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**A Follow-up Evaluation of the
Court Mental Health Clinic of the
Philadelphia Court of Common Pleas**

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This evaluation was conducted by the Institute on Mental Disability and the Law (IMDL), a unit of the Research Division of the National Center for State Courts (NCSC), under the auspices of the NCSC's Court Services Division. The views expressed in this report are those of the author and do not necessarily represent the official policies or positions of the Philadelphia Court of Common Pleas. Ingo Keilitz, Ph.D., is the former director of the IMDL; he currently is the vice president for the Institute for Court Management, the education and communication division of the NCSC.

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Background

In early 1992, the National Center for State Courts (NCSC) conducted an evaluation of the Court Mental Health Clinic (then called the Court Psychiatric Clinic) of the Philadelphia Court of Common Pleas. The evaluation was intended to advise the Court's Trial Divisions' Administrative Judge, the Office of the Executive Administrator, and other divisions, branches and units of the Court about the present and future mental health evaluation services provided by the Clinic. The central theme of the conclusions and 22 recommendations in the NCSC's March 30, 1992 report of the evaluation is that the Clinic operated in virtual isolation from the Court's case management and overall administration, and that the key to improvement was the integration and coordination of the Clinic's functions with those of the Court.

The NCSC report recommended that the Court establish an organization and management structure for the Clinic that would end the Clinic's virtual isolation from, and ensure its full integration with, the administration of the Court; that the Court designate a capable administrator to manage *both* the clinical and the administrative staff and functions of the Clinic; and that the mission of the Clinic be articulated clearly to the Clinic staff, judges and others who work with the Clinic. Further, the report recommended that requests for mental health evaluations be curtailed significantly by elimination of *pro forma*, reflexive requests; that the operation of the Clinic be improved; and that the Clinic's services to the Court--including consultation, education and training, and research--be made more responsive to the needs of the Court.

At the time of the NCSC report, and for more than 25 years through successive court administrations, Temple University had provided psychiatric and psychological services to the Court on a contractual basis. Because of the Court's long-standing relationship with Temple University, and because of Temple University's expressed willingness to reduce costs and streamline the Clinic operation's, the NCSC report recommended that Temple University be invited to submit a proposal responsive to the conclusions and recommendations contained in the report. In the event that Temple University was unwilling or unable to submit a proposal deemed acceptable to the Court, the NCSC report recommended that the Court consider other alternatives including securing the services of a private contractor other than Temple University or hiring mental health experts as employees of the Court on a part-time or full-time basis. The report suggested that an anticipated reduction of requests for evaluation and a streamlining of the Clinic's operations would permit a reduction of approximately \$150,000 in the Clinic's operating costs.

This report describes the findings, conclusions and recommendations of a follow-up evaluation of the Court Mental Health Clinic conducted by the NCSC in May and April of 1993, a year after the initial evaluation. The follow-up evaluation was conducted by Ingo Keilitz, Ph.D. (the former director of the NCSC's Institute on Mental Disability and the Law and the current NCSC vice president for the Institute for Court Management), under the auspices of the NCSC's Court Services Division and the NCSC's Institute on Mental Disability and the Law, a unit of the NCSC's Research Division. Evaluation methods and corresponding activities included: (1) face-to-face and group interviews of Clinic personnel, judges and other Court personnel on April 27 and 28, 1993; (2) review of the status of the implementation of the 22 specific recommendations contained in the NCSC's evaluation report as is documented in written materials

prepared by the Clinic and the Court, and as is summarized in an April 19 letter by the principals of the Forensic Mental Health Associates (FMHA); and (3) review of reports and documents related to the current organization and operation of the Clinic. The follow-up evaluation is based solely on the descriptive and impressionistic data gathered as a result of these three methods and activities.

Findings and Observations

In its March 1993 evaluation report, the NCSC made 22 recommendations grouped into five overlapping areas: (1) the organization and management of the Clinic; (2) the day-to-day operation of the Clinic; (3) requests for mental health evaluations; (4) education and training; and (5) linkages with other Court programs and units. In less than a year since the recommendations were made, the Court and Clinic staff have implemented fully, or made significant progress in the implementation of, all but two (Recommendation 12 and 19) of the 22 recommendations.

Organization and Management of the Clinic

The March 1993 NCSC report likened the Clinic to a black box that has "a slit on one side into which the Court deposits requests for mental health evaluations and a slit on the opposite side through which the Clinic slips completed reports of mental health evaluations. Those outside of the black box do not see inside the box, and those inside do not see outside. No means exists for those inside and those outside of the box to communicate with each other" (p. 55). The problem of the Clinic's lack of coordination and integration with, and

virtual isolation from, the Court's day-to-day operation seems, for the most part, to be remedied.

On June 1, 1992, the Court informed Temple University that its contract to provide mental health services to the Court would not be renewed for fiscal year 1992-93. The principals of the Clinic's clinical staff at the time (who themselves were under contract with Temple University)--Robert W. Stanton, M.D., Albert Levitt, M.Ed., and Jules deCruz, M.S.--were invited to submit a contract to provide mental health services to the Court. Shortly thereafter, these three clinicians formed a general partnership, Forensic Mental Health Associates (FMHA), that contracted with the Court to provide mental health services to the Court for fiscal year 1992-93 at a cost to the Court of \$450,000 for clinical services (\$150,000 less than the cost of comparable services provided by Temple University) (Recommendation 4).

At the time of the follow-up evaluation, an organizational structure for the Clinic that promises effective direction and management of *both* the clinical and administrative staff of the Clinic, the integration of the Clinic with the day-to-day operations of the Court, and the accountability for the Clinic's operations and performance was already established (Recommendation 1(a)). The Court designated a Clinic Administrator--Mr. Frank Snyder--to direct and manage both the clinical and administrative staff and functions of the Clinic (Recommendation 1(b)). Mr. Snyder reports to and meets regularly with Mr. Joseph A. Cairone, Deputy Court Administrator of the Criminal Operations of the Court; he also meets regularly with the Clinic's clinical (i.e., the partners of FMHA) and administrative staff.

A flow chart of the organizational structure is contained in the Clinic's draft policy and procedures manual (see below), as is a statement of mission of the Clinic (Recommendation 2) drafted by Clinic staff and subsequently reviewed

and accepted by the Court. Specific staffing requirements, job descriptions and accountability mechanisms for all Clinic staff have been established (Recommendation 3); these also appear in the draft policy and procedures manual. Reportedly, these requirements are adhered to and will be reviewed on an annual basis. Finally, the name of the Clinic was changed; it is now formally known as the "Court Mental Health Clinic" (Recommendation 22).

Operation of the Clinic

At the time of the follow-up evaluation, the Clinic had prepared a draft of a 50-page policy and procedures manual (Recommendation 10) addressing various aspects of the delineation, acquisition and provision of mental health evaluations and other services to the Court including: (1) the mission of the Clinic, (2) its organizational structure, (3) a brief history of the Clinic, (4) requests for mental health evaluation, (5) preparation of a case file, (6) clinical examination and report preparation, (7) distribution of reports, (8) court order scheduling processes, (9) involuntary mental health commitments, (10) training, (11) report preparation, (12) research, (13) staffing requirements for the Clinic, (14) psychological testing, (15) clinical evaluations, and (16) types of clinical evaluations.

The capacity for word processing and duplication of mental health evaluation reports today is now located within the Clinic instead of the Probation Department (Recommendation 11). General guidelines for the preparation and contents of written reports of mental health evaluations are set forth in the draft policy and procedures manual and, reportedly, sample mental health evaluations are currently being prepared by the Clinic staff (Recommendation 13). With regard to the facilitation of the transmission of court orders for evaluations

(Recommendation 14), Clinic staff have spoken with individual judges, court clerks and members of the Sheriff's Department in an effort to facilitate the rapid transmission of orders. Meetings of court clerks, members of the Sheriff's Department and clinicians also have occurred.

To avoid delay in case processing and to reduce the excessive costs of transportation and rescheduling mental health evaluations, the Clinic reportedly has been successful in evaluating all *available* custody defendants ordered for mental health evaluations on the same day they appear in Court. In such cases, the Clinic staff "see" defendants on a "forthwith" basis. Defendants scheduled for evaluations who are not available to the Clinic remain a problem. Reportedly, Clinic staff continue to address this problem with the Sheriff's Department and Court clerks as well as with the judges of the Court (Recommendation 15(a)). The Clinic's hours of operation have been changed and are now from 9:00 am to 5:30 pm; clinicians' schedules are adjusted to meet the demand (Recommendation 15 (b)). Reportedly, mental health evaluations reports are distributed in a timely and efficient manner (Recommendation 16).

With regard to quality assurance (Recommendation 17), the Clinic has initiated several procedures. First, it developed a questionnaire for judges and clerks attached to a random sample of mental health evaluations. Results are used to improve the reports. Second, evaluative feedback is sought through frequent individual meetings of Clinic staff and judges and clerks. Third, the medical director routinely observes interviews and evaluations of defendants done by other clinicians and reviews the reports of those evaluations. Fourth, the FMHA has established a Clinical Evaluations Committee which periodically reviews the mental health evaluations prepared by the Clinic. The Committee also reviews standards and current literature in the field and relates it to the

Clinic staff. Finally, the Clinic issues a monthly report that summarizes the operations of the Clinic.

Because judges and clerks may inappropriately view presentence investigations and mental health evaluations as one-in-the-same and, consequently, automatically order *both* ("presentence psych"), the March 1993 NCSC report recommended (Recommendation 12) that the Clinic should cease functioning as the intake for *all* requests for presentence investigations. This recommendation reportedly has been discussed but not implemented, perhaps due to other efforts made (see below) to reduce unnecessary evaluations.

Requests for Mental Health Evaluations

As noted in the NCSC March 1993 evaluation report, ideally, the Clinic should conduct only those mental health evaluations that are required by law and, absent legal requirements, only those that are needed or desired by the Court. Toward this end, Clinic staff prepared a revised draft of the Court order for evaluations which was approved by the Court. Reportedly, implementation is delayed due to "minor conflicts" with courtroom clerks (Recommendation 5). Further, in an effort to discourage *pro forma*, reflexive and unnecessary evaluation requests, the Clinic sent letters to judges requesting individual meetings. Sixteen of 22 judges responded to the invitations. During the meetings, Clinic staff emphasized the need to reduce *pro forma* requests and asked the judges to review their procedures for ordering mental health evaluations.

Requests for mental health evaluations by the Clinic pursuant to Section 17 have decreased significantly (Recommendation 6). According to Clinic records, a total of 110 requests were received by the Clinic in the first quarter of

1993, compared to 327 for the first quarter of 1992 and 215 during the first quarter of 1991. Although the reduction in Section 17 requests probably is due to several factors, it is likely that a significant curtailment is due to the cooperative efforts of the Clinic and Court personnel to reduce unnecessary evaluations and to conduct only those evaluations that are required by law. Under current law, Section 17 evaluations can be conducted by psychiatrists only. Reportedly, the FMHA has contacted professional organizations and members of the State legislature in an attempt to make provisions in the law enabling clinical psychologists, as well as psychiatrists, to conduct Section 17 evaluations (Recommendation 7).

Apparently, the prior practice of requesting presentence mental health evaluations by the Clinic in *almost all* cases in which presentence investigation is requested has been curtailed significantly (Recommendations 8 and 12). According to data compiled by the Clinic, during the period from July 1992 through April 1993, a total of 1,734 requests were made for presentence investigation *and* mental health evaluation compared to 2,657 during a comparable period the previous year, a decrease of 923 requests. During the same period, the number of presentence investigations ordered without a request for mental health evaluation increased from 254 to 808. These data indicate that the practice of requesting mental health evaluations automatically with orders for presentence investigation has been significantly curtailed.

Overall, the number of requests for mental health evaluation is down significantly. From July 1992 through April 23, 1993, the Clinic handled 2,900 requests compared to 3,961 during a comparable period the preceding year.

In its March 1993 evaluation report, the NCSC recommended (Recommendation 9) that the Clinic staff regularly observe Court proceedings and work informally and cooperatively with judges and Court clerks in each of

the major Court programs to understand and appreciate the purposes and context in which requests for mental health evaluations arise. The information gained from these observations and interactions with judges and court clerks, the report recommended, should be used not only to improve the creation and referral of requests but also the overall provision of mental health information and other services to the Court. Reportedly, Clinic staff have met with a number of judges over the past several months. They also met with Court clerks and observed courtroom procedures in several of the major Court programs. Meetings and informal training sessions with judges and observations continue to be scheduled. Two judges who were interviewed as part of the follow-up evaluation stated that the Clinic staff, indeed, appeared to be more responsive to judges' needs than they were during Temple University's tenure at the Clinic.

Education and Training

Today, success depends more and more on learning and continuing education. In response to the recommendation for interdisciplinary cooperation in education and training (Recommendation 18), the Clinic staff has taken several steps. First, FMHA maintains an individual file for each clinician containing copies of licenses and proof of liability insurance coverage, a step in the direction to ensure that "clinicians have sufficient professional education, clinical training and experience, including that which may be required by statute, case law, court rules, and that which may be needed or desired by individual judges in individual cases" (see Recommendation 18). FMHA also provides an annual stipend for \$500 for each clinician that can be used for tuition for attendance conferences and training sessions in the field of forensic psychiatry and psychology.

Reportedly, the Clinic staff has provided lectures to the local bar and court-appointed attorneys affiliated with the Family Court. The Clinic has also entered into arrangements with Temple University, the Great Lakes Colleges Association, and Immaculata College to provide internship opportunities for students. The FMHA reportedly is also in the process of negotiating with Thomas Jefferson University's Department of Psychiatry for the possible formation of an approved fellowship program in forensic psychiatry. Finally, the Clinic has conducted two judicial training sessions to date; a third session was planned for late May.

Linkages With Other Court Programs and Units

The NCSC March 1993 evaluation report suggests that the Court may benefit greatly by linking the Clinic and its staff with other programs, units and operations of the Court that deal with cases--both criminal and civil--in which issues of mental health arise. The three specific recommendations made--focusing on the use of medical branch personnel by the Clinic, insanity evaluations, and involuntary commitments--were meant to be illustrative of the type of actions the Court might take to link the Clinic with other programs. That the Clinic has taken steps to implement these recommendations is evidence of the Clinic's desire to grow and expand its services.

Reportedly, the Clinic explored the possibility of exchanging clinicians with the Medical Branch of the Family Court Division (Recommendation 19). While the Clinic staff reportedly remains open to future affiliations with the Medical Branch, political, contractual and union issues complicate cooperative arrangements and, at this writing, the Clinic staff awaits direction from the Court. With regard to insanity evaluations (Recommendation 20), the Clinic has agreed

to conduct, and has conducted some, "pre-NGRI" evaluations ordered by the Court. Also, the Clinic has provided the Court a formal list of qualified private mental health professionals who would be willing to conduct insanity evaluations for the Court (Recommendation 20(b)). Finally, and significantly, the process whereby orders for involuntary "criminal" commitment of criminal defendants are processed by the Clinic has been reduced in duration to a single day (Recommendation 21).

Conclusions and Recommendations

In the year since the NCSC issued its March 1992 evaluation report, the Clinic has been transformed from an isolated, bureaucratic operation (i.e., a black box) to a flexible, innovative and responsive unit of the Court. By all accounts, the Clinic today operates more efficiently than it did a year ago. Processes are streamlined and costs are down. There are no signs that streamlining and cost reductions have caused a slippage in service. Judges and others interviewed stated that the Clinic's reports and interactions with the Court are at least as good, if not better, than they were a year ago. Significantly, Clinic staff morale appears improved.

Need for Continuous Improvement

This past year was a tumultuous one for the Clinic. It would be difficult not to view as impressive the Clinic's and the Court's responses to the recommendations of the March 1993 NCSC evaluation report. The termination of the Court's relationship with Temple University, the creation of FMHA and its initial contract with the Court, the significant reorganization of the Clinic, and the rapid response to the NCSC's recommendations appear associated with an

entrepreneurial spirit and openness to change that are relatively uncommon in government. The Court and Clinic should do everything possible to carry over the momentum of this past year to continuous improvement in the future. The 22 recommendations in the NCSC's March 1993 report are *strategies* for continuous improvement much more than they are once-and-for-all target performances. At least for the next year or two, the NCSC recommendations should be the foci for continuous improvement of the Clinic.

Additional Recommendations

The recommendations that follow complement (and are numbered sequentially with) those in the NCSC March 1993 report.

Recommendation 23. Self-evaluation and Improvement

- (a) In lieu of independent (external) evaluation, and at least for another two years, the principals of FMHA, the Clinic Administrator, and the Deputy Court Administrator, should review and evaluate on a semi-annual basis, the progress toward implementation of all relevant recommendations of the NCSC March 1993 evaluation report.**
- (b) A brief report of the self evaluation should be submitted for review to the Executive Administrator and an advisory/oversight committee (see below).**
- (c) Following review and consultation with Clinic management, corrective actions based on the review should be taken.**

To avoid unnecessary paperwork, and because the essence of the recommended self-evaluation is attention, awareness and corrective action, the brief report recommended in paragraph (b) should not exceed 10 pages.

Recommendation 24. Responsiveness to Change

The Clinic should be alert to changes in law, Court procedures and external circumstances and respond to those changes in a manner that improves services to the Court.

Much of the dissatisfaction with the Clinic in past years stemmed from the fact that the Court and the world in which it operated had changed, but the Clinic and its operations had not. Stagnation set in.

To best serve the Court (including itself), today's Clinic must remain flexible, adaptive and innovative (creative). Its services must change rapidly in response to changing needs of the Court and the community. Decreasing evaluation requests pursuant to Section 17, for example, may need to give way to mental health assessments related to the carrying of firearms, if dictated by legitimate needs. Clinic staff and management should constantly ask "How can the Clinic's services be improved?"

Recommendation 25. Clinic Oversight Committee

The Court should reconstitute the Mental Health Assessment Oversight Committee and establish its mission as the continuous improvement of the Court's interactions with the mental health system and related social service system.

The previous committee had its focus on processes and procedures (e.g., the form of evaluation orders). A reconstituted committee should have a broader and more future-oriented perspective. In general terms, it should address how the Court, assisted by the Clinic, should manage responsibilities to litigants, jurors, witnesses and Court employees who appear to exhibit symptoms of mental disabilities or disorders, and how the Court can best interact with the mental health system and related social service system. Because, generally, judges and other Court personnel may not be drawn to additional committee work, and because increasing workloads preclude such work even when there is

considerable interest, the Court should identify and recruit for this reconstituted committee only those individuals who have expressed an unusual interest in the Court's interactions with the mental health system.

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Dear Joe, Bob and Frank:

Please find enclosed for each of you a copy of the report of my follow-up evaluation of the Court Mental Health Clinic. As I mentioned during my visit April 27 and 28, and as is reflected in the report, I'm quite impressed with the progress you've made in a year and commend you for it. By all accounts, the Clinic operates better and cheaper than it did a year ago, and there are indications that further improvement and growth are likely.

Thanks for giving me the opportunity to look at the Clinic once again. It was a pleasant chore. While the enclosed report satisfies the National Center for State Courts' part of the agreement set forth in my April 12, 1993 letter to Bob, I am at your disposal to discuss the report with you.

Best regards,

Ingo

Enclosures

c: Dr. Geoff Gallas, Executive Administrator
✓ Mr. James D. Thomas, Vice President, Court Services, NCSC
Dr. Sally Hillsman, Vice President, Research, NCSC
Dr. Pamela Casey, Director, IMDL, NCSC