

NCSC  
R  
151  
A  
012

FORENSIC MENTAL HEALTH SCREENING  
AND EVALUATION  
IN COMMUNITY CORRECTIONS,

Thomas B. Marvell  
W. Lawrence Fitch  
Ingo Keilitz

Perspectives on Mental Health and the Law  
Occasional Paper Number 6

A Publication of the  
National Center for State Courts

Library  
National Center for State Courts  
300 Newport Ave.  
Williamsburg, VA 23185

The "Perspectives on Mental Health and the Law" Occasional Paper Series is published by the National Center for State Courts. The Series consists of papers and monographs addressing questions growing out of the interaction of the mental health and the justice systems. A listing of forthcoming papers in the Series, together with information for ordering copies, is at the end of this monograph.

Ingo Keilitz  
Editor  
Perspectives on Mental Health and the Law  
National Center for State Courts  
300 Newport Avenue  
Williamsburg, Virginia 23185  
(804) 253-2000

Editorial Committee

W. Lawrence Fitch  
Janice L. Hendryx  
Mary Elizabeth Holmstrup  
Kelly G. Shaver  
Richard Van Duizend  
Joel S. Zimmerman

# TABLE OF CONTENTS

	Page
LIST OF FIGURES .....	ii
LIST OF APPENDIXES .....	iii
FOREWORD .....	iv
1.0 INTRODUCTION .....	1
1.1 Community Corrections Programs .....	2
1.2 Forensic Mental Health Screening and Evaluation: Definition and a Conceptual Framework .....	3
1.3 Description of Two Community Corrections Programs .....	5
2.0 LARIMER COUNTY COMMUNITY CORRECTIONS (COLORADO) .....	7
2.1 Process Flow .....	9
2.1.1 Screening Defendants Waiting Trial .....	11
2.1.2 Screening Inmates and Parolees .....	11
2.2 Delineation of Mental Health Information Requirements .....	12
2.2.1 Time and Source of Referrals .....	12
2.2.2 Form of Referrals .....	13
2.3 Acquisition of Mental Health Information .....	13
2.3.1 Presentence Screening .....	13
2.3.2 Transition Screening .....	17
2.4 Provision and Use of Mental Health Information .....	17
2.4.1 Criteria for Accepting Clients .....	18
2.4.2 Report to the Court and Court Decision .....	19
2.4.3 Transition Cases .....	20
2.5 Feedback, Monitoring, and Evaluation .....	20
3.0 THE ISLAND COUNTY DISTRICT COURT PROBATION DEPARTMENT (WASHINGTON) .....	23
3.1 A Function Model of the Island County District Court Probation Department .....	24
3.1.1 Pre- and Post-sentence Investigations .....	24
3.1.2 Supervised Probation .....	26
3.2 Delineation of Mental Health Information Requirements .....	28
3.3 Acquisition of Mental Health Information .....	29
3.4 Provision and Use of Mental Health Information .....	30
3.5 Feedback, Monitoring, and Evaluation .....	31
REFERENCE NOTES .....	33
REFERENCES .....	34
APPENDIXES .....	36
THE OCCASIONAL PAPER SERIES .....	53

## LIST OF FIGURES

	Page
Figure	
1. Larimer County Community Corrections, Flow of Defendants Referred Before Sentencing .....	10
2. Case Process Flow of Pre-Sentence and Post-Sentence Investigations by the Island County District Court Probation Department .....	25
3. Case Process Flow of Probation Supervision by the Island County District Court Probation Department .....	27

## LIST OF APPENDIXES

A. Key to Figures .....	36
B. Proposed Organizational Chart (Larimer County Community Corrections) .....	37
C. Referral Procedures, Adult Probation--Community Corrections (Larimer County Community Corrections) .....	38
D. Client Information Form (Larimer County Community Corrections) .....	39
E. Order for Presentence Investigation (Island County District Court Probation Department) .....	46
F. Order Suspending Sentence and Placing Defendant on Probation (Island County District Court Probation Department) .....	47
G. Order for Evaluation (Island County District Court Probation Department) .....	50
H. Affidavit of Probation Violation and Motion for Issuance of Bench Warrant (Island County District Court Probation Department) .....	52

## FOREWORD

This paper is the sixth in the "Perspectives on Mental Health and the Law" Occasional Paper Series, which explores the process of forensic mental health examination in various components of the criminal justice and mental health systems. The first monograph in this series, "Forensic Mental Screening and Evaluation of Client-Offenders: An Overview," reflects the National Center for State Courts' initial assessment of the state of knowledge about forensic mental health screening and evaluation. It contains a general description of the screening and evaluation process, an operational definition of screening and evaluation, and 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. Four additional papers and monographs, providing detailed descriptions of the day-to-day operations of screening and evaluation in court clinics, centralized state forensic units, jail mental health services, and community corrections programs complete the series on forensic mental health examinations in various settings. A listing of papers and monographs in the Perspectives on Mental Health and the Law Series can be found at the end of this paper.

The information presented in this and in the other papers and monographs describing forensic mental health examinations was collected during the course of a research project conducted from October 1979 to June 1981 by the National Center for State Courts as part of the National Evaluation Program of the National Institute of Justice, United States Department of Justice. The preparation of these papers was supported by a grant (No. 79-NI-AX-0070) awarded to the National Center for State Courts from the National Institute of Justice. Points of view or opinions are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice, the National Center for State Courts, or the community and regional centers profiled in this monograph.

Joel Zimmerman, the authors' colleague at the National Center for State Courts, reviewed earlier drafts of this paper and was helpful in suggesting changes. The assistance of the individuals affiliated with the two community corrections programs profiled in this paper is gratefully acknowledged. They met and spoke at length with the authors and provided a considerable amount of written information about program histories and operations. The authors are especially grateful to the following staff members of the Larimer County (Colorado) Community Corrections Program: Mike Perry, Director of Special Programs; Connie Cook, Parks Huffstetler, Marsha McConnell, Sharon Sandoval, Bob Severe, Terry Smith, all experienced counselors for the Larimer County Corrections Program; and Lenny Medoff, consulting psychologist. Louis Sauter and Julie Peterson of the Island County (Washington) District Court Probation Department also deserve special acknowledgement.

## 1.0 INTRODUCTION

For many persons facing trial on criminal charges, awaiting sentencing after conviction, or hoping to serve their sentence in a less restrictive environment than a prison, much can hinge on the outcome of a mental health examination conducted by a psychiatrist, psychologist, or social worker. 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. They 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 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.

This paper describes forensic mental health screening and evaluation as it is conducted in one type of collaboration between the mental health and criminal justice systems: community corrections programs. The most significant portion of this paper is the description of mental health screening and evaluation performed in two community corrections programs, the Larimer County Community Corrections in Fort Collins, Colorado, and the Island County District Court Probation Department in Oak Harbor, Washington. These programs were visited and studied 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 National Center's study focused on what is perhaps the mental health system's most significant involvement in the criminal justice process: the forensic mental health screening and evaluation of offenders and alleged offenders performed by psychiatrists, psychologists, and social workers at the request of attorneys, the courts, or corrections agencies. In assessing forensic mental health 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, including the two community programs described in this paper.

An earlier monograph in this series (Keilitz, Fitch, and Marvell, 1981) describes the results of the National Center's initial assessment of the current state of knowledge about screening and evaluation. The NEP methodology, developed by the National Institute of Justice in response to the congressional mandate to evaluate the wide range of programs sponsored by the Department of Justice, is detailed by Nay, Barnes, Kay, Ratner, and Graham (Note 3); the NEP methodology conforms in all essential aspects to the program evaluation method coined "evaluability assessment" (see Wholey, 1977). The reader is referred to these writings for a complete description of the operational definition of screening and evaluation, state-of-the-knowledge assessment, and methods used in the National Center's study.

### 1.1 Community Corrections Programs

Incarceration in closed penal institutions has been rapidly losing popularity among criminologists and lawmakers alike (cf. President's Commission on Law Enforcement and Administration of Justice, 1967; Klapmuts, 1976; Prison Research Education Action Project, 1976; Warren, 1972; see also Note 1). Although not without some criticism (see, for example, Comptroller General of the United States, 1980), community-based corrections programs have been extensively used since the 1960s as viable alternatives to institutionalization, perhaps influenced by the deinstitutionalization trend in mental health. Unfortunately, the phrase "community-based treatment" has come to describe a wide variety of programs in corrections, creating a confusion that has been described quite well by Shah (1972, p. iii):

[L]argely as a function of overuse and also because it has become somewhat of a catchword, the phrase, "community-based treatment," has come to describe a rather wide assortment of correctional programs. Thus, almost any correctional program conducted outside the walls of traditional juvenile and adult correctional institutions has been lumped into this category. For example, probation, parole, halfway houses, noninstitutionalized boarding arrangements (such as foster and group homes), and even small institutions or residential facilities located in the community, have been included under the description "community-based correctional programs." Indeed, the impression is often obtained that the very fact of labeling or designating a program as "community-based" is supposed to connote that the effort is "innovative," "enlightened," and "progressive." The numerous conceptual and programmatic issues which need to be specified, and the process and outcome indexes required for ascertaining program effectiveness, have generally been neglected.



Offenders eligible for community-based programs include those who (1) have been released after serving their sentences or released pretrial under some type of supervision, (2) are on probation or parole, or (3) are serving their sentences in the community as part of a special program. The support and growth of community corrections programs has been advanced by such reasons as the following:

- o Treatment of offenders in a less restrictive environment in the community is more humane than incarceration in a traditional penal institution (Prison Research Education Action Project, 1976; Comptroller General of the United States, 1980).
- o Institutionalization itself has a derogatory effect upon a person committed to such a facility (Coffey, Eldefonso, and Hartinger, 1974, pp. 266-269; National Advisory Commission on Criminal Justice Standards and Goals, 1973).
- o Successful reintegration of the offender into society can be most expeditiously accomplished in a community setting (Coffey et al., 1974; Comptroller General of the United States, 1980; Klapmuts, 1976).
- o Community corrections helps to maintain stability in the family of the offender (Coffey et al., 1974).
- o Reintegration of the offender is less costly to society than incarceration (Coffey et al., 1974; Comptroller General of the United States, 1980; Klapmuts, 1976; Perry, Note 2).

Ideally, aside from pretrial examinations of competency to stand trial and criminal responsibility, the goal of mental health screening and evaluation conducted in community corrections programs is the appropriate matching of offender needs (psychological, emotional, social, vocational, etc.) with individual programs to meet those needs. But in practice, the evaluation of risk to the community (will the offender constitute a threat to the community?) and inadequate community resources balance the needs of the offender (Roth, 1980).

#### 1.2 Forensic Mental Health Screening and Evaluation: Definition and a Conceptual Framework

The general operational definition of screening and evaluation that served as a starting point for the National Center's study and guided the preparation of the descriptions of the two community corrections programs in this paper is as follows:

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 useful for decision-making in the criminal justice systems.

The nine key elements of the definition are italicized. The elements are further defined and explained briefly as follows.

- o Process: A particular activity, directed towards a client-offender, subsuming many different methods and involving a number of steps or operations.
- o Information about mental status: Data concerning an individual's physical, emotional, and/or cognitive functioning, and social and behavioral history, including inferences drawn from this information about past, present, and future behavior.
- o Client-offenders: Convicted and accused offenders whose mental status has been questioned.
- o Mental health personnel: Professionals charged with the responsibility of conducting the process of screening and evaluation.
- o Delineating: The procedures involved in delimiting the information about the client-offender required by the criminal justice authorities and thereby determining the scope of the screening and evaluation process.
- o Obtaining: The procedures, techniques, and use of tests and data-gathering instruments involved in the collection of information about the mental status of client-offenders.
- o Providing: The procedures used to transfer information obtained by the mental health personnel to the criminal justice authorities.
- o Decision making in the criminal justice system: The process of choosing among the options available to the criminal justice authorities for dealing with suspected mentally disordered offenders.
- o Criminal justice authorities: Prosecutors, defense attorneys, judges, corrections officials, and their agents involved in decision making concerning client-offenders.

The foregoing definition and its nine key elements can be imposed on a simple conceptual framework of three processes characterizing the court's involvement in mental health screening and evaluation--delineation, acquisition, and provision. The delineation and provision of information subsume the bulk of the interaction of the criminal justice system and the mental health system in the screening and evaluation of client-offenders.

Delineation, as noted earlier in the definition, includes all activities, standards, rules, and established proceedings that 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 courts the greatest opportunity for relatively inexpensive and expedient improvement of mental health screening and evaluation.

Raising the issue of mental health, making the referral, 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. Instituting changes in the acquisition of mental health information is relatively difficult for court personnel, just as it is difficult for mental health workers to influence the delineation of the issue of mental health.

The foregoing definition and conceptual framework for forensic mental health screening and evaluation were used as guides in conducting the National Center's research project, including the study of the six centers profiled in this monograph. A more detailed description of the definition and conceptual framework is presented in Keilitz and Holmstrup (1981) and Keilitz, Fitch, and Marvell (1981).

### 1.3 Description of Two Community Corrections Programs

This paper is based on the premise that there is a lack of knowledge about the operation of community corrections facilities. When this lack of knowledge is coupled with heated debate in the area of mental health and the law, it may be best to first describe simply what is, rather than what might be. As Michael Perlin has stated, "[a]lthough thousands of words are written about the subtle points of a significant decision or statutory revision, usually limited analysis is given what can be termed the 'socialization of the law' (1980, p. 194)."

Together with other detailed descriptions of community-based corrections programs, such as the Des Moines (Iowa) program (see Boorkman, Fazio, Day, and Weinstein, 1976), this paper hopes to provide the information base to stimulate improvement in community corrections. Also, it is hoped that it can be shown that the operational context and practical consequences of the application of mental health issues in community corrections are often of far greater importance and interest than the substance of the issues. Many of the salient aspects of the alliances among law enforcement, the courts, the mental health system, and corrections are revealed in the descriptions of the Larimer County Community Corrections and the Island County District Court Probation Department.

Each of the program descriptions that follow contains a brief history of the program; a summary of the program's goals and objectives; an illustration of the flow of client-offenders into and through the

program; discussions of how mental health information is delineated by the referral source, acquired by the program staff, and provided to the user; and a review of the systems used for feedback, quality control, and program evaluation.

Each program profile conforms, generally, to the following outline.

Brief Description of Program

History

Description of Host Court or Agency

Goal and Objectives of Program

Clientele

Purposes

Stages in Criminal Process

Case Process Flow

Diagram

Text

Delineation of Mental Health Information Requirements

Referral Sources, Agencies, and Agents

Referral Mechanisms

Referral Instruments

Acquisition of Mental Health Information

Staff

Procedures and Techniques

Admissions

Medical Examination

Interviews

Social History

Psychological Testing

Case Conferences

Report Preparation

Data Gathering Instruments

Legal Tests

Projective Tests

Objective Tests

Provision and Use of Mental Health Information

Reporting Source, Agencies, and Agents

Mechanisms

Reporting Instruments

Timing

Target Audiences

Use in Decision Making

Feedback, Monitoring, and Program Evaluation

## 2.0 LARIMER COUNTY COMMUNITY CORRECTIONS

Although Larimer County Community Corrections (LCCC) in Fort Collins, Colorado, has changed considerably in its five-year history, two basic goals have remained constant: to encourage diversion of criminal defendants from prison and to provide "transition" services to inmates upon leaving prison (see Note 4). These goals have been accomplished primarily through two programs, one residential and the other non-residential. In the non-residential program, LCCC staff counsels defendants sentenced to community corrections and ex-inmates on parole. The residential program is a halfway house, which receives (a) defendants referred for community corrections instead of prison and (b) prison inmates released from state prison to spend the last months of their sentences in the halfway house. At any one time the non-residential program has about 75 clients and the residential about 12. The purposes of mental health evaluations conducted by LCCC are generally to determine (a) whether prospective clients have mental problems too severe for LCCC to handle and (b) what types of services should be provided to clients accepted.

The non-residential program receives clients who are either sentenced directly to community corrections or who are required to use LCCC as a condition of probation. A "contract" establishes the clients' obligations and the services given them under the sentencing order. The services include general counseling by the non-residential staff, vocational and educational counseling by LCCC specialists, and group therapy under the guidance of consulting psychologists. Clients, in their part of the contract, often must attend counseling sessions regularly at LCCC, attend drug or alcohol therapy, maintain jobs, and pay restitution.

The residential program--i.e., the halfway house--has a capacity of 20 men and women, although that capacity is seldom reached (see Note 5). Clients remain three to four months, while they are given a variety of individual and group treatments. Most halfway house residents work during the day and pay much of the cost of their lodging.

The area served by the LCCC is limited to Larimer County, a ranch and farming district about 60 miles north of Denver. The county population is about 120,000. LCCC is located in the county seat, Fort Collins, a town of some 60,000, best known as the location of Colorado State University. There are two courts for criminal cases, the District and the County Courts; LCCC generally deals with the District Court, which has jurisdiction over felonies.

LCCC was established by the Larimer County government in August 1976, the first community correction program under new Colorado legislation encouraging such programs. The initial task of LCCC was to submit a funding proposal to the state planning agency, the Council on Criminal Justice, for a Law Enforcement Assistance Administration (LEAA) block grant. The proposal was successful and LCCC received \$93,854 for a

one-year grant starting early in 1976. This grant marked the beginning of the community corrections operations. Its major goals, as described in the grant, were:

- o to provide an alternative to jail sentencing--that is, sentencing to community corrections with a wide range of services to the convicted defendants, including psychological testing;
- o in-jail inmate counseling and education; and
- o counseling and other services for inmates released from prison.

LCCC then received two continuation grants of \$96,600 and \$60,000. With extensions, the grants continued until June 1979. The program, since then, has continued under state financing, although reduced from the initial level of funding.

In 1978 the LCCC received another LEAA grant, \$115,200, to establish a halfway house. This was the origin of the LCCC's second major function, the residential program. The grant lasted for less than a year and was not continued when it terminated in September 1979, but the state and county took over much of the funding.

LCCC conducts several activities other than the residential and non-residential programs. It initiated a pretrial release program in January 1980; in this program, staff members evaluate inmates who are awaiting trial in jail because they cannot pay bond for possible pretrial release. LCCC also has a vocational counseling program and a project for educational diagnosis. These activities do not involve mental health screening, and will be discussed in this report only when they act upon clients referred for the residential or non-residential programs.

The LCCC has had its ups and downs. During the first six months of operations under the original grant, there was discontent among the LCCC staff and county and state officials. After several government investigations, the director resigned. His replacement was able to maintain and expand the organization until he left at the beginning of a second troubled era, late in 1979. Federal grants ran out and were only partly replaced by state and local appropriations, requiring staff cutbacks. At this writing, however, LCCC has received sufficient money to build its staff to full strength, although a new director has not yet been appointed.

A major change over the years has been the reduction of services to Larimer County Jail inmates, which was originally one of its major functions. LCCC has discontinued educational classes in jail, and it no longer maintains an exercise room there. Inmate counseling is now limited to prisoners who are being screened for possible sentence to community corrections. A "workender" program (under which people sentenced for weekend jail are placed in work details rather than jail cells) was transferred from the LCCC to the sheriff's department.

The fortunes of LCCC are closely tied to overcrowding in the state prison and county jail. The more these institutions need relief, the more local and state governments seem willing to support LCCC community corrections programs that provide alternatives to imprisonment. Jail overcrowding has also deprived the LCCC staff of office space to counsel defendants in jail; this is a major reason given for cutbacks in LCCC counseling services to inmates. An important event, in November 1979, was a federal court consent decree ordering the Larimer County sheriff to limit jail population to the designed capacity of the jail, far below the traditional jail population.

LCCC is a county agency, directly under the Larimer County Board of Commissioners. It also has an advisory board, with some 20 members appointed by the Commissioners. The board members represent all major segments of the local criminal justice system, as well as a sampling of community members. In May 1980 the county and the LCCC board reorganized the agency, creating a separate division for special programs, which includes an evaluation specialist to screen all clients referred to the residential or non-residential programs. The new organizational structure is shown in the Proposed Organization Chart and Staffing Pattern in Appendix B.

The size of the LCCC staff fluctuates greatly. At the time of writing it numbered 17. LCCC also employs several student interns, and it has three consulting psychologists. Six of the staff are active in screening for the residential and non-residential programs. All are counselors, with college or master's level degrees in social work, counseling, or social sciences. One of the consulting psychologists participates in the screening decisions.

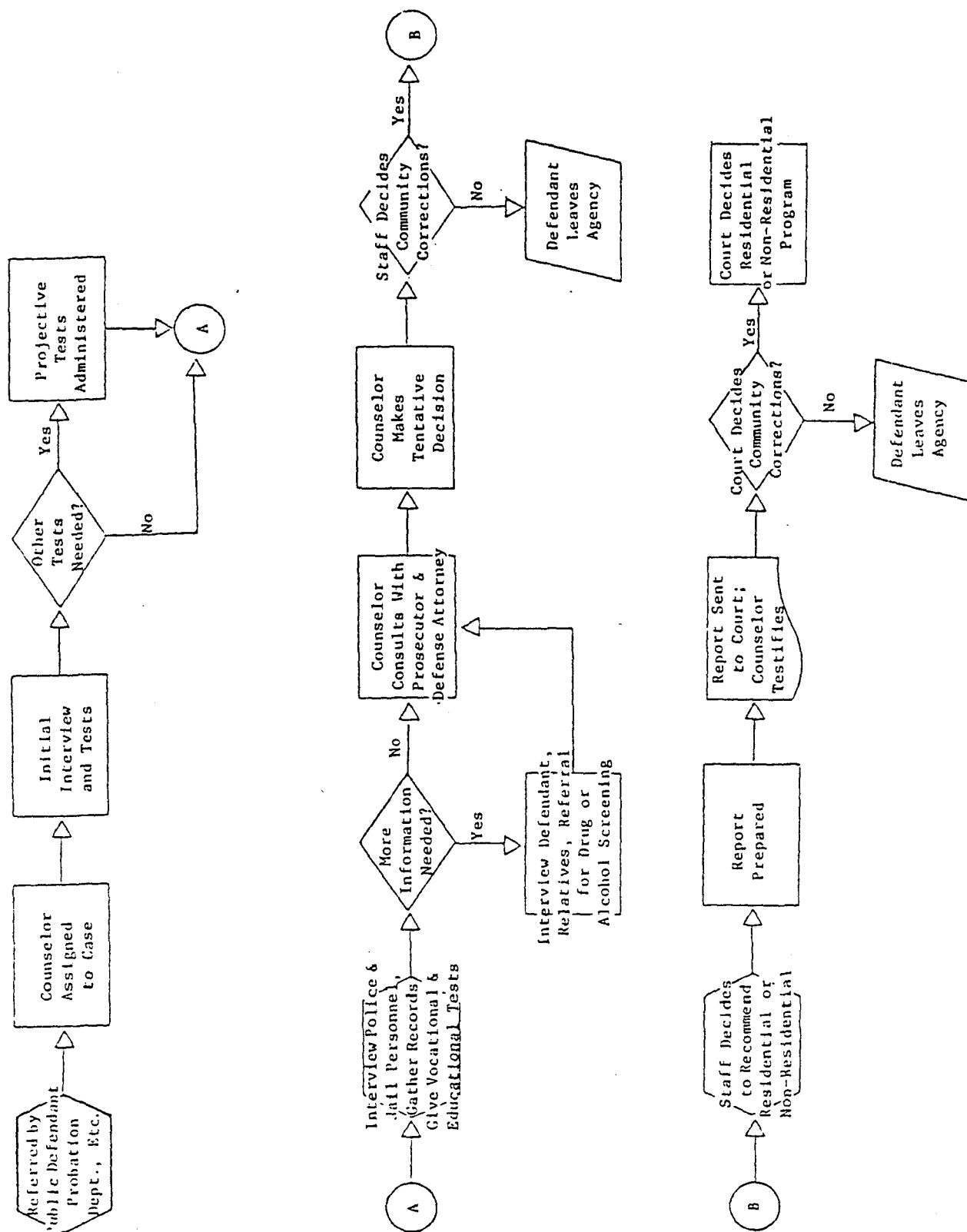
The LCCC is located in an old sorority house. Parts are used for counselors' rooms and parts for bedrooms, kitchen, and a commonroom for halfway house residents.

## 2.1 Process Flow

Figure 1 summarizes the procedures used in most LCCC mental health evaluations and gives the reader a broad picture of LCCC screening operations. (Appendix A explains the various symbols used in the diagram.) Figure 1 leaves out many details and infrequent deviations from normal procedures; these will be described in the following sections. The diagram does not include LCCC's operations, such as treatment programs, that do not involve mental health screening.

LCCC receives three types of referrals for mental health screenings: defendants awaiting trial, inmates in the state penitentiary, and parolees. Figure 1 depicts the processing of the first, and most common, type. The other screenings, referrals from the penitentiary and from parole agents, will be summarized later, but these screenings are so uncomplicated that process flow diagrams would not be helpful.

Figure 1. Larimer County Community Corrections Flow of Defendants Referred Before Sentencing.





### 2.1.1 Screening Defendants Awaiting Trial

The most common referral agents for defendants awaiting trial are defense attorneys and the District Court probation department. The purpose of the referral is to have LCCC screen the defendant for possible community corrections, which would be administered by LCCC. The first action at LCCC after the referral is assigning the case to a counselor. The case is assigned to a residential or non-residential counselor depending on which type of community treatment appears the most likely for the defendant. The referral agent sometimes indicates whether the defendant is a candidate for the residential or the non-residential program, and the counselor is assigned accordingly. More often, however, the assignment is made solely on the basis of an initial estimate by the LCCC staff as to which program is more likely.

The assigned counselor both screens the defendant and provides counseling. The screening begins with an initial interview, where the counselor completes an intake form and administers a Minnesota Multiphasic Personality Inventory (MMPI). Other tests are given in later interviews. The Firo-B and the Incomplete Sentence Blank (ISB) are always given, but projective tests are optional. The defendant is given vocational and educational tests by other LCCC staff. The counselor also investigates the defendant by interviewing police and jail personnel, gathering crime records, and in some cases by interviewing defendant's relatives. Also, the counsel refers some defendants for drug or alcohol screenings. Meanwhile, for the three months or so between referral and the sentencing hearing, the counselor holds weekly meetings with the defendant; these meetings are counseling sessions as well as opportunities for staff to observe the defendant for screening purposes.

The counselor, after consulting with the prosecutor and defense attorney, reaches a tentative decision about whether LCCC should recommend to the court that the defendant be given community corrections, and if so, whether residential or non-residential corrections. The counselor's tentative decision is reviewed in a staff meeting, consisting of the counselor's colleagues in either the residential or non-residential staff. One of many factors entering the decision to accept the defendant or not is whether he or she may have severe mental problems that are beyond the resources of LCCC.

After the staff decision the counselor prepares a formal report for the court giving reasons for the LCCC recommendation and suggesting specific treatment if the defendant is referred to LCCC. The defense, prosecutor, and court generally follow the recommendation.

### 2.1.2 Screening Inmates and Parolees

The second and third types of referral are less frequent and involve less screening activity. First, the Department of Corrections refers inmates in state institutions to spend the last few months of their sentences in the LCCC residential program. Here the LCCC residential staff must decide whether to accept the referrals with what

they consider to be scanty information from the Department of Corrections. The final type of referrals are parolees referred to the non-residential program; here the parole agents' referrals are accepted without any actual screening.

## 2.2 Delineation of Mental Health Information Requirements

### 2.2.1 Time and Source of Referrals

Referrals to LCCC are made virtually at any stage of the criminal justice system after arrest. Most occur soon after arrest, others occur just before the trial date, between the time of trial and sentencing, after sentencing upon a petition for resentencing, and pending release from prison.

There seems to be little correlation between the time of referral and whether the client is a candidate for the residential or non-residential program. That is, both programs receive defendants referred to LCCC for screening prior to conviction as well as prison inmates and parolees referred to facilitate transition from prison to normal life.

The source of referral, however, does vary somewhat with the time and purpose of the referral. Referrals before the sentencing stage come from a great variety of referral agents. The most common are defense attorneys, especially public defenders, and the probation department of the District Court. A further, rapidly growing referral source is the staff psychologist in the Larimer County Jail, who was hired by the sheriff's department in late 1979 to screen and classify incoming inmates. Also, staff in the LCCC Pretrial Release Program may refer cases to LCCC residential and non-residential staff. Less frequent referral sources are judges, district attorneys, other jail staff, the community mental health center forensic psychologist who treats inmates, police officers, friends and relatives of the client, and the clients themselves.

These presentence referrals are made whenever it occurs to a potential referral agent to make the referral, usually fairly soon after arrest, but sometimes as late as a few days before sentencing (in which case, the LCCC obtains a continuance from the court so it will have sufficient time with the client). The local courts have substantial delays, so the LCCC staff usually has several months to make its screening decision when presentence referrals are made soon after arrest. The staff prefers to have at least 90 days; but a few decisions, especially those concerning the residential program, are made within a month.

Postsentencing referrals, unlike the presentence referrals, come from a limited number of sources. Referrals upon sentencing review (which take place within 90 days of the first sentence) are generally made by defense counsel. Like the early referrals, these can be aimed at either the residential or non-residential programs.

The final stage in the criminal process at which referrals to LCCC are made is near the end of a prison term or after release from prison. The Department of Corrections refers inmates to the halfway house to complete their sentence. The local state parole agent (or occasionally a federal parole agent) refers some parolees to the non-residential program.

#### 2.2.2 Form of Referrals

Most referrals are made verbally, usually by telephone, with a statement that the defendant should be considered for community corrections and, sometimes, with a recommendation that the focus be on residential or non-residential services. Two major referral agents, however, typically use a referral form. The probation department uses a form (see Appendix C for a sample form), and the state parole officer in Larimer County uses a similar form. The probation department generally gives only two referral reasons on the form, the first two entries, "Diagnostic Information for Presentence Report," and "Personality Inventory." LCCC does these routinely in any case, however. The parole officer varies requests from case to case. LCCC complies with these requests and often provides parolees additional services not requested. The parole officer may also specify psychological tests, and the LCCC may perform additional tests. The indication "psychiatric evaluation" in the form remains from prior years when, in contrast to recent years, such evaluations were performed occasionally. The form is four years old, and the staff plans to revise it and other LCCC forms.

### 2.3 Acquisition of Mental Health Information

Defendants referred to LCCC go through a lengthy and thorough review that culminates in a presentence report. The only exceptions are that, on rare occasions, the screening is summarily terminated because the defendant decides not to participate, or because the defendant's lawyer informs LCCC that the defendant will surely be incarcerated, rather than sentenced to community corrections. By and large, however, defendants prefer LCCC as the only alternative to prison, and lawyers seldom refer defendants who face certain prison terms. In contrast to the presentence screening, LCCC screening referrals from prison or parole officers are limited in scope. Screening procedures for the residential and non-residential programs of LCCC are quite similar.

#### 2.3.1 Presentence Screening

2.3.1.1 Time of Referral and Assignment. The LCCC prefers that defendants be referred as soon after arrest as possible to allow sufficient time to observe the defendant before the sentencing hearing, when the LCCC must give the court a report recommending for or against LCCC placement. Most referrals are made soon after arrest. Because there is considerable court delay, the LCCC staff has at least three months to screen the defendant and make an appropriate placement decision. Occasionally, however, referrals are not made until just

before sentencing, whereupon the LCCC asks the court for an extension, which is routinely granted, giving at least a month for the evaluation.

After the referral, the case is assigned to a staff member. Each case is informally screened and assigned to one of the six counselors (there are three counselors in the non-residential and three in the residential program), mainly according to availability of time. (Until late 1979, one LCCC staff member conducted almost all initial screening and assigned cases to individual counselors. LCCC staff plan to return soon to this procedure.) Clients likely to enter the halfway house are assigned to residential counselors; those likely to enter the non-residential program are assigned to non-residential counselors. Often this choice is made because the public defender or other referral agent suggests that one program or another will be more suitable. If it appears later that a client of a non-residential counselor may be recommended for placement in the halfway house, a counselor from the residential staff may also be assigned to the case during the screening stage.

2.3.1.2 Intake Form. The intake procedure is generally uniform from case to case. About a week to ten days after the referral, counselors in both the residential and non-residential programs first interview the client and complete a seven-page intake form (the "Client Information Form," see Appendix D). Like all LCCC interviews and counseling sessions, this interview is held in the jail unless the defendant is on bond or other pretrial release. The interview typically lasts about 90 minutes. The counselor reads the questions and items from the form and writes answers on it. The information requested in the form is wide ranging; most is biographical data, especially criminal, family, occupational, and educational history. Several questions directly address the defendant's mental health. One section (Section XI, Appendix C) asks about the defendant's emotional health and about whether the defendant is undergoing therapy or has been in a psychiatric hospital or mental health clinic. Another section (Section XII, Appendix C), listing symptoms of mental health problems, asks whether the defendant has experienced, among other things, suicidal ideas, delusions, paranoia, depression, or hallucinations.

2.3.1.3 Psychological Tests. On the same day, if the defendant can read, the counselor administers the MMPI in its entirety. The MMPI is never the sole basis for a recommendation to the court. Its main purpose is to highlight concerns that need to be addressed in the interviews and to indicate whether further tests are needed. The MMPI results are also placed in the report advising the court about the disposition of the defendant.

In a second visit about a week later, the counselor gives two personality tests, the Rotter Incomplete Sentence Blank and the Fundamental Interpersonal Relations Orientation--Behavior (FIRO-B).

These are self-administered questionnaires, like the MMPI, and are also limited to literate defendants. A large minority of the clients are also given projective tests, the Thematic Apperception Test (TAT) and House-Tree-Person Drawing tests. The latter is used more often than the TAT. Individual counselors determine whether these two additional tests will be given, and there are no uniform criteria. Common situations when the tests are given occur when the results of the Rotter, MMPI, and FIRO-B are contradictory; when the consulting psychologist cannot "get a handle" on the defendant from these three tests; when the MMPI is not considered valid (for example, because the validity scores indicate that the defendant may be misrepresenting information); or when the intake interview or the earlier three tests indicate that the defendant may have severe mental problems that would make the defendant inappropriate for referral to LCCC at sentencing. Some counselors decide to give projective tests much more frequently than other counselors. Counselors use the TAT test less frequently than they did in the past, largely because it takes a long time to administer.

2.3.1.4 The Consulting Psychologist. Although administered by LCCC counselors, all these tests are interpreted primarily by a consulting psychologist, a Ph.D. in clinical psychology. He is employed by the Larimer County Mental Health Center and spends approximately five hours per week consulting with LCCC. The mental health center (at this writing) pays for most of his time at the LCCC, but has announced that it will soon require reimbursement. The psychologist uses the test scores mainly to suggest to LCCC staff the general type of personality revealed by the results. That is, his advice is generally limited to interpretation of the tests, especially the various MMPI scores; it is usually based on direct contact with the defendant.

The psychologist may use the test results to advise staff about intake decisions, what further information should be acquired, and possible treatment approaches that LCCC should use with the individual. On rare occasions, especially when LCCC staff suspects severe mental problems that are beyond LCCC treatment capability, the psychologist goes beyond test interpretation. He may study the defendant's social history, review other material in the file, observe the defendant's interview with a social worker, or conduct an independent interview.

2.3.1.5 Other Information Gathered. The intake form and the results are only part of the information acquired about each client. A very important basis for recommendations to the court is the counselor's impression gained during weekly one-hour meetings with the defendant, usually for at least three months. Often another counselor sits in on one or more of these sessions. It should be noted that these sessions are used not only for screening but also for counseling.

The counselor gathers any additional feasible information that may help in the decision process. Sometimes a limited amount of information arrives with the referral, but seldom is this more than a statement of the crime charged and the defendant's record received from

the defense attorney. Often the counselor gets no case information from the referral agencies. The counselor ordinarily acquires the following information:

- o Copies of police reports of the crime and arrest.
- o The arresting officer's description of the defendant and the offense, obtained from interviews by the counselor.
- o Information about how the client has been acting in jail, obtained in interviews with jail personnel, particularly the jail psychologist.
- o A copy of the defendant's criminal record. This is often obtained from the district attorney pursuant to an agreement between the district attorney and LCCC under which the district attorney has promised to supply defendants' records and the LCCC has promised to keep the district attorney informed of the progress of each LCCC client.
- o Results of testing by the LCCC vocational counselor to determine the client's job history and vocational needs.
- o Results of testing obtained by LCCC staff to determine educational achievements and needs.

Other information, obtained less frequently:

- o An intake interview form completed by the jail psychologist. (The jail psychologist has recently begun intake screening and classification of prisoners; the LCCC staff obtains a copy of the intake interview form if the defendant signs a waiver.)
- o Prison or mental hospital records. If there is any indication that the client has been in a prison or mental hospital, the counselor asks for a release and requests records. Institutions, however, frequently fail to send their records.
- o Information obtained in interviews with the client's relatives and friends.
- o An evaluation by a drug abuse counselor in the local community mental health center, the Larimer County Mental Health Center.
- o An evaluation by a local non-profit alcohol center.

Finally, the counselor typically consults with the defense and prosecuting attorneys about possible disposition of the case. Here, the LCCC staff sometimes plays an active role in plea bargaining.

### 2.3.2 Transition Screening

The LCCC screens clients referred for "transition" services (transition between prison and outside life) much less thoroughly than defendants referred for possible sentence to community corrections. LCCC receives two types of transition clients, parolees referred by the federal or state parole agency for non-residential services, and inmates sent from the state prison to spend the last months of their term in the halfway house.

Counselors give the parolees far fewer interviews and tests than they give defendants who are being screened, as described in the past few pages. But the referring parole officer usually sends considerable information about the parolee, such as prison and arrest records. A counselor interviews the parolee, completes the intake form (see Appendix D), and administers an MMPI. Other psychological tests are given if the parole officer specifically requests them or if the counselor decides further testing is needed. The interview and tests are used to determine the parolee's treatment needs. In contrast to other referrals, parole referrals are routinely accepted by LCCC, although it has authority to reject them. (This practice might not continue. The state now refuses to pay for services not mandated by court order; and parole officers, not courts, send parolees to LCCC.)

The second category of transition referrals consists of inmates referred by the Department of Corrections for placement in the halfway house during the last part of their prison terms. The Department sends a lengthy report, which the LCCC staff considers largely uninformative. A major part of the report, for example, is a summary report from the Colorado prison intake screening and classification unit; this report is often several years old and typically gives only general conclusions. Psychological test results and interview notes for the prison intake screening are not available. Because LCCC cannot accommodate inmates with severe mental problems, it often refuses to accept referrals when the limited information available suggests the possibility of such problems. The Department of Corrections gives LCCC only seven days to decide whether to accept referrals; the staff believes this is not enough time to gather sufficient information for proper screening. Also, LCCC cannot afford trips by counselors to interview inmates at prison; the staff feels that these interviews are needed for decisions in many cases, and LCCC is seeking funds to pay for the trips.

### 2.4 Provision and Use of Mental Health Information

Mental health information obtained in the screening process is used by the LCCC staff to determine whether to recommend community corrections to the court or (in the case of transition clients) to accept or reject the clients. This section will emphasize the former, more common provision and use of mental health information, the recommendations to the court. The LCCC staff meets every Wednesday morning to make these determinations. There are usually three separate meetings: a meeting of residential program staff members, a meeting of non-residential program staff members, and a combined programs meeting.

Some five to seven staff members attend the separate program meetings, and about twice as many attend the combined meetings.

Most discussion at the meetings concerns treatment of clients, although considerable time is also devoted to questions about whether the LCCC should accept specific clients referred to it. Whenever client admission issues are discussed, the consulting psychologist joins the meeting and expresses his opinion, based mainly on the psychological tests results, about whether LCCC should accept the client. The staff discusses each case for 15 to 60 minutes before reaching a decision. They generally enter the meetings with considerable knowledge of the case gained from prior staff meeting discussions. The staff at the meetings decides by majority vote whether a client should be accepted into LCCC, and if so, for the residential or non-residential program.

#### 2.4.1 Criteria for Accepting Clients

Criteria for accepting defendants in LCCC programs include the following:

- o Whether LCCC has the resources and facilities to deal with the defendant's problems. (This criterion will be discussed further below.)
- o Whether the defendant sincerely wishes to improve. Staff members feel that many defendants not unjustifiably view community corrections as their only possible escape from a prison term, so they often fear that defendants are not "leveling" with them when expressing a desire to enter the program and to improve their conduct.
- o Whether the defendant is likely to commit a violent crime while in the program. LCCC, whenever possible, avoids the risk of accepting a person who may commit a violent assault, rape, armed robbery, or similar crime while assigned to LCCC. On the other hand, LCCC will accept the risk that a client may well commit a non-violent crime during treatment.
- o Whether the crime is such that community standards prohibit the use of community corrections. If the staff feels that the community's desire for retribution would demand prison, they will not recommend community corrections.
- o Whether the defendant would actually be sentenced to prison if not accepted by LCCC. At least some staff members are less likely to recommend community corrections if they think that the defendant will be placed on probation. They are particularly likely to recommend "two-time losers," who would automatically be given a lengthy prison sentence if not sentenced to community corrections.



The first criterion constitutes the major facet of mental health screening by the LCCC. Among the several reasons why the staff may not consider a defendant a good candidate for community corrections is the presence of mental problems that LCCC is ill-equipped to handle. The staff believes that most defendants referred have mental problems that can be addressed by LCCC counseling and group therapy. However, LCCC does not have the expertise, resources, and facilities to deal with more severe mental problems. The staff members thus reject the few candidates they believe have such problems. The advice of the consulting psychologist is important in discerning which defendants may present these risks of severe mental problems. The LCCC also rejects defendants with severe alcohol or drug problems for the same reasons of limited resources. Clients with "moderate" alcohol or drug problems are often accepted, and counseling in local drug or alcohol programs is combined with LCCC services.

#### 2.4.2 Report to the Court and Court Decision

After the staff vote and decision, the counselor assigned to the case prepares a formal report to the court, setting forth recommendations and supporting reasons. The length and thoroughness of reports vary considerably. The report is generally short if the prosecutor and defense attorney agree with the recommendation (the counselor discusses the recommendations with the two lawyers before LCCC makes a recommendation) and if the counselor believes from past experience with the judge that he will concur. If, on the other hand, an objection is expected, the report is typically longer and more thorough. Reports typically are very complete (even if the prosecutor agrees with the recommendation) when the defendant has had two prior felony convictions and LCCC staff is attempting to secure a sentence to community corrections instead of the otherwise mandatory prison term.

The typical full report is about two pages, single-spaced and legal sized. It is submitted to the court as an adjunct to the probation department's presentence report; hence, LCCC does not include background information that would duplicate information routinely put in presentence reports. The LCCC report contains a brief description of the defendant's criminal history and the offense, the defendant's social history, results of the psychological tests, the defendant's participation and progress in counseling, and LCCC's recommendations. The major recommendations are whether the defendant should be sent to LCCC and, if so, to the residential or non-residential program. If the report recommends the LCCC, it lists the types and length of treatments the defendant should receive. LCCC attaches to the report a proposed contract to become part of the sentencing requirement should the court refer the defendant to LCCC. The contract specifies the defendant's obligations and the services to be provided. Finally, the defendant's counselor usually testifies at the sentencing hearing.

Most services specified in the contract are not directly related to mental health problems. For example, it may stipulate that the defendant pay restitution or participate in a drug program. One common type of service contracted, however, is group therapy at the LCCC

conducted by a consulting psychologist. Less often, defendants are referred to the community mental health center for individual psychological counseling. (These referrals have decreased because the Larimer County Mental Health Center now charges LCCC for the services.)

The court accepts LCCC's recommendation for community corrections in the great majority of cases; staff members estimate 70 to 80 percent of the cases, although this figure varies from judge to judge. The court seldom modifies the terms of the contract. The acceptance of the LCCC recommendations, however, is largely because LCCC counselors typically discuss cases with the prosecutor and defense attorney before preparing reports and usually obtain prior agreement on the recommendations. The counselor, that is, often enters the plea bargaining process. The court can send a defendant to LCCC by two mechanisms: (a) by means of sentencing directly to LCCC residential or non-residential programs, or (b) by means of probation, with a stipulation that the defendant participate in the LCCC non-residential program.

When LCCC informs the court that it will not accept a client, the court, of course, does not sentence the defendant to LCCC. The report may include a recommendation for referral to treatment and on a few occasions LCCC has recommended specific treatment programs for clients rejected on the basis of severe mental problems. LCCC, however, does not make recommendations with respect to competency to stand trial or sanity at the time of the offense.

#### 2.4.3 Transition Cases

No report to the court is prepared in transition cases. The LCCC alone determines whether to accept a referral. The mental health information, often quite limited, generated in the screening process is used solely for in-house decisions. LCCC, as was said earlier, automatically accepts transition referrals from parole officers (for the non-residential treatment). It rejects a substantial proportion of the referrals (for residential treatment) from the Department of Corrections, frequently making such rejection decisions on the basis of less information than staff would like to have. There is a two-week initiation period for transition clients, during which they are examined to determine appropriate treatment services. This process involves much the same psychological testing, employment and educational screening, and referral for drug and alcohol problems as is provided to "diversion" clients in the screening stage before their acceptance by LCCC.

#### 2.5 Feedback, Monitoring, and Evaluation

At the broadest level, LCCC has often studied its internal procedures and organization. For example, it was recently reorganized, and the staff is in the process of writing an organization manual.

LCCC prepared periodic reports for its non-residential and the residential programs when they were funded by federal monies. For the non-residential program, the LCCC project reports from 1976 to 1979 provide statistics for the following:

- 1) the number of offenders placed in community corrections by court order;
- 2) the number of prisoners referred by the parole officer (number of parolees given transition services);
- 3) number of defendants in jail given counseling services;
- 4) the number of clients screened and found to have alcohol, drug, psychological, and family problems;
- 5) the number of "positive terminations" (has job or is in school, well adjusted, has made restitution), "marginal terminations" (difficulty in job, school, daily living patterns, or in making restitution; but no further criminal behavior), and "negative terminations" (arrested or institutionalized for any reason); and
- 6) the number of felony charges in the local courts (for evidence that community corrections has decreased repeat offenders).

The first few project reports contained information that was not continued in later reports. This included the referral sources, personal data about clients, and the offenses charged. The one project report of the residential program (which was federally funded for only one year, 1979) contained essentially the same information as the earlier reports of the non-residential program.

The LCCC files have a substantial amount of information about individual clients. Each file contains at least

- 1) a complete intake form;
- 2) MMPI results;
- 3) the client's contract (if there is one);
- 4) police rap sheet;
- 5) vocational evaluation results;
- 6) the court order sending the person to the project (if there is one);
- 7) case notes from counseling sessions;
- 8) notes of vocational progress (e.g., whether the client is working); and
- 9) progress notes from referral agencies.

The LCCC files on the clients are, of course, confidential. Staff is permitted to review the files, but must place them under locked storage during the night. The files have been used for research purposes: a student volunteer working at LCCC was given permission, after signing a release, to study the files for a masters thesis.

### 3.0 THE ISLAND COUNTY DISTRICT COURT PROBATION DEPARTMENT

Washington state law requires that probation services be available for all felony and juvenile cases in the state. Felony cases are handled by the Department of Social Services, and juvenile cases by the probation departments in each county. The provision of probation services for misdemeanor cases, however, is optional by the county. The Island County District Court Probation Department (hereinafter referred to as the Probation Department or, simply, the Department) was established in September 1975, to provide probation services for persons charged with or convicted of misdemeanors in Island County. The establishment of the Department was made possible by a grant from the Law Enforcement Assistance Administration (LEAA); LEAA provided 90 percent of the Department's funding for the first two years of its operation and 75 percent for the third year. The county provided the balance during those years and, with the exception of one part-time probation officer paid by means of a Comprehensive Employment Training Act (CETA) grant, funds the entire operation at this writing. Monies are generated by fines, fees, and forfeitures collected in the Island County District Court. The Department's budget is determined annually by the Island County county commissioners.

The primary user of Probation Department services is the Island County District Court. The District Court has limited civil jurisdiction and concurrent criminal jurisdiction with the Island County Superior Court over most misdemeanors. The District Court sits in three locations in Island County (Oak Harbor, Camano Island, and Langley) and is served by two judges, whom it shares with the Oak Harbor and Langley Municipal Courts. In 1978, the court disposed of 4,211 traffic cases and 580 misdemeanor cases. In addition to the District Court, the Probation Department serves the Oak Harbor Municipal Court (which has jurisdiction over municipal ordinance violations, and disposed of 1,124 traffic and 19 misdemeanor cases in 1978), and on rare occasions it provides services for misdemeanor cases within the jurisdiction of the Island County Superior Court (which receives all felony cases and some misdemeanor cases). Island County has a population of approximately 40,000, including 12,000 military personnel stationed at the Whidbey Naval Air Station in Oak Harbor.

The Probation Department's general purpose is to assist the court in selecting and carrying out the disposition of misdemeanor cases. To this end, the Department may be called upon to provide any of the following services:

- o presentence investigations to assist the court in sentencing (entails mental health screening and referral for evaluation);
- o postsentence investigations to assist the court in reconsidering sentences already imposed (entails screening and referral for evaluation);

- o supervision of offenders placed on probation (entails screening, referral for evaluation, and arrangement and coordination of treatment); and
- o monitoring offenders' compliance with court-ordered community service, work release, restitution, or alcohol, drug, or mental health treatment.

The final service noted above, offender monitoring, entails no screening and evaluation and will not be described directly in this report.

The Probation Department's offices are located in the Island County District Court courthouse in Oak Harbor. The Department's staff consists of a director (who also serves as a probation officer) with a Master of Arts degree in public administration, one half-time Bachelor of Arts level probation officer funded by a Comprehensive Employment Training Act (CETA) grant, and one half-time secretary. Statistics compiled by the Department indicate that in 1979 the Department staff conducted 81 presentence and 5 postsentence investigations, supervised 170 offenders placed on probation, and monitored 204 offenders for compliance with court orders (concerning service or treatment) issued in 1979.

### 3.1 A Function Model of the Island County District Court Probation Department

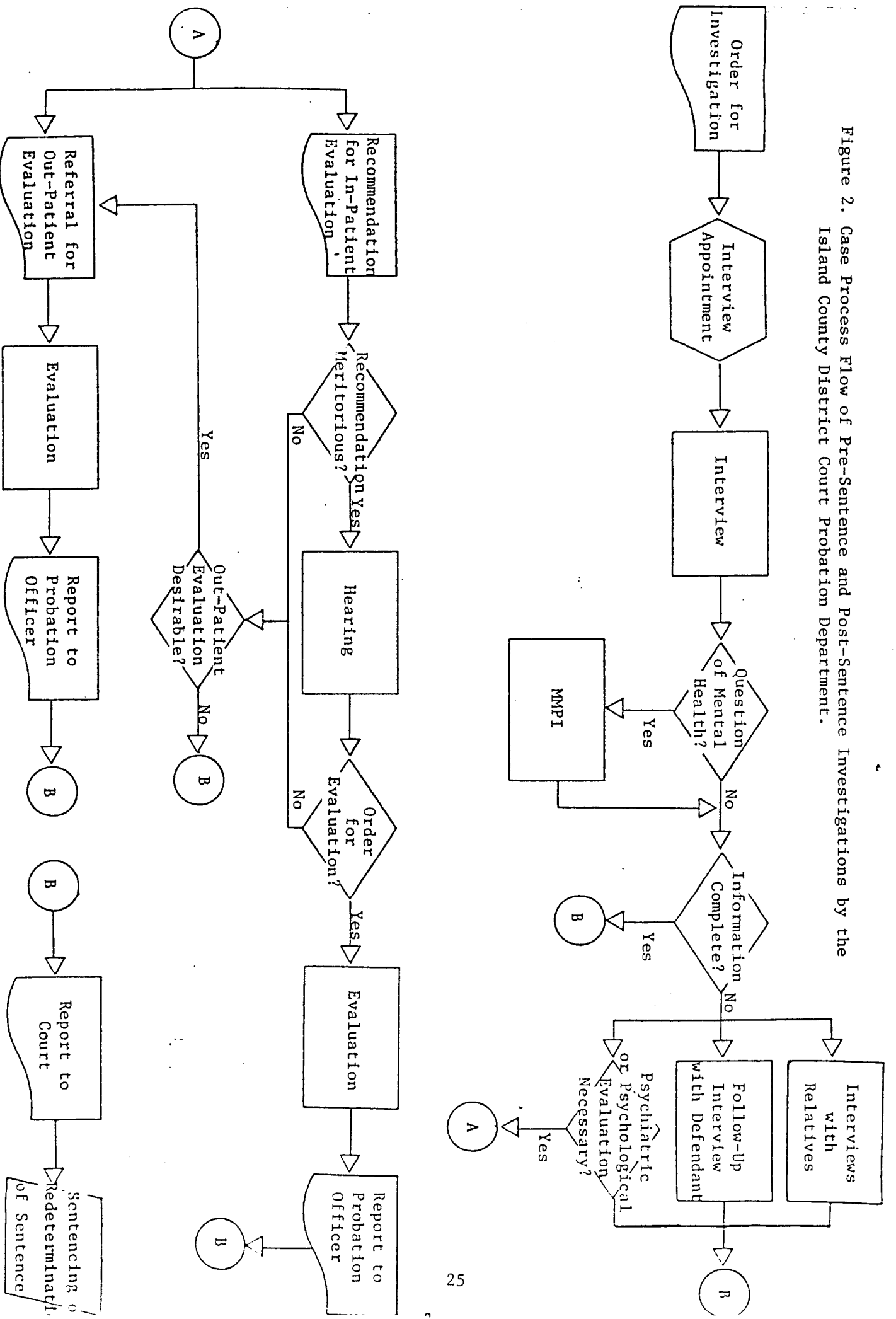
Figures 2 and 3 illustrate the "flow" of cases, operations, and processes relating to the evaluation of criminal offenders by the Island County District Court Probation Department. Figure 2 depicts pre- and post-sentence investigations, and Figure 3 depicts supervised probation.

#### 3.1.1 Pre- and Post-sentence Investigations

Figure 2 depicts the process by which the Probation Department receives referrals, collects information, and reports its findings concerning the background, behavior, and special needs of offenders awaiting sentence determination or reconsideration.

Upon a finding of guilty, a court may order the Department to conduct a presentence investigation of an offender. Similarly, any time after sentencing, a post-sentence investigation may be ordered. The court order may be sua sponte or at the request of the offender, his or her attorney, or the prosecutor. The order is sent by the court to the director of the Probation Department along with copies of the police citation and the bailiff's notes from the trial. The director reviews the referral, determines whether he or the part-time probation officer will handle the case, and sends the offender a letter requesting that contact be made with the Department for an interview appointment (or, if the offender is in jail, arrangements to visit there). Prior to the interview, the Department conducts a record search for previous criminal records.

Figure 2. Case Process Flow of Pre-Sentence and Post-Sentence Investigations by the Island County District Court Probation Department.



The probation officer conducts the interview and may administer the Minnesota Multiphasic Personality Inventory (MMPI) if he has some question concerning the offender's mental status. Following the interview, the probation officer may arrange to speak with relatives or friends of the offender mentioned during the interview. Additionally, he may conduct a follow-up interview with the offender at the offender's home.

If the probation officer believes that a psychiatric or psychological evaluation is indicated, he may refer the offender (if released in community) for an outpatient examination at the Island County Mental Health Center, the Counseling and Assistance Center at the Naval Air Station (if the offender is stationed at the base), or the local office of a private psychologist or psychiatrist. If the probation officer believes that an offender requires evaluation in a hospital setting, he may prepare a preliminary probation report for the court recommending a 90-day commitment to the Western Washington State Hospital for evaluation. If the court believes the recommendation has merit, it will schedule a hearing to determine whether to commit the offender for an evaluation.

The information contained in evaluation reports prepared by any of these mental health agencies is integrated into the pre- or post-sentence report prepared by the probation officer. However, the probation officer's report is submitted to the court along with copies of any mental health evaluation reports prepared. The court uses presentence reports to assist in determining sentencing. Post-sentence reports are used to determine whether an offender previously sentenced to jail should be reconsidered for probation.

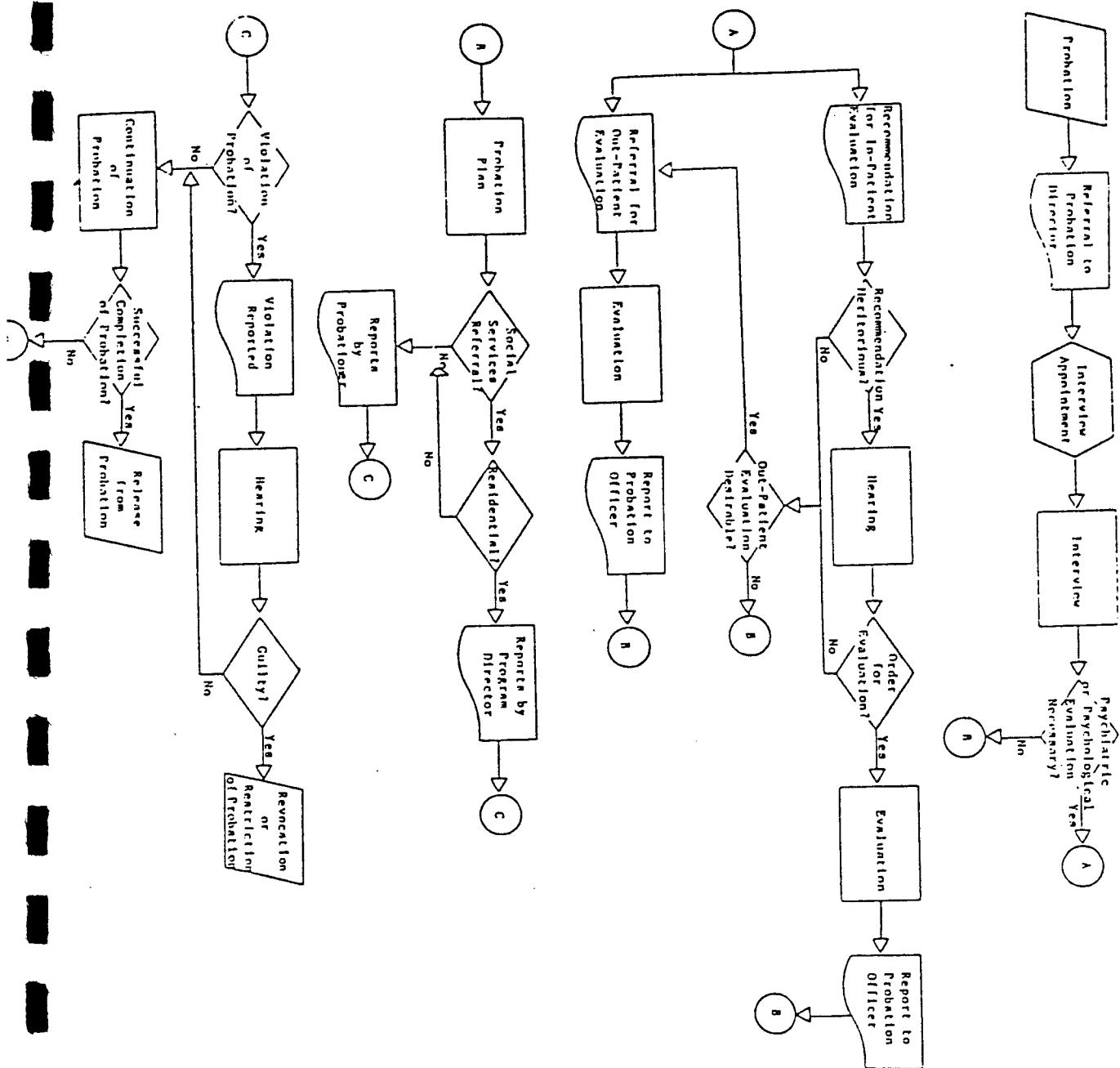
### 3.1.2 Supervised Probation

Figure 3 shows the process by which the Probation Department receives and manages misdemeanants referred for supervision of probation. When an offender is sentenced to a period of probation, the court issues an order instructing the offender to report to the director of the Probation Department upon notification. A copy of the order is sent to the director, along with copies of the police citation and the bailiff's notes from the trial. The director reviews the referral and sends the offender a letter requesting him or her to contact the Probation Department for an interview appointment. Upon the probationer's arrival, the interview is conducted; the MMPI may be administered; and a probation plan is formulated, written, and signed by the probationer.

If the probation officer believes the offender may have mental or emotional difficulties, he may refer the offender for an outpatient evaluation at the Island County Mental Health Center, the Counseling and Assistance Center at the Naval Air Station (if the offender is stationed at the base), or the office of a private psychologist or psychiatrist. If the probation officer believes the offender requires evaluation in a hospital setting, he may recommend to the court that the offender be committed to Western Washington State Hospital for evaluation for up to



Figure 3. Case Process Flow of Probation Supervision by the Island County District Court Probation Department.



90 days. The court may schedule a hearing to determine whether to so commit the offender. In addition to making mental health referrals, a probation officer may refer an offender to any of a number of social service programs for rehabilitation.

Each month, the probationer (or the director of any program with which the probationer is placed on a live-in basis) submits a progress report to the probation officer. The probation officer provides the court with a monthly "activities report" indicating the status of current probationers. No other reports are submitted for the probationer in compliance with the terms of his probation. If the offender violates the terms of his probation, the probation officer reports that fact to the court; a hearing is held, and probation may be revoked or restricted.

### 3.2 Delineation of Mental Health Information Requirements

As indicated previously, the Probation Department receives referrals from the Island County District Court, the Oak Harbor Municipal Court, and the Island County Superior Court. The director estimates that 75 percent of the referrals are from the District Court, 25 percent from the Municipal Court, and fewer than 1 percent from the Superior Court. (Superior Court referrals are made only when an offender initially charged with a felony in the Superior Court is convicted of a misdemeanor and is placed on, or is being considered for, probation). Referrals for pre- or post-sentence investigations are made if the judge feels he needs more information on an offender before ordering (or denying) probation; referrals for supervision of probation are made whenever an offender is placed on probation.

The court rarely explicitly requests particular information concerning the mental health of offenders referred for probation services. Typically, a referral for a pre- or post-sentence investigation comes by written court order (Appendix E) indicating merely that an offender apparently meets the basic requirements for probation and ordering that a pre- or post-sentence investigation be conducted and that the results of such investigation be reported by a specified date (usually within 4 to 5 weeks). Accompanying the order are a copy of the police citation (indicating the charges) and a copy of the bailiff's trial notes (indicating essentially the evidence presented at trial). The director of the Probation Department considers it implied that pre- and post-sentence investigations include an assessment of the offender's mental health needs.

Referrals for probation supervision also come by court order (Appendix F) accompanied by copies of the police citation and the bailiff's trial notes. The order indicates the charge, the conviction, and the terms of probation. Ordinarily, the terms consist of instructions to the offender to conduct himself "as a decent, upright, law-abiding citizen;" report to the director of the Probation Department as the director instructs; comply with all rules and regulations issued by the Probation Department; and pay any relevant court costs, fines, or

restitution. Occasionally, the order specifies special terms such as participation in a particular drug, alcohol, or mental health treatment program.

### 3.3 Acquisition of Mental Health Information

The director of the Probation Department reviews each referral within 24 hours of its receipt and determines whether he or the half-time probation officer will be responsible for handling the case. The director ordinarily assigns himself the more serious cases. Whether the referral is for a pre-sentence investigation, a post-sentence investigation, or supervised probation, an initial interview is arranged. Interviews ordinarily are acheduled for weekdays; however, the director is available on the first Saturday of each month to meet with offenders who would have difficulty visiting the Probation Department during the week. The interview is conducted in the Probation Department's offices unless the offender is incarcerated, in which case the offender is interviewed in the jail.

The interview typically lasts 45 minutes to one hour. During the course of the interview, the probation officer inquires in the following areas:

- o biographic data (name, address, age, previous addresses);
- o employment history and other sources of income;
- o military history;
- o medical history;
- o educational history;
- o marital history;
- o driving history (accidents, license suspensions, etc.);
- o criminal history;
- o drug and alcohol history;
- o mental health history; and
- o offender's account of the circumstances that resulted in arrest.

In addition, if the probation officer has any question about the offender's mental orientation, he may administer the MMPI; however, the test is not scored unless the offender subsequently is referred for a mental health evaluation, in which case the scoring is performed by the individual or agency conducting the evaluation.

Pre- and post-sentence investigations often continue beyond the initial interview and may include interviews with family members or friends of the offender mentioned during the interview. Occasionally, the probation officer conducts a second interview with the offender in his home. According to the director of the Department, these interviews are designed to enable the probation officer to gain a better sense for the family and community support systems operating on behalf of the offender in his day-to-day existence; they bear heavily on recommendations concerning the offender's suitability for probation.

If after interviewing the offender the probation officer suspects (in view of the offender's behavior during the interview or his mental health history) that the offender may be mentally or emotionally disordered, he may refer the offender for an outpatient mental health evaluation at the Island County Mental Health Center (provided as a service of the Center), the Counseling and Assistance Center at the Naval Air Station (provided at no cost for personnel stationed at the Air Station), or the office of a private psychologist or psychiatrist (paid for by the Probation Department). (According to the Department director, referrals to private mental health professionals are made primarily to obtain "second opinions" regarding the mental condition of offenders already evaluated by the County Mental Health Center or the Air Station's Counseling and Assistance Center.) Referrals for outpatient evaluations are made by letter from the probation officer to the mental health agency indicating the reasons for the referral, background information on the offender, a copy of the unscored MMPI, and the date by which the information sought is required. If the probation officer believes that the offender is grossly psychotic or otherwise seriously mentally disordered, he may recommend to the court that the offender be committed to Western Washington State Hospital for up to 90 days for evaluation. If the court believes the recommendation has merit, it will conduct a hearing to determine whether to so commit the offender. A sample commitment order is attached as Appendix G. The agency's or hospital's report back to the probation officer typically indicates the results of any psychological testing administered, mental status information, diagnosis, and treatment recommendations.

The probation officer may refer persons whose probation he is supervising to local social service agencies or programs providing rehabilitation services in specialized areas. Frequently used services include the Washington Department of Social and Health Services (vocational rehabilitation), the Tri-County Counsel Community Alcohol Center (alcohol rehabilitation), and the "New Leaf" program (counseling and treatment for the mentally retarded).

During the course of an offender's period of probation, the offender (or the director of the program with which the offender has been placed on a live-in basis) is required to submit monthly reports to the probation officer indicating "what has happened in your/the offender's life since you last reported." If problems are noted in a monthly report, the probation officer may re-interview the offender to assess changes in his needs.

### 3.4 Provision and Use of Mental Health Information

The information collected during a pre- or post-sentence investigation is distilled into a report for the court. The report ordinarily is submitted within four or five weeks of the order directing its preparation. Copies are provided to the prosecutor and the offender (or his attorney). The report typically summarizes the biographic data collected, compares the offender's version of the circumstances leading to arrest with the official version, discusses the results of any mental health evaluations conducted (and includes copies of any evaluation

reports), and presents case recommendations that may take the form of a suggested probation plan for the offender. The court uses the information provided in a presentence report to determine an appropriate sentence to impose. Post-sentence reports are used to determine whether a jail sentence previously imposed should be changed to probation. The court usually rules in accordance with the Department's recommendations concerning probation.

The only reports prepared by the Probation Department concerning offenders on probation are a monthly "activities report" and an "affidavit of probation violation and motion for issuance of a bench warrant." The activities report indicates the current status of all offenders on supervised probation. The report identifies current probationers (and the dates on which their probation periods expire); persons placed on probation that month; persons successfully completing probation that month; probationers referred for probation revocation; those referred for mental health examination; and those currently assigned to community or military alcohol or drug rehabilitation programs. The court uses this information to track cases involving offenders placed on supervised probation. No independent report is sent to the court when a person completes his probation. Affidavits of probation violation and motion for bench warrants (Appendix H) are submitted when, in the opinion of the probation officer, a probationer has violated the terms of his probation. The document describes the alleged violation and requests the court to revoke or restrict probation. The court conducts a probation revocation hearing to determine the matter.

### 3.5 Feedback, Monitoring, and Evaluation

There is no formal, ongoing feedback, monitoring, or evaluation mechanism operating with respect to the Island County District Court Probation Department. However, there are a number of systems functioning informally to provide a measure of quality assurance.

In 1975, the Northwest Regional Counsel of the Washington State Law and Judicial Planning Office conducted an evaluation of the Probation Department pursuant to LEAA requirements. The Probation Department director reported that the evaluation was comprehensive; however, copies of the evaluation report were not available at the Probation Department, and the nature and extent of the evaluation will not be assessed in this report.

Two state organizations, the Washington Corrections Association and the Washington Misdemeanant Corrections Association, collect statistics, prepare annual reports, and conduct training sessions for Probation Departments and other corrections agencies throughout the state. Statistics collected by the Island County District Court Probation Department for the Misdemeanant Corrections Association include: number of cases handled, by type (presentence investigation, post-sentence investigation, probation supervision); crimes charged to offenders referred; number of probationers referred to social service or

mental health agencies or programs for treatment or evaluation; number of probation revocations; hours of staff training; and Department budget. In 1979, the Misdemeanant Corrections Association conducted a statewide survey of District Court judges to ascertain what information they found most helpful in presentence reports. The results of the survey were presented in a two-day training session for Probation Department personnel throughout the state. Although the survey results were not available for review at the Probation Department, the Department director noted that a major finding was that judges are not particularly interested in biographical information on offenders. To accommodate the judges, the director indicated, Department reports now are designed to emphasize the offender's current situation.

The Probation Department must apply each year to the Island County county commissioners for funding. Case statistics similar to those submitted to the Misdemeanant Corrections Association are presented annually to the commissioners. Additionally, the recidivism rate of offenders served by the Probation Department is calculated and reported.

Finally, the Probation Department receives feedback on an informal basis from the judges of the courts it serves. Because of the small size of the Department and of the judiciary, a close working relationship is maintained, and problems with Department procedures or particular cases are freely discussed.

## REFERENCE NOTES

1. James R. Brantley and Marjorie Kravitz in Alternatives to Institutionalization: A Definitive Bibliography (Washington, D.C.: National Institute of Justice, 1979) have compiled an extensive bibliography with more than 2,200 entries describing the various alternatives to institutionalization that have been proposed, implemented, and evaluated over the years.
2. Perry, M. A Guide to Project Volunteers. Fort Collins, Colorado: Larimer County Community Corrections Project, 1977.
3. Nay, J.N., Barnes, R.T., Kay, P., Rantner, E.Z., and Troham, L.C. Work Description for a Phase I Study (Working Paper 5070-03). Washington, D.C.: The Urban Institute, February 1977.
4. Perry M., and Kammerzell, J. Larimer County Community Corrections Project: Final Report, 1979. Project No. 76-11A-2-C2-90. Law Enforcement Assistance Administration, August 1979.
5. Perry, M., and Kammerzell, J. Final Report: LEAA Halfway House Grant (Larimer County Community Corrections). Project No. 77-AGE-11A-2-C2-110. Law Enforcement Assistance Administration, October 1979.

## REFERENCES

- Boorkman, D., Fazio, Jr., E.J., Day, N., and Weinstein, D. An exemplary project: Community-based corrections in Des Moines. Washington, D.C.: National Institute of Law Enforcement and Criminal Justice, 1976.
- Coffey, A., Eldefonso, E., and Hartinger, W. An introduction to the criminal justice system and process. Englewood Cliffs, New Jersey: Prentice-Hall, 1974.
- Comptroller General of the United States. Community-based correctional programs can do more to help offenders. Washington, D.C.: U.S. General Accounting Office, 1980.
- Keilitz, I., Fitch, W.L., and Marvell, T.B. Forensic mental health screening and evaluation of client-offenders: An overview. Perspectives on Mental Health and the Law (OPS-001). Williamsburg, Virginia: National Center for State Courts, 1981.
- Keilitz, I., & Holmstrup, M.E. Perspectives on mental health screening and evaluation. State Court Journal, 1981, 5 (1), 13-18.
- Klapmuts, N. Community alternatives to prison. In J. Monohan (ed.), Community mental health and the criminal justice system. New York: Pergamon, 1976.
- National Advisory Commission on Criminal Justice Standards and Goals. Corrections. Washington, D.C.: Author, 1973, 595-606.
- National Institute of Law Enforcement and Criminal Justice. Utilization of psychiatric and psychological assessment by criminal court judges. Criminal Justice Research Solicitation (79-111), 1979.
- President's Commission on Law Enforcement and Administration of Justice. The challenge of crime in a free society. Washington, D.C.: U.S. Government Printing Office, 1967.
- Prison Research Education Action Project. Instead of prisons: A handbook for abolitionists. Syracuse, New York: Author, 1976.
- Roth, L.H. Correctional psychiatry. In W.J. Curran, A.L. McGarry, and C.S. Petty (eds.) Modern legal medicine, psychiatry, and forensic science. Philadelphia: F.A. Davis, 1980.
- Shah, S.A. Foreword. In M.Q. Warren, Correctional treatment in community settings. Rockville, Md.: National Institute of Mental Health, 1972.

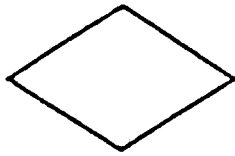


Warren, M.Q. Correctional treatment in community settings. Rockville,  
Md.: National Institute of Mental Health, 1972.

Wholey, J.S. Evaluability assessment. In L. Rutman (ed.), Evaluation  
research methods: A basic guide. Beverly Hills, CA: Sage, 1977.

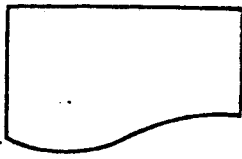
## APPENDIX A

Operations, events, and decision points are portrayed in figures by geometric shapes, viz:



=

Decision to make  
regarding the defendant.



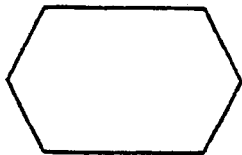
=

Information received or  
transmitted, usually in  
document form.



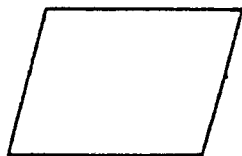
=

Implementation of a process  
involving the client-defendant.



=

Preparation for a process or  
decision involving the client-  
defendant.



=

Exit or entry of the client-  
defendant into the criminal  
justice system or the mental  
health system.



=

Connector with corresponding  
part of the flow chart on the  
same page.

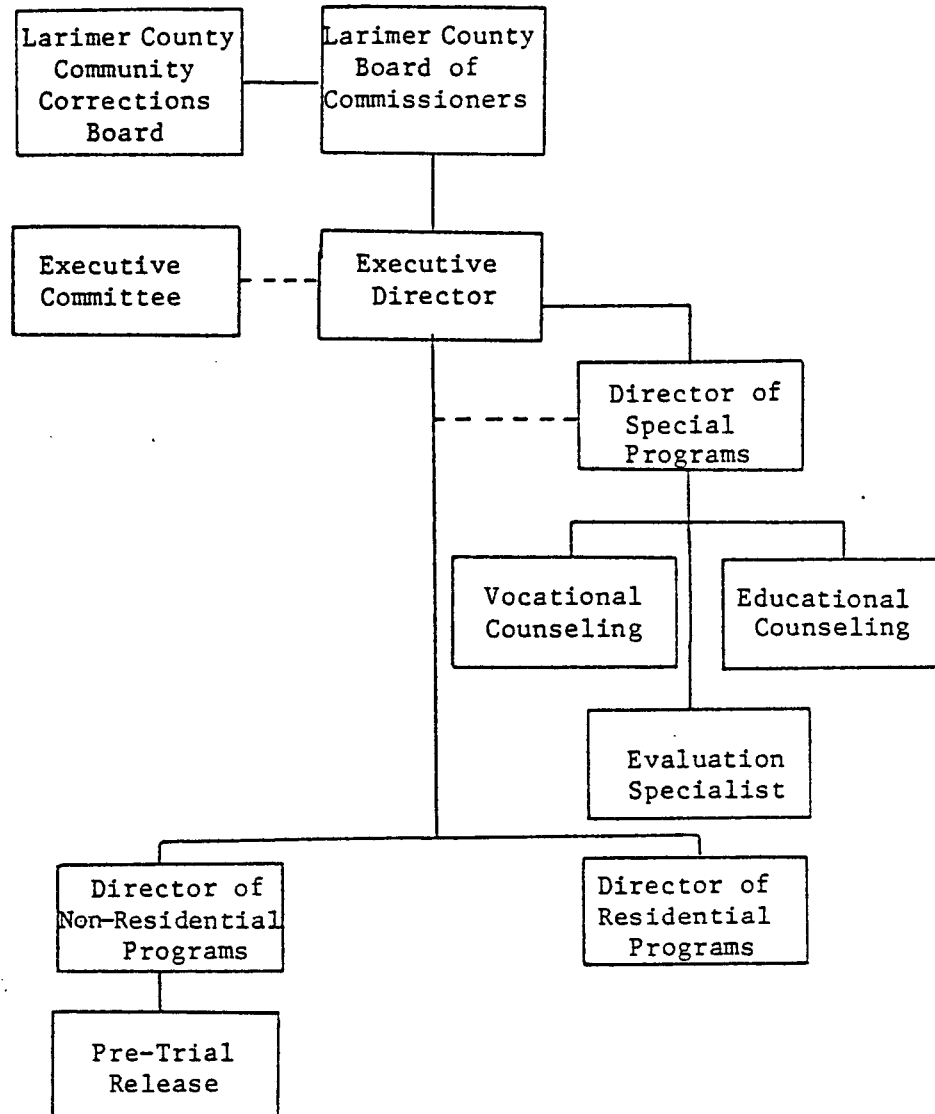


=

Connector with corresponding  
part of the flow chart on  
another page.

APPENDIX B

PROPOSED ORGANIZATIONAL CHART  
LARIMER COUNTY COMMUNITY CORRECTIONS



PROPOSED STAFFING PATTERN (exclusive of clerical)

- (1) - Executive Director
- (1) - Director of Special Programs
  - (1) Vocational Counselor (CS-1)
  - (1) Educational Diagnostician
  - (1) Educational Coordinator
  - (1) Evaluation Specialist II
- (1) - Director of Non-Residential Programs
  - (1) Non-Residential Counselor (CS-2)
  - (2) Pre-Trial Release Counselors (CS-1)
- (1) - Director of Residential Programs
  - (1) Residential Counselor (CS-2)
  - (1) House Manager (CS-1)
  - (4) Residential Counselors (CS-1)

TOTAL PROFESSIONAL STAFF - 17

REFERRAL PROCEDURES

ADULT PROBATION -- COMMUNITY CORRECTIONS

If the probation officer determines that his/her client should be referred to the Community Corrections Project for services outlined on the preceeding pages, he/she will complete a REFERRAL FORM and send it with the client to the Community Corrections office.

SAMPLE FORM:

Date: \_\_\_\_\_

(Name of Client) has been referred to the Community Corrections Project by (Name of Probation Officer) for the purpose of:

☐ Diagnostic information for presentence report

☐ Personality inventory

☐ Psychiatric evaluation

☐ Sexuality counseling

☐ Individual counseling

☐ Group counseling

☐ Family counseling/assistance

☐ GED tutoring/testing

☐ Vocational training information

☐ Employment counseling

OTHER:

NOTES:

.....

APPENDIX D

LARIMER COUNTY COMMUNITY CORRECTIONS PROJECT

CLIENT INFORMATION FORM

Date \_\_\_\_\_

SECTION I - INTAKE

I. General Data

Client's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Home Address \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Sex \_\_\_\_\_  
Home Phone \_\_\_\_\_ Race (W, B, S, I, O) \_\_\_\_\_  
Work Phone \_\_\_\_\_ Religion \_\_\_\_\_

List any vehicles owned or driven:

1. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
Lic. # and State \_\_\_\_\_ Owner's Name \_\_\_\_\_
2. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
Lic. # and State \_\_\_\_\_ Owner's Name \_\_\_\_\_

II. Referral Data

In-Jail \_\_\_\_\_ Diversion \_\_\_\_\_  
Referral \_\_\_\_\_ Reintegration \_\_\_\_\_  
Who referred you to Community Corrections? \_\_\_\_\_  
Reason for referral \_\_\_\_\_  
Have you ever participated in this program before? ( ) Yes ( ) No If yes,  
give dates: \_\_\_\_\_

III. Criminal History

List all juvenile offenses:

<u>Charge</u>	<u>Date</u>	<u>Place</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of juvenile felony convictions	_____		
Age at first offense	_____	Charge - first offense	_____
_____	_____		_____

III. Criminal History (continued)

List all adult offenses:

<u>Charge</u>	<u>Date</u>	<u>Place</u>	<u>Disposition</u>

Number of adult felony convictions \_\_\_\_\_ Misdemeanor convictions \_\_\_\_\_

Number of adult prison sentences \_\_\_\_\_ Total number of times arrested \_\_\_\_\_

Have you ever been on probation or parole? ( ) Yes ( ) No

Are you currently on probation or parole? ( ) Yes ( ) No

Have you ever violated probation or parole? ( ) Yes ( ) No

IV. Present Legal Status

Date incarcerated \_\_\_\_\_ Date released \_\_\_\_\_

Current charge(s) \_\_\_\_\_

Disposition(s)/Sentence(s) \_\_\_\_\_

Arresting agency \_\_\_\_\_ Officer \_\_\_\_\_

Judge \_\_\_\_\_ Attorney \_\_\_\_\_

DA \_\_\_\_\_ Parole/Prob. Officer \_\_\_\_\_

V. Residential Data

Type of residence: ( ) House ( ) Apartment ( ) Room  
 ( ) Rented ( ) Owned ( ) No cost

With whom are you living? ( ) Alone ( ) With spouse ( ) Parents  
 ( ) With friends ( ) With children ( ) With relatives  
 ( ) Institutional ( ) No stable arrangements

How long have you resided in Larimer County? \_\_\_\_\_

How long have you resided in Colorado? \_\_\_\_\_

In what county and state were you born? \_\_\_\_\_

If foreign-born, date of arrival in USA \_\_\_\_\_

Name and address of nearest relative or friend \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

V. Residential Data (continued)

List last five addresses (please give dates):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

VI. Marital Status

Current marital status:    (    ) Never Married    (    ) Married    (    ) Separated  
    (    ) Common Law    (    ) Divorced    (    ) Widowed

Name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Address of spouse \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Date and place of termination of marriage \_\_\_\_\_

Previous marriages (give name of spouse, dates and reasons for termination) \_\_\_\_\_

Children:

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. Family History

Father's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Employed?    (    ) Yes    (    ) No    Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Employed?    (    ) Yes    (    ) No    Occupation \_\_\_\_\_

Parent's current marital status:    (    ) Living together    (    ) Separated  
    (    ) Divorced    (    ) Remarried    (    ) Deceased    (    ) Unknown

Brothers and sisters:

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VII. Family History (continued)**

Has any member of your family been on probation, or in a correctional or mental institution?    (    ) Yes    (    ) No

<u>Name</u>	<u>Age</u>	<u>Type of Institution</u>	<u>Location</u>	<u>Cause</u>

**VIII. Military Service**

Branch of service \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of discharge \_\_\_\_\_

Do you receive any disability compensation?    (    ) Yes    (    ) No

Rank at discharge \_\_\_\_\_ M.O.S. \_\_\_\_\_

**IX. Occupational Data**

Employment status:    (    ) Full Time    (    ) Part Time  
                                   (    ) Unemployed    (    ) Unable to work

Present employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title \_\_\_\_\_ Earnings \_\_\_\_\_

Date started \_\_\_\_\_ Can you return to work? (    ) Yes    (    ) No

List previous occupations and give dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many jobs have you had in the last 12 months? \_\_\_\_\_

List any and all job skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your occupational goals and list any further training/education that you desire:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



IX. Occupational Data (continued)

Does your present or last job satisfy you? \_\_\_\_\_ If not, in what ways are (were) you dissatisfied? \_\_\_\_\_

List all sources of income:

Source

Amount

Number of persons supported on the above income \_\_\_\_\_

Is income sufficient to meet financial need? \_\_\_\_\_

Can you provide your own transportation? \_\_\_\_\_

Do you own a car? ( ) Yes ( ) No Driver's license? ( ) Yes ( ) No

X. Educational Data

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

If higher, indicate \_\_\_\_\_

Schools attended:

Name

Location

Dates

Degree or Certificate

Reason for quitting school (if applicable) \_\_\_\_\_

Do you wish to return to school? ( ) Yes ( ) No

If yes, what do you want to study? \_\_\_\_\_

Do you wish to obtain a GED? ( ) Yes ( ) No

XI. Clinical Data

How would you describe your health (excellent, good, fair, poor)?

1. Physical \_\_\_\_\_

2. Emotional \_\_\_\_\_

When was your last examination by a physician? \_\_\_\_\_

For what condition? \_\_\_\_\_

XI. Clinical Data (continued)

Name of your physician \_\_\_\_\_

Address \_\_\_\_\_

List any medications that you are currently taking \_\_\_\_\_

Are you currently seeing anyone for therapy or counseling? ( ) Yes ( ) No

If yes, give name and address \_\_\_\_\_

Enter the number of months spent in any of the following institutions:

( ) Jail ( ) Reformatory ( ) Prison ( ) Medical Hospital

( ) Psychiatric Hospital ( ) Mental Health Clinic

( ) Residential Drug Program ( ) Juvenile Correctional Facility

( ) Other - Specify \_\_\_\_\_

Do you make Friends easily? ( ) Yes ( ) No

Do you keep them? ( ) Yes ( ) No

Are most of your friends of one sex? If so, which? \_\_\_\_\_

Can you confide in your friends? ( ) Yes ( ) No

How is most of your free time occupied? \_\_\_\_\_

List your favorite hobbies \_\_\_\_\_

List all organizations and clubs of which you are a member \_\_\_\_\_

XII. Problem Checklist Check any of the following that apply to you:

- |                                |                                      |                           |
|--------------------------------|--------------------------------------|---------------------------|
| ( ) Headaches                  | ( ) Dizziness                        | ( ) Fainting spells       |
| ( ) Palpitations               | ( ) Stomach trouble                  | ( ) No appetite           |
| ( ) Bowel disturbances         | ( ) Fatigue                          | ( ) Insomnia              |
| ( ) Nightmares                 | ( ) Take sedatives                   | ( ) Alcoholism            |
| ( ) Drug Abuse                 | ( ) Flashbacks                       | ( ) Feel tense            |
| ( ) Feel panicky               | ( ) Tremors                          | ( ) Depressed             |
| ( ) Suicidal ideas             | ( ) Always worried                   | ( ) Unable to relax       |
| ( ) Unable to have a good time | ( ) Don't like weekends or vacations |                           |
| ( ) Over-ambitious             | ( ) Sexual problems                  | ( ) Shy with people       |
| ( ) Can't make friends         | ( ) Can't make decisions             | ( ) Can't keep a job      |
| ( ) Inferiority feelings       | ( ) Home conditions bad              | ( ) Superiority feelings  |
| ( ) Financial problems         | ( ) Convulsions                      | ( ) Epilepsy              |
| ( ) Heart trouble              | ( ) Diabetes                         | ( ) Cancer                |
| ( ) Hernia                     | ( ) Missing limbs                    | ( ) Hallucinations        |
| ( ) Delusions                  | ( ) Controlling self                 | ( ) Phobias               |
| ( ) Obsessions                 | ( ) Paranoia                         | ( ) Other - specify _____ |

XIII. Program Interests And Objectives

---

---

---

---

---

IX. Estimated Termination Date \_\_\_\_\_

APPENDIX E

1  
2 IN THE DISTRICT COURT OF THE STATE OF WASHINGTON FOR ISLAND COUNTY  
3 STATE OF WASHINGTON, )  
4 Plaintiff, ) NO.  
5 vs. ) ORDER FOR PRESENTENCE INVESTIGATION  
6 )  
7 Defendant. )  
8 )

9 It appearing from the files and records and evidence  
10 presented in this case that there is a need for a presentence  
11 investigation and,

12 It appearing that the defendant \_\_\_\_\_  
13 meets the basic intake requirements of the Island County District  
14 Court Probation Program.

15 IT IS HEREBY ORDERED that a presentence investigation  
16 be carried out by the Island County District Court Probation  
17 Services and that the results of said investigation be reported  
18 back to the Court by \_\_\_\_\_.

19 DONE in open court this \_\_\_\_\_ day of \_\_\_\_\_  
20 19\_\_\_\_.

21 \_\_\_\_\_  
22 J U D G E  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

ORDER FOR PRESENTENCE INVESTIGATION

APPENDIX F

IN THE DISTRICT COURT AT LANGLEY  
ISLAND COUNTY, STATE OF WASHINGTON

STATE OF WASHINGTON, )  
Plaintiff, )

vs. )

Case No. TRU 289

ORDER SUSPENDING SENTENCE AND  
PLACING DEFENDANT ON PROBATION

)  
)  
)  
Defendant.)

This matter having come on for hearing in open Court on the 8th  
day of May, 1980, the defendant, \_\_\_\_\_,  
being present in person ~~XXXXXXXXXXXXXXXXXXXX~~ \_\_\_\_\_,  
the defendant having been heretofore served with a copy of the citation,  
charging the defendant with: driving over the centerline and driving  
while intoxicated,  
and the defendant having been arraigned and having entered a plea of guilty,  
or having been found guilty after trial, and the Court having inquired of the  
defendant if he or she has any reason why judgement and sentence should not be  
entered against him or her in this cause, and the defendant not having any  
such reason, and the Court having advised the defendant of his or her rights  
as required by law, pursuant to RCW 9.95.200 and 9.95.210,

NOW THEREFORE, ORDERS, ADJUDGES and DECREES,

That the defendant, \_\_\_\_\_, is guilty of the crimes of  
driving while intoxicated

as charged in the citation, and, pursuant to RCW 9.95.200 and  
9.95.210, is placed on probation and the execution of sentence is suspended,  
as follows: \$50 fine suspended; 7 days in jail suspended on condition  
that defendant attend Alcohol Information School and remain on probation  
for a period of one year.

ORDER SUSPENDING SENTENCE AND PLACING DEFENDANT ON PROBATION Page 1 of 3

The TERMS and CONDITIONS of the SUSPENSION and PROBATION shall be as follows:

1. The defendant shall conduct himself or herself as a decent, upright, law-abiding citizen at all times and comply with all laws.
2. The defendant shall report to the Director of the Island County District Court Probation Service, \_\_\_\_\_, once each month or as instructed by the Director and shall comply with all rules and regulations applicable to the defendant issued by the Director.
3. The defendant shall pay, through the office of the Deputy Clerk of the District Court at Langley, the sum of \$ 36.25, until the items below are paid in full:

a. Court costs	\$ <u>4.00</u>
b. Restitution	\$ _____
c. Reimbursement to Island County toward fee of court-appointed attorney	\$ _____
d. Fine	\$ <u>32.25</u>

4. Defendant's duty to make the payments pursuant to item 3 above shall exist only so long as defendant has the present financial ability to pay without causing undue hardship to himself or herself or dependants. Revocation of this probation for non-payment shall occur only if defendant wilfully fails to make payment having the financial ability to do so or for wilful failure to make a good faith reasonable effort to acquire the means to make payment. Defendant may petition the Court to adjust the amount of any installment payment or the total amount due to fit his or her changing financial situation.

UPON FULFILLMENT of the terms and conditions of this Probation, the defendant may apply to this Court, or the Probation Officer may request this Court, to release the defendant from Probation.

ORDER SUSPENDING SENTENCE AND PLACING DEFENDANT ON PROBATION Page 2 of 3

APPENDIX F (Continued)

UPON FAILURE of the defendant to comply with the terms of this Probation, defendant will be ordered to show cause why the suspended sentence should not be withdrawn and the full sentence imposed on the defendant.

This ORDER placing defendant on Probation and Suspending the sentence in whole or in part, signed this 9th day of May, 1980, in the presence of defendant ~~and his attorney~~.

Court Commissioner

APPENDIX G

IN THE DISTRICT COURT OF ISLAND COUNTY, STATE OF WASHINGTON

STATE OF WASHINGTON,

Plaintiff,

vs.

Defendant.

No. 7238

ORDER

This matter having come on regularly for hearing before the undersigned Judge for consideration and for sentencing and the Court having received the reports of Oak Harbor Police Department, the Island County Sheriff's Office, and , Assistant Probation Officer, and the Court having considered the matter fully, hereby

FINDS:

1. That is guilty of violation of his probation in the above-entitled case and is awaiting sentencing.
2. That it appears likely he has severe emotional problems requiring treatment.
3. That the Court has probable cause to believe needs treatment and further evaluation of his mental problems.
4. That the Court needs such information as will be generated by an evaluation in order to properly sentence the defendant.
5. That since being placed on probation, defendant has attempted to take his own life on two different occasions.



APPENDIX G (Continued)

1  
2 Based on these Findings and Conclusions, it is hereby  
3 ORDERED:

4 1. That be committed to Western  
5 Washington State Hospital for treatment and evalu-  
6 ation for a period not to exceed ninety days, and  
7 that there he is to be held in custody until com-  
8 pletion of said evaluation and treatment.

9 2. That Western Washington State Hospital shall  
10 furnish to the Court an evaluation of the mental  
11 and emotional condition of and a  
12 prognosis for his treatment.

13 3. That upon completion of the evaluation and  
14 treatment by Western Washington State Hospital  
15 shall be returned to the custody of  
16 the Island County Jail and then to be brought as  
17 soon as possible before this Court for sentencing.

18 DONE IN OPEN COURT this 14 day of October, 1977.

19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32 District Court Island County

APPENDIX H  
ISLAND COUNTY DISTRICT COURT

STATE OF WASHINGTON, )  
Plaintiff, )  
vs. )  
Defendant. )

NO.

AFFIDAVIT OF PROBATION VIOLATION AND  
MOTION FOR ISSUANCE OF BENCH WARRANT

STATE OF WASHINGTON )  
COUNTY OF ISLAND ) ss.

being first duly sworn, deposes and says:

That he is and was at all times mentioned herein a duly appointed, qualified  
and acting Probation Officer of the Island County District Court;

That defendant was convicted in the above-entitled court, on the \_\_\_\_\_ day  
of \_\_\_\_\_, 19\_\_\_\_, of the crime of \_\_\_\_\_  
\_\_\_\_\_ and on the \_\_\_\_\_ day of \_\_\_\_\_,  
19\_\_\_\_, was admitted to probation by order of the above-entitled court for a  
period of \_\_\_\_\_, on certain terms and conditions as contained in  
the Order Granting Probation filed herein;

That the said defendant has violated the terms of h\_\_\_\_ probation herein  
imposed upon h\_\_\_\_ in that:

WHEREFORE, Affiant hereby prays and respectfully moves this Court to revoke  
the probation hereinbefore granted and to issue a Bench Warrant for the arrest of  
said defendant.

Executed at \_\_\_\_\_, Washington, on \_\_\_\_\_,

I declare under penalty of perjury that the foregoing is true.

DISTRICT COURT PROBATION OFFICER

## The Occasional Papers Series

### PERSPECTIVES ON MENTAL HEALTH AND THE LAW

Forensic Mental Health Screening and Evaluation of Client-Offenders: an Overview. By Ingo Keilitz, W. Lawrence Fitch, and Thomas B. Marvell. An overview of the practice of forensic mental health screening and evaluation, including an operational definition and a survey of purposes, points of application, and resource allocation for forensic mental health evaluation in the criminal justice system. 111 pages, including two appendixes: an annotated bibliography and a state-by-state directory of forensic mental health programs in courts, jails, detention centers, state hospitals and correctional facilities, and community facilities. Order No. OPS 1 \$5.00.

Forensic Mental Health Screening and Evaluation in Court Clinics. By Ingo Keilitz and W. Lawrence Fitch. Five clinics attached to courts for forensic mental health screening and evaluation are described in detail using a uniform format. The clinics are in Baltimore, New York City, Hartford (Connecticut), Cambridge (Massachusetts), and Tucson (Arizona). 151 pages, including 35 pages of sample forms used in referrals, evaluations, and reports. Order No. OPS 2. \$6.50.

Forensic Mental Health Screening and Evaluation in Jails. By Joel Zimmerman, Ingo Keilitz, W. Lawrence Fitch, Thomas B. Marvell, and Mary Elizabeth Holmstrup. General types of arrangements between jail and mental health systems are described, and four local programs are described in detail: Cook County (Chicago) Correctional Complex, Diagnostic Services of the Nashville (Tennessee) Sheriff's Office, Pierce County (Washington) Jail Social Services and Central Intake Unit, and the Wyandotte County (Kansas) Pretrial Services Project. 83 pages, including 19 pages of sample forms. Order No. OPS 3. \$5.00.

Forensic Mental Health Screening and Evaluation in Community and Regional Forensic Mental Health Centers. By Ingo Keilitz, W. Lawrence Fitch, Thomas B. Marvell, and Mary Elizabeth Holmstrup. Forensic mental health examinations performed in community-based mental health centers are explored in six such centers: Dayton, Ohio; San Mateo County, California; Bowling Green, Kentucky; St. Louis, Missouri; Bartow, Florida; and Newport News, Virginia. 206 pages, including 70 pages of sample forms. Order No. OPS 4. \$7.00.

Screening and Evaluation in Centralized Forensic Mental Health Facilities. By Mary Elizabeth Holmstrup, W. Lawrence Fitch, and Ingo Keilitz. A federal institution and two state institutions performing forensic psychiatric services are detailed including profiles of the Biggs Unit of the Fulton State Hospital (Missouri); the Pretrial Branch, Division of Forensic Program, St. Elizabeths Hospital (Washington, D.C.); and the Center for Forensic Psychiatry (Ann Arbor, Michigan). 96 pages, including 29 pages of sample forms. Order No. OPS 5. \$5.00.

Forensic Mental Health Screening and Evaluation in Community Corrections. By Thomas B. Marvell, W. Lawrence Fitch, and Ingo Keilitz. Efforts to divert offenders from prison or jail sentences or to facilitate their successful reintegration in the community are reflected in local programs of probation, halfway houses, counseling, restitution, and the like. Two such programs--the Larimer County (Colorado) Community Corrections and the Island County (Washington) District Court Probation Department--are described. 52 pages, including 14 pages of sample forms. Order No. OPS 6. \$4.00.

Library  
National Center for State Courts  
300 Newport Ave.  
Williamsburg, VA 23185

National Center for State Courts  
Publications Department  
300 Newport Avenue  
Williamsburg, Virginia 23185  
(804) 253-2000