

AN EVALUATION OF THE
YOUTH DIAGNOSTIC CENTER AT LORTON

NCJRS

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ACQUISITIONS

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By

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The Youth Diagnostic Center at Lorton has the function of performing presentence evaluations (5101e studies) on youths committed under the Federal Youth Corrections Act (Y.C.A.). The Diagnostic Center is necessarily dependent upon other organizations, most notably the courts, the Parole Board and the Youth Center for its effectiveness. Therefore, this evaluation will consider the operations of the Diagnostic Center per se as well as the context within which it currently operates. The Diagnostic Center will be evaluated as a whole, since it is not possible to separate the portion of the Diagnostic Center funded by the Office of Criminal Justice Plans and Analysis (OCJPA) from the remainder funded by the Department of Corrections.

METHODOLOGY

The Diagnostic Center was evaluated with respect to 1) its success in reaching stated goals 2) the quality of the staff and their evaluation efforts 3) the Center's impact on and relationship to other systems closely involved with the diagnostic process. This information was obtained by 1) a perusal of OCJPA and Diagnostic Center records regarding the historical, financial and legal issues involved as well as the outcomes in terms of recommendations and concurrence with these recommendations from the Parole Board and the courts, 2) interviews with and observations of the Diagnostic Center staff, 3) perusal of the recommendation reports made by Diagnostic Center staff, 4) observation of Classification Committee procedures, and 5) interviews with the Director of Planning for the Superior Court and a member of the Parole Board. Descriptions of the historical development and current functioning of the Diagnostic Center are included to acquaint the reader with the rationale for and the operations of the Diagnostic Center.

HISTORY

Prior to 1968, evaluation studies were rarely ordered for youthful offenders in the District of Columbia. In 1968, requests for evaluation studies from the courts increased rapidly; this trend has continued up to the present time.

In 1971, the decision of the U.S. Court of Appeals in the Waters case required the sentencing judge to provide a written statement, with factual support of the reasons involved, for imposing an adult sentence on any youthful offender. A memorandum from Judge Gesell in December, 1971, noted that the statute does not require 5010e studies in every case, but that correctional authorities recommended the use of such studies, and both the U.S. District Court and the Superior Court have adopted a policy of requiring such studies. It was stated in this memorandum that the 5010e report contains psychological and other data not customarily found in presentence reports, and that these reports would be beneficial for determining whether or not the necessary treatment and rehabilitative services could be provided.

Until the opening of the Diagnostic Center, the staff of the Youth Center were required to perform 5010e evaluations. As 5010e studies increased, the Youth Center staff became so burdened with this responsibility that there was almost no time available for treatment and rehabilitation efforts. In addition, there were serious problems of overcrowding at the Youth Center. By December of 1971 the Youth Center facility was well over its capacity of 350, and 130 additional youths were awaiting or undergoing evaluation studies in the D.C. jail (youths can no longer be held in the D.C. jail while awaiting or undergoing 5010e studies).

In order to meet the overpopulation crisis and to facilitate the provision of evaluation studies, the following steps were taken: 1) Misdemeanants,

which had previously composed about 40% of the Y.C.A. commitments, were no longer to be sentenced under Y.C.A., but were to be sent to the minimum security facility at Lorton. Currently about six percent of the 5010e studies involve misdemeanants. 2) The Federal Bureau of Prisons agreed to take and evaluate up to seventy-five youths who had committed federal offenses. 3) The Rehabilitation Center for Alcoholics was transformed into Youth Center #2, which has a capacity of 250, in May of 1972. 4) The Youth Diagnostic Center received OCJPA funds in December of 1971. This last step permitted the establishment of a facility for evaluating youths separate from the Youth Center, and allowed the Youth Center to pursue its original function of rehabilitation unhampered by demands for classification studies.

The initial stated goals for the Diagnostic Center included:

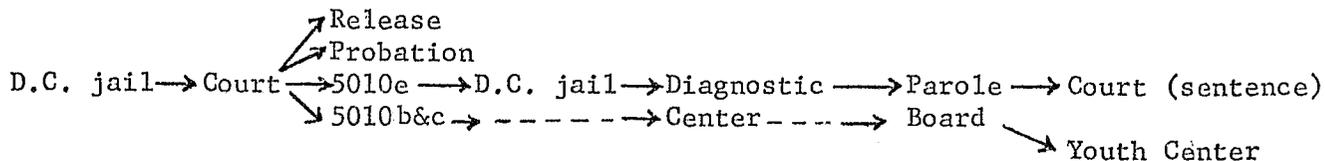
- 1) assuming the presentence diagnostic evaluation responsibilities formerly designated to the Youth Center, thus reducing overcrowding and facilitating treatment at the Youth Center,
- 2) decreasing the time required to perform evaluation studies, and
- 3) increasing the effectiveness of the criminal justice system by providing more staff and time to evaluate the individual in his environment.

In mid-1972, the responsibility for evaluating youths who were sent directly to the Youth Center without an evaluation study (5010b and c cases) was designated to the Diagnostic Center.

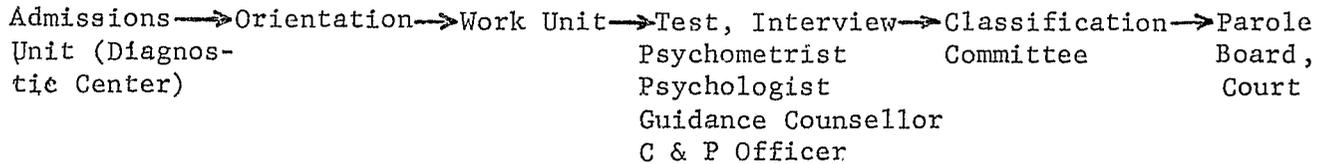
FUNCTIONING OF THE DIAGNOSTIC CENTER

Description

The typical procedure involved in a 5010e study is illustrated below:



The process within the Diagnostic Center is illustrated below:



The process from a 5010e commitment to sentencing generally takes about sixty days. The Diagnostic Center generally receives the youth about one week after he is first seen at the court. The evaluation process takes from 35-40 days, following which the reports must be written and typed. The reports of the C & P Officer, the Psychologist and the Classification Committee are then submitted to the administrator of the Youth Center for endorsement, who in turn sends them to the Parole Board. The Parole Board reads the report and relays it to the courts together with their separate recommendations. Generally, youths are held at the Diagnostic Center until they appear in court for their sentence, which is shortly after the court receives the material from the Diagnostic Center and the Parole Board. In the event that the Diagnostic Center is overcrowded, the youth is generally sent to Youth Center #2. If Youth Center #2 is also overcrowded, youths are returned to the D.C. jail between classification and sentencing (this practice had not occurred until the week of April 23-26, 1973, when 18 youths were returned to the jail.) Youths are housed in the admissions unit, which is on the Youth Center grounds but operates separately from the Youth Center, while undergoing evaluation.

During the first week at the Diagnostic Center, youths are given a two hour orientation in which the rules and expectations of the Diagnostic Center are explained by a correctional officer. The administrator of the

Diagnostic Center explains the Diagnostic process and the reasons for their placement at the Center, indicates the programs and procedures which can be expected during their stay at the Diagnostic Center as well as the vocational,¹ educational² and rehabilitation³ programs offered at the Youth Center (about half are later sentenced to the Youth Center), explains how the court system operates, and gives a pep talk in which the practical reasons for acquiring a higher reading level are enumerated. Youths are then assigned to work units in which they perform menial tasks such as building maintenance or kitchen work. These work programs are designed in part to permit observation of the youth's capacity to handle the responsibilities of a work situation, including being able to deal with a supervisor and to cooperate with peers. Youth Center programs are not available to youths undergoing evaluation because these programs are not as suitable for observation purposes and the time period allowed for evaluation is too brief for the training and educational programs to be of much value.

1. Vocational programs at the Youth Center consist of 1) training programs in which an attempt is made to teach the youth the basics of a trade and 2) trade-related programs which involve no formal training. The training programs include: printing, auto mechanics, welding, building trades (carpentry), and barbering. Trade-related programs include landscaping, plumbing, radio and TV repair, brick masonry, painting, electrical, clerical and food service training. In trade-related programs the youth assists with institutional work in his assigned area when needed (e.g., assisting in repairing Youth Center pipes). Youth Center #2 is just beginning to develop vocational and educational programs; currently they have no programs to speak of. Attempts are made to send parole violators who have been through a program, very dull and college level youths to Youth Center #2 (bright students are bussed to higher education programs).

2. More than half of the youths are placed in a G.E.D. or remedial education program. These youths usually spend half a day in school and half a day in vocational training.

3. The psychologist and C & P Officer in the dormitory give group therapy about once a week to small groups. Psychologists also give individual therapy. Most youths receive some form of therapy at the Youth Center.

The Diagnostic Center is staffed by one administrator, three psychologists, four Classification and Parole Officers (C & P), one psychometrist, one vocational guidance counsellor and two clerk-typists (one additional clerk-typist position is unfilled). All staff members must satisfy Civil Service hiring standards, regardless of the source of their funding. The staff work together as a team in arriving at their recommendations.

The following information is routinely obtained for all 5010e studies:

- 1) Group tests of intelligence (verbal and non-verbal) and academic achievement are administered by the psychometrist (Otis, Beta, SAT). If large discrepancies occur between the verbal and non-verbal scores, the Wechsler Adult Intelligence Scale (WAIS) is administered by either the psychologist or psychometrist. The WAIS is given about thirty percent of the time. The psychometrist gives his test results to the psychologist for interpretation.
- 2) Group tests of vocational interests and aptitudes are administered by the vocational guidance counsellor (Minnesota Paper Form Board, California Picture Interest Inventory). He also interviews the individual and provides vocational and educational counselling. The guidance counsellor's report is submitted to members of the Classification Committee, who may include the results in their reports.
- 3) Individual Personality tests (Rorschach, House-Tree-Person), brief screening for organicity (Bender) and an interview are conducted by a psychologist. When warranted, additional personality tests such as the Thematic Apperception Test are given, although this seems infrequent. The WAIS, which may be given by the psychologist or psychometrist, is used for a more thorough assessment of the youth's intellectual strengths and weaknesses as well as for personality assessment and organicity indicators.

The psychologist's report incorporates results from the psychometrist and guidance counsellor. Most recommendations from this report include some form of therapy or counselling. If the youth is seen as needing immediate assistance in adjusting to the Diagnostic Center or in handling his personal problems, he is counselled, given individual psychotherapy and/or admitted to the hospital or adjustment unit if segregation seems necessary. Individual psychotherapy is fairly infrequent at the Diagnostic Center. Each psychologist has a caseload of six or seven cases to be tested per week. Decisions to see a youth in individual psychotherapy are made by the testing psychologist.

4) The C & P Officer interviews the individual, makes at least one home visit (if indicated, the youth's parents and wife or girlfriend may be contacted) and obtains his previous records. The C & P Officer obtains these records by going to the juvenile and adult courts, the police department, and any other corrections or mental institutions or programs the individual was previously involved with. Previous employers are generally contacted by telephone and an employer questionnaire is then sent to at least three former employers whenever possible (these forms are frequently not returned by the time of classification). The school(s) attended by the individual are contacted for information on his behavior and academic performance. Personal visits are made to the school whenever telephone contacts do not suffice, which is about forty percent of the time. Reports on the youth's adjustment in the dormitory and in the work unit are obtained from the dormitory and work supervisors and are incorporated into the C & P report. C & P Officers generally spend at least half of their time in the field. Their caseload varies from ten to twenty cases per three week period (this seems to be increasing recently).

5) The Classification Committee, consisting of the administrator of the Diagnostic Center, the psychologist and the C & P Officer assigned to the case, meet to discuss the results of the tests, interviews and record gathering and to determine recommendations. They then meet with the youth under study to convey and discuss the findings and recommendations. Classification Committee reports generally include a brief summary of the individual's family history, criminal history, general demeanor, psychological strengths and weaknesses, intellectual level and his skills and aptitudes for various general areas of work. The sentence and/or treatment felt to be most appropriate is recommended together with the rationale for this recommendation. Recommendations are generally not made to specific vocational programs since the youth may not be sentenced to the Youth Center and the programs may not be available when he does return.

The process of evaluating sentenced youths (5010b and 5010c) is similar except that home visits are often not done until after classification. The recommendations in these cases are specific about the appropriate educational, vocational and rehabilitative programs for this individual.

The Diagnostic Center is considered to be a support service, and as such is directly responsible to the Assistant Director for Operations under the Department of Corrections, rather than the Youth Center administration. This semi-autonomous arrangement allows for a certain amount of flexibility together with a cooperative relationship with the Youth Center. The Diagnostic Center is funded by the Department of Corrections, which provides approximately two-thirds of their funding for staff and equipment, and by the OCJPA, which provides emergency funds for approximately one-third of their staff and other expenditures. OCJPA

provided \$80,000 for FY 1972. The grantee has just received \$55,925 for FY 1973.

Trends and Concurrence of Recommendations

The Diagnostic Center began conducting 5010e studies in January of 1972. During the first year of operation, 598 5010e studies, 57 5010b and c studies and two 4208 (adult) studies were completed (an average of 50 studies per month). The monthly commitment rate for all studies was roughly similar with the exception of August, which is low due to vacations. However, the type of commitment changed. From the latter part of 1972 until the present, the number of 5010e studies declined; 5010b and c studies were instituted in September, 1972 and have increased proportionally so that the total monthly commitment rate is unaffected. In March of 1973, two adult cases (4208) were also evaluated at court request. Summary data indicating the number and type of recommendations and sentences per month are available for all but the first two months of operation (January and February, 1972), when the Center was not fully staffed.

Due to overcrowding at the Youth Center in the early part of 1972, there were a relatively large number of 5012/4208 recommendations, which indicated that the youth could benefit from the Youth Act but since facilities were scarce, it was recommended that he be sentenced as an adult. This recommendation was discontinued as the overpopulation problem eased; there was also some confusion regarding whether the Diagnostic Center was charged with making specific sentencing recommendations, or was to simply indicate in a more general way the appropriate treatment.

Probation was recommended more often before October, 1972 (7.6% for adult probation, 8.3% for Y.C.A. probation) than after October 1st (2.6% and 4.0% respectively). This may be due to chance or it may reflect a

general tightening up on the practice of early release (termed by some as the revolving door policy). The Parole Board has been giving longer set-off times during the last year or two, feeling that the short incarceration period was quite ineffective in rehabilitating youths sentenced under Y.C.A. The following chart indicates the number of cases committed and their subsequent recommendations and sentences. March through May of 1972 are analyzed separately from June through March of 1973 because of the peculiarity of having more adult and fewer Y.C.A. cases. The sentencing data in the following table must be interpreted with caution, since there is a gap of approximately one month between the classification committee recommendations and the actual sentence.

Classification Committee Recommendations

5010e committed	5010 b&c ordered	5010e Studies completed	<u>Classification Committee Recommendations</u>							
			Adult	Probation	5010a	Work Release	NARA II	Y.C.A.	Psychiatric Care	Other
March-May(72) 175	0	159	80 (50.3%)	12 (7.5%)	16 (10.1%)	11 (6.9%)	10 (6.3%)	29 (18.2%)	0	1 (.6%)
June-March (73) 433	55	460	150 (32.6%)	24 (5.2%)	26 (5.6%)	14 (3.0%)	37 (8.0%)	197 (42.8%)	9 (2.0%)	3 (.7%)
Total ⁴ 608	55	619	230 (37.2%)	36 (5.8%)	42 (6.8%)	25 (4.0%)	47 (7.6%)	226 (36.5%)	9 (1.5%)	4 (.7%)
Total Sentenced 612			184 (30.1%)	80 (13.1%) ⁵		26	11 (1.8%)	330 (53.9%)	1 (.2%)	—

4. Cases committed (97) and completed (90) in January and February of 1972 are not included, since data on sentence recommendations are not available.

5. No data are available on 5010a sentences (Youth Act probation). It appears that Y.C.A. and adult probation data have been combined in these sentencing records.

6. Data on work release sentences appears to be incomplete.

The Diagnostic Center collected concurrence data on 100 cases in the fall of 1972. The concurrence between the Parole Board and the Diagnostic Center was 85 percent; the court sentence and the Diagnostic Center were in agreement 76 percent of the time. Looking at the time period between March 1972 and March 1973, court disagreement with Diagnostic Center adult and Y.C. A. recommendations appears to be primarily due to the characteristics of the particular case, with only a slight tendency for more leniency

on the part of the court. In reviewing the 100 cases, the largest number of recommendations were for Y.C.A. (44), for which there was a high level of agreement between all agencies (see table below). There were 33 Adult recommendations. The Parole Board changed three and the courts eight to less serious recommendations or sentences. Combining the four adult and six Y.C. A. recommendations for probation, the Parole Board opted for more severe recommendations on five cases and the court did the same on three cases. There were eight recommendations for NARA II (Narcotic Addict Rehabilitation Act), five of which the Parole Board rejected and six of which the court changed. This is consistent with the overall rejection rate of NARA II recommendations throughout the Diagnostic Center's existence. Psychiatric Care was seldom recommended (three out of 100 in this sample and 1.5 percent overall) and even less often concurred with by the Parole Board or the courts (out of nine cases recommended from March 1972 to the present, only one case was sentenced to a psychiatric facility.

Summary data on work release sentences is incomplete for the total time span, but a review of the concurrence data for 200 cases suggests that work release was recommended considerably more often than it was received as a sentence.

Concurrence data for the first 100 cases in 1972 was very similar to the fall, 1972 concurrence data, which suggests that the above-mentioned trends regarding recommendations and sentences are fairly consistent. The only observed difference between these two time periods was that the Parole Board was somewhat more likely in early 1972 than in the fall of 1972 to recommend a more serious sentence than the Classification Committee, although the percentage and type of concurrences between the Parole Board, the court and the Classification Committee was almost identical.

CONCURRENCE DATA

(September, October 1972)

<u>Recommendations</u>	<u>Classification Committee Re- commendations</u>	<u>Parole Board Changes</u>	<u>Court Changes</u>
Probation	4	Y.C.A. (1)	Y.C.A. (2)
Y.C.A. proba- tion	6	Y.C.A. (2), Adult (1) Work Release (1)	Adult (1)
Y.C.A.	44	Adult (1)	Adult (1), Proba- tion (1)
Adult	33	Y.C.A. (3)	Y.C.A. (7), probation (1) NARA (1)
Work Release	2	---	probation (1)
NARA II	8	Y.C.A. (3), Adult (2)	Y.C.A. (3), probation (1) Adult (2)
Psychiatric Care	3	Adult (2)	Adult (3)
<hr/> Total	<hr/> 100	<hr/> 16	<hr/> 24

In summary, it seems that the three agencies are largely in agreement, but when disagreement occurs, it results in changing adult recommendations to Y.C.A., probation to a sentence, and NARA II, Psychiatric care and Work Release to Youth or Adult sentences.

Youths sentenced to NARA II are usually sent to Milan, Michigan where they undergo evaluation to determine whether they are a "certified addict" and whether they can benefit from their drug rehabilitation program. Among the many possible reasons for the high rejection rate for NARA II recommendations are (1) The Classification Committee may not have considered the legal requirements in recommending this sentence and the youth may not have

been eligible (2) Facilities tend to have few openings, and given that approximately 50 percent of those sentenced to NARA are rejected after evaluation by the program or the youth himself, judges may be highly selective regarding sentencing an individual to NARA, (3) Youths or their counsel may be reluctant to take this option, since it entails a very lengthy and strict parole period. A more common alternative would be to seek probation or a Y.C.A. sentence and as a term of probation to be a participant in a local drug treatment program (N.T.A.), (4) Judges may be unfamiliar with the drug programs associated with a NARA II, since none of these programs are local.

Psychiatric care, which implies sentencing to a psychiatric rather than a correctional institution, is not a common recommendation. Psychiatric facilities are seriously overcrowded, and most of these facilities cannot handle significant numbers of people who may require security precautions. In addition, the process for commitment to a psychiatric institution is cumbersome. If the Classification Committee recommends psychiatric care and the court agrees, the youth is sent to D. C. jail, then to Forensic Psychiatry for another evaluation, and is finally sent to a psychiatric facility or back to the Youth Center, where he must be reevaluated. In principle, psychotic cases should have been discovered prior to conviction, and people with moderate psychological disturbances can, if sentenced to the Youth Center, receive either group or individual therapy. The above-mentioned factors may exert some influence in decisions regarding sentencing individuals to psychiatric care.

ANALYSIS AND RECOMMENDATIONS

Stated Goals

1. The transition from the Youth Center to the Diagnostic Center being responsible for pre-sentence evaluations was made with no difficulty. The goals of reducing overcrowding at the Youth Center and freeing their staff for rehabilitation efforts were accomplished.

2. It is unclear whether evaluation time has been reduced. Both agencies were required by the courts to complete the evaluations within 60 days, and they both appear to have done this.⁷ This objective is difficult to evaluate since the number of cases has risen steadily since 1968; the staff did not increase proportionally, but instead reallocated their time to meet these demands.

3. Youths have been evaluated more thoroughly at the Diagnostic Center than formerly at the Youth Center. In particular, home visits are routine, whereas they formerly were infrequent, schools are visited 40 percent of the time, which is also new, and vocational interests and aptitude tests are administered. It is unclear whether the effectiveness of the criminal justice system has been increased, since it is not possible to obtain recidivism data on these youths, the Diagnostic Center having been in existence slightly over a year. However, the Diagnostic Center has attempted to provide a comprehensive picture so that legal decisions may be based on full knowledge of the circumstances and history of the individual, rather than simply on his criminal record.

⁷The recent court reorganization lessened the time from conviction to sentencing, particularly in the District Court.

Staff

The Diagnostic Center staff appears to be quite qualified and energetic in their efforts to provide a thorough evaluation. The staff seems to work very cooperatively with each other, even though they have diverse approaches, and to make informal efforts to familiarize each other with the respective functions and approaches involved in their particular profession. There is no formal staff training process. This might be useful for new members, and more senior staff might profit from observations of other diagnostic and related agencies. The Center's evaluation process is considerably more extensive than normal; the wide range of tests, extensive home and other on-site visits and the rather strict procedures followed in consistently obtaining these measures are unusual, and reflect a fairly high degree of staff organization and motivation. The data gathered by the Center's staff are clearly sufficient. Gathering concurrence data is necessary to determine whether the evaluations are being utilized; this data should be gathered periodically as a monitoring device.

The staff has been able to function under somewhat austere conditions; five of the staff operated from trailers until mid-April 1973, and there are almost no institutional "frills" such as travel allowances, xerox machines or state cars. They tend to be knowledgeable and to use their ingenuity to improve their evaluations (e.g., one of the C & P officers devised an employer questionnaire which is quite useful).

While the time involved in a Diagnostic evaluation is rather extensive, with the present staff level, there is no apparent way of significantly reducing it without undermining quality (it may be desirable to have this much time for observation at the Youth Center regardless of the feasibility of reducing evaluation time). The staff not infrequently works overtime;

with the present workload, it would be desirable to increase staff members on all levels. Various members of the staff felt that a commitment rate of 10 cases a week would be quite manageable, but that the current rate of from 10 to 20 was difficult.

Interviews and other indications suggest that the reports are read and are generally considered to be useful to the courts, although some Diagnostic Center staff were not so clearly of this opinion.

However, the following modifications might enhance their utility to the courts and the Parole Board:

1. Summaries of the dormitory and work behavior of the individual while at the Diagnostic Center could be more detailed. Currently, these reports are often sketchy or even non-existent. They could help provide a more practical feel for the current functioning of the individual under study.

2. Recommendations regarding the most appropriate forms of treatment could be more specific. Recommendations regarding treatment in the psychiatric report are not always contained in the Classification Committee report, which as a summary report is probably the most frequently read. Mention of vocational, educational and/or rehabilitation programs which the individual might have some success with could be added. Summary and recommendation sections should be clearly labelled as such. A minor point is that statements about the youth's drug history are sometimes unclear as to which drug he is using, the extent of his drug use and whether he is currently or was recently actively using them.

There appears to be some confusion between the Parole Board, the courts and the Diagnostic Center as to the Center's role in making recommendations regarding a specific sentence and a particular vocational or other

program. Misunderstanding appears to occur due to the fact that the Diagnostic Center is not a recommending board per se, and yet it has more access to information about the youth and about the Youth Center's programs than the other agencies involved. Differences in expectations should be clarified (see recommendation #7).

3. Written information about youth's conception of himself is often limited. Reports could contain more information regarding his views about his problems, his goals and if and how he sees being able to use the Youth Center or other services to meet his needs.

4. Communication between the Diagnostic Center and the Youth Center regarding the programs which are currently available could be increased so that recommendations can be carried through as expected. The Parole Board, the courts and the individual should be aware of the nature of these programs so that expectations are realistic. It is not expected that the Center will be able to recommend suitable programs with perfect accuracy, since there may be no programs available which fit the individual interests and aptitudes, and, even if available, the youth may be sent to Youth Center #2 rather than Youth Center #1.

5. There is no method other than informal contacts for discussing whether the Diagnostic Center recommendations are followed by the Youth Center staff after sentencing (the chief C & P officer in each Youth Center dormitory is responsible for reclassifying the youth for available programs after sentencing). Judges assume that recommended programs are followed, and the Center staff feel that this is generally the case. However, it is quite possible for a youth to be assigned to Y.C. #2, which has virtually no programs, when he was recommended for vocational training, or for a youth to be assigned to a training program other than the one he might benefit from

because that program was filled. It would be desirable to have a monitoring system regarding the outcome of recommendations within the Youth Center, although with the present staff level this may not be possible.

6. Certain types of treatment are difficult to obtain and it is often difficult to know when recommendations other than sentencing recommendations have been followed. Commitment to programs or institutions which provide treatment for drug addiction or psychiatric disturbances are rare. The Diagnostic Center would not be likely to know whether recommendations for drug treatment at a local facility have been carried out. Neurological examinations are rare, even though the incidence of suspected neurological problems is much higher.

7. The Parole Board, the courts and the Youth Center could provide more feedback to the Diagnostic Center. This would result in less misunderstanding as well as enhance the feeling of usefulness on the part of the Diagnostic Center staff. Easier access to the opinions of these institutions regarding their expectations, what they find useful and what not, discussions about disagreements in approach or recommendations and more feedback about outcomes is necessary to monitor the effectiveness on all sides, improve staff morale, and shape recommendations. All of the professional staff should have the opportunity to be involved in sharing their views of the process and problems. This might be arranged either formally or informally.

8. The funding pattern provides some problems in that staff funded by OCJPA funds are not automatically entitled to the same benefits as staff funded by the Department of Corrections, including periodic step-raises. This necessitates some undesirable alternatives, such as 1) cutting other expenditures, which are already quite low, 2) leaving positions vacant to

provide these benefits for others (this has occurred in one instance) or 3) risking staff losses due to salaries which are not competitive. In addition some of the current staff were hired at G.S. levels lower than the levels initially applied for. The current staff seems quite competent, but it may be difficult to retain them at these lower levels, and, if vacancies occur, it may not be possible to refill these positions at these lower G.S. levels. The practice of refunding for staff positions at the current G.S. levels imposes constraints on hiring and keeping a full and competent staff.

Future Plans and Recommendations

The Diagnostic Center currently provides evaluations for all youths on whom 5010e studies have been ordered as well as all new youths committed to the Youth Center without an evaluation study. The short-term goal is to provide evaluations for all youths committed to the Youth Center.

The long-term goal calls for expansion of the Department of Corrections' diagnostic capability. At the present time, adult males receive comparatively little evaluation. Women who commit felonies are sent to Alderson, West Virginia, where they are evaluated. Women who have committed misdemeanors are currently sent to the Women's Detention Center, which has no diagnostic capability. By 1974, it is hoped that the evaluation unit at Lorton can be expanded by the addition of six more staff members so that all young (male) adults up to the age of thirty can be evaluated. By 1976, when the new detention center should be completed, the diagnostic units at the Youth Center and Lorton will be dissolved and all individuals committed to the D.C. Department of Corrections will be evaluated at the detention center.

Future evaluations should take into account the full range of the agencies which the offender encounters in a more systematic, in-depth manner.

The best recommendations are useless if they are not or cannot be followed. At this point, there is no data on whether having an evaluation study or being in a particular treatment program has any impact on the eventual outcome for an individual. Data should be gathered on whether or not recommendations are carried out, as well as whether or not participation in a particular treatment program actually makes any difference in the course of an individual's life after treatment. If thorough knowledge of an individual and careful planning for his rehabilitation do not make any impact, the recommendations, the treatment facilities and the parole practices should be closely examined to discern the reasons for the failure and to suggest more effective alternatives.

Recidivism should be studied after the Diagnostic Center has been functioning long enough to expect adequate data on this. Youths who have similar records and who have committed similar crimes should be studied with respect to their disposition, their course in the Youth Center or other programs, and their eventual outcome. A careful analysis of the patterns or changes in the types of criminal convictions for an individual has been convicted after release. Additionally, it could be useful for planning to study the impact of receiving a Youth Act sentence in comparison to an adult sentence in terms of outcome and to determine which factors, if any, are responsible for any observed difference. The above-mentioned design would be applicable for all persons sentenced under the D.C. Department of Corrections if such an investment were deemed feasible.



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