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FORENSIC MENTAL HEALTH SCREENING
AND EVALUATION IN JAILS/

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Perspectives on Mental Health and the Law

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FOREWORD

This monograph, "Forensic Mental Screening and Evaluation in Jails," is the third in a series of six papers exploring the forensic mental health examination, which is a pivotal point in the criminal justice process. At the direction of a judge or some other criminal justice authority, a mental health professional assesses a defendant's mental condition. The outcome of such examinations can have profound effects on the destinies of persons charged with or convicted of crimes.

The first paper in the series, "Forensic Mental Screening and Evaluation of Client-Offenders: An Overview," reflects the National Center for State Courts' preliminary assessment of the current state of the knowledge about forensic mental health screening and evaluation in the criminal justice process. It contains a general description of the screening and evaluation process, presented in the form of an operational definition, and includes discussions of the purposes, points of application, and manner of resource allocation of forensic mental health screening and evaluation in 121 selected programs throughout the country, which were surveyed in telephone interviews. Summary descriptions of the programs and an annotated listing of selected literature in the forensic mental health area are presented in appendices of this first paper. Subsequent papers describe screening and evaluation procedures in court clinics, community and regional forensic mental health centers, centralized forensic units in state hospitals, and community corrections programs. A listing of the first six papers in this series, available at this writing, appears at the end of this paper.

The information presented in this monograph was gathered 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 this report 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 jail programs profiled in this paper, or the National Center for State Courts.

The authors thank Larry Guenther, Professor of Sociology, College of William and Mary, who visited and interviewed staff of the Cook County Correctional Complex in Chicago, Illinois, and the Wyandotte County Pretrial Services Project in Kansas City, Kansas, and contributed to earlier drafts of the sections in this paper describing those facilities. Numerous individuals associated with the four jail mental health service programs described in this paper graciously gave of their time during the authors' visits to the facilities and during follow-up telephone calls.

The kind assistance of the staff of the Wyandotte County Pretrial Services Project, and others affiliated with the Project, is gratefully acknowledged, most notably that of Richard Shannon, William Reese, Ernie

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1.0 INTRODUCTION

This paper describes one type of arrangement between the mental health and criminal justice systems--the jail-mental health relationship. The most significant and substantial portion of this paper is the descriptions of four jail mental health services: the Psychiatric Services of the Cook County Correctional Complex in Chicago, Illinois; the Mental Health Diagnostic Services for Jail Inmates, Nashville (Tennessee) Sheriff's Office; the Pierce County Jail Social Services and Central Intake Unit in Tacoma, Washington; and the Wyandotte County Pretrial Services Project in Kansas City, Kansas.

These jail services 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 Programs (NEP) of the National Institute of Justice, United States Department of Justice. The National Center's study focused on 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 (hereafter "client-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 four jail mental health services programs described in this paper. A number of conspicuous knowledge gaps were identified, and the likelihood of their being filled, as well as the nature and scope of sensible next steps, was assessed during field testing of several tentative program evaluation models in a number of forensic units throughout the country.

An earlier paper 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 justice programs, is detailed by Nay, Barnes, Kay, Ratner, and Graham (Note 1); 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 Jail Mental Health Services

The United States has some 4,000 jails--detention facilities, administered by local law enforcement agencies, that hold individuals pending adjudication or individuals confined after sentencing, usually for a year or less. From 20 to 60 percent of the approximately 142,000 persons in jails on any given day have mental health problems, yet most

jails do not screen and evaluate all inmates needing mental health care intervention (Comptroller General of the United States, 1980).

Jail mental health services differ in their organization and operation. The complex relationships and alliances formed by the mental health system, law enforcement, and the judicial system are shaped by factors both directly related to the client-offender and his or her entanglements with the law and indirectly related to the individual, the crime (or alleged offense), and his or her mental health. Among these factors are:

- (a) the nature and severity of the offense or alleged offense;
- (b) the nature and severity of the suspected or diagnosed mental problem;
- (c) the stage in the criminal proceedings (e.g., pre-trial or after conviction);
- (d) the type of defense contemplated by the client-offender or counsel;
- (e) the financial means of the client-offender;
- (f) the mental health law issues involved (e.g., competency to stand trial, criminal responsibility, and mitigating circumstances affecting the sentence);
- (g) the cooperative and competitive strategies in most interorganizational relationships (see Steadman and Morrissey, Note 2);
- (h) the movement toward community mental health programs and away from institutionalization (cf. Monohan, 1976);
- (i) budget arrangements and the various fiscal incentives operating between agencies;
- (j) the tensions between applications of the medical model and legal model to client-offenders (see generally, Wexler, 1981; Miller, 1980); and, finally,
- (k) the political climate, especially in an austere economy (cf. "Summary and Analysis," pp. 299-300, and E.R. Breslin, pp. 345-355, in the September-October 1980 Mental Disability Law Reporter).

Jails in most larger metropolitan areas throughout the country provide mental health services for inmates, including identification, screening, evaluation, treatment, training, consultation, and any combination of these. Some jails maintain medical and mental health departments, clinics, or infirmaries that screen and classify inmates upon intake and provide counseling and treatment during incarceration. Other jails operate social services departments that attend to the general social problems of inmates and arrange for inmates in need of mental health services to receive evaluation and treatment on a referral basis. The primary concern of most jail services is the "maintenance" of the inmates during the period of incarceration; extensive psychotherapy rarely is provided. Close working relationships are usually maintained with jail medical staff and local hospitals.

Although jail-mental health relationships have remained relatively unexamined until very recently (see Steadman and Morrissey, Note 2), Morgan (1978, p. 42) has suggested a promising format (Morgan called it a "typological model") for understanding various jail-mental health programs. This format, reproduced in Table 1, describes four types of jail mental health services:

- (a) internal - mental health services are provided exclusively by jail staff;
- (b) intersection - services are provided in a separate jail unit in alliance with another agency outside the jail;
- (c) adjunct - services are provided by arrangement with external service contractors but are located within the jail; and
- (d) combination - services are provided by various types of service arrangement in combination.

Morgan's typological distinctions, which were adapted from the National Jail Resources Study, Pennsylvania State University, capture the four jail mental health service programs profiled in this paper.




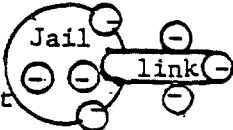
1.2 Forensic Mental Health Screening and Evaluation: Definition and a Conceptual Framework

A number of organizations and agencies have promulgated standards for mental health screening and evaluation of inmates. This includes the American Correctional Association, the Commission on Accreditation for Corrections, the American Medical Association, the American Bar Association, the American Public Health Association, the National Sheriff's Association, and the Department of Justice (U.S. Department of Justice, 1981). The American Association of Correctional Psychologists has enunciated 57 standards for psychological services in adult jails and prisons (American Association of Correctional Psychologists, 1980), including the following five standards for screening and evaluation:

Receiving screening is performed on all inmates upon admission to facility before being placed in the general population or housing area. The findings are recorded on a printed screening form. Inmates identified as having mental problems are referred for a more comprehensive psychological evaluation. Screening includes inquiry into: (1) past and present history of mental disturbance, and (2) current mental state, including behavioral observations. (Standard 23)

In a prison setting, all newly committed inmates with sentences over one year shall be given a psychological evaluation within one month of admission. Such routine evaluations are brief and include (but are not necessarily limited to) behavioral observation, a

Table 1
A Typological Model
for Mental Health--Jail Service Delivery^a

System	Primary Focus of Service Delivery System	Description	Schema
INTERNAL	Treatment while incarcerated, brokerage arrangements and referral post-release.	Jail autonomous. Service is administered and provided by sheriff's personnel.	 A circle labeled "Jail" with a small circle inside it.
INTERSECTION	Treatment while incarcerated, brokerage arrangements and follow-up post-release.	Jail interacts with outside agencies. Service is provided by a separate staff-organization and integrated into jail operations.	 A circle labeled "Jail" with a small circle attached to its right side.
ADJUNCT	Treatment while incarcerated, brokerage arrangements and referral post-release.	Jail interacts with adjunct unit. Service is contracted exclusively for jail and integrated into operations.	 A circle labeled "Jail" with a small circle inside it.
COMBINATION	Type varies depending on systems.	Jail interacts with several providers concurrently. Two or more different conduits, including jail staff, outside resources, and brokerage arrangements provide services to inmates.	 A circle labeled "Jail" with several small circles attached to its right side, connected by a horizontal line labeled "link".

⊖ Service component

^aFrom Morgan, 1978, p. 42.

records review, group testing to screen for emotional and intellectual abnormalities, and a written report of initial findings. Referral for more intensive individual assessment is made when appropriate. (Standard 24)

Collection of psychological evaluation data is performed only by psychological services staff personnel or facility staff trained by them. Review of written reports based on the results of the examination, testing, and developing a plan of treatment are done by, or under the supervision of, a qualified psychologist. All such information is recorded on data forms approved by the chief psychologist and in accordance with headquarters policy in multifacility systems. At no time is the responsibility for test administration, scoring, or the filing of psychological data given to inmate workers. (Standard 25)

The individual assessment of all inmates referred for a special comprehensive psychological appraisal is completed within 14 days after the date of the referral as applied in a jail. This includes the following:

- (A) Reviewing earlier screening information,
- (B) Contacting prior psychotherapists or the individual's family physician regarding any history of mental symptomology,
- (C) Conducting an extensive diagnostic interview,
- (D) Writing and filing a brief report,
- (E) If evidence of mental disturbance is found, placing the individual in a separate area where closer supervision is possible, and either
- (F) Referring the individual to an appropriate mental health resource or to his or her family physician (if indicated and when release is imminent), or
- (G) Beginning appropriate care in the jail by staff members of the psychological and/or psychiatric services.

This standard as applied in a prison setting includes the following:

- (A) Reviewing earlier screening information and psychological evaluation data,
- (B) Collecting and reviewing any additional data to complete the individual's mental health history,
- (C) Collecting behavior data from observations by correctional staff,
- (D) Administering tests which assess levels of cognitive and emotional functioning and the adequacy of coping mechanisms,

- (E) Writing a report describing the results of the assessment procedures, including an outline of a recommended plan of treatment which mentions any indication by the inmate of a desire for help,
- (F) Communicating results to referral source, and
- (G) Writing and filing a report of findings and recommendations. (Standard 26)

Crisis evaluations should be conducted as soon as possible, but not later than 24 hours after the staff member has been notified. Subsequently, a report of the session(s) is written and appropriately filed. (Standard 27)

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 profiles of the four jail mental health services 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 decisionmaking concerning client-offenders.

The foregoing definition and its nine key elements can be imposed on a simple conceptual framework of three processes characterizing the courts' involvement in mental health screening and evaluation--delineation, acquisition, and provision. The delineation and provision of information subsume almost all interactions 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 and using the information provided remain largely the domain of the criminal justice system. On the other hand, acquisition, the activity of gathering the mental health information about a client-offender, often is 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 equally 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 directing the National Center's study, and influenced the descriptions of the four jail mental health programs in this paper. A more detailed narrative of the definition and conceptual framework is presented by Keilitz and Holmstrup (1981) and Keilitz, Fitch, and Marvell (1981).

1.3 Profiles of Four Jail Mental Health Programs

Each of the program descriptions that follow contains a brief history of the jail mental health service; 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, is acquired by the program staff, and is provided to the user; and a review of the procedures in place for feedback, quality control, and program evaluation. Each jail mental health service program profile conforms generally to the following outline.

- Brief Description of Program
 - History
 - Description of Host 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 PSYCHIATRIC SERVICES OF THE COOK COUNTY CORRECTIONAL COMPLEX

2.1 A Brief History

A jail facility was opened in 1929 to house approximately 1,300 inmates at the site of Cook County's present Correctional Complex around 26th Street and California on Chicago's near-southwest side. This facility has grown and changed, a process that continues to this date, resulting in the present complex of buildings covering over 50 acres of land, and administering almost 60,000 pretrial detainees and short-term misdemeanants each year, an average daily census of around 5000 people (see Note 3).

A neuropsychiatric clinic was opened in 1933, in conjunction with a local hospital, to provide psychiatric services to jail inmates. Services were initiated at the request of a family member or by staff who observed inmates with obvious conditions of psychosis or psychological impairment. Inmates who had serious mental disorders were removed to a state hospital.

In 1964, the Diagnostic and Classification Center was created at the complex. All prisoners who were to remain in the jail on misdemeanor charges for more than 90 days were screened by a clinical psychologist. Inmates having difficulty adjusting to the jail and those with narcotic addictions also received this screening. The purpose of this screening was to detect inmates who would need special psychological services during their incarceration. The Diagnostic and Classification Center has continued as a recognizable unit within the Correctional Complex. Since 1978, it has functioned with approximately five professional mental health staff providing psychological screening and some treatment services for inmates.

The only other mental health services available to detainees until 1974 were provided by two psychiatrists, who worked at the Cermak Memorial Hospital, a medical and psychiatric facility located on the grounds of the Correctional Complex.

In June 1973, following a series of newspaper articles that were critical of jail health services, the Health and Hospitals Governing Commission of Cook County assumed responsibility for providing medical care, including mental health services, to detainees. In August of that year, the Commission solicited assistance from the Illinois Department of Mental Health in exploring ways to improve jail mental health services.

The impetus behind swift and continuing change within the last several years was a condition-of-confinement suit filed by the American Civil Liberties Union in 1974. Harrington v. DeVito (Note 4) raised the issue of whether detainees in the Cook County Correctional Complex were entitled to mental health treatment from the Illinois Department of Mental Health. Even before the case was settled, additional staff were

hired for the complex in 1975 and a special facility was established, originally with 52 beds as a residential treatment unit. The resulting new mental health services laid the foundation for the Psychiatric Services unit that is the main topic of this report.

A court-appointed panel of three medical doctors filed an evaluation report of the Cook County Department of Corrections mental health program in October 1977 (Note 5). The report noted that many improvements had been made in mental health services since 1975, but that more improvement was needed. Space and staff were judged to be far from adequate. It further noted that individual psychological screenings were not provided for every prisoner, a process that the report's authors deemed essential, and that the screening process that did occur was frequently done by jail guards or other inmates who had no specialized training. The report also noted a shortage of physicians, a high incidence of mental health problems, the need to provide services for night-hour admissions, and a high potential for suicidal and assaultive behavior among inmates.

Harrington v. DeVito was resolved by a consent decree in 1978 (Note 6). As part of the settlement, the Department of Corrections agreed to provide all necessary space, buildings, renovation, and security; the Department of Mental Health agreed to provide mental health staff; and the Health and Hospitals Governing Commission agreed to provide matching funds and to develop and implement the needed program. This basic multi-agency arrangement continues today. The present Psychiatric Services is funded jointly by the Illinois Department of Mental Health and Developmental Disabilities and by the Cook County government. The program is operated by the Prison Health Services, an independent organizational structure within the correctional complex, of which Psychiatric Services is one part.

By 1979, all detainees in or entering the Correctional Complex were receiving a psychiatric screening. The professional mental health staff of the Psychiatric Services team numbered about 20 and were complemented by twice as many specially trained corrections officers. Although Cermak Memorial Hospital was closed in March 1979, its wing on "3-North" continues to function as an acute psychiatric care unit, providing specialized intensive care and total physical restraints (if needed) for detainees with critical or potentially destructive psychiatric problems.

The Psychiatric Services unit apparently is providing increasingly better mental health care for inmates. Its continuing progress is affirmed by staff and documented in a recent report to the court, filed in June 1980 (Note 7). While describing some difficulties at the jail, both new and continuing, the report generally concedes that significant progress has been made. It attributes to the Harrington consent decree a clearly improved environment of services. The mental health professional staff is given high ratings. The report affirms that all inmates in the Correctional Complex are now given medical and psychological screenings within a day of their admission.

2.2 Objectives of the Psychiatric Services

Psychiatric Services is unique among mental health screening and evaluation programs studied as a part of the National Center's assessment because it is designed specifically to meet the needs of inmates, instead of those of justice system officials. The Harrington consent decree was a major factor shaping the present system of services provided by the Cook County Correctional Complex for its detainees. Other forensic mental health programs in court clinics, community mental health centers, and centralized hospitals that have been studied by the National Center have been developed to provide information about a client-offender to judges, attorneys, and probation officers, with benefits to the client-offender as a fortuitous side effect. This program evolved in response to inmates' needs; it was not intended to provide information to serve legal decisions.

Psychiatric Services provides both screening and treatment of psychological problems of all detainees, i.e., all individuals awaiting trial or sentencing as well as sentenced offenders serving up to one year. Its two major goals are 1) to relieve debilitating behaviors and prepare detainees for the general population of jail inmates, and 2) to provide followup care to maintain adjustment in the general jail inmate population. As future resources permit, staff would like to add a third goal of helping facilitate inmate re-entry to the society outside of corrections through liaison with community mental health facilities.

To reach these goals, Psychiatric Services engage in six major functions. They provide staff and training for the Receiving, Classification, and Diagnostic Center (hereafter RCDC), a recently established intake unit for the jail. Acute psychiatric inpatient services are provided in 3-North, a wing of the building that was formerly the Cermak Memorial Hospital. The most visible function is that of the Residential Treatment Unit (hereafter RTU), currently a 200-bed facility, for inmates who are treatable, not in acute states, but not able to function among the other jail inmates. Working through the Correctional Complex's organization in six physical-functional divisions, followup services are given to inmates who are incorporated within the general inmate population, yet who need some special help as "outpatients." Another rapidly developing function is research and staff training. Finally, although only embryonic at this time, the function of providing linkage to the outside society is currently foreseen.

To describe the Psychiatric Services screening and evaluation program, in contrast with others that have been studied, it may be useful to explicate more fully what is included in the program and what is not. To emphasize the point made earlier, the program does not provide information about the inmates to criminal justice system decisionmakers; rather, the program is designed for the benefit of the inmate. Only the staff of Psychiatric Services have access to information about inmates; they use it to diagnose inmate problems, to place inmates appropriately within the institution, and to design and implement treatment plans.

Information about detainees is considered strictly confidential. It is not normally shared with corrections officers or officials, let alone with attorneys, judges, or probation officers.

Inmate information is released to others only under certain circumstances. On rare occasions, it may be subpoenaed by a court. Sometimes, a detainee may sign a release form and request release of his records to be used in court. Because Psychiatric Services frequently does psychological screenings within one day of a person's arrest, this information may be of considerable value in assessing questions of criminal responsibility. It should be stressed, however, that Psychiatric Services records are used this way quite infrequently. It is less frequent still that their records are used for determinations of competency to stand trial or as input to presentence reports.

2.3 Clientele

The Cook County Correctional Complex serves nearly 60,000 admissions each year, holding around 5,000 detainees at any particular time. Men and women arrested throughout the City of Chicago are arraigned in court and gathered at various stations until they are transported in groups to the jail several times each day. The corrections facility is used entirely for pretrial detainees and for inmates sentenced on misdemeanor charges for periods of less than one year.

Division I, housed in the building which used to be the Cook County Jail, consists of about 500 to 600 maximum security and "management problem" inmates. Because of the nature of their charges, these men may remain as long as two to three years until they are brought to trial (Note 8). Men in Division II, the main men's units, typically stay eight to twelve months awaiting trial; they usually number approximately 1,200. Division III is the women's division, housed in a separate building, with a population of between 250 and 300. Division IV is a minimum security facility, including work release prisoners and the gym and kitchen facilities. RCDC and the administrative offices are parts of Division V, which also includes "high-bond" inmates. Division VI comprises youth and, occasionally, other prisoners needing protective separation from the rest of the general inmate population. Divisions IV, V, and VI may have between 1,000 and 1,200 inmates each.

The organization of the Psychiatric Services and the flow of detainees through the system will be explained in detail in the following sections of this report. At this point, however, some statistics will be provided on the volume of people going through the system. In a typical month, between 4,000 and 4,500 people enter (and an equivalent number leave) the Correctional Complex. All incoming detainees are screened, whether or not they are "recidivists" to the jail, i.e., people who have been detained in the facility previously (the vast majority are). Most are screened in RCDC (over 95 percent, or an average of 125 to 150 people each day of the year). Roughly 2 percent are women and screened in Division II, the women's dorm; and 2 percent are emergency cases brought in at times other than the normal RCDC hours, who are given special screenings in the Residential Treatment Unit (RTU).

All incoming detainees are screened, but only a fraction of these, of course, receive mental health services. During a month, RTU typically will receive from 100 to 200 new detainees for services, maintaining an average daily count of between 85 and 150 men. The 3-North population is typically 10 to 20 inmates (occasionally including women in acute crisis) and Psychiatric Services typically "consults" with 100 to 125 inmates in all the divisions on an outpatient basis each month.

2.4 Staff

The inpatient acute care unit, 3-North, is staffed by a part-time psychiatrist, a part-time psychologist, one social worker, and three specially trained corrections officers. Nursing care is provided on a 24-hour basis; although the nurses are not members of Psychiatric Services staff, they are made available by Prison Health Services of which the Psychiatric Services is a part.

RTU, designed with a client capacity of 200, is staffed by a part-time psychiatrist, an internist, four psychologists, one consulting psychiatrist, one social worker, five mental health specialists, a paramedic, and 75 specially trained corrections officers. Nursing care is also available on a 16-hour basis, provided by Prison Health Services.

The outpatient treatment program is staffed primarily by a part-time psychiatrist. Regular RTU and 3-North staff can be called upon to provide "consults" as required.

RTU and 3-North staff include corrections officers who were described above as being "specially trained." These officers are selected from the general population of officers in the complex. All corrections officers who work within the complex receive 20 hours of training in psychological and social mental health treatment topics from the Psychiatric Services staff. Officers learn basics of psychopathology, chemotherapy, and psychiatric interviewing. The Psychiatric Services program is fully explained to them. The purposes of the training are to facilitate referrals of inmates from the general inmate population and to prepare corrections officers with interviewing skills in case they encounter inmates who are in psychological crisis.

Following the initial training for all corrections officers, those who seem to have an aptitude for such services, who are interested in the program, and who have good interviewing skills are recruited by Psychiatric Services. They are given the special training, which includes an additional 10 weeks of full-time instruction. These officers then become part of the RTU or 3-North staff; they also can perform psychological screenings at RCDC. Approximately 80 officers currently have been so trained at this time.

In-service training sessions are provided for all the Psychiatric Services staff. Speakers provide workshops covering specialized topics at least once per month.

It should be noted that the staff information in this section pertains only to Psychiatric Services, which is the focus of this report. No information will be reported for the general Corrections Complex or other related institutions.

2.5 Process Flow

2.5.1 Diagrammatic Overview

A series of figures, presented on the pages to follow, represents the flow of detainees through the Cook County Correctional Complex and associated institutions. Appendix A provides a key to abbreviations and geometric shapes used in the figures in this and subsequent sections. Figure 1 presents an overview of the system. Various components shown in Figure 1 are broken down into finer detail in the five figures (Figure 2 to 6) that follow it.

As shown in Figure 1, the process begins with a person's arraignment in criminal court. If the defendant displays psychologically aberrant behavior, the court can divert the case for further study either to the state mental hospital at Chester, Illinois, or to the Psychiatric Institute, an independent facility of the Circuit Courts of Cook County. Either because of such diversions, or at times without them, the criminal proceedings can be suspended and the case diverted to a civil court for a civil commitment hearing. Normally, however, detainees proceed from court directly to the Correctional Complex.

Detainees sent to the Correctional Complex typically enter through RCDC. If psychological problems are apparent, the inmate is referred to Psychiatric Services; otherwise he or she is placed into the general population of inmates. Psychiatric Services tries to return all detainees to the general inmate population within a period of 10 to 15 days. It also has the option of referring inmates to the Psychiatric Institute in certain circumstances. Inmates in the general inmate population who develop psychological problems can be referred by corrections officers, by a chaplain, or by self-referral to Psychiatric Services.

Eventually, all pretrial detainees leave the complex. Many are released by posting a bond. Most return to criminal court for trial. Some pretrial detainees, of course, are ultimately sentenced to serve one year or less on a misdemeanor charge. They are returned to the jail's general inmate population, to be released after serving their time.

2.5.2 Initial Placement

Figure 2 details the detainee's entrance to and initial placement within the system. Most defendants are arraigned in criminal court shortly after their arrests and then are sent to RCDC, the Correctional Complex intake unit. At times, a person may be brought directly to the jail without arraignment; this may occur if the person is apparently severely disturbed and in need of immediate psychiatric care.

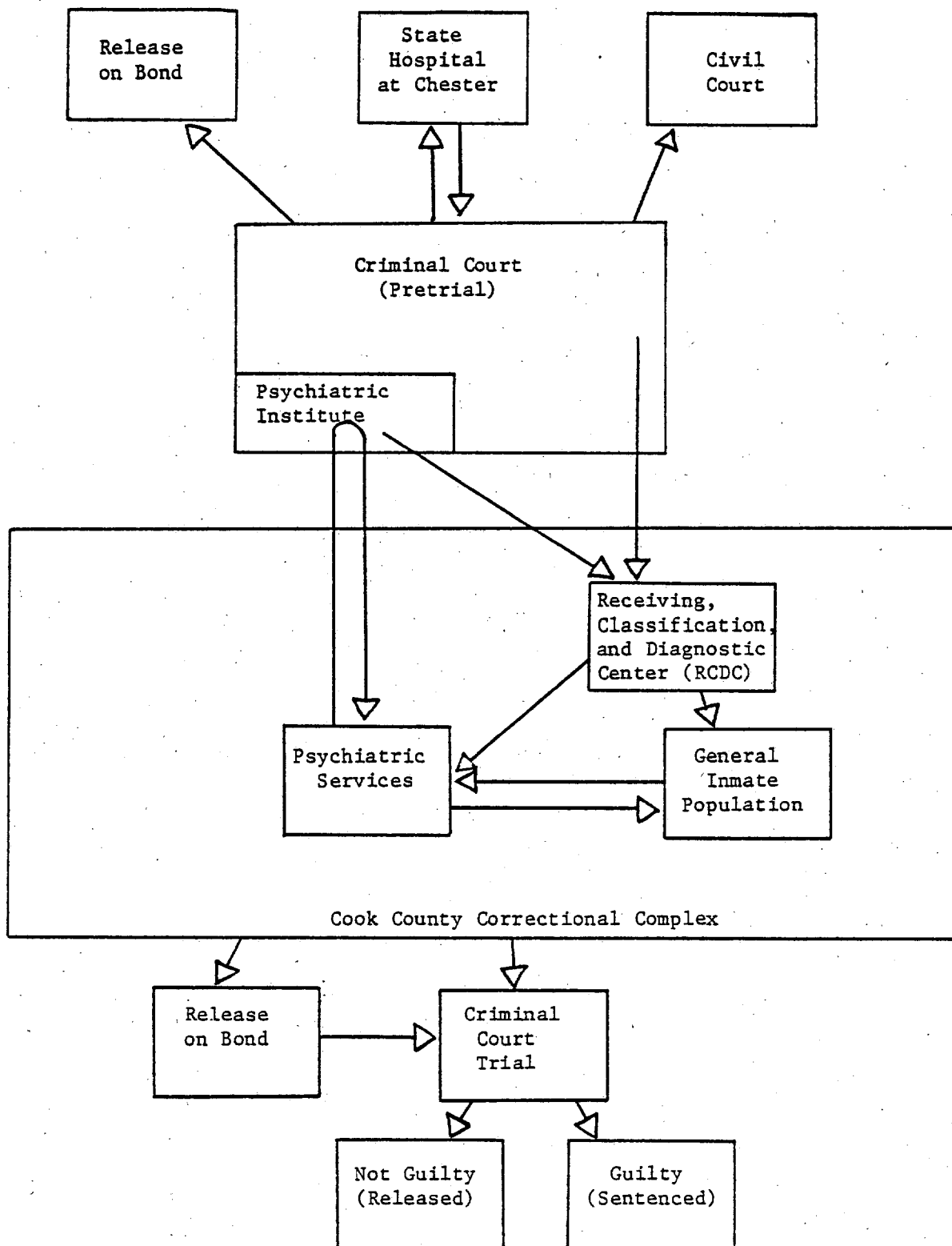


Figure 1. Overview of Flow of Detainees through the Cook County Correctional Complex.

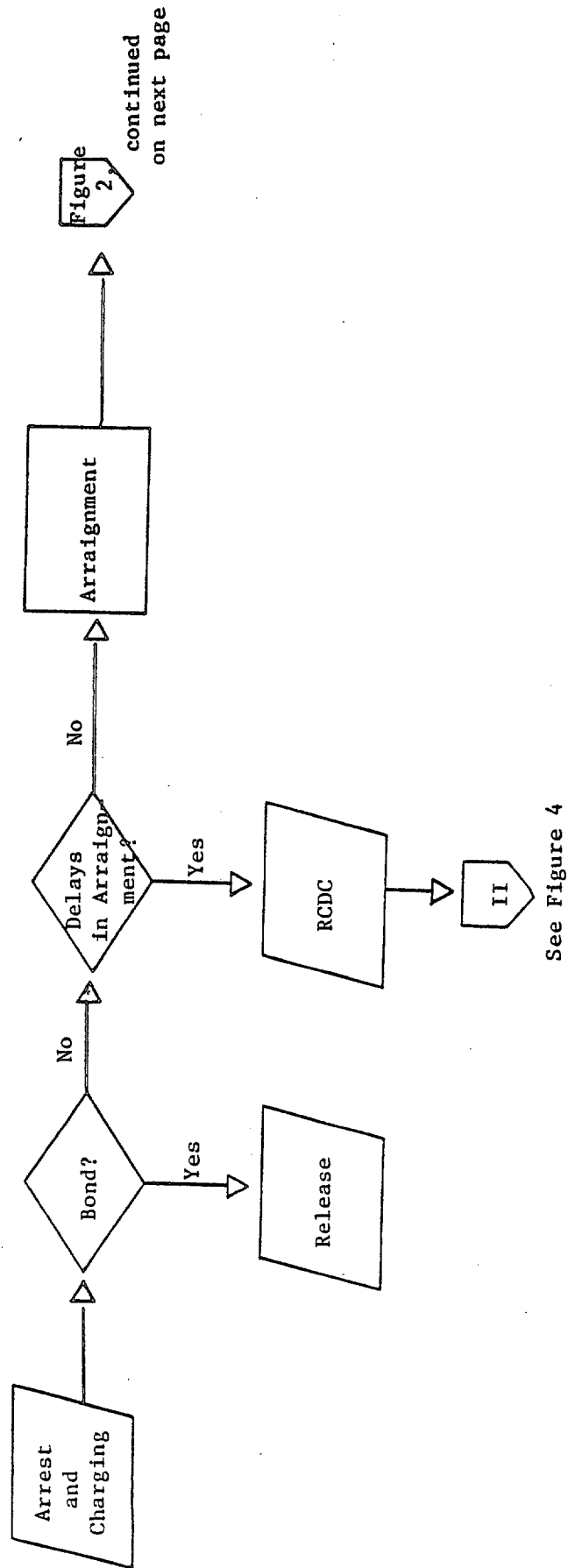


Figure 2. Initial arrest, charging, and determination of placement in the Cook County Correctional Complex.

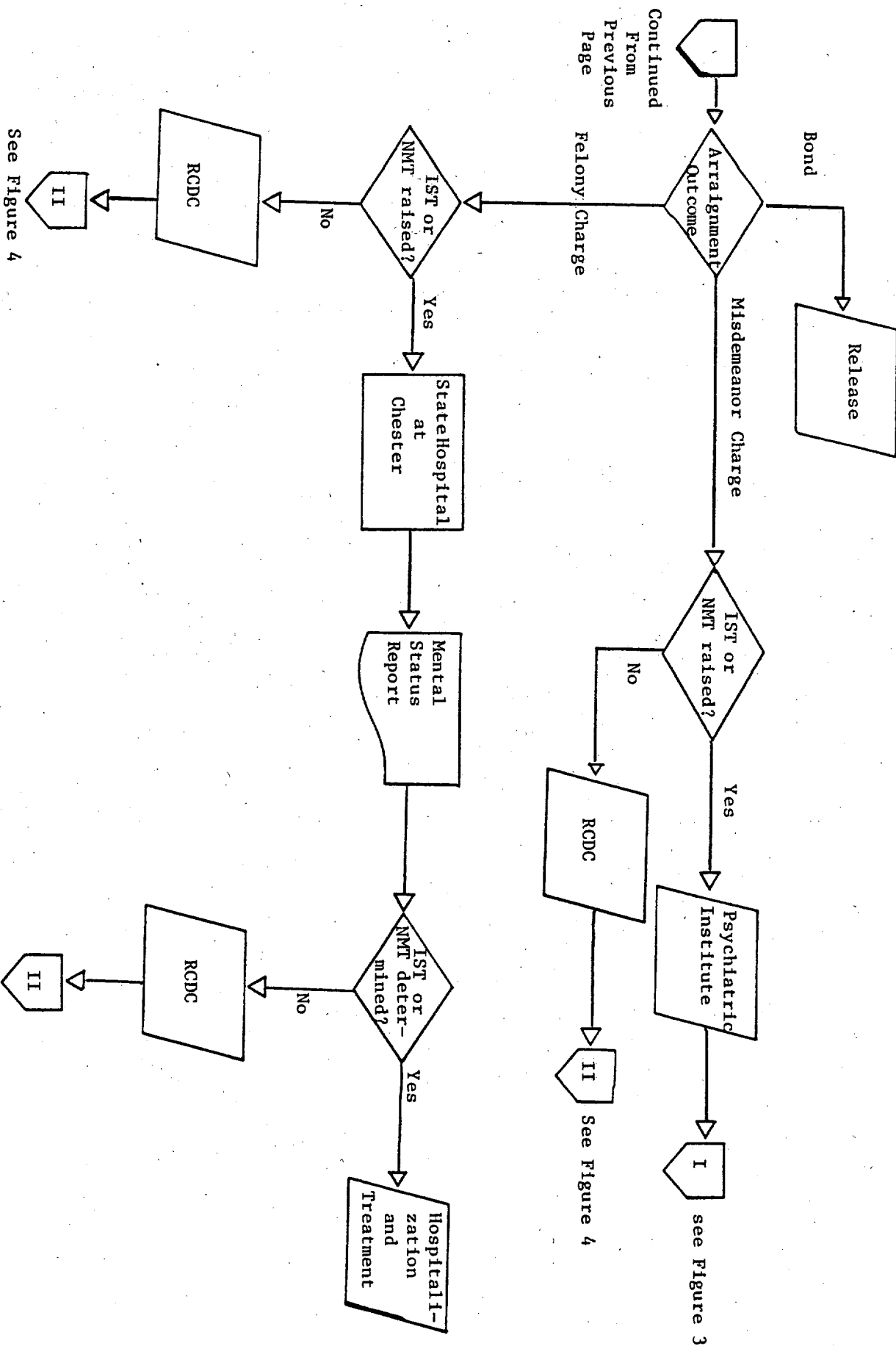


Figure 2: (continued) Initial arrest, charging, and determination of placement in the Cook

If a defendant enters the jail without an arraignment, he or she is returned to court for arraignment at the earliest opportunity, usually within 24 hours.

During court proceedings, questions may be raised about a defendant's need for mental health treatment (NMT) or incompetence to stand trial (IST). If either occurs in a felony case, the defendant is sent to the Illinois Department of Mental Health and Developmental Disabilities maximum security hospital at Chester. The hospital staff evaluates the defendant and reports back to the court.

If the Chester staff determine neither NMT nor IST to be of concern, the court usually sends the defendant to the Correctional Complex. If the court determines that the defendant is not fit to stand trial, the person is held and is treated at Chester until competency is restored. If and when competency is restored, the court sends the defendant to the Correctional Complex to await trial. Before the establishment of Psychiatric Services, those referred from Chester were a major source of difficulty; defendants who had been restored to competency at Chester frequently became unfit to proceed with trial while in the Cook County Jail. The Psychiatric Services unit now is able to provide ongoing treatment to maintain competency, enabling detainees to proceed to trial.

In misdemeanor cases, defendants with psychological problems are not sent to Chester. Rather, they are sent to the Psychiatric Institute.

2.5.3 The Psychiatric Institute

The process of referral to the Psychiatric Institute is shown in Figure 3. The Psychiatric Institute is entirely independent of and unrelated to Psychiatric Services. The former is a part of, and located in the same building as, the Circuit Courts of Cook County, whereas the latter is located within the Correctional Complex. The jail complex, the court building, and several other public institutions all are physically proximate on the same 50-acre site.

The Psychiatric Institute receives referrals directly from the courts and also from staff of Psychiatric Services. The Institute assesses defendants for fitness to stand trial and for criminal responsibility; it makes recommendations to the courts for sentencing options; and it assesses defendants for possible referrals for treatment in psychiatric wards of state hospitals. On the basis of the Psychiatric Institute's recommendations, the court may drop criminal charges and divert a case to a civil commitment hearing, or it may, for example, impose probation with special conditions relating to treatment. Defendants sent by the court directly to Psychiatric Institute for assessment, if not diverted immediately to a civil hearing or sent to a state hospital, will be sent to RCDC to await their day in court. At that time, RCDC examiners will learn of Psychiatric Institute's involvement (a copy of the court order to the Psychiatric Institute is

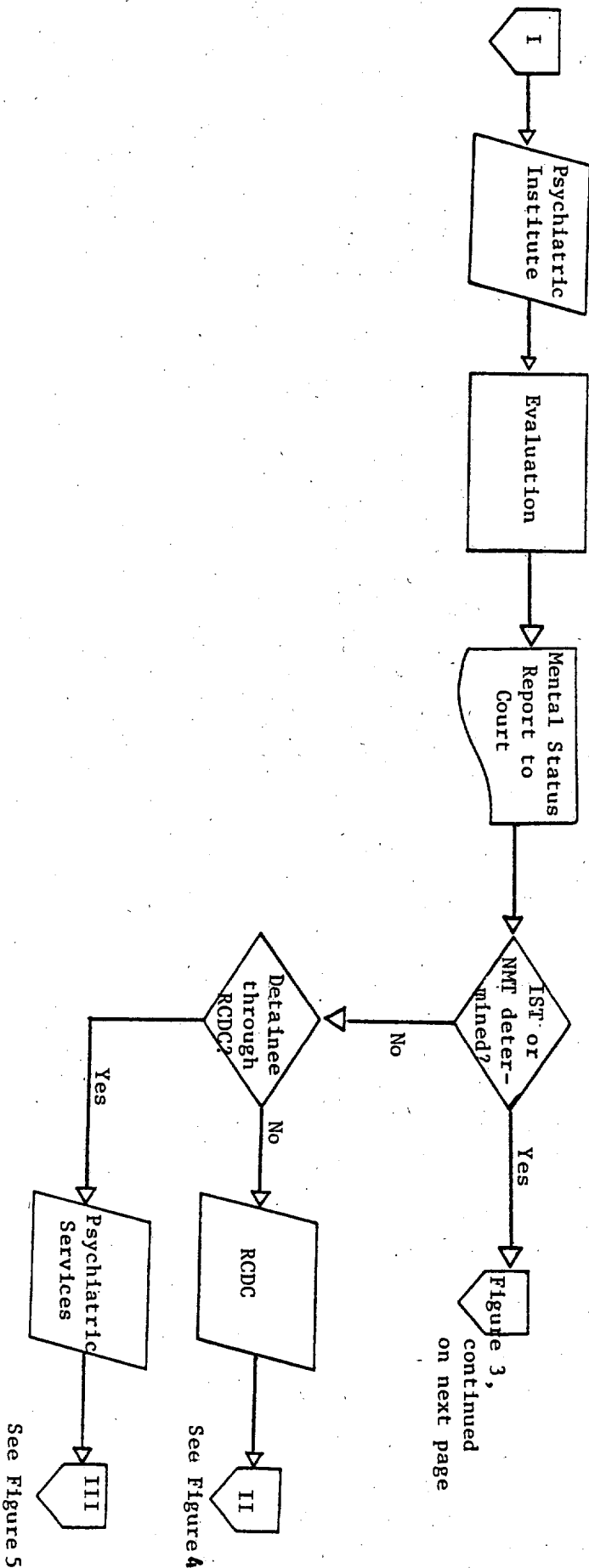


Figure 3. Referral to Psychiatric Institute for questions of competency to stand trial and need for mental treatment.

See Figure 5

See Figure 4

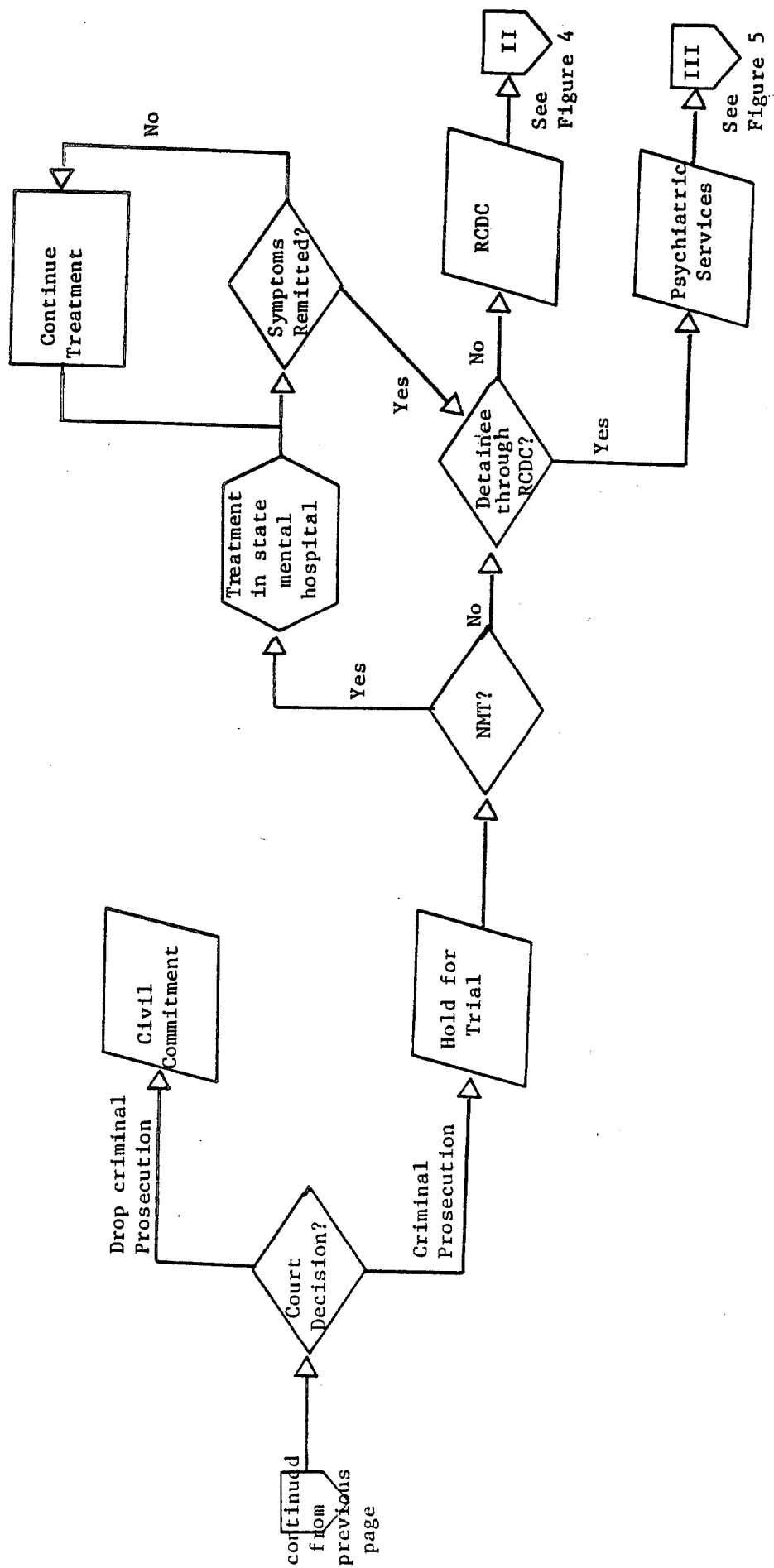


Figure 3. (continued) Referral to Psychiatric Institute for questions of competency to stand trial and need for mental treatment.

sent to the Correctional Complex along with the detainee's other legal documents) and will be alert to a possible referral to Psychiatric Services. Detainees who were sent for assessment in the Psychiatric Institute by Psychiatric Services are returned to Psychiatric Services pending the court's determinations.

2.5.4 Receiving, Classification, and Diagnostic Center (RCDC)

Over 95 percent of those entering the Correctional Complex come through RCDC. The exceptions are women, who are screened in Division III, the women's dorm, and those in crisis situations who may be brought directly to Psychiatric Services for screening. RCDC case processing is shown in Figure 4.

Newly arrested detainees arrive in groups. They are stripped of clothing, searched, reclothed with jail uniforms, fingerprinted, and photographed. They wait in "bullpen" cells until they are fully processed and ready for dispersement to the jail complex's six divisions.

The intake process includes a series of interviews to detect any potential medical or psychological problems. Psychiatric Services professional staff and specially trained officers give each entering man a short interview (form attached as Appendix B). In emergency situations, the man can be removed immediately to 3-North or RTU; normally, he will be retained in the bullpens with other detainees until they are dispersed as a group. Those with medical problems will receive needed medical care and then enter the general jail population. Those with serious medical and psychiatric problems may be transported from the Correctional Complex to the secure facility at the Cook County Hospital. Most detainees, about 95 percent of those going through RCDC, are sent from RCDC directly to the general inmate population.

Other types of screening also are done at RCDC. Information is acquired for possible referral to the jail's drug treatment program. Detainees also are considered for admission to Treatment Alternatives to Street Crime (TASC), a federally funded demonstration program to reduce drug- and alcohol-related crimes and recidivism by identifying substance abusing offenders and referring them to community-based treatment programs.

2.5.5 Psychiatric Services

The Psychiatric Services unit, the major topic of this report, is shown schematically in Figure 5. It has three major corrections components: 3-North, RTU, and the inmate "outpatient" program. According to its policy manual, Psychiatric Services accepts detainees who have psychotic symptoms; are suicidal; are in serious manic, depressive, or toxic states; or present serious adjustment problems. The 3-North unit is for acute cases--those who are considered to be

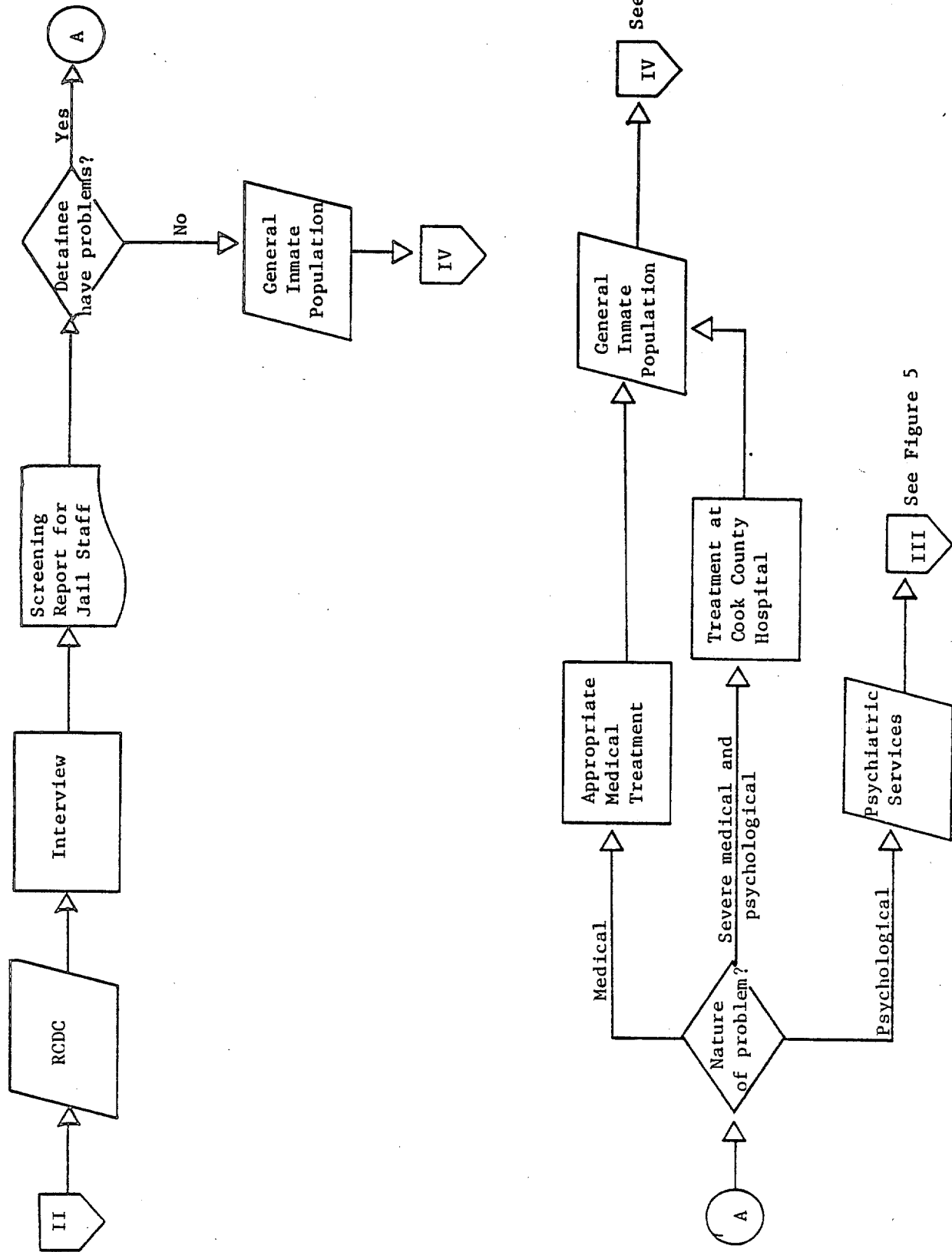


Figure 4: Processing in the Cook County Correctional Complex through the Receiving, Classification, and Diagnostic Center (RCDC).

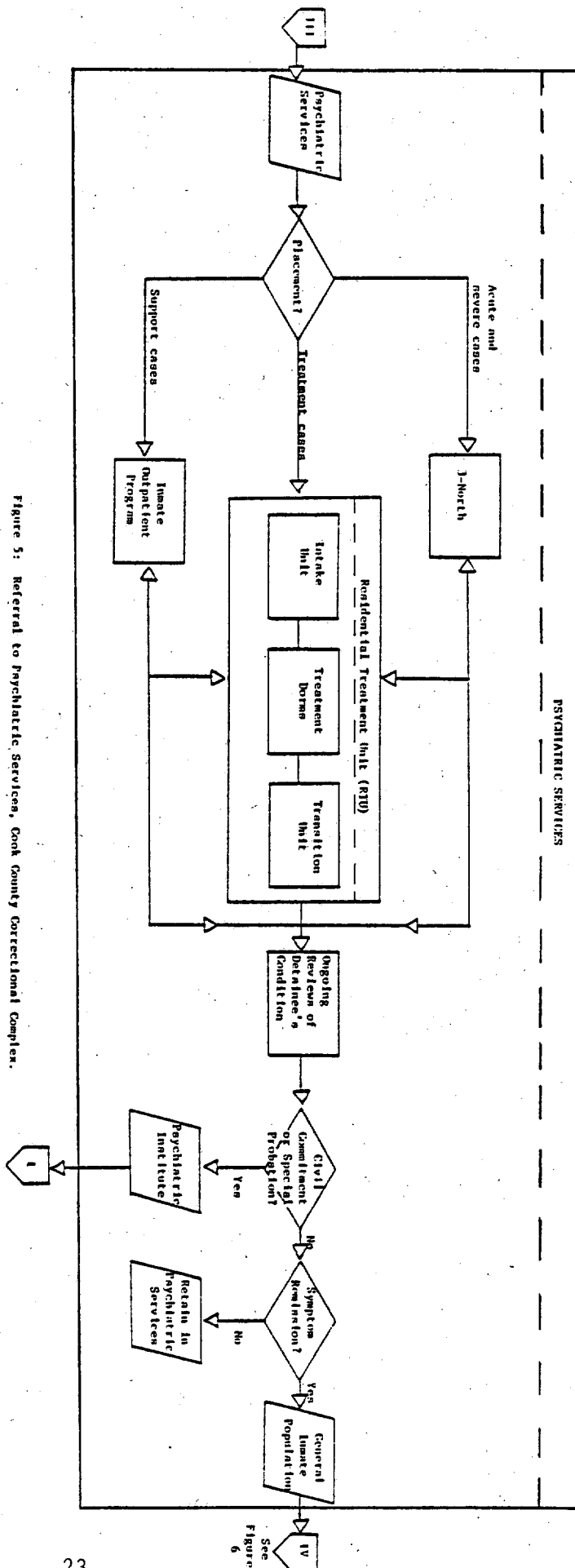


Figure 5: Referral to Psychiatric Services, Cook County Correctional Complex.

Notes: If detainees come to Psychiatric Services without arraignment, he or she is returned for arraignment at the earliest opportunity. If detainees are then returned to jail, he or she returns directly to Psychiatric Services without going through MCHC again. At any time while in Psychiatric Services, detainees may be released on bond or may be returned to court for a scheduled appearance.

potentially dangerous to themselves or to others. RTU is for patients who need residential care, but who are not dangerous. Outpatient services are given to detainees who need supportive care, but who can function among the general inmate population. Detainees are transferred among the three treatment modalities as needed.

RTU was designed to administer up to 200 detainees. The inmates are housed both in dorms and in individual cells.

All RTU detainees undergo an intake procedure. During a one-day period, the inmate is given a psychiatric screening to supplement the screening conducted in RCDC, and he is observed closely by the professional staff and the trained corrections officers. After a staff consultation, a treatment program is designed including individual therapy, group therapy, and chemotherapy.

The RTU is composed of several treatment dorms. For example, the second floor of the unit currently houses two drug treatment dorms. Staff try to move detainees out of treatment within 10 to 15 days, and most detainees are transferred, in fact, within a month. Inmates go from their treatment dorm to a transition unit that helps prepare them to join the general inmate population. A detainee who leaves the transition unit usually is considered on outpatient status and provided followup services.

As mentioned earlier, staff may refer detainees for assessments at the Psychiatric Institute. This occurs when staff believe that a case would be handled better as a civil commitment, when they would recommend special conditions of probation, or when they feel a detainee needs special psychiatric treatment in a state hospital. In these cases, inmates are referred for evaluation at the Psychiatric Institute and then are returned to Psychiatric Services to await further progress of their cases through the courts. The Psychiatric Institute's, but not Psychiatric Services' records on the detainee will be considered by the court at a detainee's hearing.

2.5.6 The General Jail Inmate Population

The last figure, Figure 6, shows the process flow for the general population of jail inmates. For the most part, inmates remain in the general population until they are released after posting bond or, more often, until they are brought to trial. The general population also includes misdemeanants sentenced to less than one year, who remain at the jail until their time is served.

While in the general inmate population, a detainee may begin to experience psychological problems. If the problems are relatively major or involve the need for medication, the inmate is referred to the Psychiatric Services. This is known as a "back-door referral," both because the patient is not referred via the usual RCDC route, and because the patient will be sent for an emergency screening literally through the back door of the building that houses 3-North.

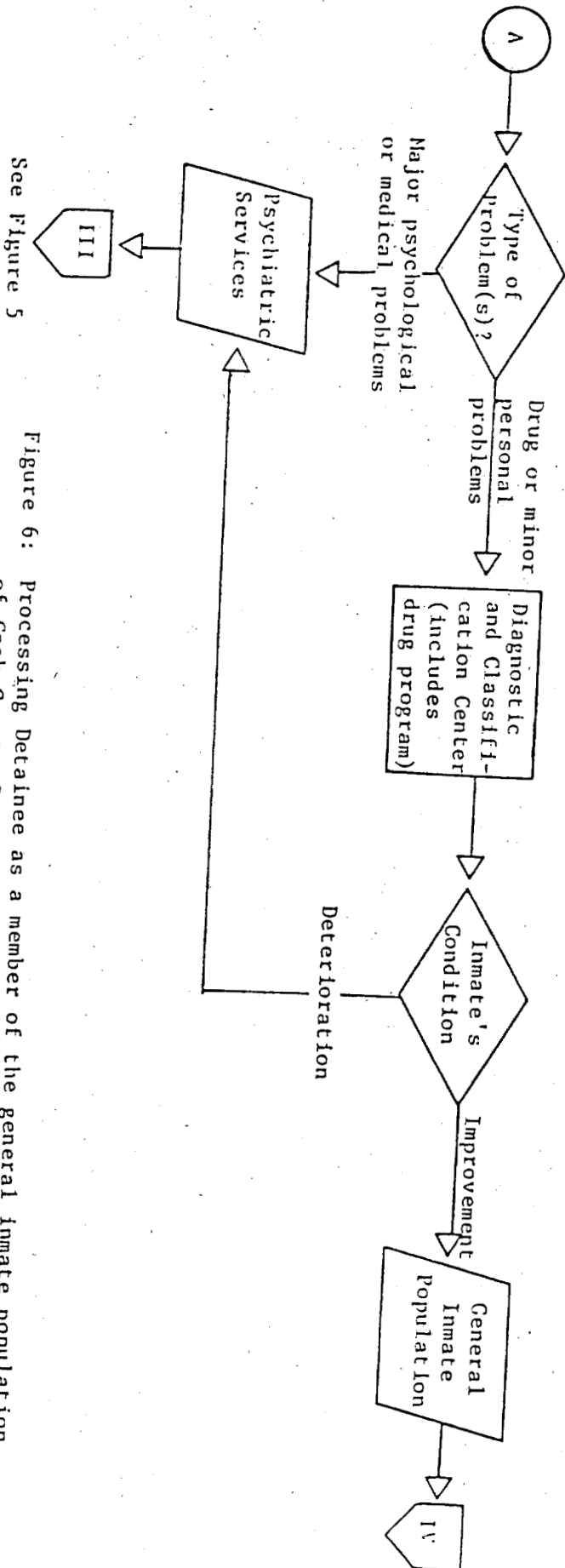
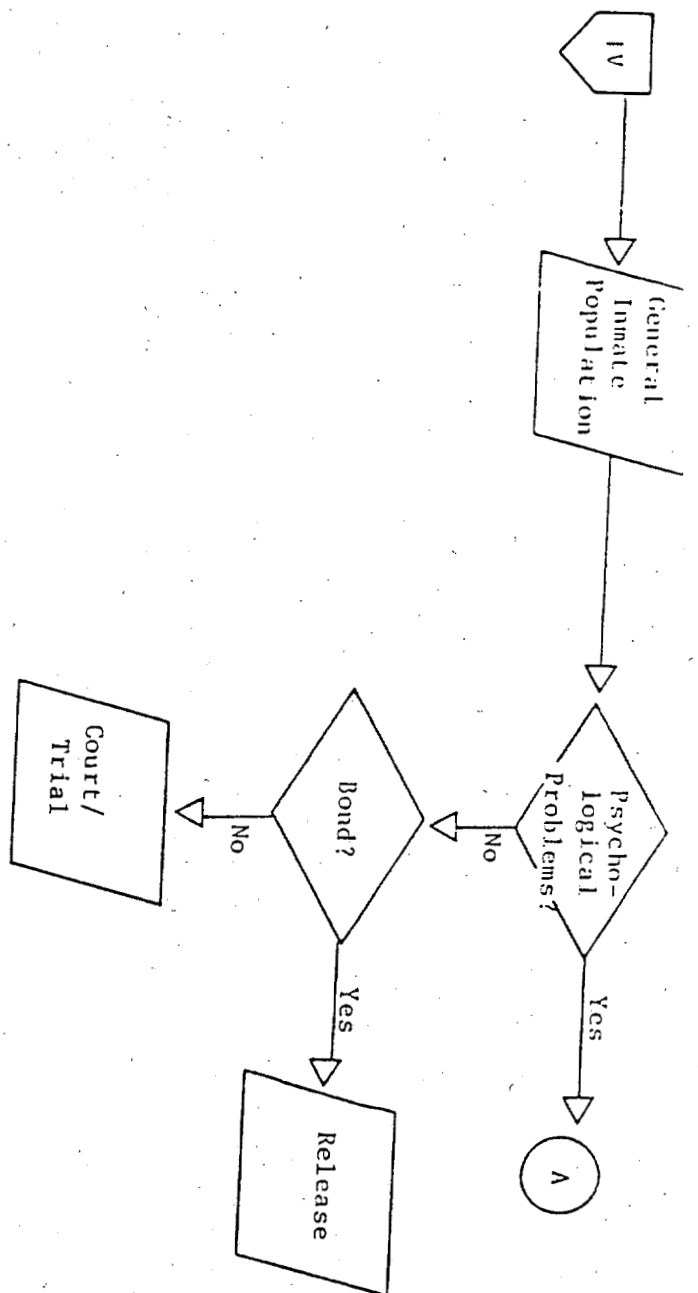


Figure 6: Processing Detainee as a member of the general inmate population of Cook County Correctional Complex.

If a detainee in the general inmate population is having minor personal problems, he or she will receive counseling from staff of the Diagnostic and Classification Center. This is another unit within the Correctional Complex that provides some psychological assessments and treatment. The Diagnostic and Classification Center, with five professional staff, is a carryover from the jail's program begun in 1964 before the Harrington case and its impact on the development of the Psychiatric Services. The distinction between Psychiatric Services and the Diagnostic and Classification Center is largely organizational rather than functional; they are funded through different sources. The units coordinate their work, however, and probably will continue to merge their activities (if not their funding sources) within the years to come. The jail's drug treatment program, for example, is administered by one of the Diagnostic and Classification Center's staff, although it is housed physically as one of the treatment dorms in RTU. Finally, if a detainee receiving help from the Diagnostic and Classification Center begins to deteriorate psychologically, he or she is referred to Psychiatric Services as a "back-door" referral.

2.6 Delineation of Mental Health Information Requirements

This section will review briefly the manner by which the psychological question about a detainee is defined: the mechanisms by which information needs are delineated for the Psychiatric Services unit. Although detainees may be referred to Psychiatric Services directly upon their entrance to the Correctional Unit, after screening in RCDC, or through a "back-door" referral from the general inmate population, the delineation of needed information is not differentiated by or related to referral source, as is usually the case in other forensic mental health screening and evaluation programs. Because the Psychiatric Services are primarily for the detainee's benefit, the needed information is always the same regardless of the referral source: information about the psychological well being of the detainee, as delineated by Psychiatric Services policy.

The program's policy manual and its screening form reveal the types of information that are typically sought. Overt behavioral symptoms are checked for evidence of psychosis, manic or depressive states, or chemical dependency. Questions are asked and the detainee's social history is discussed to determine potential suicidal or other destructive tendencies and to assess potential social difficulties with other prisoners. If a complete and accurate diagnosis is difficult and important to the determination of a treatment plan, Psychiatric Services staff will arrange for psychological testing to provide additional information about the detainee. Testing, when done, usually includes parts of the Rorschach and Bender tests, but there is no designated standard test battery.

Mechanisms of referral from RCDC to Psychiatric Services are routine and straightforward. All incoming detainees are screened, and all detainees who are recommended for Psychiatric Services by the screeners are sent either to 3-North or to the intake unit at RTU.

"Back-door" referrals usually are facilitated by a corrections officer who arranges for an inmate to enter the emergency intake unit at the rear of the building that houses 3-North, where the detainee is seen almost immediately by a Psychiatric Services staff member.

2.7 Acquisition of Mental Health Information

For most detainees in Psychiatric Services, information is acquired at two points. First, all detainees are screened in a structured interview using a standard interview form (see Appendix B) in RCDC. All detainees sent to the RTU intake unit or to 3-North then are given a more complete interview by a Psychiatric Services staff member. The second interview session differs from the first more in extent than in kind. The screening interview in RCDC is done rapidly (five to ten minutes) and in an impersonal setting (within sight and hearing of many other incoming detainees, at a long, semi-partitioned counter). The second screening interview is done in greater detail over a longer time (perhaps 15 to 30 minutes, or more if necessary) and in relative privacy (usually in a setting in which the conversation cannot be overheard).

Each day, Psychiatric Services professional staff meet as a group to discuss all the detainees who have been referred to them during the previous 24 hours. The person who performed the RTU or 3-North intake screening discusses the interview with the staff. The detainee is assigned a primary therapist, a diagnosis and treatment plan is fashioned and agreed upon, and decisions are made regarding the need for further interviews, testing, and medication.

Once each week staff members review their entire caseload as a group. Information is shared about detainees in Psychiatric Services and recommendations are made to maintain or to alter treatments, or to transfer the detainee to the general inmate population.

2.8 Provision and Use of Mental Health Information

In the Psychiatric Services program few problems are encountered in providing information to those who need it or in making use of it. Those who collect the information are those who use it; the information is not gathered by a specialized forensic mental health screening and evaluation facility and then provided to a separate treatment unit.

Psychiatric Services uses a team approach for providing therapy. Many different types of therapy are employed, depending upon the psychological strengths of the individuals involved. The initial placement and the treatment plan depend strongly upon the information acquired in the first screening and in subsequent staff conferences. Changes in therapy depend more strongly, however, on the observations of staff as they work with the detainee and discuss the person's behavior and progress at staff meetings.

Information about each detainee is considered confidential. It is not released or shared with any others. If it is in the detainee's best interest, and only with written consent, an inmate's records may be

transferred to a community mental health facility, to the Psychiatric Institute, or to a court; but this happens infrequently.

2.9 Information Feedback, Monitoring, and Program Evaluation

The purpose of this section is to review activities, procedures, and mechanisms of the Psychiatric Services that provide information about the program to the program staff. Evaluative information is useful to ensure quality control and to help initiate and assess program change.

The Psychiatric Services program has a written procedures manual to guide its operations. The document contains policies and descriptions covering topics such as the procedures for screening new inmates, criteria for admissions to RTU or to 3-North, the team approach to treatment planning and therapy, and the use of staff meetings. Observations made by the authors of this report during their visit to the Psychiatric Services lead to the conclusion that the policy manual contains accurate and pertinent information that can be used in conducting day-to-day operational activities (Note 9).

The Harrington consent decree established certain standards for the mental health services to be provided at the Correctional Complex. As examples, it specified that every incoming detainee shall be screened for psychological problems, that the mental health dormitories shall maintain a ratio of at least one corrections officer for every ten inmates, and that all corrections officers shall receive specialized training in mental health care. The decree also specified that six reports were to be filed to the court within a two-year period after the date of the settlement, providing a list of information to be reported with which the court could evaluate how well the correctional facility was meeting the court's mandate. It is presumed that this information has been reviewed as part of the process employed by the court-appointed panel.

Psychiatric Services staff have been keeping regular statistics and filing them as reports to the court on a monthly basis. As mentioned earlier, a special panel filed a report to the court in June 1980, regarding the Correctional Complex's response to the consent decree. All available statistics and the 1980 report indicate that the services specified in the decree are being provided, and that the Psychiatric Services unit is continuing to expand and deliver services even beyond those originally expected.

Finally, staff at Psychiatric Services are working with professors from Northwestern University and from the University of Chicago in a number of training and research projects connected to their program. Other reports about the program are being prepared for publication by the mental health staff at this writing. Psychiatric Services staff have participated in national conferences to share experiences with other mental health workers in corrections environments.

The only discernible major problem regarding information feedback stems from the insular position the program maintains regarding the provision of information to other agencies. Probably because no mechanism exists for providing information about detainees to the courts, no mechanism exists for transmitting information back to the Psychiatric Services from the courts. According to monthly statistics for 1979, between 60 and 90 percent of the Psychiatric Services cases are terminated because a detainee returns to court. When this happens, the Psychiatric Services unit loses all contact with the detainee; they receive no information about the disposition of the detainee's case. Clearly, Psychiatric Services records could be of value to other mental health workers who may come into contact with the detainee, whether the detainee is imprisoned, placed on probation, or released.

Feedback and long-term followup are recognized by the Psychiatric Services staff as desirable functions, but they have not yet been implemented in a substantial manner, primarily because of limited staff resources. Also, many individuals return to the Correctional Complex on new charges; it would be useful for Psychiatric Services to have access to the court's records of the dispositions of the detainees' previous cases. The absence of this information is a source of frustration for the Psychiatric Services staff, for which no immediate relief is in sight.

3.0 MENTAL HEALTH DIAGNOSTIC SERVICES FOR JAIL INMATES, NASHVILLE SHERIFF'S OFFICE

3.1 Brief Description of the Program

The Diagnostic Services for Jail Inmates Project (hereafter DSJI) is in the Correctional Rehabilitation Division of the Nashville Sheriff's Department. It provides intake mental health screening of male defendants awaiting trial for felony charges in the Nashville jails, as well as limited treatment to mentally ill defendants. The basic purposes of DSJI are a) to inform jail wardens and counselors about potential problems that individual inmates may present and to suggest special handling, and b) to identify and treat inmates with major mental health problems, especially suicidal or psychotic problems. The inmates screened generally are in the early stages of the pretrial process and DSJI reports and treatment usually are aimed at the pretrial detention stage, rather than the post-sentencing stage. DSJI, however, also evaluates a few inmates being considered for parole or work-release and, on occasion, for pretrial release.

DSJI is currently funded by the Tennessee Law Enforcement Planning Agency under a formula (block) grant administered by the Tennessee Department of Justice. The project began on October 1, 1979; the early stages of the project were devoted to hiring staff and planning project operations. Inmate evaluations did not begin until November 1, 1979. The Sheriff's Department hired two masters-level psychometricians for the project and it retained two consultants, a psychiatrist to work 10 hours per month and a doctorate-level clinical psychologist to work 40 hours per month. The project staff also includes a secretary and a program coordinator, who is also a jail counselor.

Nashville, a city of some 800,000, has a metropolitan government that combines the former city and county governments. All local jails are within the authority of the Sheriff's Department. The department has four facilities: the Metropolitan Jail, the Detention Center, the Metropolitan Workhouse, and the Pre-Release Center. The Metropolitan Jail is the most important facility for the purpose of this program. It houses only defendants awaiting trial for felonies and, of course, only defendants not out on bond or pretrial release. Defendants are not sentenced to serve prison terms in the Metropolitan Jail.

All booking (initial jailing after arrest) is done in the Detention Center. After booking, defendants charged with felonies are typically sent to the Metropolitan Jail; misdemeanor defendants remain in the Detention Center unless they are released on bond. The Detention Center also receives offenders sentenced to prison terms of six months or less. The Pre-Release Center is a minimum security facility that receives inmates referred from other prisons for several months prior to their release. Inmates are typically on work-release and are absent from jail during working hours.

The Metropolitan Workhouse is the location of all DSJI offices and screening operations. Most Workhouse inmates are employed in various work details during the day and spend the nights in six-man cells. The several categories of inmates in the Workhouse are (1) men serving prison terms of six months to a year (between the maximum term for the Detention Center and the minimum term for the state penitentiary); (2) men with sentences of one to five years specifically sentenced to the Workhouse by a judge; and (3) "contract" inmates sent to the Workhouse under a contract between the sheriff and the Tennessee Department of Corrections permitting the latter to relieve prison overcrowding by transferring up to 100 prisoners to the Workhouse. The Workhouse also holds some inmates awaiting trial for felonies who would ordinarily go to the Metropolitan Jail. These include prisoners needing medical attention available in the Workhouse, defendants awaiting trial in the local federal court, juveniles bound over to the adult courts, inmates separated from others who may threaten them, and prisoners with suicidal tendencies. All Workhouse inmates are male.

The number of referrals to the project, and hence the demands on the project staff, has varied greatly. At the beginning, DSJI received about a dozen referrals per week, too many for the single psychometrician originally hired. Then, after a second psychometrician was hired, inmate referrals decreased. There was not enough DSJI work to keep the psychometricians fully occupied, and they performed other tasks in the Correctional Rehabilitation Division of the Sheriff's Department such as screening inmates to be transferred from the state prison to the Workhouse, counseling jail inmates, and screening prospective jail guards. Then in June 1980, after one of the author's site visits for the present study, the DSJI greatly changed its procedures, as described in Section 7.4. These changes subsequently increased the number of referrals, such that DSJI screening now fully occupies the staff's time.

3.2 Process Flow

The flow diagram in Figure 7 gives a simplified outline of the case processing and information flow in DSJI. The steps will be described fully in the following three sections; only an overview is provided here.

The selection of inmates for screening and evaluation by DSJI is automatic. There is no referral source as such. Each inmate on the "bound-over docket" (defendants newly entering the jails, prior to indictment) is sent to DSJI in the Workhouse unless he (a) is out on bond, (b) was screened earlier by DSJI, or (c) is being screened (e.g., for competency to stand trial) by the local community mental health center. The DSJI screening ends and the inmate is returned to the jail if the DSJI staff discovers that he was recently screened for mental health services, either at DSJI or elsewhere, or whenever the inmate does not give permission for the screening. In addition, at any time during the examination process, an inmate may be released on bond, in which case the screening process terminates.

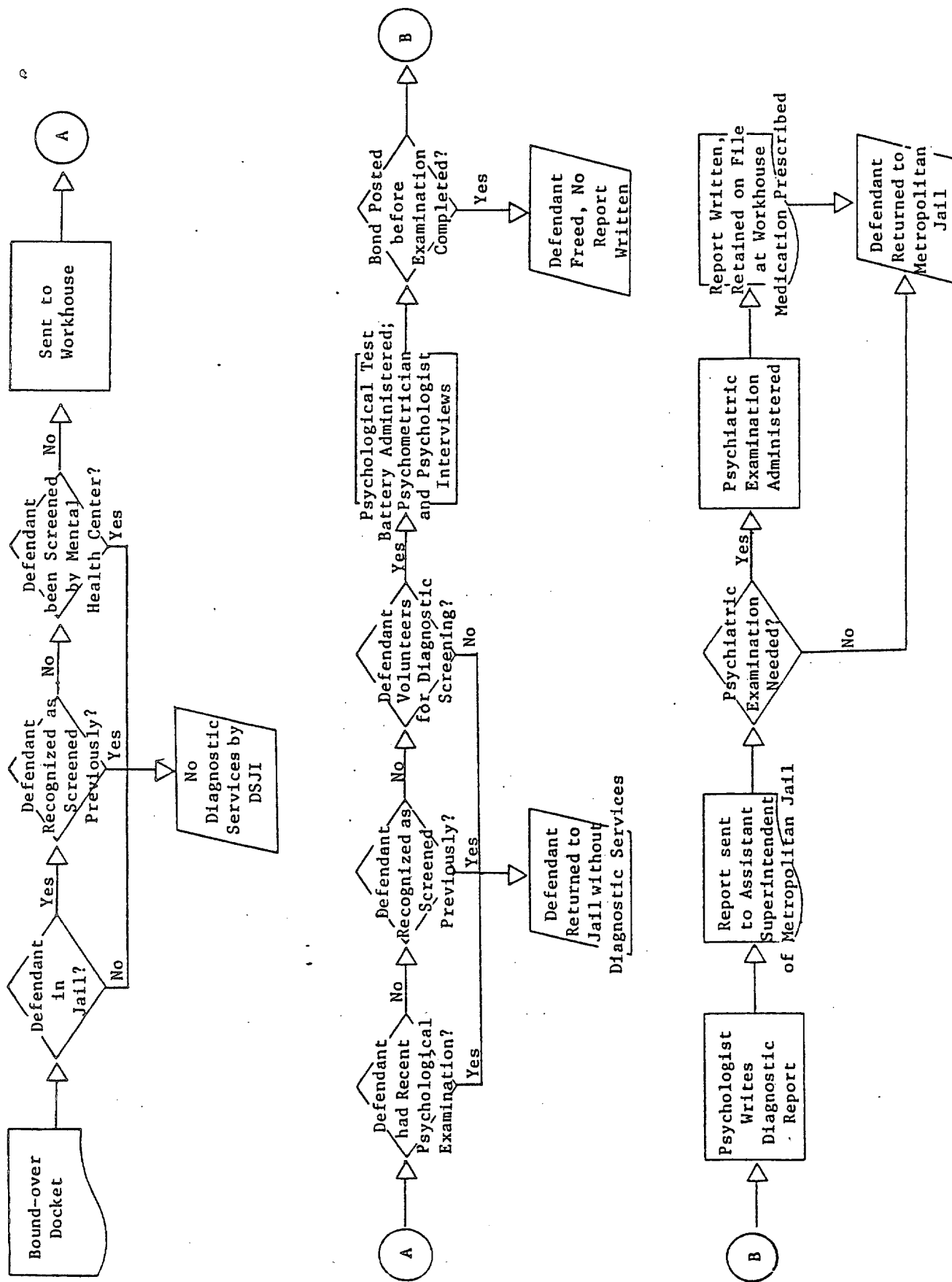


Figure 7. Screening and Evaluation Case Flow in the Diagnostic Services for Jail Inmates (DSJI) Project in Nashville.

The first stage of DSJI evaluation, conducted by psychometricians, comprises interviewing the inmate and administering a standard battery of psychological tests. The results then are transmitted to a psychologist, who interviews the inmate and writes a psychological report. The report, which contains recommendations to the jail wardens for treatment and handling of the prisoner, is sent to the assistant superintendent of the Metropolitan Jail. In a small percentage of the cases, the inmate is referred to a consulting psychiatrist for an interview, also held in the Workhouse, and for possible treatment through administration of medicine or psychological counseling. The psychiatrist's report, however, is not transmitted to the Jail officials, but is retained in DSJI for the purpose of administering medicine. The inmate is usually sent back to the Metropolitan Jail as soon as the screening and treatment, if any, is completed.

3.3 Delineation of Mental Health Information Requirements

By far the most important source of DSJI clients is the Metropolitan Jail, which houses inmates awaiting trial for felony charges. DSJI provides mental health screening for almost all such defendants. It does not screen defendants out on bond or pretrial release pending trial because, of course, jail personnel would not use mental health evaluations if the defendant is not in jail. Those screened tend to be defendants who are charged with the most violent crimes or who are not natives of the Nashville area, because these defendants are less likely to be given pretrial release.

The Metropolitan Jail transmits defendants who have been placed on the "bound-over docket," which contains mainly defendants who are about to be considered by the grand jury for possible indictment; but some are defendants arrested a few weeks earlier and, for some reason, not promptly placed on the bound-over docket. The number of defendants sent to DSJI from the Metropolitan Jail varies from week to week; typically, according to DSJI records, there are some seven or eight inmates, although there may be as few as two and as many as a dozen. The records also show that the number decreased during the first six months of the project.

Each week DSJI screens one or two other inmates in addition to those referred from the Metropolitan Jail. Some are felony defendants awaiting trial in the Workhouse or the Detention Center (only a small minority of felony defendants await trial in these two jails). Also, there are some referrals of sentenced prisoners being considered for parole or work release. DSJI screens only a very small portion of parole and work release candidates, however, typically those convicted of sex crimes or unusually violent crimes. These few cases come from the prisons at an irregular and unpredictable rate. They will not be discussed further in this report because they occur infrequently and because they are not screened for prison intake, the main function of DSJI.

Prior to screening, defendants are transferred to the Workhouse, where the project staff is located. Each Friday the Project

Coordinator of DSJI receives a copy of the "bound-over docket" for each day of the current week from the Criminal Court, the local court with jurisdiction over felony cases. The names of defendants who are still in jail are recorded (most defendants are on bond, as indicated on the docket by the name of the bonding firm); cards for these defendants are pulled from the jail registry; and the warden is asked to have identified inmates prepared for transport to the Workhouse on the following Monday morning.

The Project Coordinator and other project staff drop defendants from the "bound-over" list, even though still in the Metropolitan Jail, under two circumstances. First, if DSJI has already screened a defendant, when the defendant was arrested earlier on other charges, it will not evaluate a second time. The Project Coordinator sometimes recognizes a defendant previously screened by DSJI when first going over the bound-over docket, or DSJI staff recognize the defendant when the bound-over docket is taken back to DSJI offices on Friday. The names of prospective defendants are usually checked against the file list of previously evaluated defendants. The second circumstance in which defendants are eliminated from DSJI services occurs when defendants are being assessed for competence to stand trial or criminal responsibility by the local community mental health center, the Dede Wallace Mental Health Center. Dede Wallace staff inform DSJI of such defendants, and the Project Coordinator removes their names from the list of inmates transferred to the Workhouse for screening. There have been very few such defendants, however.

The next step is transporting the defendant from the Metropolitan Jail to the Workhouse, a distance of about two miles through downtown Nashville. A deputy sheriff performs this task, usually within one week of the defendant's admission to the jail. However, because of court scheduling conflicts, medical difficulties, or disciplinary problems, this move may be delayed for up to four weeks. Upon arriving at the Workhouse, the inmate is placed in a secure area; unlike regular Workhouse inmates, he cannot leave the building. According to DSJI staff, the inmates often complain that the Workhouse facilities are worse than those of the jail, because they are not permitted to participate in recreation, commissary, or visiting privileges in the Workhouse. These activities are prohibited for security considerations and because of the staff's position that pretrial defendants should not be mixed with inmates serving sentences.

DSJI receives no information or formal instructions from the Metropolitan Jail. The only referral information is contained in the bound-over docket list, which gives only the inmate's jail number, court docket number, and pretrial release status. (The Metropolitan Jail gives the Project Coordinator a card with information about the defendant, including the charge; but the card is used only for planning security arrangements and is not given to the remaining DSJI staff.)

3.4 Acquisition of Mental Health Information

The first stages of the screening procedures are conducted by the two DSJI psychometricians. After the jail guards escort the defendants to a classroom in the Workhouse, a psychometrician makes a short explanation of the purpose of the examinations, i.e., to help the inmates, mainly by treating those with mental problems. The inmates are told that the screening is voluntary and that they may refuse and return immediately to the Metropolitan Jail. Few inmates refuse. At this initial meeting, also, a defendant may mention to DSJI staff that he was recently given psychological screening, either at DSJI or elsewhere, such as a community mental health center or state forensic mental hospital. A psychometrician then asks the defendant when and where the screening took place. If it appears that the DSJI screening would largely duplicate recent screening elsewhere, the psychometrician terminates screening and returns the defendant to the Metropolitan Jail. The staff estimates, however, that only about 1 in 20 inmates leaves because he declines to volunteer or because previous psychological evaluation is discovered after arriving at the Workhouse.

A more common cause of attrition from the DSJI potential case load occurs when defendants make bond. Inmates are released, of course, the moment they receive bond, even in the midst of a psychological evaluation. Hence, in about 20 percent of the cases, the staff conducts at least some testing and interviewing, but does not prepare a report because the inmate is released.

The information used in the screening is developed from interviews, psychological tests, and, in a few cases, records obtained from other institutions. There are three stages in the screening process: testing and initial interview conducted by two psychometricians, a psychologist's interview, and a psychiatric interview. The last stage occurs in only a minority of cases, when the DSJI psychologist refers the defendant to the consulting psychiatrist.

3.4.1 Testing and Initial Interview

The week's group of inmates is assembled in a classroom in the Workhouse, usually on Monday afternoon, and psychological testing and interviews begin. The procedure varies little from case to case. The psychometricians first administer the Minnesota Multiphasic Personality Inventory (MMPI), giving a copy to each client and instructing him how to fill out the answer sheet. Each inmate's work on the MMPI is temporarily interrupted while he is taken into another room for an interview with one of the two psychometricians. The psychometrician administers the Wechsler Adult Intelligence Scale (WAIS) test and then completes the "Jail or Workhouse Interview Form," attached as Appendix C. Each of these two steps takes approximately 30 minutes. The "Jail or Workhouse Interview Form," which is used for every person coming into the Workhouse or Metropolitan Jail, requests considerable information about the inmate's social history. The only part directly relevant to mental health problems, however, is a question regarding past

psychiatric treatment; this question is usually asked early in the interview, and an affirmative answer leads to close questioning about the past mental health services given the inmate.

The psychometricians do not prepare written reports as such. The written information given the psychiatrist is the testing results and the material in the interview form, supplemented occasionally by a short note. The psychometricians closely observe the inmate while administering the WAIS and completing the interview form, and they tell the consulting psychologist about any indications of mental health problems.

The psychometricians and the psychologist believe that the MMPI and the WAIS are the major sources of test information. The psychometricians also routinely administer the Rotter Incomplete Sentence Blank and the House-Tree-Person Drawing Technique tests. If the inmate is illiterate, the psychometrician administers a Mini-MULT, a short version of the MMPI given orally. The psychometricians also administer the Bender Motor Gestalt tests to some inmates, generally when the previous tests indicate that there may be organic brain damage. DSJI also maintains materials for administering the Thematic Apperception Test (TAT) and the Rorschach Ink Blot Test, but the psychometricians have not used these tests, mainly because they take considerable time to administer. The consulting psychologist, as will be discussed below, sometimes administers the TAT during his interview, which follows the psychometricians' screening.

DSJI plans to add the General Aptitude Test Battery (GATB). The GATB, which takes over two hours to administer, has 12 tests that yield 9 aptitude scores in the area of verbal aptitude, numerical aptitude, spacial perception, form perception, clerical perception, motor coordination, finger dexterity, and manual dexterity. The battery is intended primarily for use in counseling individuals who are looking for occupations or vocational choices (Freeman, 1950). The reason for adding this test is to make DSJI evaluations compatible with the prison intake screening evaluations performed by the Tennessee Department of Corrections for state penal institutions. The aim is to relieve the Department of Corrections of the need to conduct intake evaluations of inmates who have already been screened by DSJI.

The psychometricians' tests and interviews generally take about five hours during Monday afternoons and, typically, Tuesday mornings. The psychometricians obtain further information in only a few cases. Although they do not routinely interview the clients' relatives, some information may be obtained when relatives telephone DSJI to inquire about the inmate's status. Also, if the defendant indicates that he was treated at a mental health facility, the project staff tries to acquire relevant earlier records. A release from the inmate, however, is necessary to obtain this information, except that the staff may receive, without release, any information from an institution that is part of the state or local government.

3.4.2 Psychologists' Interviews

The next stage in the DSJI screening is an interview conducted by the consulting psychologist. The diagnostic interview is generally half an hour to an hour in length, and takes place on Wednesday, after the psychometricians' screenings are completed. Prior to the interview, the psychologist studies the test results and the social history information on the interview form. The only other information he is likely to have before his interview are verbal reports from the psychometrician about possible mental health problems that were observed during testing. On rare occasions the psychologist may also have reports from mental health centers or institutions where the inmate was treated earlier.

The psychologist conducts a loosely structured diagnostic interview without the use of standard forms or lists of written questions. He especially looks for the existence of recurrent patterns in the inmate's life (e.g., a long history of violent actions), evidence of organic brain damage such as psychomotor epilepsy, mental deficiencies, and evidence of psychosis, depression, suicidal tendencies, or other mental health problems. The psychologist also administers the TAT in a few cases. And on rare occasions, especially in cases of family violence, he interviews the inmate's wife or other family members.

Immediately following each interview, the psychologist dictates his report, to be typed later by the DSJI secretary. (The contents of the report will be described in the following section.) He then informally discusses each case with the psychometricians, outlining his opinion of the problems. He also decides whether the inmate should be referred to the consulting psychiatrist. Such referrals for psychiatric examination, made in about 15 or 20 percent of the cases, are usually done because the inmate seems psychotic, depressed, or otherwise mentally ill. The major stated purpose of the referrals is to obtain medication that requires the psychiatrist's prescription. The psychologist also refers inmates to the psychiatrist if he suspects organic brain damage; the purpose of the referral is to determine the need for further referral to a neurologist. (In a few emergency cases, when the psychometrician believes that the inmate needs immediate medication, the psychiatrist will be requested to make an emergency visit. The psychiatrist then will come without the intermediate step of a referral by the psychologist.)

The inmate usually returns to the Metropolitan Jail after the psychologist's interview. He remains at the Workhouse, of course, if scheduled for a psychiatric interview; typically the psychiatric interview takes place on Thursday, and the inmate returns to the Metropolitan Jail immediately after the interview. A very few inmates, especially suicidal inmates, remain in the Workhouse after screening so the DSJI staff can watch them closely.

3.5 Provision and Use of Mental Health Information

3.5.1 The Report and Recommendations

The major result of the DSJI screening and evaluation is a report about each inmate screened who is not freed on bond during the screening. The report is typically a single page to a page and a half in length, letter-sized, and single spaced. An example of a typical report, with the inmate's name deleted, is found in Appendix D. The typical report first lists the psychological tests given. It then describes the inmate's criminal history, his personal appearance, the crime charged as described by the inmate, and his social history. The latter emphasizes mental health, alcohol, and drug problems and treatments. The next section of the report gives the psychological testing results and interpretations of the results.

The final section of the report contains the psychologist's recommendations concerning how the inmate should be handled by the jail personnel and what types of treatment should be given the inmate. About three quarters of the reports advise the jail to maintain standard procedures in handling the inmate. In the others the psychiatrist recommends that the inmate be given special treatment or subjected to special precautions in the institution. The latter includes recommendations that the inmate have limited segregation (separation from jail-mates), that he be watched especially as an escape or suicide risk, or that he be given medication while in custody (this requires review by the psychiatrist). A common recommendation is that the inmate be referred to a substance abuse program for alcohol or drug treatment. A few inmates are referred to the local community mental health center for treatment.

3.5.2 Uses of the Report

The report is sent to the assistant superintendent of the Metropolitan Jail, who in turn shows it to rehabilitation counselors. It is used when handling the inmate while he awaits trial. The report is not given to the courts and is not used directly for incompetency or responsibility issues. There are, however, other uses of the report and the information obtained from the DSJI screening:

--In a few cases DSJI ascertains that the inmate might be incompetent to stand trial or not guilty by reason of insanity. DSJI then telephones the inmate's counsel and the District Attorney to inform them of this possibility, and they generally will initiate examinations for these purposes in the community mental health center. DSJI does not send the report to the attorneys.

--The psychologist holds treatment sessions with a few inmates found to have suicidal tendencies.

--Inmates might later be sentenced to the Workhouse, and the report is available to the counselors as an aid in their counseling.

--If the inmate is sentenced to a state penal institution, the report is sent to the intake screening and classification unit there. At present, the report supplies only part of the information needed by the state department of corrections; with the DSJI's expansion of testing, however, it will probably provide all the information needed.

--The report is also sent to any other state or local government agency requesting it or to a private agency if the inmate permits, principally to the community mental health center when inmates are referred there for treatment by the project.

In addition, of course, the report forms the basis of the psychologist's referral of the inmate for psychiatric information. The psychologist either gives the psychiatrist a copy of the report or communicates verbally his concerns and reason for referral. In rare cases, the psychiatrist will refer the inmate to the Workhouse physician if a medical examination or care seems necessary. Drugs prescribed by the psychiatrist in DSJI are mild drugs, usually tranquilizers, that do not require physical examinations before prescription.

When cases are referred to the psychiatrist, he prepares a short report giving his diagnosis and prescribing medicine. A typical psychiatric report is shown in Appendix E. This report is not sent to the Metropolitan Jail; rather, it remains in the inmate's file in the Workhouse and a copy is given to the jail nurse.

3.6 Feedback, Monitoring, and Program Evaluation

3.6.1 Management, Monitoring, and Feedback to Staff

In general, the project is managed by the psychologist and the project director through informal conversation and meetings with the staff, mainly the two psychometricians. The psychologist talks with them once a week after he conducts his interviews. DSJI does not have the formal administration envisioned by the Standards for Psychological Services in Adult Jails and Prisons (American Association of Correctional Psychologists, 1980); specifically, there are no formal organization charts showing detailed lines of authority and no formal monthly administrative meetings as recommended by Standards 4 and 7. DSJI staff, however, often informally discuss current problems and often adjust operations in response.

There has been very little feedback from the Metropolitan Jail to the DSJI staff about the quality of reports sent or about what has happened to the inmates once screened. The psychologist who makes the major decisions and prepares the report seldom sees inmates after screening. The major exceptions are informal feedback when inmates are later sentenced to the Workhouse and treated there and when the psychologist holds treatment sessions with the few pretrial inmates retained in the Workhouse after screening because they have apparent

suicidal tendencies. One reason for the limited feedback to the psychologist is that DSJI is only a diagnostic team; treatment generally is administered by others. Another reason is that the psychologist believes conflict-of-interest restrictions prevent him from recommending treatment by him as a private practitioner.

3.6.2 Routine Statistical Reporting

The routine statistical reporting in the DSJI's internal reports contains standard summary demographic information, including the race, age, crimes, and intelligence range of the inmates screened, the number of inmates for whom alcohol and drug treatment was recommended, and the number found to be psychotic or to require suicidal precautions. The internal reports show that about 60 percent have been found to need drug or alcohol treatment, about 10 percent have been found to be psychotic, and about 5 percent have been found to have suicidal tendencies.

3.6.3 Special Studies and Reports

To date there have been no special studies or reports. However, one of the psychometricians is presently conducting a followup study using several methods. The Metropolitan Police Department computer, which contains arrest and incarceration records for all local inmates and which is connected with the FBI's centralized computer, is used to identify inmates screened by the project who are still in the local jails. Plans have been made to determine whether the recommendations and conclusions in the DSJI reports were followed for these inmates. Preliminary results indicated that 7 of the first 21 inmates screened (in November and December 1979) are still in the Metropolitan Jail; six are still awaiting trial. The computer search has also located screened inmates who are in the Tennessee State Prison and who, thus, have been subjected to psychological screening and examination by the prison intake classification unit. The psychometrician has begun to obtain the unit's files to compare those test results and psychological findings with those of DSJI. No definite evaluation criteria have been developed, but he generally has noted the similarity of MMPI scores and treatment recommendations resulting from DSJI screening and the prison intake screening.

DSJI maintains a file on each inmate screened. These files, which may be a valuable source of evaluation information, contain the completed interview form, the test results, the psychologist's report, and the psychiatrist's report, if any. The files are available to internal researchers and probably would be available to external researchers if sufficient precautions were taken to preserve confidentiality.

3.6.4 Recent Changes

Soon after the site visit to research the DSJI in May 1980, several changes were made to increase the number of screenings, to enhance efficiency, and to provide greater feedback. In mid-June, one psychometrician began screening inmates in the Metropolitan Jail, while

the other continues to screen them in the Workhouse. The consulting psychologist and psychiatrist now go both to the Jail and the Workhouse one day each week. The Jail Superintendent determines which inmates are sent to the Workhouse for screening and which remain in the Metropolitan Jail; the basic criteria are that inmates who seem to be security risks or to be psychotic remain in the Metropolitan Jail for screening. The original grant application for the DSJI project stated that the screening was to be done in the Metropolitan Jail, but the DSJI staff decided that the Jail, which is very old, does not have sufficient facilities for screenings. After a half-year's experience with screening in the Workhouse, however, the DSJI decided to move much of the screening to the Jail despite the poor facilities. There are several reasons for this decision: the security problems and logistic difficulties of transferring prisoners to the Workhouse, the lack of feedback about the prisoners and their treatment after the screening (this was discussed above), and the inability of the psychiatrist to monitor medication of inmates. Hence, the move to the Metropolitan Jail may well increase the ability of the DSJI staff to improve their services through information about the impact of the screening.

DSJI also changed the procedure for selecting inmates to be screened to increase the number of clients, which had declined during the program's first six months. DSJI no longer relies on the bound-over docket as the source of inmates. It screens any inmate just entering the Metropolitan Jail, whether or not on the bound-over docket. DSJI is also screening inmates who were not screened earlier because, for a variety of reasons, they were not on the bound-over docket. In addition, woman inmates are now being screened; they could not be screened before because the Workhouse does not have female inmates (while the Metropolitan Jail does). Finally, DSJI is rescreening inmates who are still in the Jail six months after the original screening; in the rescreening, however, the only psychological test given is the MMPI.

In all, the number of screenings has more than doubled, to eleven per week, since these new procedures were initiated. Several additional benefits have resulted. The problems of transportation to, and housing in, the Workhouse have been alleviated. Also, most inmates now are screened within two days after they arrive in the Metropolitan Jail, less than half the time for inmates screened in the Workhouse. It should be noted, however, that Standard 23 of the Standards for Psychological Services in Adult Jails and Prisons (see page 5 in this paper) implies that screening should be performed immediately after admission.

The new procedures have important implications for the project's monitoring and feedback operations. The continual access to the Metropolitan Jail inmates now permits the DSJI staff to follow inmates after screening and, therefore, to determine whether the recommendations made in the original report were followed by the Jail and whether they were accurate in view of later developments. The second screening given to inmates after six months serves much the same purpose and it also provides information about possible effects of incarceration on inmates.

4.0 PIERCE COUNTY (WASHINGTON) JAIL SOCIAL SERVICES AND CENTRAL INTAKE UNIT

4.1 Brief History and Overview

In early 1978, William Regan, Superintendent of the Pierce County Jail, in an effort to modernize his jail's operation, enlisted the assistance of Pacific Lutheran University Social Welfare Professor Kathy Briar to develop a program to facilitate the provision of social services to jail inmates. The Social Services Unit was created as a result of this collaboration. The Unit began operating in March 1978 as a two-month experimental program. Initial staffing consisted of two social workers serving on a volunteer basis during the experimental period. In June 1978, the jail received private donations to provide for the continued operation of the Social Services Unit. Since 1978, Unit staff have secured Law Enforcement Assistance Administration (LEAA) and Comprehensive Employment and Training Act (CETA) grants permitting an expansion of the unit and of the scope of the services it provides.

The Social Services Unit currently consists of two operations: a Central Intake Screening Unit (CIU), which screens persons upon admission to the jail and provides crisis intervention for inmates requiring immediate attention at any time during incarceration, and a Social Service Coordination Unit (CU), which provides case management for inmates in need of services. CIU screenings are conducted from 7:00 a.m. until 12:00 midnight, seven days per week. An attempt is made to screen all pretrial admissions except those held for charges pending in other jurisdictions. (Offenders sentenced to jail by the court are not screened.) The CIU screening identifies inmates with drug, alcohol, mental health, or other problems and may result in referrals to the CU for social needs assessments and special services. The screening also generates information useful to the arraignment judge in determining questions of pretrial release. The CU receives referrals of jail inmates from attorneys, jail guards or other jail personnel, family members, and other inmates, as well as from the CIU. All jail inmates are eligible for the CU's services, including sentenced offenders and inmates held for charges pending in other jurisdictions. CU staff assess the nature of inmates' problems, provide counseling, and make arrangements for inmates to become involved with community social service programs upon release. Although in some respects the services they provide overlap, the CIU and the CU are basically distinct, complementary operations. In essence, the CIU functions to identify problem cases in the jail, and the CU functions to bring to these cases the appropriate social services.

The Social Services Unit staff consists of ten social workers: a CIU director and three CIU "screeners" funded by an LEAA Pretrial and Overcrowding grant, a CU "coordinator" funded out of the jail superintendent's budget, and five CU case managers (a drug counselor and an alcohol counselor funded by an LEAA Intensive Drug and Alcohol Jail Services grant and three employment/education counselors funded by a CETA grant).

The Pierce County Jail serves Pierce County and the city of Tacoma. The jail has an average daily inmate population of approximately 250. During the period October 15, 1979, through March, 1980, 5,835 persons were processed with criminal charges at the jail; 2,643 were eligible for central intake screening; and 1,698 of these were screened by CIU staff.

4.2 Process Flow

The flow of cases into, through, and out of the Social Services Unit is depicted in Figures 8 and 9.

4.2.1 Central Intake Screening

Figure 8 indicates the manner in which cases are received and processed by the CIU of the Social Services Unit. When a person is arrested in Tacoma or Pierce County, the arresting officer transports the person to the Pierce County Jail, where an officer charges ("books") the person with a particular crime. The charging ("booking") officer completes a "booking sheet" and posts a copy at the main desk for inspection by the director of the CIU. The CIU director periodically reviews new booking sheets and assigns CIU screeners to interview qualifying inmates. If the arresting or charging officer believes that a person entering the jail may be experiencing an emotional or other crisis or otherwise is in need of emergency services, the officer may contact a CIU screener directly and request that he immediately interview the arrestee. Similarly, if an inmate experiences a crisis at any time during his incarceration, any jail personnel may request that a CIU screener interview the inmate.

The CIU screener interviews the inmate, verifies the inmate's statements (by telephoning his family, doctors, etc.), and prepares a report of the interview results. If the screener believes an inmate charged with or convicted of a misdemeanor clearly is disordered mentally, he may, with the approval of the jail supervising officer on duty, the jail superintendent, or the CIU director, request a mental health professional from the Office of Involuntary Commitment to visit the jail and assess the civil committability of the inmate. (The Office of Involuntary Commitment is a state department with powers of civil commitment.) If the CIU screener is uncertain about the mental condition of a misdemeanant or alleged misdemeanant, he may contact a "crisis intervention worker" from the area Comprehensive Mental Health Center (a private, nonprofit organization in Tacoma), who will interview the inmate and consult with the screener regarding the advisability of pursuing civil commitment (i.e., arranging for an assessment by a mental health professional from the Office of Involuntary Commitment). Inmates charged with or convicted of felonies ordinarily are evaluated for civil commitment only upon court order. A CIU screener believing such an evaluation appropriate typically contacts the defense attorney and the prosecutor and urges them to arrange for a court-ordered evaluation. If the inmate is in "acute crisis" (defined by a Social Services Unit policy statement as "so out of control or suicidal that immediate action [need]

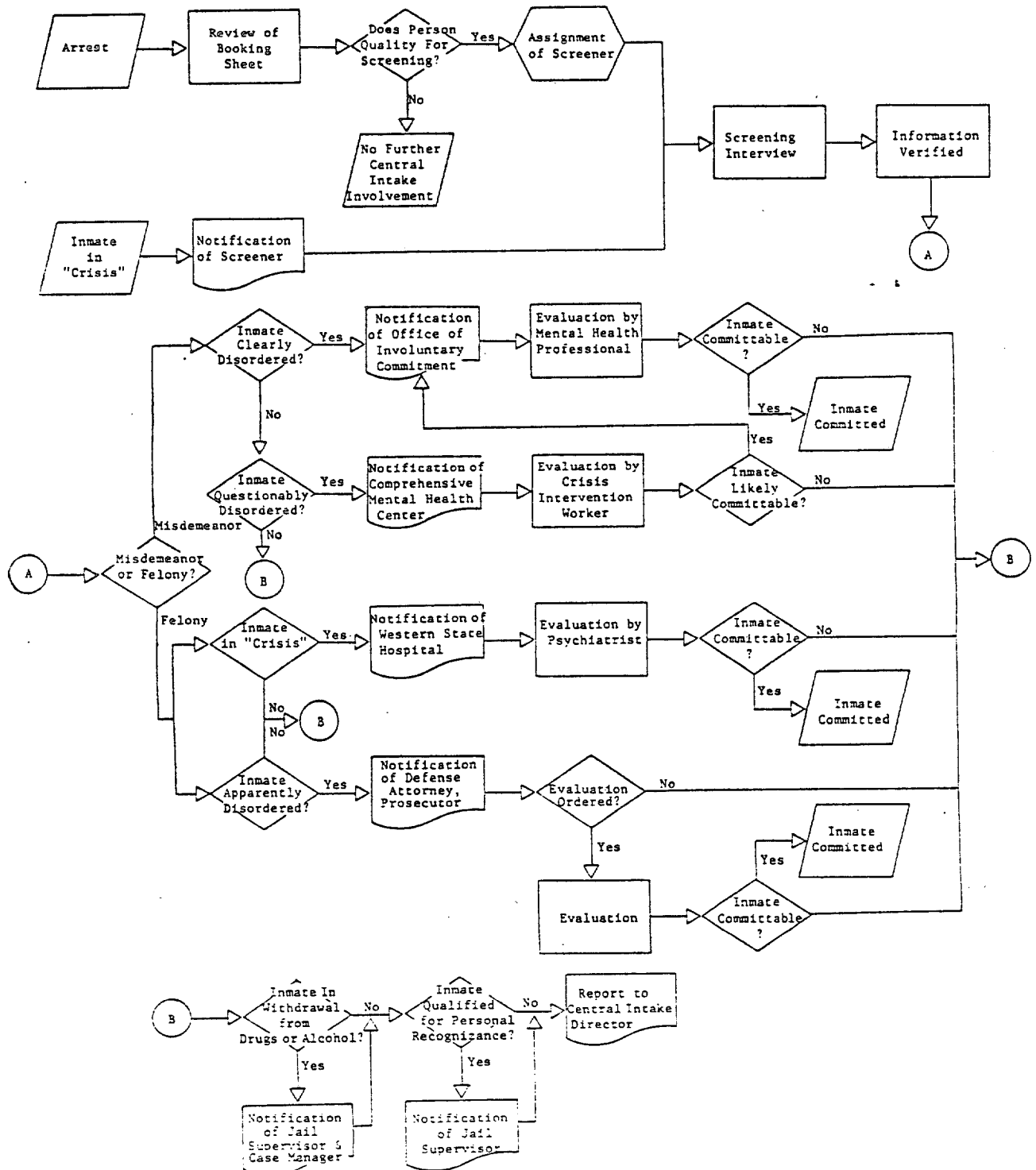


Figure 8. Case Process Flow of the Central Intake Screening at the Pierce County Jail Social Services and Central Intake Unit.

be taken to assure appropriate care and safety for the detainee"), the screener may directly telephone a psychiatrist at Western State Hospital's Mentally Ill Offender Unit and request an emergency evaluation at the jail. If the screener suspects that an inmate may be in withdrawal from drugs or alcohol, he must notify the jail supervisor on duty and an appropriate social service case manager. If a screener believes an inmate charged with a misdemeanor is qualified to be released on his personal recognizance, he may so advise the jail supervisor on duty, who has authority to order such release.

The CIU screener's report is reviewed by the CIU director, who may assign appropriate cases to CU case managers for counseling and coordination of services. Particular parts of the report may be forwarded to various jail or court personnel. The balance of the report is deemed confidential and is maintained in the Social Services Unit's files.

4.2.2 Coordination Unit Case Management

Figure 9 illustrates the manner in which cases are received and processed by the CU. Only the evaluative and referral aspects of case management will be described; inmate counseling is beyond the scope of this report.

The CU receives referrals from the CIU, defense attorneys, jail personnel, family members, employers, and other inmates. Additionally, inmates may request services on their own behalf. The referral process is generally informal. The CIU director assigns CU case managers cases that appeared to require services during the CIU screening. The case manager is provided with a copy of the CIU screening report. Referrals from defense attorneys, jail personnel, family members, and employers typically are made in person or by telephone and are directed to the CU coordinator, who assigns cases to case managers. Referrals and assistance requests from jail inmates come in the form of "kites," handwritten requests for service, which are passed to jail personnel and forwarded to the CU coordinator for assignment to a case manager.

The case manager assigned to a particular case reviews any referral materials received and conducts an initial interview with the inmate to assess his needs. The case manager may contact Community Alcohol Services or Methadone Maintenance, units of the public health department, for advice or to discuss possible diversion of inmates with apparent alcohol or drug problems. Mental health evaluations may be arranged as described in section 4.2.1, above.

For inmates in need of services who are likely to be released from jail within two weeks of admission, the case manager will recommend community programs for the inmate to contact upon release. The case manager may arrange for a representative of a particular program to visit the jail and to meet the inmate before he is released. For inmates

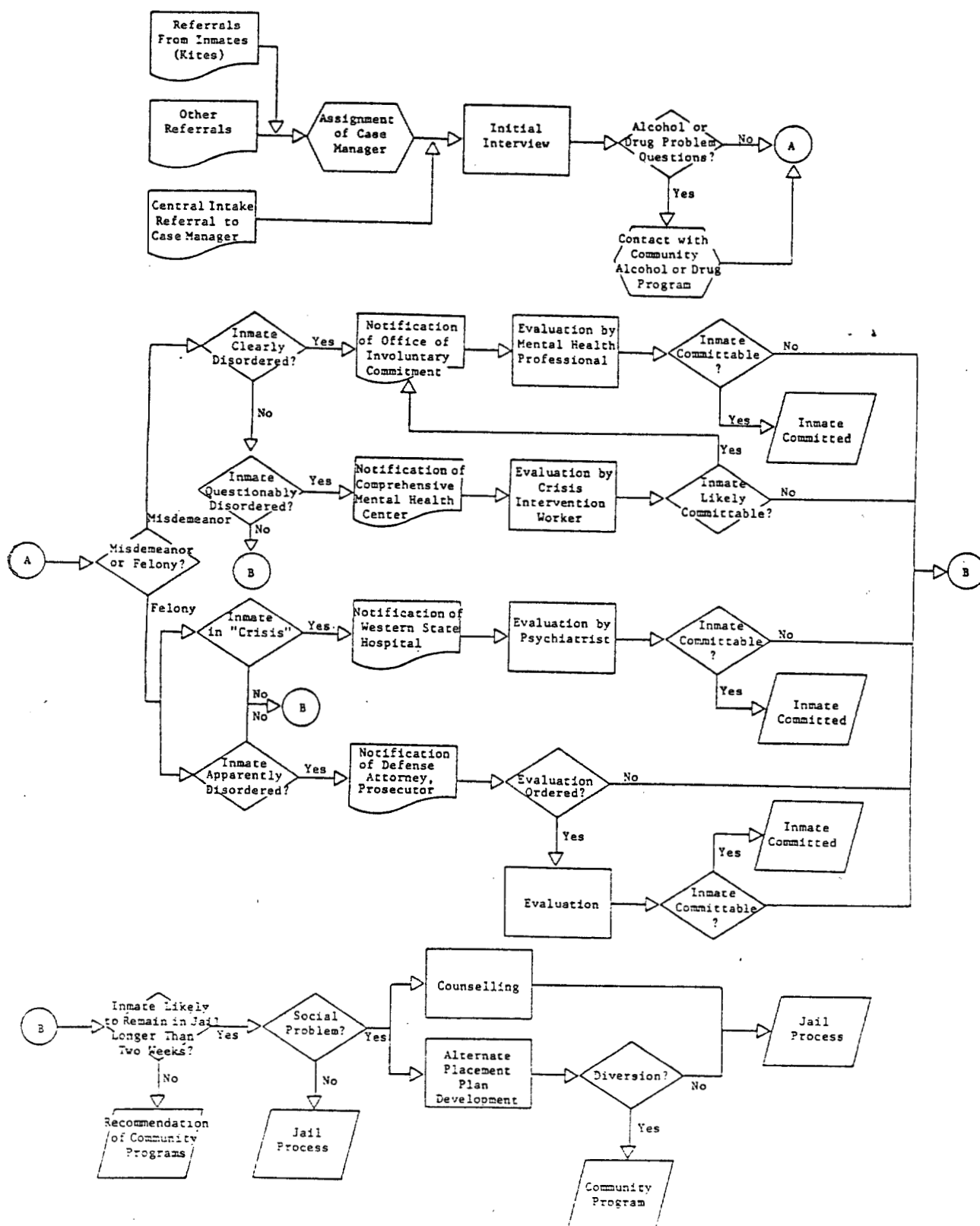


Figure 9. Case Process Flow in the Case Coordination Unit at the Pierce County Jail Social Services and Central Intake Unit.

in need of services who appear likely to remain in jail for more than two weeks (i.e., are not released at arraignment), the case manager will arrange to provide counseling on a periodic basis in the jail and may develop a plan for alternate placement of the inmate in an appropriate community social services program. The placement plan usually is constructed in cooperation with the defense attorney (and sometimes the prosecutor) and typically is used by the attorney(s) to persuade the judge to dispose of the case by diversion.

4.3 Delineation of Mental Health Requirements

The CIU may become involved in the assessment of the social needs of an inmate either as a result of the CIU director's review of the jail's booking sheets (all eligible inmates receive CIU screening) or upon referral from the arresting or charging officer or other jail personnel if the inmate is experiencing a "crisis." The booking sheet ordinarily indicates only limited biographical data (name, address, aliases), limited medical information (medications used, physical disabilities), and the offense(s) charged. Referrals for crisis intervention typically are made in person and consist of the name and location of the inmate in crisis and a brief description of his behavior.

The CU receives referrals from the CIU, defense attorneys, jail personnel, family members, employers, and inmates requesting service for themselves and other inmates. CIU referrals are made by the CIU director, who assigns cases to particular case managers based on the results of the CIU screening (e.g., inmates with drinking problems are assigned to the alcohol counselor). The case manager is provided with a copy of the CIU screening report, the general contents of which are described in section 4.5 below. Referrals from defense attorneys, jail personnel, family members, and employers typically are made in person or by telephone to the CU coordinator. In the course of a referral, a defense attorney may relate his client's drug, alcohol, or mental health history and describe any current behavior indicating the advisability of the Unit's involvement. Additionally, he may note his intention to raise questions of competency to stand trial or criminal responsibility or to ask the court for diversion into a community social service program. Jail personnel make referrals of inmates whom they perceive to be in need of social services. Referrals typically communicate no more information than the name and location of the inmate referred and a description of the behavior that motivated the referral. Referrals from family members and employers often specify social, medical, and mental health background information and generally are made for the purpose of promoting pretrial release or diversion. Referrals from inmates requesting service for themselves or other inmates are received in the form of "kites," handwritten messages passed to jail personnel for delivery to the CU coordinator. Kites typically indicate the name and location of the person requiring attention and a brief description of the reason for the referral.

4.4 Acquisition of Mental Health Information

4.4.1 Central Intake Screening

The CIU screening is conducted by an interview with the inmate. The interview is guided by several interview forms, which are attached as Appendix F. The screener reviews the booking sheet prior to meeting with the inmate. At the beginning of the interview, the screener explains the purpose of the screening and informs the inmate of his right to refuse to be interviewed. If the inmate appears to be intoxicated or is uncooperative, the screener will not continue with the interview.

The interview begins with inquiry in the following areas:

- o prior record (adult and juvenile);
- o personal information (including present and previous addresses, family and community references);
- o employment history;
- o educational background;
- o military background; and
- o medical history.

The inmate then is questioned with regard to his use of drugs and alcohol, his mental health history, and any family problems he may have experienced as a result of his incarceration. The inmate is notified that the confidentiality of this information is guaranteed by law, and he is asked to sign a "consent for disclosure" of the information to other social service personnel (see Appendix F). Finally, the inmate is questioned thoroughly with regard to his financial condition, including income, assets, and liabilities. (This information is collected for the arraignment judge to use in determining pretrial release.) An effort is made to avoid questions pertaining to the guilt or innocence of the inmate.

4.4.2 Coordination Unit Case Management Assessment

Inmates with various sorts of problems (e.g., mental health, substance abuse, jail adjustment, management of personal affairs in the community) may be referred for case management. The case manager assigned to an inmate conducts an initial interview with the inmate to assess his problems. Prior to the interview, the case manager reviews any referral materials (e.g., CIU screening report) he might have received. If the referral is from someone other than the CIU director, the case manager secures and reviews a copy of the CIU screening report, if available. If the referral indicates that the inmate is particularly agitated or violent, arrangements will be made for at least two security guards to join the case manager in the interview.

As with CIU interviews, interviews conducted by CU case managers begin with an explanation of the purpose of the interview and a

notification of the right to refuse to be interviewed. The case manager advises the inmate that the information collected will be held confidential unless the inmate consents in writing to the release of such information. The inmate usually is asked to sign a form consenting to release of certain information for specified purposes. If no CIU screening report is available, the case manager's initial questioning is directed toward collection of certain demographic information, including:

- o personal information;
- o information relating to the status of the inmate's court case;
- o employment history and job skills;
- o educational background;
- o military background; and
- o medical history.

If the case manager has a copy of the central intake screening report, the above information may be taken from that report. Following this preliminary questioning, the case manager explores in detail any incidents, events, or precipitating factors related to the inmate's present difficulty. The inmate's social background is explored, and all prior arrests, hospitalizations, and treatment are reviewed. Finally, the inmate is questioned concerning his adjustment to incarceration. The case manager exercises discretion in the manner in which he conducts the interview. He may allow the inmate to speak freely about matters of his own choosing or may carefully direct the questioning. During the course of the interview the case manager may conduct a mental status examination, assessing the inmate's orientation to time and place, verbal level, mood, attention span, thinking process, and level of control.

The initial interview typically completes the CU case management assessment process and may result in periodic counseling or referral for other services as described above.

4.5 Provision and Use of Mental Health Information

Following a CIU screening, the screener prepares a report containing several parts (see Appendix F):

- o a demographic information sheet that accompanies referrals to case managers and other social service providers and is sent to the court for use at arraignment (contains limited personal information, prior record, employment history, educational background, military background, medical history, qualification for misdemeanor personal recognizance);
- o a financial statement that is sent to the court's department of assigned counsel for use in determining the inmate's eligibility for assigned counsel (indicates all sources of income, assets, and liabilities);

- o a confidential information sheet that, with consent of the inmate, may accompany referrals to other Social Services Unit staff (indicates drug and alcohol usage, mental health history, and family problems experienced as a result of incarceration);
- o a personal recognizance/custody level recommendation sheet that is delivered to the jail supervisor on duty for use in making misdemeanor personal recognizance release decisions and classifying inmates (contains recommendations and comments); and
- o a medical information sheet that is delivered to the jail supervisor on duty for use in establishing medication schedules (indicates medical problems, medication used, when last seen by a physician, and the screener's observations).

In addition, central intake screeners frequently send memoranda to the CIU director indicating informal, off-the-record opinions.

The information collected during the CU case manager's initial interview ordinarily is not reported in detail. Upon completion of the interview, the case manager makes a record for the inmate's file, indicating the name of the inmate interviewed, the referral source, the length of the interview conducted, the inmate's next court date, the names of the defense attorney and the judge in the case, and general comments regarding the interview. If the case manager makes a referral for a mental health evaluation or other services, he will informally report information necessary to effect the referral but generally will not submit a written report of his interview findings.

4.6 Feedback, Monitoring, and Evaluation

There is no formal, on-going program evaluation mechanism operating with respect to Pierce County Jail Social Services Unit. However, a number of activities are conducted that informally provide a measure of quality assurance.

At this writing, the CIU director and the CU coordinator are developing a policy and procedures manual for the Social Services Unit that will contain specific guidelines for conducting intake interviews, arranging for mental health evaluations, making community referrals, and providing counseling and case management. When completed, the manual will be incorporated into a larger manual describing the various operations and services provided by the Pierce County jail.

In August, 1979, the Midwest Research Institute (Note 10), at the direction of the Law Enforcement Assistance Administration (LEAA), conducted an evaluation of the Pierce County Jail's Intensive Drug and Alcohol Jail Services Project, sponsored by LEAA, and reviewed the jail's compliance with the 1971 Amendment (Part E) to the Omnibus Crime Control

and Safe Streets Act of 1968. (Part E specifies several requirements for jails, including the availability of alternatives to incarceration, special provisions for the treatment of alcohol and drug abusers, separation of juveniles from adults and males from females, willingness to accept federal prisoners, regionalization of facilities, and advanced practices in personnel, operations, training, programs, and services.) The evaluation resulted in a report (see Note 2) that makes recommendations concerning a number of the functions of the Social Services Unit, including

- o the promotion of alternatives to incarceration;
- o the treatment of alcohol and drug abusers;
- o the provision of medical and health care;
- o the facilitation of visitation, mail, and telephone communication; and
- o the provision of recreation and library services.

Finally, the jail Social Services Unit receives feedback on an informal basis from the jail superintendent, the county sheriff, corrections officers in the jail, defense attorneys, judges, probation officers, and others. Because of the location of the Unit in the halls of the jail (which, in turn, is located in the county courthouse), a close working relationship is maintained, and problems with Unit procedures or particular cases are freely discussed.

5.0 THE WYANDOTTE COUNTY (KANSAS) PRETRIAL SERVICES PROJECT

5.1 Brief History and Overview

The Wyandotte County Pretrial Services Project (hereinafter PSP) was created in July, 1977, for the purpose of ameliorating deficiencies in the operation of the County Jail discovered during an inspection of the facility by the State Department of Corrections in 1976 (Note 11). Severe jail overcrowding, discriminatory bail practices, and inadequate service provision to inmates were identified by the Corrections Department as major problems. The initial goal of PSP included a substantial reduction of both the jail population and the size of the criminal court docket; cost reduction was an incentive in this goal (see Note 12).

The Wyandotte County Jail, which takes up the entire fourth floor and a part of the fifth floor of the Wyandotte County Courthouse, serves a population of 186,000 and houses between 75 and 91 inmates at any given time. On March 12, 1981 (during one of the authors' visit to PSP), for example, the total population of the jail was 85. Approximately 75 to 85 percent of the incarcerated individuals are black.

PSP serves the Kansas District Court of the Twenty-ninth Judicial District (Note 12). The District includes Wyandotte County and the court sits at Kansas City. The court has original jurisdiction in all criminal and civil matters and has appellate jurisdiction over cases originating in municipal courts. The Kansas Supreme Court provides money for all personnel, except for one Court Services Officer whose salary is provided for by Wyandotte County. The County provides office space, equipment, and supplies for the entire Project.

In addition to assisting the District Court in criminal matters, PSP also provides advice to the civil division of the Court in civil commitment issues and to the family court in child custody and incest cases, and juvenile cases. This latter function is facilitated by the location of the PSP's suite of offices adjacent to the family court on the first floor of Wyandotte County courthouse.

PSP's primary function is to serve as a clearinghouse that identifies the various alternatives to and additions to jail detention. Activities include (Note 11) the following:

- o Pretrial Screening - All incarcerated client-offenders (and client-offenders who may be referred by police, the hospital emergency room, or the mental health clinic) are interviewed within twenty-four hours of arrest, unless incarcerated on a Saturday or Sunday. This interview is used to inform client-offenders of their rights under the law and to determine their eligibility for court-appointed counsel. It also enables the PSP to initially assess a client offender's potential for release or need for further mental health evaluation and treatment.

- o Release on Recognizance (ROR) - The Vera-Manhattan Scale, an objective community stability measurement device, is administered to all client-offenders incarcerated at Wyandotte County Jail and to other referred individuals. If release is indicated, an Order of Discharge is submitted for judicial approval. Release conditions then are discussed with each client-offender.
- o Release With Services (RWS) - Although a candidate for ROR, a client-offender may present social disabilities such as substance abuse, employment handicaps, or medical needs. Restrictions are placed upon freedom of movement, and remedial conditions such as participation in counseling or educational programs may also be imposed as prerequisites to release.
- o Pretrial Diversion - As an alternative to criminal processing, pretrial diversion serves as a mechanism for referring client-offenders to more appropriate services and resources outside the criminal justice system. After a determination of eligibility by PSP staff, a contractual agreement as to appropriate services is negotiated. The average length of a diversion program is one year.
- o Mental Evaluations - The PSP performs pretrial mental health evaluations upon court order. The request may originate from the prosecutor, the defense attorney, or the PSP staff who have conducted pretrial screening.
- o Domestic Relations - Upon the request of the court, PSP staff investigate domestic relations cases involving custody questions. In addition, PSP staff may provide divorce counseling and divorce workshops.
- o Referral Services - Community organizations and resources are utilized extensively by PSP staff for various services on a referral basis.

Although categorized in discrete fashion for the purposes of this section, these activities are not clearly separate in practice. The following report of PSP will focus only on those PSP activities that involve mental health screening and evaluation: Pretrial Screening, Pretrial Diversion and Mental Evaluations.

5.2 Process Flow

Figure 10 represents a case processing function model of the Pretrial Services Project. Every client-offender who is arrested and incarcerated at the Wyandotte County Jail receives a pretrial screening interview. PSP also accepts referrals for screening from police, hospital emergency rooms, and mental health clinics. If mental health problems are discovered in the screening, a psychological evaluation is conducted. If competency to stand trial remains an issue after the psychological evaluation, the client-offender is sent to an appropriate

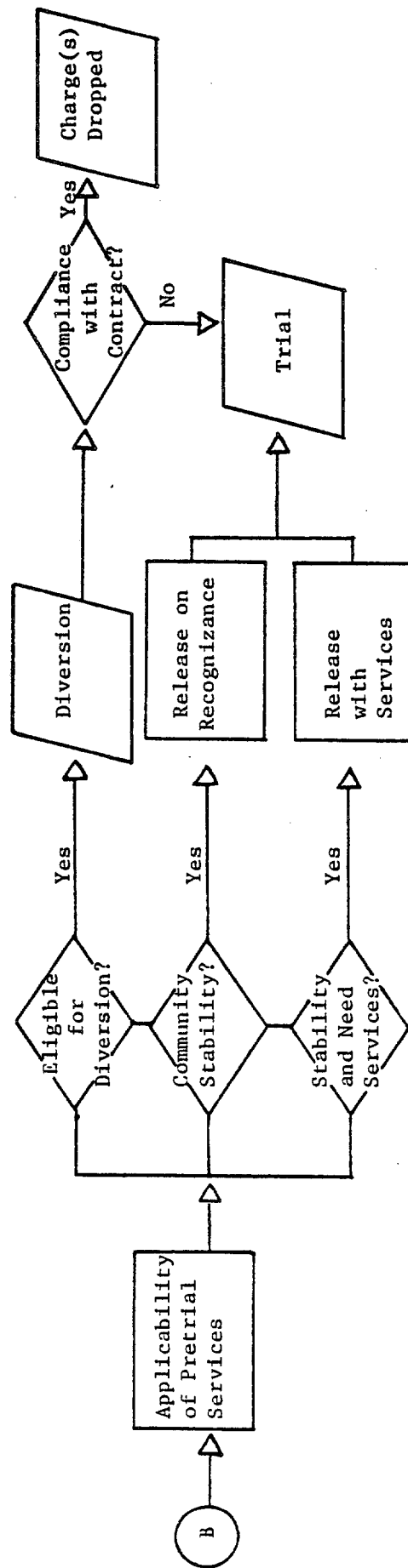
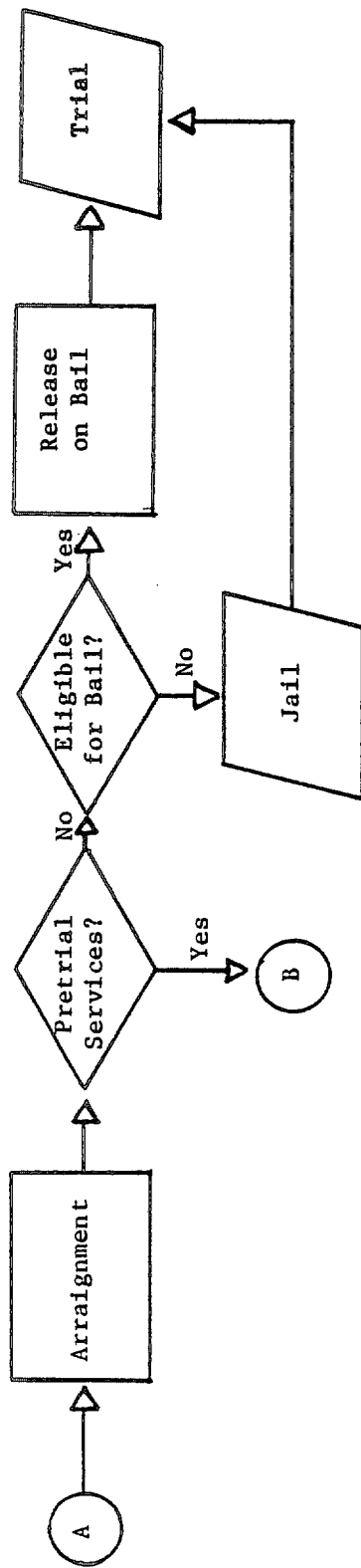
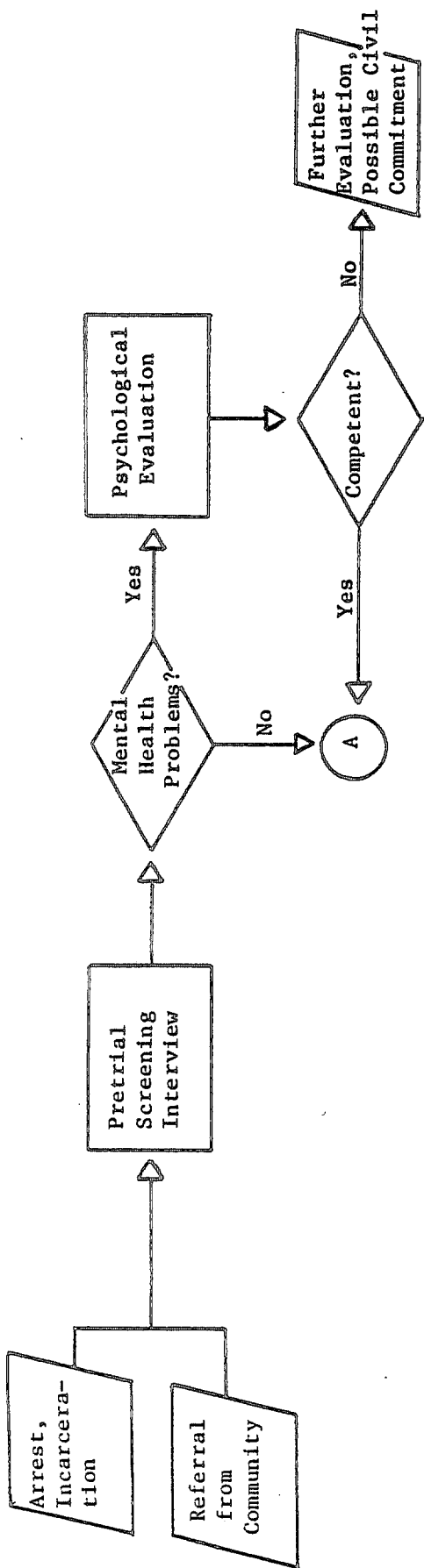


Figure 10. Case Processing Function Model, Pretrial Services Project, Wyandotte County, Kansas.

state institution for further evaluation and treatment for up to sixty days. Civil commitment may be indicated for client-offenders who are not expected to regain competency within a reasonable period of time.

A client-offender without mental health problems and without needs for the pretrial services of PSP is either incarcerated until the trial or released on bail, if eligible. Other client-offenders may be eligible for such pretrial services programs as Diversion, Release on Recognizance, or Release with Services. A Vera-Manhattan Scale scoring community stability is used to determine eligibility for the release programs while awaiting trial. The degree of correspondence between the client-offender's characteristics and those of a successful diversion candidate determines whether a diversion agreement may be negotiated. If an agreement is made and fully implemented, charges against the client-offender are dropped; otherwise, the client-offender faces trial.

5.3 Delineation of Mental Health Information Requirements

5.3.1 Statute

The mental health evaluation conducted by PSP is formally concerned only with the client-offender's competency to stand trial. The statutory standard for competency is whether the client-offender is able "to understand the nature and purpose of the proceedings against him; or to make or assist in making his defense" [Kan. Stat. §22-3301(1)]. The PSP Director views competency as involving the following questions. Does the client-offender know right from wrong? Is the client-offender able to assist in his or her defense? Does the client-offender understand the nature of the crime? There are no other formal provisions in Kansas statutes delineating the work performed by PSP.

5.3.2 Pretrial Screening

Persons arrested in Wyandotte County are transported to the county jail where they may be "booked" on particular criminal charges and detained. A booking sheet is prepared on each person arrested; this sheet details information such as the person's name, race, sex, age, charge, and tank (jail location). All inmates are screened by a Court Services Officer within 24 hours of arrest. Pretrial screening interviews also may be arranged at the request of defense attorneys, the district attorney, or other interested individuals for client-offenders who are not incarcerated. About 20 percent of the referrals to PSP come from the police, the city jail, or other community organizations such as public health, social service, or community mental health agencies.

5.3.3 Pretrial Diversion

Client-offenders may be identified as potential candidates for diversion as a result of ROR or RWS investigations, pretrial screening, court referral, referral by defense attorneys, or referral by other interested parties. According to the director, attorneys have become familiar with the type of individual that might be identified as a candidate for pretrial diversion and, hence, make few inappropriate referrals.

5.3.4 Mental Evaluations

The vast majority of client-offenders receiving in-depth mental evaluations are referred as a result of the pretrial screening interview conducted by PSP. About five to ten percent of those evaluated are referred from the District Court. Evaluations may also be requested by prosecuting and defense attorneys.

The request for a mental health evaluation is directed to the District Court of Wyandotte County in the form of a "Motion for Pre-Trial Evaluation." (Appendix G) The request is for permission to "test, evaluate, interview, and gather criminal records or any other pertinent information necessary to determine the mental and physical capacity of the defendant." In response, the judge of the District Court may issue an order (Appendix H) providing for a pretrial evaluation by PSP and a confidential report of findings to be made to the court. The court, at its discretion, may appoint an independent examiner or designate another mental health agency to evaluate the client-offender [Kan. Stat. §22-3302(3)].

5.4 Acquisition of Mental Health Information

5.4.1 Staff

The PSP staff includes a state-certified clinical psychologist who serves as Director, four Court Services Officers (CSO), and a clerk. Two CSOs conduct the bulk of the interviewing; one formerly was a priest in a state prison, and the other was an offender. The Director devotes approximately one-half of his time to mental health evaluations and the other half to administrative duties. The Director of PSP is the only psychologist on the official payrolls of the Kansas Supreme Court, which controls the budgets of the District Courts.

5.4.2 Pretrial Screening

At the beginning of the pretrial screening interview, the client-offender is informed by the interviewer (usually a CSO) of the court process. In addition, PSP staff inquire if the client-offender is indigent and requires court-appointed counsel. Client-offenders are usually taken at their word that they cannot afford to hire their own attorney.

The screening, which takes approximately 30 minutes, is designed to identify client-offenders in need of immediate medical or mental health treatment or further evaluation. The interview serves to generate biographical information for use by personnel of the release programs. Also, information about the client-offender's background and community ties may be presented to a judge during the client-offender's initial court appearance.

The interview (see form in Appendix I) is designed to elicit information from the client-offender in several areas: identifying information, arrest data, residence history, medical and

psychiatric history, education, military service, references, client-offender's version of the crime, family history, employment history, prior criminal record, needs assessment, and interviewer's observations.

5.4.3 Pretrial Diversion

A "diversion interview" is conducted in an effort to identify client-offenders who would be better served outside the traditional criminal justice process. At this time, the client-offender is given the Vera-Manhattan Scale, a community stability measurement device. Following the interview, PSP staff verify the criminal history by a check of the individual's available records, and verify the family history with a person identified by the client-offender. Family members, friends, police, and jailers are particularly helpful in this verification.

In order to identify client-offenders who are likely to be successfully diverted from the criminal justice system, PSP staff assess the extent to which various factors are present in each client-offender's case. As recommended for use in the National Advisory Commission on Criminal Justice Standards and Goals Report on Courts (see Kansas Governor's Committee on Criminal Administration, Note 11, p. 8), these factors are:

- youthfulness of client-offender;
- willingness of victim to forgo a conviction;
- likelihood that client-offender is suffering from a medical or mental disability that is amenable to treatment;
- likelihood that crime was induced by employment or family problems capable of being addressed through a diversion program; and
- a positive motivational attitude on the part of the client-offender.

Following the interview and verification process, a conference is held with all interested parties, including the defense attorney, prosecutor, and project staff. PSP recommendations concerning diversion are made to the District Attorney. If approved, recommendations are implemented by a negotiated contract involving all parties, and prosecution is deferred.

5.4.4 Mental Evaluations

Client-offenders referred for mental evaluations are examined by the PSP psychologist. The Minnesota Multiphasic Personality Inventory (MMPI) serves as a screening instrument for the psychologist to determine the form of further testing. If either IQ or a personality disorder is an issue, a Wechsler Adult Intelligence Scale may be administered; a Beta Intelligence Test is administered if the client-offender cannot read. In addition, projective tests such as the Rorschach Test or the Bender Motor Gestalt Test may be administered. Also, the psychologist will usually conduct an interview.

If the client-offender has been referred as the result of a pretrial screening, the psychologist, before conducting his evaluation, typically confers with the court services officer who conducted the screening.

5.5 Provision and Use of Mental Health Information

5.5.1 Pretrial Screening

The information collected during the pretrial screening interview generally is used by PSP staff both for identifying jail detainees and other client-offenders eligible for services and for determining whether a client-offender is a candidate for ROR or RWS.

5.5.2 Pretrial Diversion

Client-offenders found suited for diversion by PSP staff and approved by the District Attorney and a judge, enter into a "Deferred Prosecution Agreement" with the Wyandotte County District Court. The agreement specifies the conditions of the diversion arrangement and governs the client-offender's conduct during the diversionary period. Diversion programs usually last for one year. Conditions for the client-offender's participation in a diversion program typically include several stipulations:

- o seeking and obtaining appropriate services on the advice and consent of the client-offender's attorney;
- o waiver of the right to a speedy trial; and
- o a release of information to the Wyandotte County Court Services Department of the Wyandotte County District Court.

During the course of the diversionary period, criminal proceedings against the client-offender are postponed. PSP does limited monitoring and counseling of diverted offenders and reports to the court every three weeks. Upon the completion of the program, PSP staff review the client-offender's compliance with the conditions set forth in the Deferred Prosecution Agreement. Charges against the client-offender are dismissed upon successful completion of the program.

5.5.3 Mental Evaluations

When a court-ordered mental evaluation is completed, the PSP psychologist prepares a report for the court. The report typically contains the following information:

- o identifying information (i.e., name, age, address);
- o tests administered;
- o background information, including referral data and the client-offender's testing behavior;
- o psychological findings; and
- o recommendations, if any.

The judge, prosecutor, or defense attorney may request the psychologist to testify at the trial following arraignment. Typically, this occurs if further evaluation is needed or if commitment to regain competency is indicated.

If a client-offender is found to be incompetent to stand trial or to require further evaluation, the Wyandotte County District Court may commit the client-offender to the State Hospital at Osawatomie, Kansas, for a psychiatric examination and treatment (Appendix J). Within sixty days, the state institution is required to report to the court regarding the client-offender's competency to stand trial (Kan. Stat. §22-3302).

The court may issue an "Order for Continued Hospitalization and Treatment for Competency to Stand Trial" (Appendix K). This order permits the state institution to extend the sixty-day confinement period so that the client-offender may receive treatment designed to restore competency. If the staff finds that competency will not be regained within a reasonable time period, the client-offender may be civilly committed (Kan. Stat. §22-3303).

5.6 Quality Assurance and Program Evaluation

Internal program evaluation, activities not part of the service part of the project, includes the following activities and procedures by PSP to ensure the quality and effectiveness of their services.

- o Monthly statistics are maintained on the number of cases received, interviews conducted, and client contacts made in the program areas of diversion, pretrial screening, and mental health evaluations (Note 14).
- o The progress of restitution payments is monitored.
- o Treatment programs are monitored on a quarterly and monthly basis.
- o Follow-up counseling is provided once a month for diverted client-offenders.
- o One-half of the Director's time is devoted to project management.

At least one external evaluation of PSP has been conducted. In 1978, PSP was evaluated by the Research and Evaluation Unit of the Kansas Governor's Committee on Criminal Administration (see Note 11). In addition to a quantitative analysis of the types and amounts of services rendered by PSP staff, the evaluation method included questionnaires addressed to criminal justice personnel closely involved with the project. The report contains an explanation of PSP's objectives, a description of the types of services rendered, examples of forms used by both criminal justice and mental health personnel, a flow chart detailing the relation of the Wyandotte County District Court to PSP, and the findings of the Committee's investigations. The report's findings were generally favorable, but highlighted communication and coordination problems between the staff of the variously involved agencies. The report seems primarily useful for descriptive and historical purposes, an opinion shared with the Director of PSP.

REFERENCE NOTES

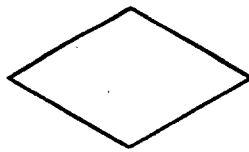
1. Nay, N.J., Barnes, R.T., Kay, P., Ratner, E.Z., and Graham L.C. Work Description for a Phase I Study (Working Paper 5070-03). Washington, D.C.: The Urban Institute, February 1977.
2. Steadman, N.J., and Morrissey, J.P. Interfacing Local Jails with the Mental Health System. Grant application submitted to the National Institute for Mental Health, Public Health Services, by the Research Foundation for Mental Hygiene, Inc. (44 Holland Avenue, Albany, New York, 12229), 1980.
3. This history was prepared by assembling materials from several sources. A major source, gratefully acknowledged, was a manuscript about the Cook County Correctional Complex Psychiatric Services currently being prepared by Dr. Ronald Simmons and other staff. Another document from which historical information was drawn was an internal memorandum of September 19, 1979, from Simmons to Mr. Robert Dean, entitled "Synopsis of Psychiatric Programming within the Cook County Correctional Complex."
4. Harrington v. DeVito, No. 74-C-3290 (N.D. Ill. Oct. 19, 1978) (unpublished consent order).
5. Mental Health Survey: Cook County Department of Corrections. By an Appointed Expert Panel, Harrington v. DeVito, No. 74-C-3290 (N.D. Ill. Oct. 19, 1978).
6. Consent Order, Harrington v. DeVito, No. 74-C-3290 (N.D. Ill. Oct. 19, 1978).
7. First Report by Court-Appointed Panel of Experts Pursuant to Agreed Order of October 19, 1978, Harrington v. DeVito, No. 74-C-3290 (N.D. Ill. Oct. 19, 1978).
8. Information about typical lengths of incarceration at the Correctional Complex is based upon information in Consent Order, supra note 5, at 6, and informed opinions of Dr. Simmons. We are not in possession of authoritative data in this regard.
9. The authors reviewed relevant portions of the policy manual, including Policy and Procedure Standard Forms, numbers:
 - 4101 Procedure for Screening New Inmates
 - 4104 Team Approach
 - 4105 Staff Meetings
 - 6001 Admission to Hospital
 - 9001 Admission to Residential Treatment Unit.
10. Midwest Research Institute. LEAA technical assistance for advanced practices and secure juvenile and adult facilities and programs, monitoring and compliance report, Pierce County, Washington. Milwaukee, Wisconsin: Author, August, 1979.

11. Much of the information embodied in this report is drawn from a report of the Research and Evaluation Unit of the Kansas Governor's Committee on Criminal Administration: An Evaluation of: The Wyandotte County Pre-Trial Services Project, Grant Number 77-A-3197-1-A, December, 1978.
12. Ironically, on March 15, 1981, two days after one of the authors' visits to PSP, five Wyandotte County Jail inmates, in what was described by the press (Kansas City Times, March 15, 1981) as a well-planned early morning jailbreak, escaped from their fourth-floor cell by "sawing through two sets of iron bars and climbing down a 50-foot homemade rope of sheets and blankets." According to the newspaper account, the "escape was just the latest in a history of escapes, deaths, state investigations and complaints of abuse at the 54-year-old jail. State corrections authorities once tried to close the facility because of its inadequacies."
13. The information on jurisdiction is extracted from Reincke, M. and Lichterman, N. (eds.), The american bench: judges of the nation (2nd annual ed.). Minneapolis, Minnesota: Reginald Bishop Forster and Associates, Inc., 1979.
14. In February 1981, for example, the PSP handled 27 individual cases involving first-time interviews with client-offenders and made 94 subsequent contacts with client-offenders or third parties involved with the cases.

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



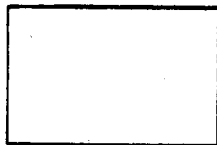
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Decision to make regarding the client-offender.



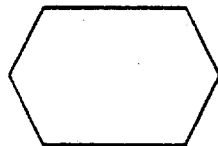
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Information received or transmitted, usually in document form.



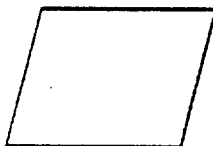
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Implementation of a process involving the client-offender.



=

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



=

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



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



=

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

The following abbreviations are used in the figures:

RCDC

=

Reception, Classification, and Diagnostic Center

IST

=

Incompetent to stand trial

NMT

=

In need of mental treatment

NGRI

=

Not guilty by reason of insanity

3-North

=

Inpatient acute care unit

INTAKE SCREENING AND EVALUATION FORM

Date: _____

Last Name First Name Middle Init. DOB: _____

Inmate No. _____ Charge: _____ Bond: _____ Ct. Date: _____

Home Street Address City State AC Telephone Number

Race: White _____ Black _____ Spanish Speaking _____ Other _____

Psychiatric History: _____

MENTAL STATUS EXAMINATION: Circle positive responses;
Underline negative responses;
Leave unaltered if data is not available; and
Elaborate where appropriate.

1. GENERAL APPEARANCE: Neat, well-groomed, meticulous, unkempt, sloppy, bizarre, eccentric, incontinent, unusual breath odor.
2. POSTURE AND PSYCHOMOTOR ACTIVITY: Moist palms, tense, rigid, overactive, agitated, pacing, wringing hands, dejected, underactive, retarded, apathetic, lethargic, stuporous, relaxed, playful, alert, seductive, stereotyped, echopraxic, ritualistic, waxy flexibility.
3. COOPERATION AND INTERACTION: Cooperative, uncooperative, submissive, assertive, negativistic, distrustful, resentful, fearful, hostile, threatening.
4. FACIAL EXPRESSION: Happy, sad, dull, bored, flat, sleepy, tearful, masklike, anxious, fearful, grimaces, tics, suspicious, flirtatious.
5. MOOD: Anxious (mild, moderate, panic), agitated, irritable, hyperventilating, happy, optimistic, elated, euphoric, hypomanic, manic, depressed (mild, moderate, severe), pessimistic, hopeless, helpless, worthless, self-deprecatory, self-accusatory, guilty, suspicious, paranoid, histrionic, silly, indifferent, bland.
6. AFFECT: Constricted, blunted, shallow, flat, stable, labile, appropriate, inappropriate.
7. SENSORIUM: Clear, Cloudy, confused (mild, moderate, severe).
8. DISORIENTATION: Time, place, situation, person.
9. MEMORY IMPAIRMENT: None, immediate recall, recent memory, remote memory, confabulation, perseveration.

10. ATTENTION: Easily distractable, difficulty concentrating, impairment, short span.
11. FLOW OF THOUGHT: Normal, retarded, blocking, rapid, pressured, multiple thoughts.
12. ASSOCIATIONS: Tight, goal-directed, circumstantial, tangential, loose, flight of ideas, clang, rhyming, punning, word salad, impoverished.
13. THOUGHT CONTENT: (Elaborate below). Obsessions, delusions (persecutory, grandiose, religious), ideas of reference, ideas of influence, depersonalization, derealization, hypochondria, somatizations, phobias, suicidal ruminations, suicidal intent, suicidal plans, homicidal ruminations, homicidal intent, homicidal plans.
14. PERCEPTION: Illusions, hallucinations (auditory, visual, tactile, olfactory).
15. INTELLIGENCE: Estimated as superior, above average, average, borderline impaired, moderately impaired, profoundly impaired.
16. ABSTRACTING ABILITY: Add here ways of testing - descriptive, functional, concrete.
17. FUND OF KNOWLEDGE: Knowledge of current events (superior, above average, average, below average, poor) for amount of education. Common knowledge (superior, above average, average, below average, poor) for amount of education.
18. CALCULATIONS: Serial 3's (satisfactory, occasional mistake, many mistakes) serial 7's (satisfactory, occasional mistake, many mistakes), mathematical ability (superior, above average, average, below average, poor) for educational level.
19. JUDGMENT: Subjective impairment, objective impairment.
20. INSIGHT: Aware of illness, grasps nature of illness, understands operative dynamics, aware of severity of illness, aware of limitations, limited insight, no insight.

IMPRESSION:

DISPOSITION:

C O N S E N T

I, the undersigned, do hereby request, authorize and consent to the above and foregoing psychiatric examination administered by the Department of Psychiatry, Cermak Memorial Hospital in order to help diagnose, aid or assist the psychiatric caseworkers in determining the causes of my complaints and/or symptoms and to provide such treatment as may be required.

Signature of Psychiatric Caseworker

Signature of Patient

DATED: _____

APPENDIX C

INMATE NAME: _____

SOCIAL SECURITY NUMBER _____

CELL NUMBER _____

JAIL OR WORKHOUSE INTERVIEW FORM

PRE-TRIAL DATA: _____ DATE INTERVIEWED _____

TIME INTERVIEWED _____ A.M. _____ P.M. CHARGES _____

ATTORNEY _____ CO-DEFENDANT(S) _____

HAVE YOU BEEN ON BOND ON THIS CASE _____ YES-NO _____

POST TRIAL DATA:

DATE SENTENCED _____ SENTENCE _____

COURT _____ JUDGE _____ CONVICTION _____

TOTAL DAYS IN JAIL _____

SOCIAL HISTORY:

NAME _____ SEX _____ RACE _____

D.O.B. _____ AGE _____ PLACE OF BIRTH _____

ALIAS _____ HEIGHT _____ WEIGHT _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ HOW LONG AT ADDRESS _____

WITH WHOM _____

PAST CONVICTIONS

ARREST OR CHARGE	WHERE	DATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPENDIX C (Continued)

EVER ON PROBATION OR PAROLE _____ YES _____ NO PAROLE/PROBATION OFFICER _____

NUMBER OF TIMES ON PAROLE/PROBATION _____

WERE YOU VIOLATED _____ YES _____ NO REASON FOR VIOLATION _____

PREVIOUS ADDRESS _____ HOW LONG _____ WITH WHOM _____

LENGTH OF TIME IN DAVIDSON COUNTY _____

EVER AWAY FROM DAVIDSON COUNTY FOR ANY EXTENDED PERIOD OF TIME _____

WHERE WERE YOU _____

MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____

DIVORCED _____ COMMON-LAW _____

SPOUSE NAME OR GIRLFRIEND _____

ADDRESS _____ PHONE _____ NUMBER OF CHILDREN _____

CHILDREN OR BROTHERS AND SISTERS	AGE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHO WERE YOU LIVING WITH WHEN YOU WERE ARRESTED _____

DO YOU LIVE IN A () PVT. HOME () APT () DUPLEX () TRAILOR COURT

() HOTEL () ROOMING HOUSE () HOUSING PROJECT

DO YOU OWN YOUR HOME _____ YES _____ NO OR RENT _____ YES _____ NO. IF BUYING,

HOW LONG _____

APPENDIX C (Continued)

MOTHER _____ FATHER _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

EMPLOYER _____ EMPLOYER _____

OTHER RELATIVES WITH WHOM THERE IS CONTACT:

NAME _____

ADDRESS _____

PHONE _____

RELATION _____

ARE YOU PRESENTLY ENROLLED IN SCHOOL? _____ HIGHEST GRADE COMPLETED _____

NAME OF SCHOOL LAST ATTENDED _____

BRANCH OF MILITARY SERVICE _____ RANK UPON DISCHARGE _____

_____ EVER AWOL? _____ HOW LONG _____

HEALTH:

USE OF ALCOHOL: HEAVY _____ MODERATE _____ LIGHT _____ NONE _____

EVER TAKEN DRUGS? YES _____ NO _____ WERE YOU ADDICTED _____ YES _____ NO _____

TYPE OF DRUGS USED _____ WERE YOU EVER TREATED _____

WHERE _____ WHEN _____ DRUG COUNSELOR _____

_____ ARE YOU CURRENTLY UNDER DOCTOR OR HOSPITAL CARE _____

IF YES, WHERE _____ DOCTOR _____ PHONE _____

DO YOU HAVE ANY HANDICAPS OR DISABILITIES: YES _____ NO _____

HAVE YOU RECEIVED PSYCHIATRIC TREATMENTS: YES _____ NO _____

WERE YOU HOSPITALIZED YES _____ NO _____

COMMENTS: _____

EMPLOYMENT RECORD:

APPENDIX C (Continued)

WERE YOU EMPLOYED AT THE TIME OF ARREST? YES _____ NO _____

RECEIVING UNEMPLOYMENT COMPENSATION? YES _____ NO _____

HOW LONG EMPLOYED _____

PRESENT JOB:

EMPLOYER OR COMPANY _____ SUPERVISOR _____

ADDRESS _____ PHONE _____ WEEKLY WAGE _____

DATE LAST WORKED _____ LENGTH OF EMPLOYMENT _____

REASON FOR LEAVING _____

COULD YOU BE EMPLOYED AGAIN YES _____ NO _____

COMMENTS REGARDING EMPLOYMENT RECORD _____

VISITORS:

YOU CAN HAVE FOUR (4) VISITORS ONLY FROM YOUR IMMEDIATE FAMILY IN THE WORKHOUSEOR THREE (3) ADULTS FOR JAIL INMATES.

	NAME	AGE	ADDRESS	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

APPENDIX D

March 19, 1980

PSYCHOLOGICAL SCREENING REPORT

Tests Administered: Interview, WAIS-prorated, Rotter Incomplete Sentence Blank, House-Tree-Person, MMPI

INTERVIEW AND OBSERVATION:

The inmate was noted be a 39 year old caucasian male with a reported 12th grade education. At the time of the interview, the inmate was rather disheveled, needing a shave and appeared to be somewhat shakey. The inmate stated that he was charged with receiving and concealing stolen property; However, he denied the charge. He admitted having served an 11/29 sentence for receiving and concealing stolen property in the Workhouse three and one half years ago. The inmate stated his usual occupation was a butcher, however, he was currently working for a truck washing company.

The inmate related that he was divorced three years ago and has a step-daughter age 15. He denied any other marriages and denied any other children. It was noted that during the time of his marital break-up, the inmate received a gun shot wound in the leg from his wife.

The inmate appeared to be in contact and his affect was appropriate. He denied ever having treatment for mental problems and denied ever having treatment for drug and alcohol problems. He stated however, that his drinking habits were average; however, it was noted that he has had three charges of public drunkenness in the past and one D.U.I. charge. This is incongruent with average drinking habits. The inmate did not exhibit any evidence of distortion of reality in the interview.

PSYCHOLOGICAL TESTING RESULTS:

On the WAIS the inmate obtained a prorated Verbal I.Q. of 86; a prorated Performance I.Q. of 83; and a Full Scale I.Q. of 84. This would indicate that he is functioning in the "Dull Average" range of intellectual ability. Sub-test scatter suggests that his optimal capacity is closer to the Average Range. The inmate showed a more deficit performance on the similarity sub-test and the block design sub-test. This would suggest that he is a rather concrete oriented individual and that he may experience difficulty in orienting his behavior toward long term goals and is more likely to behave in a manner related to immediate gratification of needs. On the sentence completion test the inmate made redundant and recurrent references to his resentment toward the criminal justice system. He repeatedly indicated that his greatest desires are freedom and avoidance of jail; This occurred to the point of being perseverative. This suggests that the inmate is giving only answers which he carefully considers to be to his advantage. House-Tree-Person drawings were supportive of the WAIS impression of Dull Average Intellectual ability. However, no evidence of reality distortion was present. On the MMPI profile the inmate made an attempt to present himself in a socially approvable light. Both the Lie scale and K scale elevation suggest an attempt to not reveal evidence of any type of psychopathology. Hence, all clinical scales were of low elevation. Scale 8, 4, and 9 were elevated to T score 60. This would collaborate the inmate's history and interview impression of an individual with an enduring tendency to be involved in low key socially unacceptable behavior.

APPENDIX D (Continued)

Page -2-
Psychological Screening Report

Although very low elevation, the profile would suggest an individual who tends to be somewhat immature, hostile and exhibits a low tolerance for frustration. Alcohol abuse, poor work and marital adjustment and difficulty with authority figures are suggested.

SUMMARY:

In summary, the testing suggests an individual of Dull Average intelligence who does not exhibit evidence of mental disorder. The testing suggests an individual with enduring tendency to get into trouble with social mores. Routine processing is recommended.

APPENDIX E

PSYCHIATRIC CONSULTATION

The patient is a 21 year old white male who is quite thin and appears to be perhaps younger than his stated age. He states that he is in jail on a charge of armed robbery, he gives a history of having taken various things in the past. He expresses somewhat of a hopelessness about the future, indicated that he does not know how long he will have to serve in jail.

Clinically the patient is seen to be rather depressed, his face reflects and well as his affect. During the interview he begins to cry and states he frequently wants to cry but can not when he is around the other prisoners. In my opinion, this patient would benefit from an anti-depressant and I am therefore recommending Amitriptyline 100 milligrams at bedtime daily.

PSYCHIATRIST

APPENDIX F

PIERCE COUNTY JAIL CENTRAL INTAKE

Name _____ Interview Date/Time _____

AKA: _____ Booking Date/Time _____

Booking Charges	Cause No.	Booking No.	Bail
_____	_____	_____	_____
_____	_____	_____	_____

Probation _____ Parole _____ P/P Officer _____ Notified _____

PRIOR RECORD	Charge	Date	Place	Disposition	Verified	Defendant Info
1.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile:						
1.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

Verified ☐

Sex _____ Age _____ Ethnic _____ DOB _____ S.S. No. _____
 Address _____ How Long? _____
 Lives with/Relationship _____ Phone _____
 Previous Address _____ How Long? _____
 How Long in Pierce County? _____ Marital Status _____ Children? _____ Residing With _____

Family References	Name	Address	Phone	Relationship
_____	_____	_____	_____	_____

Community References

EMPLOYMENT

Verified ☐

Employer _____ Address _____
 Phone _____ Job Title _____ How Long? _____
 Previous Employer _____ Address _____
 Phone _____ Job Title _____ How Long? _____

EDUCATION

Verified ☐

Currently Enrolled? _____ How Long? _____
 Contact Person _____ Highest Grade Completed _____ Trade School? _____

MILITARY

Verified ☐

Active _____ Contact Person _____ Phone _____
 Branch _____ Type of Discharge _____ Dates _____ to _____

MEDICAL

Verified ☐

Current Medical Problems _____ Medication _____
 Physician _____ Phone _____

MISD. PR Met Criteria? Yes ☐ No ☐ Released Yes ☐ No ☐ Court Date/Time _____

FINAL COMMENTS

Disposition Information (For Central Intake Use Only)

Screened _____ Reviewed By _____
 Phone: 593-4903

Z-1397

APPENDIX F (Continued)

PIERCE COUNTY JAIL CENTRAL INTAKE

FINANCIAL STATEMENT

Name _____ Sex _____ Age _____

Marital Status _____ No. of dependents _____

Monthly Income		Assets		Monthly Liabilities	
Salary	\$ _____	Cash	\$ _____	Alimony & Child Support	\$ _____
Spouse's Salary	\$ _____	Vehicles Worth (Type)			
Other:		1. _____		Bank Loans	_____
_____	_____	2. _____		Vehicle Payment	_____
_____	_____	Property Owned (Where)	_____	House or Rent	_____
		_____		Other	
		Insurance Cash Value	_____	_____	_____
				_____	_____
Total Income	\$ _____	Total Assets	\$ _____	Total Payments	\$ _____

Comments:

I certify the foregoing is true to the best of my knowledge and belief.

Date _____ Signed _____

Z-1232 Witness _____

APPENDIX F (Continued)

PIERCE COUNTY JAIL CENTRAL INTAKE SERVICES

CONFIDENTIAL FORM:

The following information is confidential and is collected for the purposes of determining eligibility for Diversion Programs and/or In-Jail Social Services. As such it is protected by Federal Confidentiality Regulations.

Name _____ Booking Date _____

Booking Charges _____

SUBSTANCE ABUSE

A. Alcohol Type _____ Frequency _____ Duration _____

Currently in treatment _____

Interested in treatment _____ Yes _____ No

Comments (degree of toxicity, BA level, etc.): _____

B. Drugs Type _____ Frequency _____ Duration _____

Currently in treatment _____

Interested in treatment _____ Yes _____ No

Comments (degree of toxicity, etc.): _____

MENTAL HEALTH

Current emotional difficulties? _____

In Counseling? _____ Contact: _____

Past Counseling? _____ When _____ Where _____

Hospitalization? _____

Reason _____

Comments: _____

FAMILY PROBLEMS

Is your family experiencing problems due to your incarceration?

Nature of problem _____

Contact person/Relationship _____ Phone _____

CONSENT FOR DISCLOSURE

I, _____, hereby consent to the release of information contained on this confidential form by Central Intake Services to Pierce County Jail Social Services and/or _____. This authorization shall be operative for 90 days from the date of signature hereof, or until the final disposition of my criminal charges. This consent is given voluntarily and may be revoked by me in writing at any time.

Date _____ Signature _____

Witness _____

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500.00, in the case of a first offense, and not more than \$5,000, in the case of each subsequent offense.

APPENDIX F (Continued)

PIERCE COUNTY JAIL CENTRAL INTAKE

MISDEMEANANT PR

YES NO

Recommendation _____ Yes

I.D.

Employment/Residence

Community Ties

Record of FTA's

Detention Necessary

Comments:

Booking No. _____ Date _____ Time _____

LESA Employee No. _____ Screener _____

CLASSIFICATION

Custody Level Recommendation

Comments

____ Minimum _____

____ Medium _____

____ Maximum _____

Housing Assignment: _____

Name _____ Screener _____ Z-1466

PIERCE COUNTY JAIL CENTRAL INTAKE

Name _____ Booking No. _____ Date _____

Physician _____

	Medical Problem	Medication	How Often	Problem Onset	When last seen by Physician
M E D I C A L	1. _____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____
	5. _____	_____	_____	_____	_____

SCREENER COMMENTS:

Signature _____
 Z-1423

Witness _____

APPENDIX G

MOTION FOR PRETRIAL EVALUATION

FORM 12

IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS

STATE OF KANSAS

Plaintiff

vs.

Case:

Defendant

MOTION FOR PRE-TRIAL EVALUATION

Comes now the District Attorney/Defense Attorney and
moves the Court for an order for a pretrial investigation to be conducted
by the Court Services Program. This program may test, evaluate, interview
and gather criminal records or any other pertinent information necessary to
determine the mental and physical capacity of the defendant.

Defendant's Attorney

Assistant District Attorney

Dated this _____ day of _____, 19____.

APPENDIX H

ORDER FOR PRE-TRIAL EVALUATION

IT IS THEREFORE ORDERED:

That the defendant _____
should be evaluated by the Court Services Program and that a confidential
report of this evaluation should be made of the findings to the Court.

Judge of the District Court
Wyandotte County, Kansas

Defendant's Attorney

Assistant District Attorney

Dated this _____ day of _____, 19____.

APPENDIX I (Continued)

EMPLOYMENT

PRESENT _____ ADDRESS _____

Phone _____ Title _____ Salary _____

How Long _____ Can you return to job _____

TOTAL JOBS IN LAST TWELVE MONTHS _____

TOTAL YEARS EMPLOYED _____

JOB EXPERIENCE _____

JOB TRAINING _____

Employment Point Scale

- 4* = Present job one year or more
 - 3* = Present job four months..OR..present & prior 6 months
 - 2* = Present job one month
 - 1* = Current job.... OR unemployed 3 months or less with 6 months more on prior job
- OR receiving unemployment compensation or welfare
OR supported by family

(* Deduct 1 point from first three categories if job is not steady or if not salaried, if defendant has no investment in it)

Verified _____ Total Points _____

PRIOR RECORD

JUVENILE CONVICTIONS _____ (List Charge, Disposition, Where & When, Probation Officer)

ADULT CONVICTIONS _____ (List Charge, Disposition, Where & When, Probation Officer)

OTHER PENDING COURT CASES _____

Prior Criminal Record Scale

- 3 = No convictions
- 2 = No convictions in last year
- 1 = Misdemeanor convictions in last year
- 0 = One felony conviction
- 1 = Two or more felony convictions
- 3 = Convictions of crimes against persons
- 5 = Convictions of crimes against persons within last year

Verified _____ Total Points _____

TOTAL POINTS _____ (Includes Residence, Family/Community Ties, Employment & Record)

NEEDS ASSESSMENT:

OBSERVATIONS:

APPENDIX J
ORDER FOR INPATIENT HOSPITALIZATION AND EXAMINATION

IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS
Criminal Division

STATE OF KANSAS,

Plaintiff,

vs.

Defendant.

No.


FILED
SEP 23 1977
CLERK DIST. CT. WY. CO. KS
BY _____

ORDER

Now on this 22nd day of September, 1977, comes on for hearing the defendant's Motion for an order committing him to an appropriate state institution for psychiatric examination with respect to his competency to stand trial. The plaintiff, having been duly notified of these proceedings, appears by and through _____, duly appointed Deputy District Attorney for the 29th Judicial District. The defendant appears in person and by his Court-appointed counsel,

The Court, after hearing evidence in this case, finds that pursuant to K.S.A. 22-3302, the defendant should be confined to the State Hospital at Osawatomie, Kansas, for a period of not more than sixty (60) days for the purpose of psychiatric examination, and for the authorities of that institution to inform the Court whether or not, because of mental illness or defect, the defendant is able, first to understand the nature and purpose of the proceedings now pending against him; and second, to make or assist in making his defense in the case.

The Sheriff of Wyandotte County, Kansas, will transport the defendant to the above-named institution upon receipt of this Order.



Associate Judge
Judge _____ of the District Court,
of Wyandotte County, Kansas, Div. 2 & 3

APPENDIX K

ORDER FOR CONTINUED HOSPITALIZATION AND TREATMENT
FOR COMPETENCY TO STAND TRIAL

IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS

FILED
JUN 11 1980

STATE OF KANSAS

CH. DIST. CT. WY. CO., KS.
DEP.

vs.

Case No.

ORDER FOR TREATMENT

Now on this ____ day of _____ this matter comes
for hearing on the motion of defendant for an order of treatment
at Osawatomie State Hospital. The defendant appears by and
through his attorney, _____ The State appears by

Assistant Wyandotte County District Attorney.

Director of Wyandotte County Court Services also
appears.

And the Court, being well and fully advised in the
premises, and after examining the papers and pleadings filed
herein, and hearing the statements of Dr. _____ finds:

- 1) That defendant is a mentally ill person;
- 2) That the order entered on _____ committing
the defendant to the Osawatomie State Hospital for evaluation and
report to the Court within 60 days should be modified to permit
treatment of the defendant until the treatment prescribed by the
staff of said hospital shall be completed;
- 3) That upon completion of the treatment by the staff
of said hospital, a report of such treatment shall be submitted to
Director of Court Services, together with any
recommendations for further or continued outpatient treatment.
- 4) That upon completion of the treatment by the
Osawatomie State Hospital, the defendant shall be turned over
to the custody of the Sheriff of Wyandotte County, Kansas, or at
such earlier time, if the defendant refuses treatment or leaves
the hospital without authority.

IT IS SO ORDERED.

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.

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