities. A formalized classification system is being designed for the jail that will assess mental health as well as security needs for all inmates.

(1) Pretrial, Intake (2) Intake, Treatment (3) Jail
(4) 40/month (5) Psychologist, Social Worker (6) 3:2 (7) N/A (8) N/A

Mecklenburg County Mental Health Services

501 Billingsley Road
Charlotte, North Carolina 28211

Contact: Maxine Redmon, Director
(704) 374-2984

Summary: This community health center performs a variety of services such as custody evaluations for juveniles, drug and alcohol programs, presentence reports, and psychological evaluations for both the probation and the parole departments.

(1) Pretrial, Incarceration (2) Diversion, Sentencing
(3) Clinic (4) 15/month (5) Psychiatrist, Social Worker (6) 12:12
(7) N/A (8) N/A

Psycho-Diagnostic Clinic

Summit County Common Pleas Court
Akron, Ohio 44308

Contact: Daniel B. Reinhold, Administrator
(216) 379-5677

Summary: This is the general mental health diagnostic center for the county courts. Defendants are referred for competency to stand trial and insanity evaluations, as well as for sentencing and prisoner mental health evaluations. The project staff administer psychological tests and refer many defendants for further study by psychiatrists and psychologists working on a contractual basis.

(1) Pretrial, Sentencing (2) Competency, Insanity
(3) Court, Jail (4) 32/month (5) Psychologist, Social Worker
(6) 11:2 (7) 77-BC-F04- 7650 7/1/77 (8) Beran and Toomey

District Nine Forensic Center Evaluation

Cambridge Mental Health Center
Cambridge, Ohio 43725

Contact: Hugh Ryan
(614) 439-4136

Summary: The center, serving thirteen rural counties, provides court-ordered psychiatric evaluations of offenders for competency and insanity hearings. The staff also provides drug dependency evaluations, offers outpatient mental health treatment to probationers and parolees, acts as consultants to other agencies, and performs educational services for the community.

(1) Pretrial, Sentencing (2) Competency, Insanity (3) Jail,
Other (4) 7/month (5) Psychologist (6) 2:2 (7) 78-BC-F01-8520
3/10/78 (8) Beran and Toomey

Ohio

Court Psychiatric Service

Alms-Doepke Building
222 East Central Parkway
Cincinnati, Ohio 45202

Contact: Dr. Winter, Assistant to the Director
(513) 352-3116

Summary: The center provides diagnostic evaluations, consultations, and treatment for clients involved in the criminal justice system. Presentence evaluations, as well as screening and evaluations for the parole and probation departments, are included in their services.

(1) Pretrial, Incarceration (2) Diversion, Treatment
(3) Jail, Clinic (4) 150/month (5) Psychiatrist, Social Worker
(6) 20:15 (7) 77-BC- F04-7715 6/30/78 (8) Beran and Toomey

Inmate Classification and Orientation System

City of Cleveland
601 Lakeside Avenue
Cleveland, Ohio 44115

Contact: Thomas Hardin, Commissioner, Cleveland House of Corrections
(216) 464-9104

Summary: As part of the institution's classification process, this program screens new inmates to assess their mental health requirements and determine how they might benefit from specialized resources of the institution.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Jail (4) 35/month (5) Psychiatrist, Social Worker (6) 2:1.25
(7) 78-BE- F01-0336 9/30/78 (8) Beran and Toomey

Jail Classification Unit

1215 West Third Street
Cleveland, Ohio 44113

Contact: Leo Wenneman, Classification Supervisor
(216) 623-6048

Summary: Upon entering the jail, inmates are screened by a social worker to assess the need for further psychological evaluation. Inmates may then be referred to a staff psychologist for more comprehensive evaluation.

(1) Intake (2) Classification, Treatment (3) Jail
(4) 400/month (5) Psychiatrist, Social Worker (6) 4:3 (7) N/A
(8) Beran and Toomey

Jail Psychiatric Unit

1215 West Third Street
Cleveland, Ohio 44103

Contact: Dr. Steven Friedman
(216) 623-6193

Summary: All inmates entering the county jail are preliminarily screened and evaluated via a social history inventory and a mental health questionnaire. Psychiatrists and psychologists conduct intensive evaluations for those in need of mental health services. The jail maintains a psychiatric treatment unit as well as facilities for the mentally retarded.

(1) Intake (2) Classification, Treatment (3) Jail
(4) 90/month (5) Psychologist, Other (6) 9:7 (7) 77-BC-F02-7784
(8) Beran and Toomey

Ohio

Psychiatric Clinic

1200 Ontario Road
Cleveland, Ohio 44113

Contact: Ralph Robinson, Associate Director
(216) 623-7330

Summary: This clinic, the fourth oldest diagnostic center in the country, screens and evaluates individuals referred from both municipal and common pleas courts. Psychiatric evaluations for competency and insanity hearings as well as sentencing recommendations are the major tasks of the clinic.

(1) Pretrial, Sentencing (2) Competency, Insanity (3) Court
(4) 75/month (5) Psychiatrist, Social Worker (6) 17:6 (7) N/A
(8) Beran and Toomey

District Eleven Forensic Center Expansion (Youngstown)

Department of Mental Health and Mental Retardation (g)
30 East Broad Street
Columbus, Ohio 43215

Contact: Ms. Audrey Schwebel
(216) 788-1163

Summary: This forensic center performs court-ordered evaluations for competency and insanity through contract with other mental health agencies.

(1) Pretrial, Sentencing (2) Competency, Insanity
(3) Clinic (4) 20/month (5) Psychologist (6) 8:3 (7) 77-BC-F01-7558
7/21/77 (8) Beran and Toomey

Lorain County Forensic Center

2304 Fourth Street
Elyria, Ohio 44035

Contact: Kathleen Stafford, Ph.D.
(216) 322-4663

Summary: The center performs court-ordered psychiatric evaluations of offenders for competency and insanity hearings. The staff also provides referrals to local treatment agencies and emergency mental health services for local jails.

(1) Pretrial, Intake (2) Competency, Insanity (3) Jail,
Other (4) 25/month (5) Psychologist, Other (6) 3:2 (7) 77-BC-F01-7556
7/21/77 (8) Beran and Toomey

Psychiatric Clinic in the Lebanon Correctional Institute

Division of Forensic Psychiatry
Room 1334
300 E. Broad Street
Columbus, Ohio 43215

Contact: Jack Bromley
(614) 466-9960

Summary: This clinic provides psychiatric evaluation, diagnosis, and treatment for inmates on an out-patient basis.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Prison (4) 50/month (5) Psychiatrist, Social Worker (6) 2:1.25
(7) 77-BC- F02-7566 4/19/77 (8) Beran and Toomey

Summit County Forensic Center (Akron)

Department of Mental Health and Retardation
30 East Broad Street
Columbus, Ohio 43215

Contact: Mr. Daniel Reinhold
(216) 379-5677

Summary: This forensic center provides comprehensive mental health screening and evaluation at various stages in the criminal justice process. The staff performs court-ordered evaluations for competency and insanity hearings, provides presentence reports, and advises the courts on probation and parole supervision. The center handles those offenders incarcerated through the municipal, probate, and common pleas courts.

(1) Pretrial, Other (2) Competency, Insanity (3) Court,
Jail (4) 35/month (5) Psychiatrist, Social Worker (6) 7:2
(7) 77-BC-F01-7554 3/28/77 (8) Beran and Toomey

Ohio

Shawnee Forensic Center

Department of Mental Health and Mental Retardation
30 East Broad Street
Columbus, Ohio 43215

Contact: Ms. Agnes Edwards, Acting Director
(614) 354-7702

Summary: This particular forensic unit, serving six rural Ohio counties, performs court-ordered evaluations for competency hearings and insanity pleas. The center employs a forensic psychiatrist, a clinical psychologist, and a social worker who usually travel to the site of incarceration to perform the evaluations. The staff is also called upon to do referrals to treatment facilities and to evaluate those who are suspected of needing treatment for drug abuse.

(1) Pretrial (2) Competency, Insanity (3) Jail, Community Mental Health Center (4) 5/month (5) Psychiatrist, Psychologist (6) 3:1 (7) 3977-BC-F01-7559 (8) Beran and Toomey

Toledo Court Diagnostic and Treatment Center Expansion

Department of Mental Health and Retardation
30 East Broad Street
Columbus, Ohio 43215

Contact: Wayne Graves, Director
(419) 244-8624

Summary: This project performs court-ordered evaluations of offenders for competency or insanity hearings. The center also provides short-term treatment and examinations of offenders and emergency psychiatric services to persons in jail.

(1) Pretrial, Sentencing (2) Competency, Insanity (3) Jail, Clinic (4) 70/month (5) Psychiatrist, Social Worker (6) 16:13 (7) 77-BC-F01-7551 5/23/77 (8) Beran and Toomey

Dayton Area Forensic Center

131 North Ludlow
Dayton, Ohio 45402

Contact: Hal Bussey, Director
(513) 223-0081

Summary: This center, serving seven counties, provides court-ordered psychiatric evaluations of offenders, expert testimony, and out-patient mental health treatment for probationers and parolees. The center also provides emergency mental health services for local jails and county workhouses.

(1) Pretrial, Other (2) Competency, Insanity (3) Jail,
Forensic Unit (4) 50/month (5) Psychiatrist, Psychologist (6) 14:12
(7) 77-BC-F01- 7550 8/25/77 (8) Beran and Toomey

Center for Forensic Psychiatry--Butler County

222 High Street
Hamilton, Ohio 45501

Contact: Mr. Roger Fisher
(513) 867-5866

Summary: This forensic center, located outside Cincinnati, serves four counties. The center primarily provides the courts with psychiatric evaluations for competency and insanity hearings. The courts served include the common pleas, municipal, and probate courts. The evaluations are performed at various stages in the criminal justice process as the staff is involved in emergency evaluations in the jails, presentence reports, and probation recommendations. The project also offers mental health treatment for probationers and parolees.

(1) Pretrial, Incarceration (2) Diversion, Competency
(3) Jail, Clinic (4) 30/month (5) Psychiatrist, Psychologist (6) 6:5
(7) 77-BC-F01-7555 (8) Beran and Toomey

Ohio

District Five Forensic Center

165 West Third Street
Mansfield, Ohio 44902

Contact: Mr. Makey, Director
(419) 526-1178

Summary: This unit functions as a resource to the common pleas court, providing psychiatric evaluations for competency and insanity hearings as well as determinations of drug dependency. The staff also performs presentence reports for the probation department. All evaluations utilize a team approach method.

(1) Pretrial, Sentencing (2) Competency, Insanity (3) Clinic
(4) 15/month (5) Psychiatrist, Social Worker (6) 4:3.5 (7) N/A
(8) Beran and Toomey

Adult Probation Services

Municipal Court
40 West Main Street
Newark, Ohio 43055

Contact: Norma Thomas
(614) 345-6002

Summary: This is a probation department program receiving defendants referred from the court after a sentence of probation. It also makes some presentence reports. The department may refer the defendant to other agencies, including mental health agencies.

(1) Sentencing, Other (2) Sentencing, Treatment (3) Other
(4) 60/month (5) Other (6) 2:2 (7) 78-BC-F01-8387 3/20/78 (8) Beran
and Toomey

Residential Forensic Center

1264 Market Street
Youngstown, Ohio 44507

Contact: Rick Bilak, Project Director
(216) 744-5143

Summary: This program, which will begin operation upon completion of its 8-bed facility, will provide court-ordered assessments of criminal responsibility and competency to stand trial.

(1) Pretrial, Sentencing (2) Insanity, Competency
(3) Forensic Unit (4) 4/month (5) Psychologist, Social Worker (6) 2:2
(7) N/A (8) Beran and Toomey

Intake Testing--Social Services Counseling
Psychological Services Project

Oklahoma Department of Corrections
3400 North Eastern
Oklahoma City, Oklahoma 73111

Contact: Dr. Bill Shaw, Chief Psychologist
(405) 427-6511 ext. 281

Summary: All persons entering the Oklahoma correctional system are classified by the intake testing center. A battery of psychological tests and medical exams are administered as components of a comprehensive diagnostic process aimed at providing optimal placement and services.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Prison (4) 180/month (5) Psychiatrist, Psychologist (6) 3:2.4
(7) 77C0200001C 10/14/76 (8) N/A

Joseph Harp Correctional Center - Special Programs Unit

Oklahoma Department of Corrections
3400 N. Eastern
Oklahoma City, Oklahoma 73111

Contact: Edith King, Director
(405) 527-5593
-or-
Bill Shaw, Chief Psychologist, Oklahoma
Department of Corrections Assessment
Reception Center
(405) 427-6511 ext. 281

Summary: This program provides in-depth evaluation and treatment services on a short-term, residential basis for inmates of other Oklahoma prisons whose mental health difficulties require special attention.

(1) Incarceration (2) Treatment (3) Prison (4) 7/month
(5) Psychiatrist, Psychologist (6) 8:7.5 (7) N/A (8) N/A

Oregon, Pennsylvania

Client Diagnostic Center

412 S.W. 12th Street
Portland, Oregon 97205

Contact: Robey Eldridge, Manager, Presentence Unit
(503) 229-5803

Summary: Parole officers, and sometimes psychologists, evaluate convicted defendants in Multnomah County and make sentencing recommendations to the courts, generally within fifteen days of referral.

(1) Sentencing (2) Sentencing (3) Jail (4) 150/month
(5) Psychologist, Other (6) 13:13 (7) 77E 003.0 1/1/77 (8) N/A

Jail Counselor and Equipment Purchases

Westmoreland County Detention Center
110 Vanmear Avenue
Greensburg, Pennsylvania 15601

Contact: William Hare, Correctional Counselor
(412) 836-5910

Summary: The program provides a full-time counselor to evaluate incarcerated offenders or pretrial detainees and determine their needs for treatment in the areas of mental health, drug or alcohol abuse, and family problems.

(1) Pretrial, Intake (2) Diversion, Treatment (3) Jail
(4) 80/month (5) Other (6) 1:1 (7) 77C 0130791 (8) N/A

Pretrial Supportive Services

Community Release Agency
535 Fifth Avenue
Pittsburgh, Pennsylvania 15219

Contact: Melvena Lowry, Executive Director
(412) 391-8864/(412) 642-2604

Summary: The program interviews everyone committed to the jail and assesses their needs and determines appropriate services or treatment. If a client seems mentally ill or otherwise in need of services not available in the jail, referrals to outside programs may be made with the court's approval. Those in need of psychological evaluation are referred to a local mental health clinic.

(1) Pretrial, Incarceration (2) Classification, Treatment
(3) Jail (4) 30/month (5) Other (6) 1:1 (7) 77C-0120618 11/14/77
(8) Vera Institute of Justice. Evaluation of the Community Release Agency, Pittsburgh, Pennsylvania (DS-444-73A). Harrisburg: Pennsylvania Commission on Crime and Delinquency, 1974.

Intake, Diagnostic and Classification Project

P. O. Box 23-A
Thornton, Pennsylvania 19373

Contact: Vincent Guarini, Deputy Warden, Treatment Services
(215) 358-2150

Summary: This program functions as an intake unit for the county prison. It is located in a separate facility from the prison. All incoming pretrial detainees and incarcerated inmates are screened. Any mental health problems noted are referred to the medical staff who also screen for alcohol or drug problems during the routine intake examination. The staff also refers individuals to appropriate treatment agencies and provides emergency intervention for mental health problems.

(1) Pretrial, Incarceration (2) Diversion, Competency
(3) Jail (4) 80/month (5) Psychiatrist, Social Worker (6) 1:1
(7) 77C-0130492 7/26/77 (8) N/A

Puerto Rico, Rhode Island

Diagnostic, Classification, and Treatment Center

Corrections Administration
P.O. Box 71308
San Juan, Puerto Rico 00936

Contact: Dr. Vasco Daubon, Director
(809) 759-8466

Summary: This program, operating out of five offices throughout Puerto Rico, conducts psychiatric and psychological evaluations for presentence reports and parole recommendations. Additionally, program staff assess the mental health treatment needs of prison inmates.

(1) Sentencing, Incarceration (2) Parole, Treatment
(3) Prison (4) 225/month (5) Psychologist, Social Worker (6) 9:6
(7) 78-AF-AX-0072-16[4] 1/16/78 (8) N/A

Intake Services, Adult Probation and Parole

250 Benefit Street
Providence, Rhode Island 02903

Contact: Francis J. Murray, Assistant Probation and Parole
Administrator
(401) 277-3496

Summary: This program screens and determines the special needs of offenders placed on probation by the local court. Probationers may be referred to a local mental health center for further evaluation.

(1) Other (2) Other, Treatment (3) Court (4) 85/month
(5) Other (6) 4:4 (7) 79-3286-C2C5 6/6/79 (8) N/A

South Carolina

Psychological Evaluation of Work Release Candidates

Department of Corrections
4444 Broad River Road
Columbia, South Carolina 29221

Contact: Thomas A. Wham
(803) 758-6401

Summary: This program performs psychological evaluations of inmates eligible for work release to determine whether candidates are suitable for community work.

(1) Incarceration (2) Treatment, Other (3) Prison (4) 130/
month (5) Psychologist (6) 5:3.5 (7) 77123 9/20/78 (8) Author
Unknown. "Chapter IV, release programs" and "Chapter V, summary of
problems and recommendations." Columbia: South Carolina Department
of Corrections, 1979.

Testing/Referral Service for Mentally Retarded/Mental Health Inmates

South Carolina Department of Corrections
1515 Gist Street
Columbia, South Carolina

Contact: Jerry L. Salisbury, Ph.D.
(803) 758-6896

Summary: All inmates entering the corrections system are tested in the reception center. The staff specifically examines for mental retardation and other mental health problems.

(1) Intake (2) Classification, Treatment (3) Prison (4) 400/
month (5) Psychologist, Other (6) 10:10 (7) 77038 2/3/77 (8) N/A

South Carolina, Tennessee

Greenville County Pre-Trial Diversion Program

Greenville County Courthouse
Greenville, South Carolina 29601

Contact: Matt Hawley
(803) 298-8411

Summary: After diversion from trial into this program, mental health screening is conducted and referrals are made to local agencies. The program provides for training of the client and education in responsibility to the community. The major purpose of the program is to provide an alternative to long-term incarceration for first-time offenders.

(1) Pretrial (2) Diversion, Classification (3) Other
(4) 150/month (5) Social Worker, Other (6) 6:6 (7) 78DFAX0030
1/19/78 (8) N/A

Diagnostic Services for Jail Inmates

710 South Fifth Street
Nashville, Tennessee 37206

Contact: William Wall, Director of Correctional Rehabilitation
(615) 259-6221

Summary: This program serves three facilities and performs screening of pretrial detainees. A battery of tests are administered to each inmate, and an interview is conducted by the staff psychologist. An individual may be referred to a psychiatrist if a more complete assessment is warranted.

(1) Pretrial (2) Competency, Classification (3) Jail
(4) 40/month (5) Psychologist, Other (6) 3:1.5 (7) 030A-79-4.02-H02
7/1/79 (8) N/A

Utah, Virginia

Parkview Community Corrections Center

700 East 25th Street
Ogden, Utah 84401

Contact: Iris E. Hemenway
(801) 627-2510

Summary: This program functions as halfway house for female probationers and parolees. It provides educational and occupational training and experience as well as counseling for the residents. Those with mental health problems are referred to a local mental health center for evaluation.

(1) Intake, Incarceration (2) Classification, Treatment
(3) Prison (4) 5/month (5) Other (6) 8:8 (7) S-79-G-1-1 11/1/78
(8) N/A

Weber County Mental Health Center

5th Floor
2510 Washington Boulevard
Ogden, Utah 84401

Contact: Steve Watson
(801) 626-9100

Summary: A clinical social worker with this program acts as a "court consultant" and performs mental health assessments at the request of courts, probation officers, police, and jail personnel. Assessments of criminal responsibility and incompetency to stand trial are only preliminary and may result in further evaluation elsewhere by a psychiatrist.

(1) Pretrial, Incarceration (2) Competency, Sentencing
(3) Jail, Clinic (4) 12/month (5) Social Worker (6) 1:1 (7) N/A
(8) N/A

Peninsula Mental Health Center at Riverside Hospital

Riverside Hospital
Newport News, Virginia 23601

Contact: Mr. Peter Hartman, Administrator
(804) 599-2060

Summary: This community program serves the courts by conducting mental health screening and evaluation at various stages within the criminal justice process.

(1) Pretrial, Sentencing (2) Diversion, Treatment (3) Jail,
Other (4) N/A (5) Psychologist, Social Worker (6) 10:2 (7) N/A (8) N/A

Virginia, Washington

Norfolk City Jail Screening and Classification

811 East City Hall Avenue
Norfolk, Virginia 23510

Contact: Russell Chandler, Medical Liaison
(804) 441-2341

Summary: A physician screens offenders to determine whether they are competent to stand trial. If competency is questioned, the offender may be sent to either Eastern State Hospital or Central State Hospital for further observation.

(1) Pretrial (2) Competency, Treatment (3) Jail (4) 50/month
(5) Doctor, Psychologist (6) 2:1 (7) N/A (8) N/A

Central Classification and Records Unit

P.O. Box 26963
Department of Corrections
Richmond, Virginia 23261

Contact: Mr. Joseph Hinchey, Manager, Classification and Records Unit
(804) 257-0119

Summary: Inmates entering the state prison system are classified at one of two classification centers. The screening process includes psychological and medical examinations, educational and vocational assessments, and interviews with chaplains and parole personnel. Inmates are assigned to one of 43 state facilities according to security needs, proximity to the inmate's home, appropriate treatment programs, and available space.

(1) Intake, Other (2) Classification, Treatment (3) Prison
(4) 275/month (5) Psychologist, Other (6) 50:50 (7) N/A (8) N/A

Offender Services Coordinator

Whitman County Sheriff's Department
P.O. Box 470
Colfax, Washington 99111

Contact: Robert D. Ingalls, Offender Services Coordinator
(509) 397-4546

Summary: Incoming inmates are interviewed by a minister/social worker in order to determine treatment needs.

(1) Intake (2) Treatment (3) Jail (4) 20/month (5) Other
(6) 1:1/2 (7) 77-C-7134 8/11/77 (8) N/A

District Court Probation Services

7006 70th Street, N.E.
Oak Harbor, Washington 98277

Contact: Lewis Sauter
(206) 675-0777

Summary: This program conducts preliminary screenings of misdemeanants for pre-sentence and probation reports. Offenders may be referred to psychiatric hospitals for further evaluation and/or treatment.

(1) Sentencing, Other (2) Sentencing, Treatment (3) Court, Clinic (4) 25/month (5) Psychiatrist, Psychologist (6) 6:6 (7) 77-C-7143 8/15/77 (8) N/A

Jail Services

327 West Lewis Street
Pasco, Washington 99301

Contact: Mace Knapp
(509) 547-4122

Summary: The project evaluates inmates in two local jails referred by the jailor to determine whether mental health treatment is necessary.

(1) Pretrial, Intake (2) Treatment (3) Jail (4) 10/month (5) Psychologist (6) 1:.5 (7) 79-C-9175 5/15/79 (8) N/A

Adult Corrections Treatment Program

603 East 8th Street, Suite 4
Port Angeles, Washington 98362

Contact: David Eden, Mental Health Professional
(206) 457-0431

Summary: The primary goals of this project are to provide mental health evaluations in order to assist Clallam County courts at the pretrial release stage, but services can be provided at all stages of the criminal justice process. Referrals come from private attorneys, probation officers, and public defenders.

(1) Pretrial, Other (2) Diversion, Treatment (3) Jail, Clinic (4) 20/month (5) Other (6) 1:1 (7) 78-C-8105 5/1/78 (8) N/A

Washington

Medical Care and Health Services

Corrections Division, Department of Rehabilitative Services
East 223 King County Courthouse
Third and James
Seattle, Washington 98104

Contact: Diana Strom
(206) 344-7400

Summary: This statewide program, not yet fully in operation, assesses the medical and mental health needs of inmates. Upon admission to the correctional system, the inmate completes a questionnaire and may later be referred to a social worker for evaluation.

(1) Intake (2) Competency, Classification (3) Jail, Prison
(4) 2,500/month (5) Social Worker, Other (6) 6:6 (7) 78EDAX0171
9/30/78 (8) N/A

Jail Social Services

Pierce County Jail
930 Tacoma Avenue
Tacoma, Washington 98402

Contact: Mark Allen, Social Services Coordinator
(206) 593-4792

Summary: This program screens all jail prisoners at intake and assesses psychological and social problems. Except with respect to prisoners thought to be psychotic, who are referred directly to a clinical psychologist for further evaluation and treatment, participation in social services programs offered at the jail is voluntary.

(1) Pretrial, Incarceration (2) Classification, Treatment
(3) Jail (4) 300/month (5) Psychologist, Other (6) 7:6 (7) N/A (8) N/A

Pierce County Probation Department

819 South K Street
Tacoma, Washington 98405

Contact: Don Haney, Director
(206) 593-4123

Summary: Department probation officers interview adult misdemeanants who have been placed on probation or are awaiting sentencing. Assessments are made with regard to mental retardation, learning disabilities, and developmental handicaps. This information may be included in presentence reports or may result in the referral of individuals to appropriate community programs as a part of probation.

(1) Pretrial, Sentencing (2) Sentencing, Treatment (3) Other
(4) 138/month (5) Other (6) 6:6 (7) N/A (8) N/A

Police Department People's Assistance Team

City of Vancouver
210 East Thirteenth Street
Vancouver, Washington 98660

Contact: Captain Mose
(206) 696-8227

Summary: The objective of this program is to reduce police time spent on domestic disputes and other noncriminal cases. Social workers are responsible for crisis intervention, counseling, and referral to community programs.

(1) Pretrial, Other (2) Treatment (3) Other (4) 55/month
(5) Social Worker (6) 3:3 (7) 79-C-9125 11/29/78 (8) N/A

Bellwood Residential Center

839 N. 27th Street
Milwaukee, Wisconsin 53208

Contact: Ed Carson, Intake Director
(414) 931-7100

Summary: This community-based, residential program serves probationers, diversion program participants, and offenders preparing to re-enter society after a period of incarceration or hospitalization. Mental health evaluations may be conducted to assess the special needs of clients.

(1) Incarceration, Other (2) Treatment (3) Jail, Other
(4) 50/month (5) Psychiatrist, Psychologist (6) 40:30 (7) N/A (8) N/A

Wisconsin

Jewish Vocational Services of Milwaukee

1339 North Milwaukee Street
Milwaukee, Wisconsin 53202

Contact: Michael H. St. John
(414) 272-1344 ext. 364

Summary: This project, now operating on a limited basis, serves clients from any phase of the criminal justice process. The staff suggests sentencing alternatives, aids offenders in vocational training and placement, and assists in finding suitable housing.

(1) Pretrial, Intake (2) Diversion, Sentencing (3) Jail, Clinic (4) 20/month (5) Social Worker (6) 10:10 (7) 78-11B(4A)-MM-13-7 8/1/78 (8) N/A

Mental Health Treatment Program

Wisconsin Correctional Service
436 West Wisconsin Avenue
Milwaukee, Wisconsin 53203

Contact: Bowne J. Sayner, Assistant Executive Director
(414) 271-2512

Summary: This program assesses and treats the mental health problems of offenders or alleged offenders. All persons coming into the jail are screened, and treatment is provided on an outpatient basis.

(1) Pretrial, Incarceration (2) Classification, Treatment (3) Jail, Prison (4) 150/month (5) Social Worker, Other (6) 7:7 (7) 78-4A-MM-04-8 11/5/78 (8) N/A

APPENDIX B

An Annotated Bibliography

The following is a selected bibliography of literature pertaining to the evaluability of forensic mental health projects. It is not meant to be exhaustive or comprehensive; rather it is intended to be literally "definitive," facilitating the definition of issues in the area. Literature was included if (1) it considered the process of detection (the legal and psychological events that result in a decision of whether or not to apply certain mental health labels to an offender) and (2) it concerned one of several mental health labels (including mental retardation, dangerousness, incompetency to stand trial, criminal responsibility, and specified categories of mental illness). Hence, an effort was made to exclude some common types of literature, such as that discussing only legal processes, treatment for mental illness, or screening for particular conditions tangential to problems of mental illness or retardation (especially alcoholism and drug abuse). Literature that appeared to apply exclusively to juvenile justice or civil commitment was excluded. Finally, as a rule of thumb, literature prior to 1975 was excluded from the search unless it appeared to be exceptionally important.

Literature was obtained from the following sources:

1. Index Searches. Searches were made through Psychological Abstracts (January 1977 to June 1979), Index to Legal Periodicals (September 1976 to October 1979), The Criminal Justice Periodicals Index (January 1976 to May 1979), and the Social Sciences Index (April 1976 to June 1979). All available writings having titles and abstracts that seemed relevant according to the guidelines noted above were obtained.
2. Computer Searches. A computer search was made by a commercial firm having access to a wide variety of computerized databases. The primary search phrase used was "forensic psychiatry." Documents with relevant titles were obtained. Similarly, a computer search was ordered from the NIMH clearinghouse on mental health.
3. National Center for State Courts Staff and Library Holdings. The National Center's library and staff collections were searched for relevant titles.
4. Verbal Inquiries and Fortuitous Sightings. Members of the staff asked professionals with whom they came in contact for references to particularly valuable literature. They also perused professional magazines, brochures, etc., for leads to other literature.
5. Bibliographies. The reference list in every writing obtained was checked for leads to other relevant literature.

Format and Organization of Bibliography

The bibliography contains a citation to the writing's source, using the citation style in the Publication Manual of the American Psychological Association (APA, 1974), a short description of the writing, and coded information pertaining to the author's position or profession and the writing's content.

Figure 3 shows a sample bibliographic entry, each part of which has been labeled. The labels indicate the following:

- (1) Author
- (2) Title
- (3) Source
- (4) Topics addressed in the writing, coded as follows:
 - A Civil commitment
 - B Competence
 - C Conservatorship
 - D Criminal responsibility
 - E Dangerousness
 - F Diagnoses
 - G Diversion from court
 - H Diversion from imprisonment
 - I Guardianship
 - J Measurement
 - K Outcomes/effects
 - L Rights of client-offenders
 - M Sentencing
 - N Statutes
 - O Other
- (5) Area(s) of primary importance to forensic evaluation addressed in the writing, coded as follows:
 - 1 Procedures/method of screening.
 - 2 Where conducted?
 - 3 By whom?
 - 4 For whom?
 - 5 For what reasons?
 - 6 With what outcome?
 - 0 The writing has no area of primary importance, although it does address one or more areas to some extent.
- (6) Abbreviation of state(s) on which the writing is focused. This item is omitted if the writing does not focus on a state.
- (7) The position or profession of the author(s), as can best be determined from the writing.
- (8) Annotation.

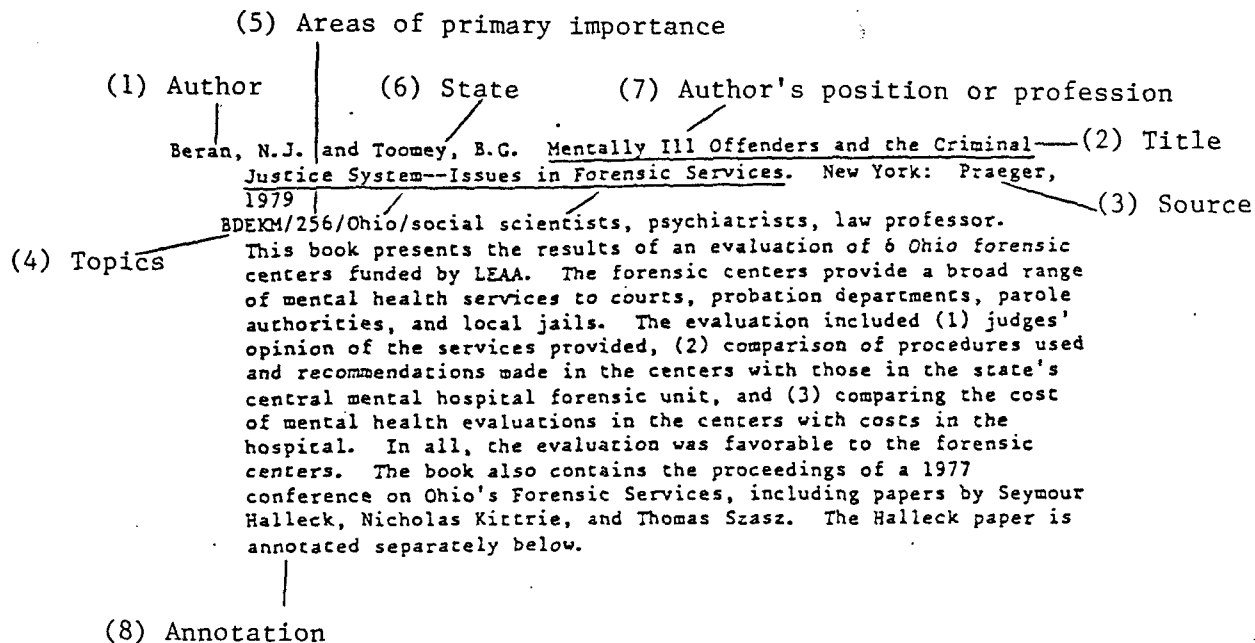


Figure 3. Sample bibliographic entry.

Bibliography

Badger, M.J. Clinicians in the courtroom: An interdisciplinary attitude assessment relating to commitment, criminal responsibility, disposition and the assessment of dangerousness. Ann Arbor: Xerox University Microfilms, 1976.

BDEF/36/psychologist.

This Ph.D. dissertation explored attitudes among clinicians, jurors, attorneys, and others as measured by responses to five vignettes. It showed that there was agreement in judgments made by clinicians; but no other group showed equal agreement (reliability) in diagnostic judgment. All individuals ascribed dangerousness to the person in the vignettes "on the basis of relatively slight amounts of information." Despite the reliability of clinical judgment, there is no direct evidence on validity, and the author speculates that judgments of "dangerous" are made with too many false positives.

Bartholomew, A.A. and Milte, K.L. The Reliability and Validity of Psychiatric Diagnoses in Courts. The Australian Law Journal, 1976, 50, 450-458.

DEFLM/16/psychiatrist, lawyer.

The main point of this article is that psychiatric diagnoses have insufficient reliability and validity to justify their use. This is not merely a problem of assigning labels, but also one of fixing prognosis and recommending treatment. Procedures currently in use result in unnecessary adverse legal treatment ("false positive") for more people than are given correct treatment. Their two major conclusions: 1) Psychiatrists ought to be excluded from the determination of the facts in issues relating to responsibility by removing these questions from the trial stage. Instead, the thrust of psychiatric expertise should be applied, with due caution, to the sentencing-treatment aspect of the criminal process. 2) Procedural safeguards need to be built into the diagnostic process together with easily accessible, and guaranteed, legal means for testing the label or diagnosis, including the right to bring forward privately obtained options.

Beran, N.J. and Toomey, B.G. Mentally ill offenders and the criminal justice system--Issues in forensic services. New York: Praeger, 1979

BDEKM/256/Ohio/social scientists, psychiatrists, law professor.

This book presents the results of an evaluation of six Ohio forensic centers funded by the Department of Justice. The forensic centers provide a broad range of mental health services to courts, probation departments, parole authorities, and local jails. The evaluation included (1) judges' opinion of the services provided, (2) comparison of procedures used and recommendations made in the centers with those in the state's central mental hospital forensic unit, and (3) comparisons of the cost of mental health evaluations in the centers with costs in the hospital. In all, the evaluation was favorable to the forensic centers. The book also contains the proceedings of a 1977 conference on Ohio's Forensic Services, including papers by Seymour Halleck, Nicholas Kittrie, and Thomas Szasz. The Halleck paper is annotated separately below.

Black, D.A. Review of the "Butler" Report on Mentally Abnormal Offenders. Bulletin of British Psychology, 1976, 29, 130-139
BDEFIM/0/psychologist.

This brief review summarizes the main recommendations of the report as follows: bail is preferred to hospital remand for mental health assessment (unless custody is necessary); much traditional terminology should be changed (i.e., "not guilty on account of insanity" should be "not guilty on evidence of mental disorder"); all sentences involving hospital orders should be reviewable; "modification of social behavior" should be objective of treatment, not "cure;" there should be regional centers of a coordinated forensic psychiatry service; discharge recommendations should be heard by advisory boards. The review notes that implementation of Butler recommendations will increase demand for professional psychological resources.

Broderick, D.J. Insanity of the Condemned. The Yale Law Journal, 1979, 88, 533-564
DO75/law student.

The common law prohibits the execution of an insane prisoner. In this article, state procedures for assessing insanity of condemned prisoners are examined. These procedures have involved the initial examination of a prisoner's insanity claim by the prison administrator, examination of sanity by a state judge or official, and the placement of prisoners judged insane in state mental hospitals. This article argues that the previously approved state procedures for assessing the sanity of prisoners sentenced to death are inadequate when analyzed in light of recent court decisions; more extensive procedural protections are constitutionally required to protect the convicted prisoner's right not to suffer cruel and unusual punishment and his right to due process. The author proposes several safeguards, including a hearing, a definition of insanity, a system of review, procedures for processing repeated insanity claims, and required notification that insanity will delay execution. This article contains extensive references to relevant issues like the definition of insanity, raising the issue of insanity, and notice requirements.

Caesar, B. The Insanity Defense: The New Loophole. Crime and Delinquency, 1979, 25, 436-449.
DEFHN/56/Pa./judge.

The basic premise of this article is that defendants found not guilty by reason of insanity are just as great a threat to society as those defendants who are sane. Thus, they should not be viewed in the same manner as mentally ill persons subject to civil commitment. The defendants who are judged insane often receive treatment for only a brief time, are released, and are not deterred or reformed. This article states that such a defendant should be sentenced to an appropriate facility, where the burden will be on the defendant to show non-dangerousness in order to obtain release.

Campbell, R.B., Jr. Sentencing: The Use of Psychiatric Information and Presentence Reports. Kentucky Law Journal, 1970-71, 60, 285- 321. FLM/126/Mass./law professor.

The author states that due process is served only if the defendant is allowed a sentencing hearing whenever psychiatric information is used in sentencing. The usual due-process protections built into the presentence report procedures may not be sufficient if the report contains psychiatric information. The author describes his idea of a model procedure for using psychiatric information at sentencing, one result of which is to remove the psychiatrist from adversary proceedings. The article also describes a psychiatric court clinic in Massachusetts and discusses the advantages of an in-court clinic.

Cocozza, J. J. and Steadman, H. J. The Failure of Psychiatric Predictions of Dangerousness: Clear and Convincing Evidence. Rutgers Law Review, 1976, 29, 1084-1101.

BEFHKN/6/N.Y./social scientists.

This article first states that prior research shows substantial evidence that psychiatrists cannot predict the dangerousness of defendants. Secondly, the article presents empirical research based on a New York law that required dangerous IST defendants to go to the Department of Corrections, and those predicted not to be dangerous to go to a civil mental hospital. The authors claim that the psychiatrists' recommendations predicted actual behavior poorly.

Dickey, W. Deinstitutionalization in the Nondangerous Mentally Ill. Unpublished article, 1979.

ABEN/6/Wis./law professor.

This article deals with the nondangerous mentally ill in the context of Wisconsin's 1975 Mental Health Act. When offensive conduct by the nondangerously mentally ill occurs, according to the author, the effort to avoid a traditional response such as institutionalization through civil commitment inevitably creates the need to develop other responses to the behavioral problems of the nondangerously mentally ill person. The result is usually an improvised response to the problem that serves neither the objective of deinstitutionalization nor the interest of the mentally ill person. The failure to provide community treatment alternatives in Wisconsin has resulted in pressure on the criminal justice system to deal with nondangerous deviant behavior that heretofore was dealt with in the mental health system. The failure to give thought to alternatives has resulted in improvised programs of arrest, frequently followed by commitment as incompetent to stand trial. Confinement far from home in an institution that is not equipped to deal with their problems is contrary to the best interests of the individuals, who often leave such institutions less able to cope in the communities and likely to repeat the conduct that led to intervention. The objective of deinstitutionalization is likewise not served by such a response to the behavioral problem, because the annoying and disruptive behavior results in confinement either in jail or in mental institutions. The article cites specific illustrations and case studies, as well as data in footnotes useful for examining the problem of the nondangerous mentally ill in the context of Wisconsin's statute.

Dietz, P.E. Clinical Approaches to Teaching Legal Medicine to Physicians: Medicolegal Emergencies and Consultations. American Journal of Law and Medicine, 1976, 2, 133-145.

F/0/doctor.

This article deals with teaching legal medicine to physicians. The author feels that because physicians lack that knowledge they are not always equipped to handle medical (mental health) problems regarding the legal aspects. The author suggests two solutions: a course in medical school and a legal consultation service.

Fitch, W.L. Mental Competency and Criminal Responsibility in D.C.:

A Guide For Judges. Unpublished, 1980

BDELN/245/D.C./attorney.

This paper is the chapter on mental competency and criminal responsibility for the District of Columbia Superior Court Benchbook to be published in 1980. The paper describes in detail the procedures in these two situations, and it describes the points in the court process where various mental health examinations are performed, which agencies perform the examinations, and the options for judges in disposing of offenders.

Fullin, J. Incompetency to proceed in a criminal action. Madison, Wisconsin Legislative Council Staff--Special Committee on Care of the Mentally Ill, 1978.

BLN/456/Wisc./attorney.

This paper explains the Wisconsin laws dealing with the issue of competency to stand trial. It discusses the history of the statutes and how recent cases have affected the appropriateness of the laws. The topics it addresses include the distinction between incompetency and insanity; the meaning of competency; the rationale for the incompetency rule; raising the issue of incompetency; when competency may be raised; McCredden hearing (pre-examination probable guilt hearing); mental examination and report.

Geller, J.L. and Lister, E.D. The Process of Criminal Commitment for Pretrial Psychiatric Examination: An Evaluation. American Journal of Psychiatry, 1978, 135, 53-61.

ABDEGKLN/56/Mass./psychiatrists.

This article discusses the process of pretrial commitments to a state hospital under Massachusetts law. It addresses the reasons used to justify pretrial commitments, the methods by which the examination proceeds, what the evaluation is intended to produce, and the outcome of the evaluations and the trials that followed. Many of the examinations did not provide the data called for by the statute. The authors conclude that the law falls short of its intended purpose, i.e., to control and make explicit the pretrial commitment process.

German, J.G. and Singer, A.C. Punishing the Not Guilty: Hospitalization of Persons Acquitted by Reason of Insanity. Rutgers Law Review, 1976, 29, 1011-1081.

DLN/O/attorneys.

The thesis of this article is that the offender found to be not guilty by reason of insanity can only be treated exactly the same as a civil commitment case. That is, it is unconstitutional to commit, treat, or release the individual in a manner different from civil commitment cases. Screening services after a finding of not guilty must essentially be identical to those in civil cases.

Gray, S.H. Insanity Defense: Historical Development and Contemporary Relevance. American Criminal Law Review, 1972, 10, 559-585.

DF/O/D.C./psychologist.

The author gives a concise history of the NGI defense and the various tests used today to determine the issue. It is claimed that modern psychological research shows that many people are psychologically incapable of distinguishing right from wrong, hence the M'Naghten test is no longer suitable. Also discussed are the practical aspects of psychiatric testimony and the reliance by D.C. courts on St. Elizabeths psychiatrists, despite the incomplete examinations they give defendants.

Halleck, S.L. Psychiatry and Social Control: Two Contradictory Scenarios, in Beran, N.J. and Toomey, B.G., eds. Mentally Ill Offenders and the Criminal Justice System: Issues in Forensic Services. New York: Praeger, 1979.

ABDEFGH/JK/356/psychiatrist.

The author contends that social controls are an inherent aspect of psychiatric practice and that in dealing with mentally ill offenders the psychiatrist must be aware of the social control functions of his task. He agrees with Szasz and Kittrie in contending that psychiatrists have no great role in incompetency proceedings; further, he thinks that psychiatrists have little to contribute to the issue of criminal responsibility. The decisions to be made are philosophical, not medical. With regard to the issue of dangerousness, this author supports Alan Stone's criteria, i.e., the individual is mentally ill, treatment might help, and the individual is competent to accept treatment. He concludes that dangerousness "has nothing to do with psychiatry."

Herbert, W. States Ponder Notion of Criminal Insanity. APA Monitor, 1979, 10, 8-9.

DEHN/O/psychologist.

This article deals with the problems faced by mental health officials and the legal system in determining the effects of mental disability on the prosecution of criminal offenders. Recently proposed alternatives to the insanity defense in Illinois, New York, and Michigan are discussed.

Herjanic, M. et al. Forensic Psychiatry: Female Offenders. American Journal of Psychiatry, 1977, 134, 556-559.

BDF/6/Mo./psychiatrists.

This article compares 127 women and 1,068 men referred to the forensic service in St. Louis between 1952 and 1973. It gives information on the proportion of defendants with different charges referred; the frequency of the types of diagnoses; and the relation between the diagnosis and whether the crime was against persons, property, or public. The authors found women defendants are less likely to be referred than men, that once referred women are more likely to be found not guilty by reason of insanity and incompetence to stand trial, and that women are more likely to be diagnosed as having an "affective disorder" and less likely to be diagnosed as having an "antisocial personality."

Holland, T. and Holt, N. Offenders' Characteristics Versus Decision-Makers' Attitudes as Determinants of the Outcome of Presentence Evaluations. Psychological Reports. 1976, 39, 267-274.

JM/O/Cal./corrections officials.

This article was a study of 372 convicted felons referred to the Chino Institution (Cal.) for presentence reports. At the institution psychiatrists, psychologists, and correctional workers evaluated the defendants and recommended the degree of custodial care needed. The researchers used information in the case files, including personality profile, severity of the offense, probability of recidivism, arrest history, and the recommendation. Among their findings were that the severity of the offense and the probability of recidivism were the major factors in the decision whether to recommend state or county disposition. Because of the varying emphasis on these two factors, evaluators were not consistent in their recommendations.

Hormann, D.K. The Privilege Against Self-Incrimination in Pre-Trial Psychiatric Examinations: Oregon's Compromise. Willamette Law Journal, 1978, 14, 313-325.

DL/145/Ore./law student.

This article discusses ways courts deal with the question of a defendant's 5th Amendment privilege during psychiatric examination to determine criminal responsibility. It notes that: most courts may require a defendant pleading insanity to submit to an examination by a state psychiatrist; some courts require the defendant to answer any and all questions posed, some courts permit the defendant to refuse to answer any questions, and some courts take an intermediate approach; Oregon courts require the defendant to answer all questions except those concerning the commission of the alleged crime. The article analyzes the legal reasoning on both sides of the issue (to what extent does the 5th Amendment privilege apply?) and suggests alternative solutions, including bifurcated trial (trial on guilt or innocence, separate trial on insanity--as done in Arizona, California, Colorado, and other states) and requiring the defendant to answer all questions, but not admitting into evidence answers relating to commission of the offense.

Jacobs, D. Psychiatric Examinations in the Determination of Sexual Dangerousness in Massachusetts. New England Law Review, 1974, 10, 85-103.

FMO/1/Mass./psychiatrist.

The author notes, and gives examples of, the lack of standards and the lack of a thorough examination when determining whether an offender convicted of a sex crime is a sexually dangerous offender. He suggests that there be published guidelines for the examinations, and he hopes that psychiatrists will volunteer time so that more thorough examinations will be performed. An appendix to the article contains a ten-page form, with instructions, for psychiatrists to use when performing examinations.

Jones, N. O. The Presentence Diagnostic Program in North Carolina: Process and Problems. North Carolina Central Law Review, 1978, 9, 133-157.

EFHKM/16/N.C./social scientist.

This article is a detailed description of the Presentence Diagnostic Studies program of the N.C. prison system. It receives a small proportion of the convicted defendants, about 250/year, upon referral from the courts for indepth study of the defendant for sentencing recommendation. The article describes the study process. Psychiatric examinations are conducted where necessary. There is a "psychological examination" of intellect and personality. The report to the court assesses the defendant's needs and the community's needs for protection from the defendant. The article also focuses on mentally disturbed offenders. In the referrals, the courts often ask questions about the defendant's mental condition and about treatment he should receive. A psychological or psychiatric examination is held whenever mental disorders might be present (in roughly half the referrals). The article gives information about the specific diagnoses for mental illness, about the number of referrals from the courts, about types of recommendations and how often courts followed recommendations, and about how often those paroled violated parole.

Laben, J.K., Kashgarian, M., Nessa, D.B., and Spencer, L.D. Reform from the Inside: Mental Health Center Evaluations of Competency to Stand Trial. Journal of Community Psychology, 1977, 5, 52-62.

BDEFHJK/2356/Tenn./various professors.

This article evaluates the 1973 decentralization of mental health evaluation services in Tennessee. The authors describe the objectives of the mental health screening facility, its operational mode and functions, and its results. The model maintained the concept of community forensic services. The article contains many ideas to generalize and expand upon for an evaluation model. (Note that an earlier article by two of the authors, Laben and Spencer, is annotated below.)

Laben, J.K. and Spencer, L.D. Forensic Services. Community Mental Health Journal, 1976, 12, 405-414.

BDEFK/2/Tenn./psychiatric nurse, psychologist.

This article is about the 1973 changes in handling of mentally ill defendants in Tennessee. Previously all defendants were sent to a central hospital, near Nashville. Security was tight, facilities were poor, and treatment was slight. Defendants tended to remain for long periods in the facility. Largely in response to Jackson v. Indiana, the system was decentralized. Defendants were placed in five regional mental hospitals, and the local mental health centers screened defendants for placement in secure facilities. Also, facilities were generally upgraded and civil commitment standards were used for commitment of defendants. Results claimed were fewer commitments of criminal defendants, shorter stays, and better treatment. There was also more due process emphasis in the commitment procedures, and more commitments were made to non-secure facilities.

Levinson, R.M. and Ramsey, G. Dangerousness, Stress, and Mental Health Evaluation. Journal of Health and Social Behavior, 1979, 20, 178-187.

EFK/36/special scientists.

This article analyzes the role of mental health associates (lay workers) vis-a-vis psychiatrists in the prediction of dangerous behavior. It was theorized the former would be more accurate because they do not have a role in the mental health system that might prompt overprediction. But research found that they were not accurate, though they were no less accurate than psychiatrists. The article concludes that prediction would be better handled by an interdisciplinary team and by incorporating environmental information along with the traditional clinical testing data:

Modlin, H.C., Porter, L., and Benson, R.E. Mental Health Centers and the Criminal Justice System. Hospital and Community Psychiatry, 1976, 27, 716-719.

KO/26/Kan./psychiatrist, attorney, social worker.

This article examined the relationship between community mental health centers and the criminal justice system. They found that all large communities had reciprocal programs, but meaningful interaction in small communities was rare. The article gives good insight into possible evaluation criteria: e.g., urban community setting, individual initiative by staff, and location of service in the criminal justice system.

Monahan, J. and Hood, G. L. Psychologically Disordered and Criminal Offenders' Perceptions of their Volition and Responsibility. Criminal Justice and Behavior, 1976, 3, 123-132.

D/O/professors of social ecology.

The article's main point is that defendants with prior psychiatric history are perceived by jurors as having less "free will," being less morally responsible, thus needing treatment rather than punishment. An implication is that the history of psychiatric problems may be a biasing factor in subsequent mental health evaluations.

Note. Rhode Island Adopts Modified A.L.I. Test For Insanity, Abandons M'Naghten. Criminal Law Reporter, 1979, 24, 2482-2483.

DG/R.I.

This is a synopsis of State v. Johnson (RI Sup. Ct., 2/9/79) in which the M'Naghten test is abandoned and the American Law Institute's Model Penal Code Standard (slightly modified) is adopted. Excerpts of the Court's opinion discuss weaknesses of M'Naghten, of the irresistible impulse doctrine, and of the ALI standard. The opinion stresses the importance of using experts to present information but retaining "insanity" as a legal decision to be made by a jury based upon community standards.

Perr, I.N. Problems Surrounding Release of Persons Found Not Guilty by Reason of Insanity. Journal of Forensic Sciences, 1975, 20, 719-725.

DFJKL/56/psychiatrist.

This article discusses New Jersey law relating to release of NGI patients. It analyzes requirements set out in Maik case (essentially that patient does not qualify for release until the "underlying or latent personality disorder" is "cured"--remission not enough) and contains reprint of "Position Statement on Maik Decision of NJ Psychiatric Association," which responds critically to each point of Maik. The authors analyze the Carter decision, viewed as a better reasoned decision (it allows for conditional release of patient whose disorder is in remission, noting that denial of release without cure is "tantamount to an elaborate mask for preventive detention"). The article describes other states' standards for release (public safety, best interests of the patient, restoration to reason, no longer dangerous) and touches on the question of burden of proof in a review hearing for conditional release.

Poythress, N.G., Jr. A Proposal for Training in Forensic Psychology. American Psychologist, 1979, 34, 612-621.

ABDEF/O/psychiatrist.

In proposing necessary training in forensic psychology, the author stresses the need among clinical practitioners for a familiarity with legal tests and concepts. He stresses that statutes are useful in orienting the mental health worker to specific legal tests or questions to be addressed. But he points out that for certain referral questions "guidelines are more obscure and may be found only in the case law, for example, the criteria for competency to plead guilty or competency to waive constitutional rights." Also stressed is the need for proper use of available tests or data gathering instruments in order to complete assessment. Problems of improper assessment, especially the incorrect use of psychological tests, are discussed.

Rabkin, J.G. Criminal Behavior of Discharged Mental Patients: A Critical Appraisal of the Research. Psychological Bulletin, 1979, 86, 1-27.

EFH/6/psychiatrist.

This article reviews studies that have compared arrests and convictions of discharged mental patients to those of the general public. In general, the rates are the same, except that mental patients with prior criminal records have a higher probability of arrest or conviction. One conclusion is that the mental health system is too frequently used as an alternative to the criminal justice system.

Roesch, R. and Golding, S.L. Legal and Judicial Interpretation of Competency to Stand Trial Statutes and Procedures. Criminology, 1978, 16, 420-429.

BKL/5/N.C./psychologists.

This article compared the views of judges and defense attorneys with respect to IST procedures. The results show major disagreements on how the two groups view the proceedings. At times the statutory procedures are not closely followed. The article calls for further attention to the problems so that the IST laws may attain their goal without jeopardizing the defendants' rights.

Roesch, R. and Golding, S.L. Systems Analysis of Competency to Stand Trial Procedures--Implications for Forensic Services in North Carolina. Urbana, Ill: National Clearinghouse for Criminal Justice Planning and Architecture, 1977.

BDFJ/1/N.C./psychologists.

This is a project report of research that was designed to improve the efficiency and reduce the cost of competency evaluations ordered by the courts. The project studied all aspects of the IST process and contains an extensive review of prior literature as well as empirical research into North Carolina procedures. The report analyzes data collected on both competent and incompetent defendants, and recommends major changes in the process. It also discusses the feasibility of a new forensic service.

Roesch, R. Determining Competency to Stand Trial: An Examination of Evaluation Procedures in an Institutional Setting. Journal of Consulting and Clinical Psychology, 1979, 47, 542-550.

BFJ/156/N.C./psychologist.

This article presents some of the findings in the Roesch and Golding study, annotated above. The study compared defendants found IST with those found competent, and concluded that the IST determinations may be reliable but their validity is questionable. Also, the author suggests that lengthy institutional evaluations may not be necessary, since they add no information that enters into the IST decisions.

Ruzicka, W.J. Psychodiagnostic Assessment Procedures in the Civil Justice System. Unpublished manuscript, 1978. (Available from Psychological Health Services).

AF/1/psychologist.

This monograph presents the problems of the traditional evaluation methods in the civil justice system; it shows the advantages and

limitations of psychodiagnostic assessment procedures and proposes a project called the Psycho-Legal Continuing Education Center. There is a brief discussion of the application of these procedures to the criminal justice system.

Sadoff, R.L. The Insanity Defense: Why It Should be Retained. Journal of Legal Medicine, 1977, 5, 31-32.

DGL/6/psychiatrist.

The article gives a brief history of the legal bases for the insanity defense. It discusses the psychiatrist's ability as a man of science to meet the need for a system of law. Its major thesis is that despite obvious difficulties, the insanity defense is absolutely necessary and needs to be maintained. The author urges informal discussion among prosecution and defense before entering the courtroom in order to share medical information prior to beginning an adversary relationship.

Smith, C.E. Psychiatric Examinations in Federal Mental Competency Proceedings. Federal Rules Decisions, 1965, 37, 171-175.

BM/56/psychiatrist.

This is a short summary of the use of psychiatric examinations in federal trials. It discusses the use of examinations in presentence reports and in questions of competency, and gives a brief summary of when an examination is indicated and what it is to be used for.

Smith, C.E. A Review of the Presentence Diagnostic Study Procedure in North Carolina. North Carolina Central Law Review, 1976, 8, 17-34.

HM/5/N.C./psychiatrist.

This article describes presentence study of offenders in North Carolina. The inquiry is rather broad, going into the background, character traits, and mental and physical health of the offender. Only those offenders that exhibit unusual behavior or those convicted of a sexual offense are selected for psychiatric study. More than one-fourth of the offenders referred received psychiatric study, and most presentence studies result in a recommendation of probation rather than confinement. The author argues that seriously mentally ill offenders, those convicted of minor crimes, and those whom the courts wish to give a "cooling off period" should not be referred to the presentence study group.

Tennenbaum, D.J. Personality and Criminality: A Summary and Implications of the Literature. Journal of Criminal Justice, 1977, 5, 225-235.

FJ/0/clinical services director.

This article compared recent and earlier studies that correlated criminality and personality. It found the new personality tests are no better predictors of crime than the old ones. It concludes that the tests do not indicate a difference between criminal and noncriminal psychology because most results purporting to show such a difference are based on tautological argument.

Thornberry, T.P. and Jacoby, J.E. The criminally insane: A community follow up of mentally ill offenders. Chicago: The University of Chicago Press, 1979.

ABDEGHKLMN/6/Pa./special scientist.

This book describes a study of a group of patients who were released from Pennsylvania State Hospital for the Criminally Insane because a federal court intervened in the ordinary operation of that institution. The patients released were not particularly disruptive in the hospital, and they did not see the hospital as therapeutic, but as violent and dehumanizing. The political prediction that the patients would be dangerous after release was not supported. The book suggests that the criminally insane can be treated in civil mental hospitals, that they are not exceptionally dangerous, and that they are as capable as typical mental patients of adjusting to community living.

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