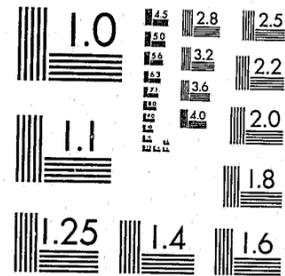


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CLIENT INTAKE AND SELECTION FOR  
ACADEMIC AND VOCATIONAL EDUCATION PROGRAMS  
Reception and Guidance Center, Jackson, MI

83533

Stephen T. DeBor  
Facilities Program Evaluation Unit  
Michigan Department of Corrections  
March, 1979

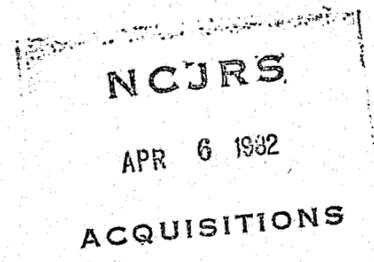
## PREFACE

This document is one of a series of interim reports being prepared by the Facilities Program Evaluation Unit of the Bureau of Programs. These reports examine the actual operation of the service delivery system associated with academic and vocational education programs offered by the Michigan Department of Corrections.

There are four principal components of the service delivery system: (1) Client intake and selection for programs; (2) Classification and placement into programs; (3) Program delivery; and, (4) Client achievement and skill utilization following program involvement.

The interim reports determine how the operations are intended to occur, how they are actually being implemented, why they are being implemented in their current form, how the various operations fit together, and how the participants (staff and clients) perceive the implementation of the operations.

Strengths and weaknesses in the implementation of each component are identified and analyzed to indicate how they might facilitate or impede successful component outcomes. Recommendations for improvements in the implementation of component operations, based on empirical findings, are also presented in the reports.



## CLIENT INTAKE AND SELECTION FOR ACADEMIC AND VOCATIONAL EDUCATION PROGRAMS

### INTRODUCTION

The first component of the Department's service delivery system for academic and vocational education programs is client intake and selection for programs. This involves receiving the client into the Department of Corrections, providing the individual with an orientation to the Corrections system, determining the individual's needs and interests, and subsequently placing the client at a facility suited to his security and program needs.

At this stage, programs are only "recommended" for the client. Decisions about actually implementing the recommendations for programming are made during program classification once the client arrives at the facility to which he is transferred.

In the Michigan Department of Corrections, male client intake and selection is the responsibility of the Reception and Guidance Center (R&GC) in Jackson, which is the central intake and processing facility for all males entering the Corrections system. The R&GC functions include client intake and records initiation; personality/emotional, educational, and vocational testing; resident orientation to the Corrections system; psychological screening; transcase evaluation interviews; psychological evaluation interviews; classification for facility placement; and transfer to a receiving facility after a placement decision has been reached.

The purpose of this report is to provide information about the contents and processes of the R&GC operation to facilitate decision-making efforts aimed at further strengthening program placement plans for clients. The following pages examine:

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- (1) How the R&GC functions are carried out;
- (2) The decision points of the R&GC process and the criteria upon which the decisions are based;
- (3) The degree to which the R&GC operation is actually functioning as intended;
- (4) The organizational dynamics and institutional realities causing deviation from intended functioning; and,
- (5) How the staff and clients at the R&GC perceive the current R&GC functioning.

Since this report is exclusively concerned with client intake and selection for academic and vocational education programs, little attention is given to R&GC functions that do not have a significant impact on selecting clients for the latter programs. For example, little attention is given to the custodial functions of the R&GC operation, and the actual substance of the psychological evaluation interviews is virtually ignored except as it specifically affects other functions more directly related to generating academic and vocational education program recommendations.

Information about the R&GC operation was collected from the following sources: Statutes and Administrative Rules; written standards, policy and procedures; the R&GC Training Manual for Clinical Staff; staff position descriptions; direct observation of R&GC processes; and interviews with R&GC staff and clients.

Section I of this report reviews the purpose, goals, procedure and processing time, and organization of the R&GC operation. Organizational supports (e.g., staff access to written policies and procedures, staff training, facility environment) affecting performance of the R&GC functions are also discussed in the report's first section.

Section II of the report describes both the intended (according to written policy and procedure, etc.) and the current functioning of the R&GC opera-

tion. A detailed flow chart is presented which takes the reader step-by-step through the R&GC process. Each page of the detailed flow chart is accompanied by a narrative which systematically describes each step of the process shown on the flow chart. It is hoped that this style of presentation will better illustrate and communicate the particulars of the existing R&GC operation.

Section III of the report identifies the strengths and weaknesses of the current R&GC functioning. Written standards relevant to the R&GC operation, direct observation of the R&GC process, and the perceptions and opinions of the R&GC staff and clients were all used to identify the strengths and weaknesses. Possible impediments to the development of accurate, meaningful, and usable program recommendations for clients are discussed, and strategies for minimizing or eliminating these obstacles are proposed.

SECTION I: PURPOSE, GOALS, PROCEDURE AND PROCESSING TIME,  
ORGANIZATION, ORGANIZATIONAL SUPPORTS

R&GC PURPOSE

The Reception and Guidance Center in Jackson was established for the purpose of centralizing the process of intake, client evaluation, and clinical assessment of male clients entering the Department of Corrections. One of the underlying intents for choosing the centralized approach was a desire to standardize client processing and make it administratively efficient by enabling a small, specialized staff to process large numbers of clients. The centralized approach was also intended to free the receiving facilities from responsibility for client needs assessment and enable them to direct their resources toward their primary responsibilities for program delivery, public protection, and humane treatment of residents (PD-DWA-11.08). The R&GC approach also allows for the temporary separation of newly received clients from regular residents of the Corrections system - both as a medical quarantine while awaiting medical clearance and as a means of enabling the new clients to begin to adjust to their new life situation without undue influence from regular residents (MCL 791.267, PD-DWA-11.01).

The function of the R&GC is to receive clients into the Department of Corrections, provide each man with an orientation to the Corrections system, conduct a thorough evaluation of each individual's needs and interests, and transfer each client to a facility suited to his security and program needs. The purpose of the R&GC function is to "gain and communicate an understanding of the program requirements of each resident expressed in the form of a rational recommendation containing appropriate institutional and program placement plans" (PD-DWA-11.05), and to "ensure that prisoners are placed in the least restrictive degree of security necessary, consistent with public protection and availability of bed space" (PD-BCF-34.01).

R&GC GOALS AND OBJECTIVES

There are two major, operational goals of the R&GC: (1) To complete a comprehensive evaluation of every incoming client in order to determine his management and treatment needs and to develop accurate, meaningful, and usable recommendations for institutional and program placement based upon the evaluation findings (PD-DWA-11.05, PD-RGC-11.01); and, (2) to process clients through the R&GC operation within 15 days or less and under no circumstances have residents housed at the R&GC beyond 60 days (PD-DWA-11.01).

Except for the two major goals, the R&GC's goals and objectives are not specified in writing beyond inferences that might be made from reading internal R&GC procedures. Annual goals and objectives, apparently not written anywhere, are management-type goals such as continually standardizing and streamlining R&GC functions.

The Psychological Services Unit Administrator shared some of his personal objectives for his Unit: (1) Continue to professionalize the psychological staff; (2) initiate research to determine what therapy outcomes are being produced; and, (3) provide in-service training to staff. The Testing Supervisor also discussed his objectives concerning the testing process at R&GC. He hopes to attend training sessions relating to the proper administration of tests, used by R&GC, that he is not especially familiar with; and then to hold a series of training workshops for the inmate clerks who administer tests to R&GC clients.

The R&GC's major goals have a tendency to conflict with one another. One goal requires comprehensive client evaluations which, given large caseloads, might be expected to be rather lengthy and time-consuming. The other goal seeks to process clients through the R&GC as quickly as possible - largely

because of a bed space crunch at the R&GC and a desire to enable clients to get into receiving facilities quickly and to get started on program assignments. The two goals do not necessarily conflict unless client evaluation quality begins to suffer as the result of the push to cut processing time.

#### R&GC PROCEDURE

The R&GC has responded to the potential for conflict between its goals by designing and implementing a standardized procedure for processing clients that is rigidly structured, repetitive, and administratively efficient. The procedure is an attempt to achieve a middle ground between conducting comprehensive client evaluations and reducing R&GC processing time. Following the procedure allows for more intensive treatment efforts by R&GC Psychological staff while still retaining the R&GC's ability to evaluate every client. Standardization of the client evaluation procedure permits R&GC staff to carry out their objectives in a shorter period of time than in the past, albeit in a more mechanical way.

Functions comprising the R&GC procedure include client intake and records initiation; psychological, educational, and vocational testing; resident orientation to the Corrections system; psychological screening; transcase evaluation interviews; psychological evaluation interviews; classification for facility placement; and transfer to a receiving facility. These functions occur sequentially. All of the R&GC functions take place every day of the five-day work week. (Each of the functions will be described in detail in Section II of this report.)

Some clients entering the R&GC skip some or all of the steps between intake and classification for facility placement. The decision to skip steps in the process depends upon whether the client is a first offender, repeat

offender, Parole Violator, Court Order Returnee, or Corrections Center Rule Violator. All first offenders go through the entire process. The other client types will go through the entire process unless they have been previously processed by R&GC within certain policy-specified time limits. If their prior R&GC processing was recent enough to bypass all process steps between intake and classification for facility placement, they will go straight to classification and the Classification Director will either renew the previous R&GC programming recommendations or change the programming recommendations to reflect the client's past institutional activity and/or behavior and the man's new security risk (if changed).

#### R&GC PROCESSING TIME

As mentioned earlier, one R&GC goal is to process clients within 15 days or less. On paper, the R&GC could now process a client in only 9 days if everything were to go smoothly. In practice, things seldom go that smoothly for a variety of reasons (e.g., infirmary recalls, late return of blood test results, emergencies). There is some difference of opinion between R&GC administrators as to exactly how long it is taking to process clients. One individual estimated that clients are generally processed in 10-14 days at present, while another person said that the average processing time is currently closer to 17 days for each client.

Transfer to a receiving facility is not included in the above processing times. Transfer to a receiving facility usually adds between 1 and 21 days to the processing time depending upon the location of the receiving facility. Residents going to the Camp Program, Cassidy Lake Technical School, or other minimum custody placements are usually transferred immediately after processing. Residents transferred to the SPSM complex, the Ionia

facilities, the Muskegon facility, or the Michigan Dunes facility generally leave the R&GC in from 7 to 10 days after processing. When the resident's destination is the Marquette or Kinross facilities, rideout from R&GC usually takes place from 14 to 21 days after processing. The average time required for processing and transfer together is currently a total of approximately 24 days.

Corrections Center rule violators returned to R&GC are the most disruptive to the processing schedule because these individuals cannot be processed until their records arrive from the Centers. Sometimes processing for these residents will be held up for as long as 30, 60, or even (rarely) 90 days. There are usually about 50 of these individuals waiting around to be processed at R&GC.

#### R&GC ORGANIZATION

The R&GC is changing organizationally at the present time with the role of the Classification Director expanding significantly. The eventual structure of the R&GC organization is still somewhat uncertain so the most current, official organization chart is not up-to-date. An unofficial organization chart has been developed for use in this report (see page ). The unofficial chart reflects the intended changes in the role of the Classification Director (as they appeared at the time of this writing). Positions that have little bearing on selecting clients for academic and vocational education programs, such as those in the Reception Services Unit, are not detailed in the unofficial chart.

R&GC positions of particular importance to the selection of clients for academic and vocational programs are discussed below. (Quotes are taken from the official position descriptions.)

#### Classification Director/Administrative Assistant/System Administrator

Prior to the changes in role, this position was known simply as the Classification Director. The individual was generally responsible for "the Classification of all residents processing through the Reception and Guidance Center, 6,000 to 8,000 per year, and their subsequent transfer to a permanent institution." The individual also conducted hearings for R&GC residents, monitored the overall hearings system, and supervised the R&GC Transcase Processors and the R&GC Assessment Coordinator (scheduler).

The new role for this position is essentially a combination of the original Classification Director position and two formerly distinct positions - those of Administrative Assistant to the Superintendent (Ray Toombs) and Systems Administrator (Ex Rhodes Barham). In his new position, the individual retains all of his old responsibilities and adds the responsibilities of the other two positions.

As Systems Administrator the individual is responsible for "seeing that all steps in the Reception Center processing are properly taken," and for supervising all of the positions in the R&GC Record Office and the Word Processing Unit.

Responsibilities as Administrative Assistant to the Superintendent are, of course, extremely varied and administrative in nature including such tasks as assisting the Superintendent "in developing and revising policies and procedures."

The Classification Director is already performing all of the functions of his new role. At the time of this writing, Civil Service had not completed the approval process to make the role changes official.

Clinical Psychologist/Training Supervisor/Testing Supervisor

This position also requires its holder to perform a variety of functions. As one of the R&GC Clinical Psychologists, the individual is expected to provide psychological evaluations and treatment to the resident population and consultation to the institutional staff. The role as Training Supervisor means that the individual trains all new professional staff (both Psychologists and Transcase Processors) as they are hired into the R&GC. He only offers entry training since there is no provision for in-service training at the R&GC.

The role of Testing Supervisor is a relatively recent addition to the individual's position. His official job description does not include the new role. Responsibilities as Testing Supervisor include (a) supervision and training of seven inmate clerks, five of whom administer tests to residents and two of whom work in the psychometric file room; (b) partial supervision of the R&GC Assessment Coordinator for test scheduling purposes; (c) "Protecting the integrity of the testing program by monitoring actual testing sessions"; (d) "Monthly statistics gathering of the testing program"; (e) acquaintance with the literature related to testing materials; (f) ordering of testing materials and other related materials used in the testing program; and, (g) monitoring the coordination of test scoring arrangements (according to the official job description of the previous Testing Supervisor).

The official job description of the previous Testing Supervisor assigned 67% of the individual's work time to the latter role and his only other role was that of a Psychologist. The current Testing Supervisor reports that, given his other two roles, he is only able to commit one-half day per week (10% of work time) to his functions as Testing Supervisor.

Transcase Processors

There are three of these positions at the R&GC. These individuals have the primary responsibility for making the recommendations for client selection for academic and vocational education programs. They review client testing results and institutional files, interview the residents, complete Transcase Forms for each individual, and dictate supplemental information about each client. In addition, the Transcase Processors serve as counseling contacts for R&GC residents on their caseload until the residents are transferred from the R&GC.

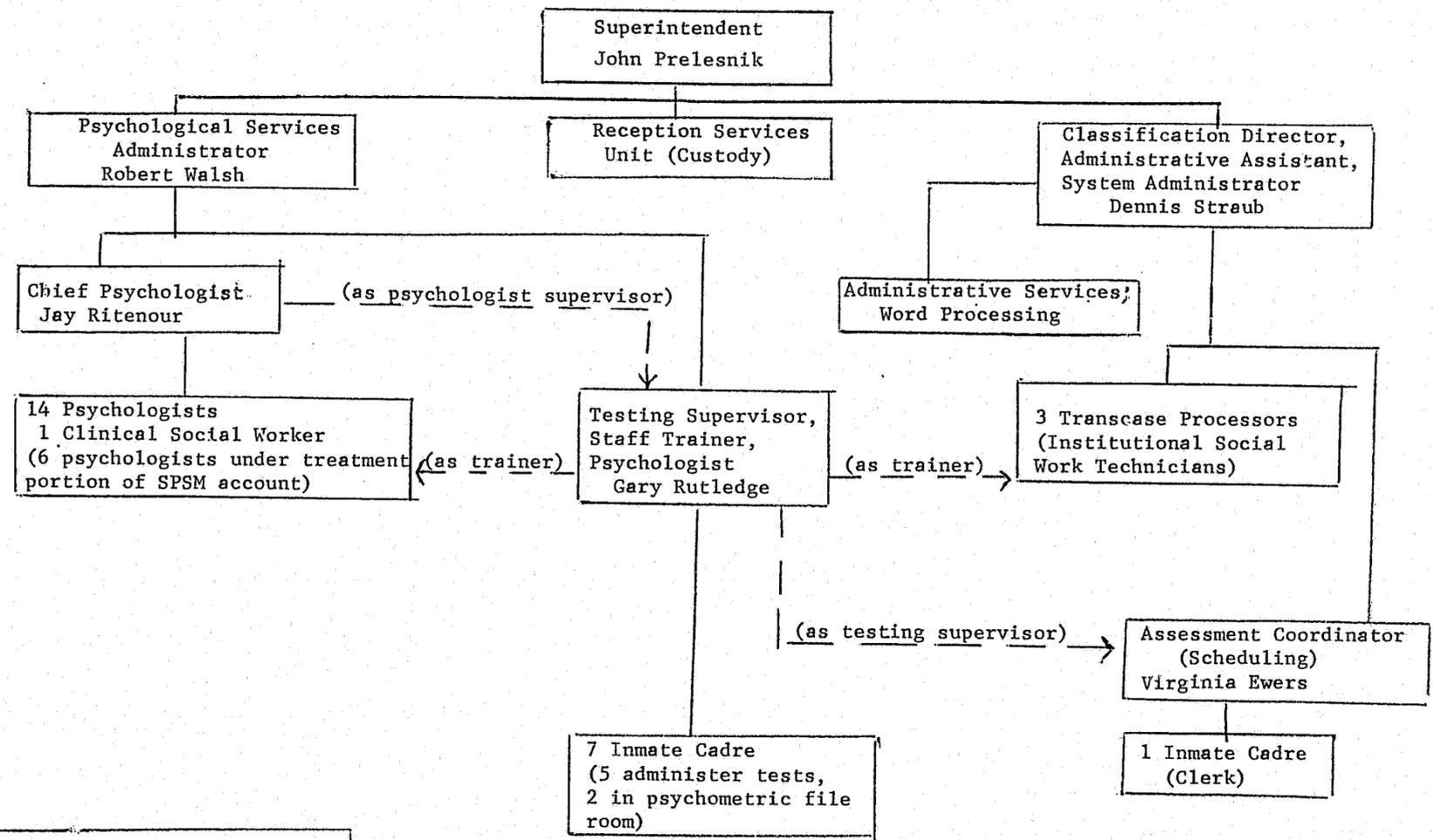
Assessment Coordinator (Scheduler)

This individual coordinates the scheduling of clients for several of the R&GC processing functions including testing, transcase evaluations, psychological evaluations, and classification for facility placement. She has an inmate clerk for an assistant.

Inmate Clerks

There are eight of these positions working in the R&GC program process. The men are BCF-approved "cadre" who are permanently assigned to the R&GC. One man serves as assistant to the Assessment Coordinator, two men work in the psychometric file room, and the other five men administer the test batteries to R&GC clients.

RECEPTION AND GUIDANCE CENTER ORGANIZATION CHART<sup>1</sup>



KEY  
 \_\_\_\_\_ Direct Line of Authority  
 - - - - - Partial Authority  
 (SEE Narrative)

March, 1979

<sup>1</sup>This organization chart is unofficial (See Narrative)

ORGANIZATIONAL SUPPORTS

R&GC staff access to policies, procedures, and other documents concerning the R&GC operation:

All R&GC Psychologists and Transcase Processors have access to Departmental and BCF written policies and procedures as well as internal R&GC written policies and procedures. In addition, each staff member has his/her own copy of the "R&GC Training Manual for Clinical Staff" which is a collection of all Departmental, BCF, and R&GC materials felt to be relevant to the R&GC staff in the performance of their functions. The Manual is organized into sections and it includes selected policies, procedures, memorandums, descriptive documents, copies of forms, instructions, checklists, and information about specific vocational program offerings available at the various Corrections facilities. The Manual is somewhat cumbersome because it includes the entire documentation of the R&GC process - some materials of which are outdated and do not apply to every position, so that it is difficult for staff to find relevant materials quickly. The Manual was in the process of being reviewed by the Training Supervisor to eliminate outdated materials at the time of this writing.

A 17-page "DRAFT" R&GC procedure entitled "Transcase Preparation and Psychological Screening for R&GC Commitments" is included in the Training Manual. This draft procedure is a thorough documentation of the R&GC process for records initiation, testing, psychological screening, transcase evaluation, psychological evaluation, and classification for facility placement functions. All R&GC staff questioned about the accuracy of the draft procedure agreed that it is pretty accurate and up-to-date. There was no indication as to when the draft procedure will be updated and made official.

R&GC Staff Training:

All R&GC Psychologists and Transcase Processors are provided with entry training when they begin work at the R&GC. Staff turnover for Psychologists has hovered around the 50% (per year) mark up until this past year. Lately it has stabilized at a much lower level, probably due to fewer opportunities for job mobility given the tighter job market. The three current Transcase Processors are the same individuals who were originally hired when the positions were authorized about nine months ago. Both the Psychologists and Transcase Processors received the same entry training.

The Testing Supervisor uses a written outline of the steps followed in the training of R&GC clinical staff. The entry training takes approximately ten days to complete. It is quite detailed and thorough and the trainee is given progressively more responsibility as the training proceeds. Trainees first receive an overview of the Department of Corrections and then orientation to the R&GC facility, personnel, and regulations. Then the individuals are trained in the duties, tasks, and activities of their position and they sit in with other staff members to see how the work is performed. Finally, they begin to increase their caseloads with progressively less supervision.

Most new R&GC staff have had at least some exposure to the Corrections system before taking their jobs at the R&GC. In-service training is not formally provided to R&GC Psychologists and Transcase Processors. If a staff member has a problem or is making numerous errors, the staff member may receive some refresher training on an individual basis.

Facility Environment:

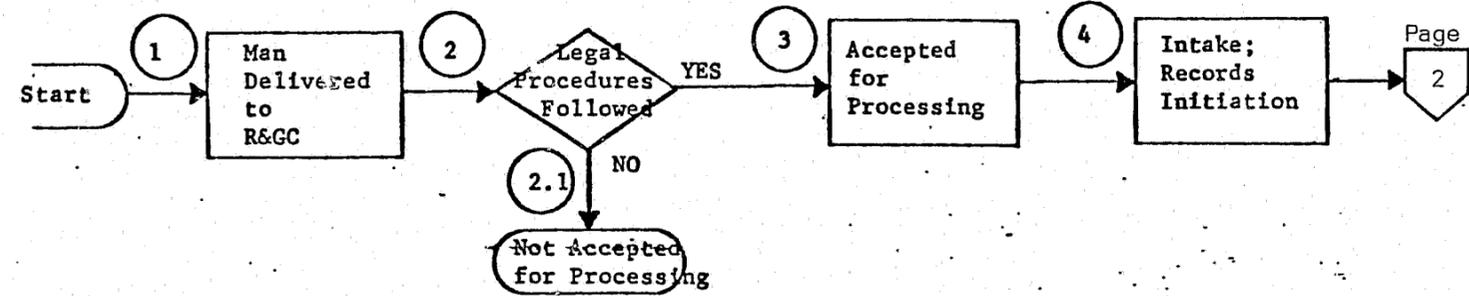
The R&GC facility is in very poor physical condition. It is dirty, there is a problem with mice and roaches, and birds have somehow gained entry to the facility. The staff offices are generally small and old. Testing and resident orientation are held in two medium-sized rooms in the center of the facility base. The latter rooms are always crowded in orientation sessions and sometimes crowded in testing sessions when intake is high. The noise level is oppressive at times, especially for such tasks as testing and client interviews. The noise level is a constant and severe problem in the summer, according to R&GC staff and residents alike.

SECTION II: RECEPTION AND GUIDANCE CENTER PROCESS  
AND ACTIVITY DESCRIPTION

This section of the report describes the intended and the actual functioning of the R&GC operation. A detailed flow chart is presented which takes the reader step-by-step through the R&GC process. The flow chart is presented on six separate pages and each page of the flow chart depicts a major function of the R&GC process - (1) intake, (2) testing, (3) client orientation/psychological screening, (4) transcase evaluation, (5) psychological evaluation, (6) classification for facility placement. Each page of the detailed flow chart is accompanied by a narrative which systematically describes each step of the process shown on the flow chart page.

Later this year, the six pages of the detailed flow chart will be transferred onto a single page in order to help visualize the whole picture of the R&GC process. Single-page flow charts will be developed for the other components of the service delivery system as well. Once all of the flow charts have been developed, they will be combined to create a system flow chart portraying the processes and major decision points of the entire service delivery system.

Client Intake and Selection for Programs  
Process No: I  
Process Title: Intake  
Detail Flowchart Page 1



1.0  
Man Delivered  
to R&GC

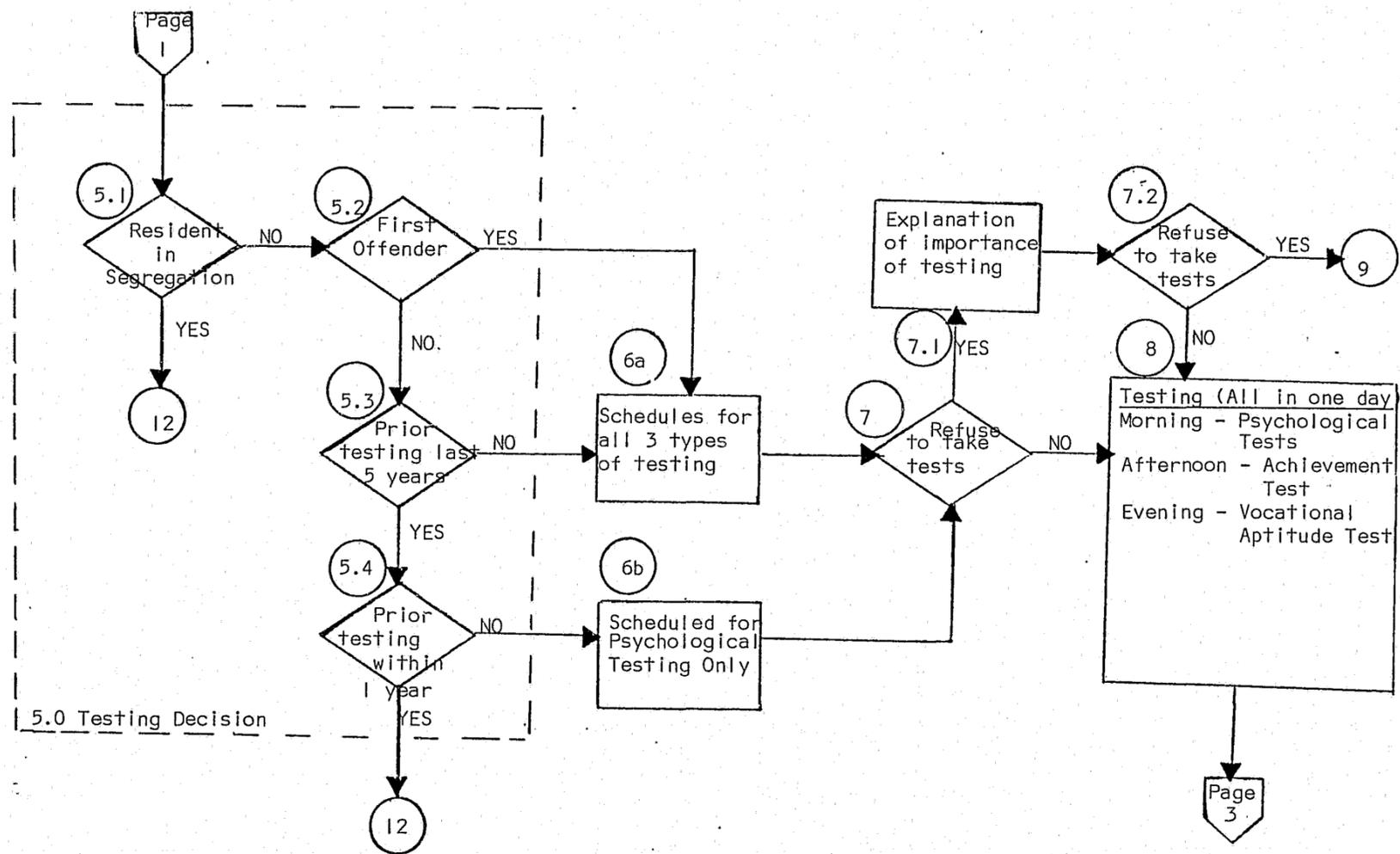
Men enter the Reception and Guidance Center as new commitments, parole violators, court order returnees, and corrections center rule violators. The clients are generally delivered to the R&GC by county sheriffs. The R&GC accepts men for processing during regular business hours. The volume of intake varies considerably from day to day because each county delivers its own men, each county can deliver any number of men it has ready for processing (from a single man to a busload), and the R&GC does not regulate the intake volume.

2.0, 2.1, 3  
Legal  
Procedures  
Followed

The R&GC must accept men delivered by the county sheriffs as long as proper legal procedures have been followed and the required legal documents are presented. The R&GC does not regulate or schedule the arrival of clients from the counties, and the counties have little choice but to bring clients to the R&GC promptly after sentencing. Michigan Statute, MCL 800.48, states that "It shall be the duty of the sheriff of any county in which any criminal shall be sentenced to confinement in either prison, to cause such convict to be removed from the county jail within 48 hours after sentence, and conveyed to the proper prison and delivered to the warden thereof." The repercussions of this statutory requirement are felt throughout the R&GC because, since R&GC bed space is limited, there is pressure to get clients processed and transferred as quickly as possible. The higher the intake volume, the faster men must be processed. There is no safety valve. The only action the R&GC takes to control intake volume at all is an exercise wherein a county sheriff delivering an entire busload of men will sometimes be required to wait the better part of a morning before the men in his charge are accepted for processing.

4.0 Intake and records initiation begins by receiving the incoming client and the forms and reports that have been generated up to the point of intake (e.g., the Pre-Sentence Investigation Report), logging the arrival of the resident, and initiating the man's record files that will follow him throughout his stay in the Corrections system. Then the man is physically processed which includes such steps as fingerprinting, identification card preparation, providing the client with housing supplies, and assigning the man a housing unit at the R&GC. Medical processing is also started on the new resident. The man is given an eye examination, a blood test, and a TB test. Later in his processing the client receives a complete "hands-on" physical.

Client Intake and Selection for Programs  
 Process No: II  
 Process Title: Testing  
 Detail Flowchart Page 2



5.0           After the initial intake processing is completed, the Scheduling Coordinator (Assessment  
Testing       Coordinator) reviews the client's record to determine what testing the man is required to complete.  
Decision     The BCF policy directive concerning diagnostic testing of correctional residents (PD-BCF-40.02)  
states that "Initial testing shall be conducted within the first week of a client's commitment to  
R&GC" and that "First-time commitments shall be evaluated for academic proficiency, intelligence  
level, vocational aptitude and interest, and personality configuration." Under certain policy-  
specified circumstances, clients returning to the R&GC do not require retesting on some or all of  
the test batteries. The Scheduling Coordinator follows policy guidelines to ascertain what tests  
are required for each individual.

5.1           Residents placed in segregation at the R&GC are not tested. Policy makes no mention of this. R&GC  
Resident In   staff commented that, in the past, residents in segregation were brought to the testing rooms by  
Segregation   custody staff who have since stopped doing so because it apparently caused a lot of problems. Now  
the only time a resident in segregation might get tested is when and if he sees a Psychologist for  
a psychological evaluation interview. The R&GC Psychologists can administer psychological tests  
during their interviews with residents in segregation, but this seldom happens because of the  
limited amount of time available for each psychological evaluation.

R&GC residents in segregation skip psychological screening since they have no test results, and  
they also do not participate in client orientation. Thus, the next step in the R&GC process for  
these residents, after initial intake, is the transcase evaluation (Step 12).

5.2 All first offenders (i.e., first-time commitments to the Michigan Corrections system) are scheduled for the entire battery of tests - psychological, academic achievement, and vocational aptitude tests. The test for intelligence level is no longer given at the R&GC.

5.3 Repeat offenders, parole violators, court order returnees, and corrections center rule violators who return to the R&GC are retested on all three types of tests (psychological, academic, and vocational) if more than 5 years have elapsed since their previous R&GC testing. If less than 5 years have elapsed, retesting is not required for academic achievement and vocational aptitude (PD-DWA-40.02).

5.4 Clients whose previous R&GC testing took place between 1 and 5 years prior to their return to the R&GC are only required to take the psychological tests again. Clients who were tested by the R&GC within the last 1 year before returning do not require retesting of any kind (R&GC "DRAFT" Procedure). Clients who do not require retesting skip psychological screening because they have no new test results. Since these clients are not first offenders, they also do not receive client orientation. They are routed directly to transcase evaluation as the next step in their processing (Step 12).

5.4 PD-BCF-40.02 says that clients who do not require retesting because of the above criteria may still be tested if "some significant event has occurred to suggest retesting is necessary." The R&GC "DRAFT" Procedure does not mention the latter and apparently the Scheduling Coordinator is not screening for "significant events" that would require retesting. In fact, significant event criteria for retesting may not be specified anywhere.

6a, 6b Clients are generally scheduled for testing so that they will be tested on the third day after their arrival at the R&GC. This is the earliest possible day that testing can occur, given the current processing arrangement, because the first two days after arrival are used for intake activities. If the resident is in the infirmary on the scheduled day for his testing, he is recalled for testing on another day if at all possible. Men are usually tested on schedule.

7.0, 7.1, 7.2 Clients who refuse to be tested are told by an inmate clerk that testing is important because it determines what programs they get into and the test results follow them throughout the Corrections system. Men who still refuse to take the tests are simply not tested because it is felt that they would not try to do their best anyway and it would hold up their processing to spend a lot of time trying to convince them that testing is necessary. About 4 or 5 clients refuse to be tested per week.

8.0            All testing of each resident is completed in one day. The clients receive approximately 9 hours of  
Testing        testing in a 14-hour period:

6:30 a.m. - 10:00 or 10:30 a.m. - psychological tests  
11:00 or 11:30 a.m. - 1:30 or 1:45 p.m. - academic achievement test  
6:15 or 6:30 p.m. - 8:30 p.m. - vocational aptitude test

Clients used to be tested over a two-day period but R&GC staff report that the two-day schedule resulted in processing delays. The Psychological Services Administrator did a check and found that vocational aptitude test results suffered when the R&GC went to one-day testing. He speculated that a fatigue factor was the probable cause for the weakening of the vocational test results - a reasonable assumption considering the number of hours spent testing in the single day.

Tests used by the R&GC are given as follows:

Morning Session:    MMPI, DAP Projective Test, Bender Gestalt, Rotter Incomplete Sentences Blank, Short Test of Educational Ability (STEA), R&GC Vocational Information Questionnaire.

Afternoon Session: Stanford Achievement Test (SAT) - Intermediate or Advanced level depending upon the resident's score on the STEA (a screening device).

Evening Session:    General Aptitude Test Battery (GATB).

8.0 Non-readers used to be given the Non-reading Aptitude Test Battery (NATB) for assessing vocational  
Testing aptitude, but the NATB is no longer given because of the move to do all testing in one day. Non-  
(Continued) readers either get no testing or just psychological tests that do not require reading ability.

The R&GC Vocational Information Questionnaire is not a test. It is a questionnaire filled out by the residents that attempts to ascertain the client's academic and vocational background and interests. The questionnaire is not being used after the client fills it out; it is simply being placed in the client's psychometric file. The Testing Supervisor says that of all the materials completed at the R&GC, the questionnaire is probably the one which would least be missed by anyone.

#### Test Administration

Five inmate clerks serve as the test administrators at the R&GC. A revolving schedule is used wherein the clerks work in pairs as they administer the tests, and each of the clerks administers all three types of tests at one time or another. The current clerks have been administering testing for from 3 to 8 months which means that in the last 9 months there has been a 100% turnover in test administrators. The clerks see their role as a purely mechanical function. Training for the clerks was limited to talks with former clerks about how to administer the tests and actual observation of the testing procedure. The clerks reported that they learned the job in about one week, but all of them said that they would like to have more training. A testing manual, containing instructions for administration of certain tests, is available to the clerks but they claimed that it is inadequate and they noted that they seldom refer to it. All of the clerks seem

8.0  
Testing  
(Continued)

to be aware of the purpose of the tests. The clerks are unanimously in favor of having all tests for each resident completed in a single day because they feel that the residents prefer to get the tests over with as quickly as possible.

Observation of Testing

Collection of data for this report included direct observation of R&GC testing sessions for academic achievement and vocational aptitude. The conditions for testing were generally good except for a high volume of noise in the block. The testing rooms were not crowded and the lighting was acceptable. Seating was arranged so that clients were separated from one another by empty chairs to discourage cheating.

Before each test began, the clerks explained the instructions for testing. The only mention of the purpose of the tests was that "they help to figure out where you will be going from here." When the clerks spoke to the residents, they used the clients' names and institutional numbers interchangeably.

Some of the clients being tested were visibly anxious while others seemed relaxed. The residents' attitudes also varied as some were concentrating and apparently trying their best while others appeared bored and indifferent. Even though the clients looked confused at times, they asked very few questions about either the testing in general or the specific tests they were taking. This

8.0  
Testing  
(Continued)

reluctance to ask questions appeared to be largely the result of the image projected by the clerks. In what was probably an effort to project authority, the clerks behaved in an aloof manner and answered the few questions that were asked in a very brief and abrupt style. It seems likely that the clients quickly got the impression that they were expected to understand what to do without asking questions.

There was little talking between residents during the testing and only one set of wandering eyes was observed. No breaks were permitted between the segments of each test. In the testing manual, the publisher's instructions for administering the GATB apparatus tests strongly emphasize that the instructions for taking the tests must be read aloud and verbatim by the test administrators before the tests are begun. The clerks attempted to recite the instructions from memory and they were not completely successful. The GATB test for finger dexterity was completed incorrectly by several clients and the clerks did not notice the problems.

#### Testing Supervision

The Testing Supervisor reported that he can now spend only one-half day per week (10% of his time) on matters related to testing because of the other demands on his time (i.e., his roles as Training Supervisor and Clinical Psychologist), and then only in "crisis" situations such as audio or other testing room equipment failure. He says that to do a really thorough job would require 50% of his time. He does not now have time to monitor the testing except to peek in unannounced occasionally.

8.0

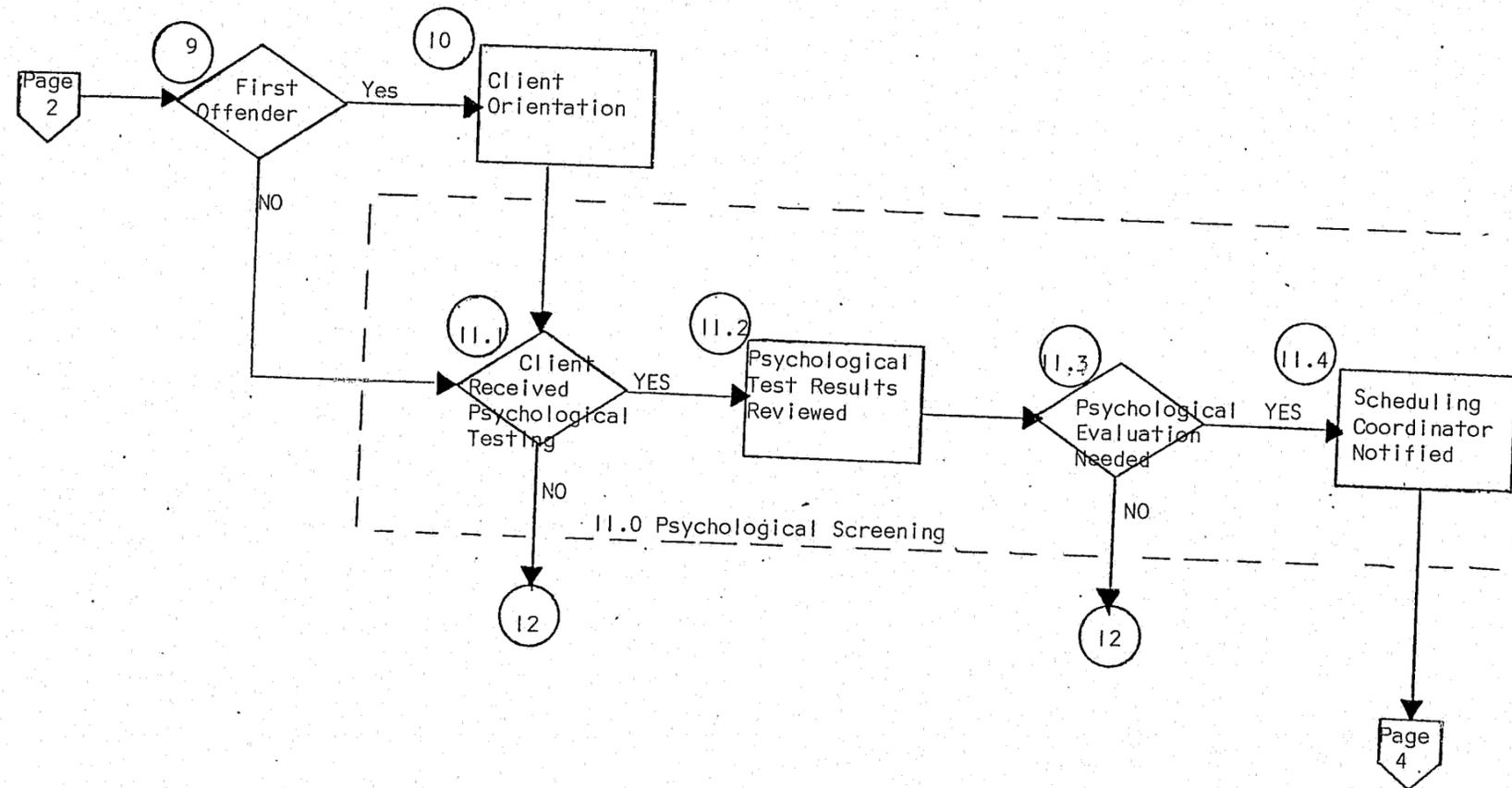
Testing

(Continued)

He also has not had time to train the clerks in proper test administration. On a positive note, he reported that the turnaround time for test scoring in Lansing is prompt.

The Testing Supervisor has some knowledge about test administration due to his background as a Psychologist, but he hopes to take some classes concerning the proper administration of the GATB and the SAT because he is not especially knowledgeable about those tests. Another of his goals is to eventually conduct workshops for the clerks about the proper administration of each test used by the R&GC. There are only two copies of the testing manual and they are both disorganized; the Testing Supervisor intends to revise them and then encourage the clerks to use them.

Client Intake and Selection for Programs  
Process No: III  
Process Title: Client Orientation/Psychological  
Screening  
Detail Flowchart Page 3



9.0  
First  
Offender

Orientation for all newly arrived residents is required by Administrative Rule 791.2230 and PD-DWA-30.03. The R&GC procedure for resident orientation (OP-R&GC-40.01) states that "each new resident entering the Reception and Guidance Center will be given a timely orientation by employees of the Center." In practice, only first offenders are currently receiving an orientation at the R&GC.

10.0  
Client  
Orientation

Client Orientation - Intended

Administrative Rule 791.2230 lists the following "legally binding" requirements for resident orientation:

- (1) The head of each facility shall develop an orientation program for newly arrived residents to describe the programs, procedures, and policies of the Department and the facility.
- (2) A resident shall receive the orientation within 1 week of his or her arrival at a facility.
- (3) During orientation, each resident shall receive, in writing, rules regarding resident behavior. The rules, their rationale, and their implications shall be discussed during the orientation program.
- (4) Rules shall be read to residents who are unable to read.
- (5) All resident rule changes shall be announced prior to their taking effect, posted on facility bulletin boards, and publicized in appropriate resident publications.

10.0  
Client  
Orientation  
(Continued)

PD-DWA-30.03 declares that the objective of resident orientation is "To provide new residents with necessary and useful information regarding programs, procedures, and policies of facilities, to alleviate anxiety regarding institutional life, and to assist the resident in adjustment to institutional living." The latter policy also notes that "Program involvement will be emphasized, along with the custodial aspects of institutional life." OP-R&GC-40.01 specifies some of the essentials of the R&GC resident orientation procedure:

The orientation will take place the day of the resident's arrival. A general description and purpose of the Reception and Guidance Center will be given. Programs, rules and regulations of the Center will be presented and explained. Special adjustment problems will be discussed and dealt with. Clients will receive a brief introduction to other institutions through a video-replay and slide presentation.

The latter procedure also mentions that a vocational counselor presents the orientation to R&GC residents. The Psychological Services Unit has primary responsibility for program orientation at the R&GC (PD-DWA-11.05).

#### Client Orientation - Actual

In actual practice, an officer is responsible for presenting client orientation at the Reception and Guidance Center. Orientation is given twice a week, in the evening (8:30 p.m.), after the last testing session of the day. The residents usually receive orientation within 1 week after they arrive at the Center. Orientation takes place in the larger of the two testing rooms, the size of

10.0  
Client  
Orientation  
(Continued)

which is approximately 15 by 24-28 feet (as estimated by the Administrator of the Psychological Services Unit). The officer in charge of orientation complains that the room is too small for orientation because each session is attended by 30 to 60 clients. One and one-half hours are allocated to conducting the orientation, but 10 - 15 minutes of that time are spent unlocking and assembling the residents in the testing room.

Residents are given a rule book when they enter the testing room. The officer responsible for orientation says that conduct and security guidelines are the most important items to be covered. The officer begins each orientation session by dividing the clients into two groups - residents with long sentences and residents with short sentences. His presentation is directed at clients with long sentences because he feels that they will be going to more facilities and will thus need to know more about the system. He also feels that the clients with long sentences will have a greater adjustment to make because they know that their actions will have little effect on their release for quite awhile.

The officer makes his presentation using the residents' style of speech. The first items covered in orientation are security guidelines, conduct guidelines, and R&GC hygiene guidelines (e.g., personal cell cleanliness). These items are spelled out in detail. Next the officer explains, also in detail, what the residents can expect concerning prison life at the R&GC (e.g., prison lore and the facility mail system). Client processing at the R&GC is described very superficially. The elements of the processing are outlined, but the officer claims he has no time to explain the purposes or procedures for each element. Other facilities in the Michigan Corrections System are

10.0 reviewed in a cursory fashion (e.g., the officer summarizes the available levels of security and  
Client the predominant age groups housed in the facilities). Finally, the officer answers the few  
Orientation questions he can in the time remaining.  
(Continued)

No reference is made to the academic, vocational, or other programs offered by the facilities, and the importance of program participation is not discussed. Videotapes and/or slides are not shown at the orientation sessions.

The officer responsible for orientation feels that each member of the R&GC staff thinks that what he or she does is especially important and should be included in the orientation in detail, but that no one seems to realize that to be as exhaustive in every area as people would like would require at least 4 to 8 hours of orientation instead of the current 1 1/2 hours.

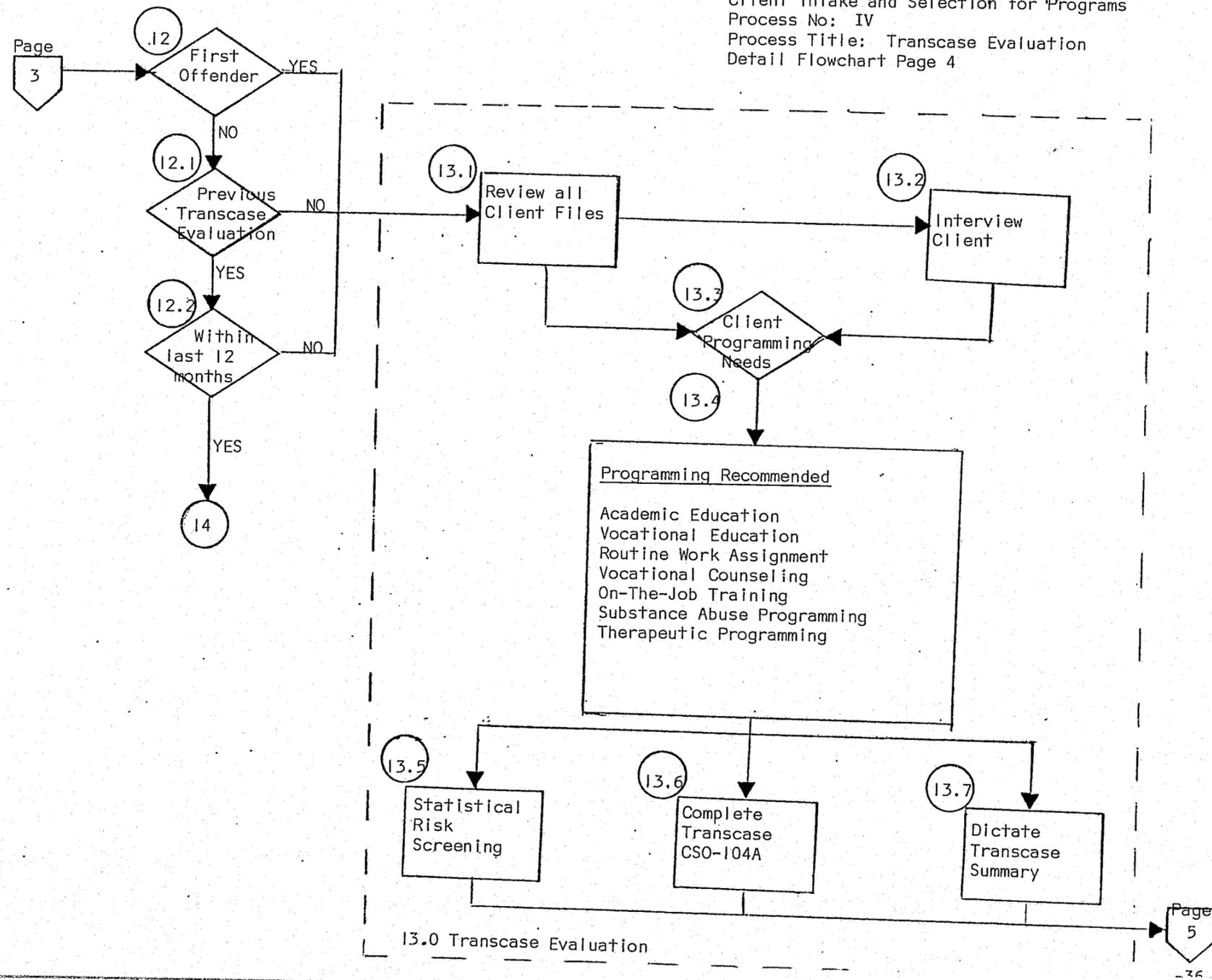
11.0 Psychological screening is performed by a Psychologist. It is used to determine which residents  
Psychological need to participate in psychological evaluation interviews. In the past, every client processed by  
Screening the R&GC was interviewed by a Psychologist. There were no Transcase Processors so the  
Psychologists completed the Transcase Forms and made all of the client programming recommendations. R&GC administration decided that all clients do not require evaluation by a Clinical Psychologist and that most of the sections on the Transcase Forms could be completed by workers with fewer skills. The administration decided to create the Transcase Processor positions so that the Psychologists would only have to interview clients with apparent psychological/emotional dif-

11.0            ficulties. They feel that this allows for better use of the Psychologists' expertise by enabling  
Psychological    them to spend more time providing individual and groups psychotherapy treatment.  
Screening  
(Continued)

11.1            Clients are not present during psychological screening. Psychological test results are the sole  
Client            criteria available to the screening Psychologist for making his/her decision, so clients who did  
Received         not take the psychological tests are not included in the psychological screening procedure.  
Psychological  
Testing

11.2            R&GC clients' test results are placed in psychometric files that are maintained at the R&GC.  
Psychological    Psychologists assigned to do psychological screening sit down with several clients' psychometric  
Test Results     files and review the test results according to pre-established criteria and their own clinical  
Reviewed         judgment. The Psychologists look for signs of pathology and "aberrant profiles" that would indi-  
cate the need for a complete psychological evaluation.

11.3, 11.4      Clients identified as not needing a psychological evaluation are only interviewed by Transcase  
Psychological      Processors unless later activities in the R&GC process uncover other indicators requiring a psycho-  
Evaluation      logical evaluation (Steps 14.2 - 14.4). The names of clients whose test results indicate a need  
Needed      for psychological evaluation are provided to the Scheduling Coordinator who then marks the  
clients' files for future referral to a Psychologist.



12.0 All first offenders receive transcase evaluations as a part of their processing through the R&GC.

First  
Offender

12.1, 12.2 Repeat offenders, parole violators, court order returnees, and corrections center rule violators receive a new transcase evaluation if more than 12 months have elapsed between the time of their return to the R&GC and the date of their previous R&GC evaluation. If the time elapsed is less than one year, the returnees do not receive a new transcase evaluation; instead, they are routed directly to classification for facility placement - the only exception being repeat offenders whose new offenses are in categories that require a psychological evaluation prior to classification (OP-R&GC-40.11, R&GC "DRAFT" Procedure).

Previous  
Transcase  
Evaluation  
Within Last  
12 Months

13.0 The transcase evaluation function lies at the very heart of client selection for academic and vocational programs because it is at this stage of the process that all of the available information about each client is condensed and synthesized to form a coherent whole upon which to base future decisions about facility placement and client program activity. In the transcase evaluation, the client's files and testing results are reviewed, he is interviewed to obtain additional information, his programming needs are assessed, and specific programs are recommended to address those needs. The R&GC Transcase Form is the document used to communicate the necessary information.

Transcase  
Evaluation

13.0  
Transcase  
Evaluation  
(Continued)

Three Transcase Processors conduct all of the transcase evaluations at the R&GC regardless of whether intake is high or low in any given week. The Processors differ in approach, perception, and opinion regarding some of their responsibilities and activities. There was even a divergence of opinion when the Processors were asked how they perceive their roles. They were asked to state their perceived roles and rank them by order of importance. Their responses are shown in table 1.

TABLE 1: Perceived Roles of the Transcase Processors Ranked By Order of Importance  
(1 = Most Important)

	Processor A	Processor B	Processor C
Role #1	To decide what programs clients will be placed into at the facilities to ensure that the clients entering each program are the ones who can most benefit from the program.	To counsel the residents and answer their questions because this is often the only chance they will get to talk with a staff member.	To process the clients quickly and efficiently; a mechanical information preparer.
Role #2	To assist the Classification Director to select proper facility placements for the clients.	To prepare materials for the Classification Director and the Psychologists; a paper shuffler.	To help the clients get into programs that will help them the most.
Role #3	To counsel the residents and help them adjust to their new surroundings.	To make decisions about what programs to recommend for the clients.	-----

13.0  
Transcase  
Evaluation  
(Continued)

Two of the Processors refer to themselves as "counselors" because that is their preferred role and activity even though they actually have little time for counseling. The third individual said that the title "Transcase Processor" is more appropriate since the paramount reason for the existence of their jobs is the mechanical transfer of information from the clients' psychometric and institutional files to the Transcase Forms.

Completing the transcase evaluations is the primary role of the Processors but their responsibilities do not end there. The Processors also prepare Parole Eligibility Reports, and according to the personnel announcement for the Transcase Processor positions, each Processor is also assigned to serve as the counseling contact for two galleries (floors) in the R&GC. This counseling role is intended to give the clients support in the form of answering any questions they may have concerning their processing or other aspects of their stay at the R&GC. The Processors reported, however, that very little of this counseling actually takes place, principally because the Processors do not have the time to perform this function. One of the Processors is a who does not provide this counseling at all because the custody officers at the R&GC do not want a female walking along the galleries.

The Transcase Processors take turns performing one other function as well. Once every other week one of the Processors must sit in during Parole Board meetings at SPSM because every resident is supposed to be accompanied by a counselor when he appears before the Parole Board. The Processors commented that they actually do very little during these meetings so they seldom have any impact; nevertheless, the function does represent a drain on the Processors' work time.

13.0  
Transcase  
Evaluation  
(Continued)

The Transcase Processors reported that learning their jobs was difficult at first because the positions were new to the R&GC. Since there were no transcase evaluations to observe, the Processors were trained by having them sit in on psychological evaluations. Unfortunately, although both types of evaluation involve client interviews and dictation, the content is different so the observation of psychological evaluations was of limited assistance to the Processors. Even so, two of the Processors said that they were comfortably performing their new roles after only 2 weeks on the job, and the third individual remarked that he was familiar with the job after about 30 days. Each Processor has a copy of the R&GC Training Manual. One of the Processors called the Manual "overwhelming." This assessment is not surprising, due to the bulk of the material in the Manual and the fact that the criteria for program recommendations is scattered throughout the material. Quick review of required guidelines is virtually impossible. In spite of this, the Processors all declared that they have memorized most of the relevant information so that they seldom have to refer to the Manual anyway.

13.1  
Review All  
Client Files

The first step in the transcase evaluation procedure is the review of each client's psychometric and institutional files. Before beginning the transcase interviews, the Processors "pre-brief" the cases by reviewing the information in the clients' files and transcribing the information onto the Transcase Forms. The 17-page R&GC "DRAFT" Procedure lists the following sources of information to be reviewed from the institutional file:

13.1  
Review All  
Client Files  
(Continued)

- a. All available medical reports.
- b. All psychological and psychiatric information included with the resident upon his arrival.
- c. The Pre-Sentence Investigation Report.
- d. The Parole and Probation Violation Reports.
- e. Corrections Center, Job Corps Program or other community-based program failure reports.
- f. Previous institutional files.
- g. County jail report.
- h. Institutional disciplinary reports.
- i. The judge's recommendation and the mittimus.
- j. Michigan State LEIN printout sheet.

The material to be reviewed from the institutional files is not limited to the above categories. The Processors may also review any other institutional file information they feel is relevant; the above are simply sources of information that usually appear in the files and which should be reviewed in every case. The Processors said that the principal sources of data used in this review stage are the Basic Data Sheets and the Pre-Sentence Investigation Reports.

The R&GC "DRAFT" Procedure also lists the material to be reviewed from the psychometric files. In this case the list is exhaustive and it includes:

- a. The results of the Stanford Achievement Test (SAT), including reading comprehension, vocabulary, spelling, mathematical computation, mathematical application, average reading score and average mathematical score.

OR

- b. Results of the Short Test of Educational Achievement (STEA) if the individual is reading below the 4th grade level and unable to complete the Stanford Achievement Test.

AND

13.1  
Review All  
Client Files  
(Continued)

- c. The results of the General Aptitude Test Battery (GATB) including general learning, verbal ability, numerical ability, special ability, form perception, clerical perception, motor coordination, finger dexterity and manual dexterity scores.

Until its elimination from the R&GC testing sequence, the results of the Non-Readers Aptitude Test Battery (NATB) were reviewed in place of the GATB results when clients were found to be reading below the 4th grade level.

Most of the Transcase Form is completed during the file review stage of the transcase evaluation. In fact, the Transcase Processors said that the only items usually left to record on the Transcase Form during the client interview are (1) any medical problems the client may report, (2) any job history information that may not have been included in the file materials, and (3) the program recommendations to be made for the clients.

13.2  
Interview  
Client

The Transcase Processors interview each client as the second step in the transcase evaluation procedure. Material already recorded on the Transcase Forms is reviewed with the residents to make sure it is accurate. The interviews are also structured to obtain additional information that only the clients themselves can provide. Specifically, during the interviews the R&GC Transcase Processors':

- a) Obtain the client's explanation of the circumstances of his offense to ascertain the factors contributing to his committing the offense;

- 13.2 Interview Client (Continued)
- b) Assess the sociological and attitudinal status of the resident to determine how the client will probably adjust to incarceration; and
  - c) Ask the client what programs he would like to participate in during his stay in the Michigan Corrections system to discern the client's motivational level and direction.

(The structure of the interviews is detailed in materials found in the R&GC Training Manual, entitled "Instructions and Definitions for Preparing the Reception and Guidance Center Recommendation.")

All three Processors acknowledged that they tell each client what programs they are going to recommend for him. They also said that they tell each man what process steps will follow his transcase interview (i.e., psychological evaluation, classification for facility placement, and transfer to a receiving facility).

#### Observation of Transcase Interviews

Direct observation of some transcase interviews indicated that all three of the Transcase Processors ask the residents similar questions, but two of the Processors conduct their interviews in a more mechanical and repetitious style than that of the third Processor. The third Processor spent more time interacting with the clients, allowing them the opportunity to discuss such topics

13.2 as the reasons behind their committing offenses and the causes of their medical or substance abuse  
Interview problems. In short, the third Processor made a more personal attempt to "know" the clients. The  
Client reaction of the residents to the latter approach was difficult to gauge, but treating each client  
(Continued) as an individual would certainly seem to be a more positive and beneficial means of involving  
the client in decisions about his program needs.

The Transcase Processors usually mentioned what programs were being recommended and what process  
steps would follow the transcase interview. However, the recommendations and the process steps  
were seldom fully explained.

#### Clients Interviewed Per Day

The number of transcase interviews held on any given day depends upon the intake level. Occasionally each Processor will only have 2 or 3 clients to interview per day. Most of the time the intake is higher and the Processors will each conduct from 8 to 10 interviews per day. According to the Psychological Services Administrator, the Transcase Processors never have to interview more than 12 clients apiece per day. The Processors claim that they each sometimes interview up to 14 clients per day.

#### Time Spent in Interviews With Each Client

When asked to estimate how much time they spend with each client in the transcase interviews, the

13.2  
Interview  
Client  
(Continued)

Transcase Processors all agreed that the amount of time spent is dependent upon the interview case-load for any given day. They reported that the time spent also varies for certain commitment types. For example, one Processor said that the interviews are generally longer when the client is a recidivist. Another Processor noted that parole violators receive shorter interviews.

Judging from the estimates they made, the Transcase Processors differ in the amount of time they allow for interviewing each client. Table 2 shows each Processor's estimates of the usual, minimum, and maximum amounts of time he/she spends with clients in the transcase interviews as well as each Processor's opinion as to the optimum amount of time he/she would prefer to be able to spend with each client. All three Processors asserted that their interviews would be more helpful to the residents if more time were available.

TABLE 2: Estimated Time Spent With Each Client in Transcase Interviews

Transcase Processor	Estimated Minutes Spent in Each Interview			
	Usual	Minimum	Maximum	Optimum
A	6 - 7	5	15	30
B	10	5	15	15 - 20
C	10 - 15	3	20 - 25	30

13.2  
Interview  
Client  
(Continued)

An attachment (entitled "Job Readiness Programming") to the Director's Office Memorandum supplementing PD-DWA-40.01 says that "vocational counseling is needed to assess and help residents in finding career choices consistent with their abilities and interests." And that, "Both the R&GC and the institutions should develop vocational counseling capabilities to assist residents in this important area." None of the Transcase Processors are providing vocational counseling now, but all three counselors said that they would do more academic and vocational counseling if they had more time available to spend in each transcase interview. Apparently, as of this writing, no mechanism or even responsibility for providing career counseling has been established at the R&GC or at the receiving facilities.

13.3, 13.4  
Client  
Programming  
Needs  
Assessed and  
Programming  
Recommended

The Transcase Processors have substantial decision-making responsibility as the result of their transcase evaluation function. The Processors must intertwine and combine all of the information they acquire from the client files and the client interviews to formulate specific program plans for the clients in the form of recommendations for client involvement in academic education, vocational education, routine work, vocational counseling, on-the-job training, substance abuse treatment, and therapeutic programming. Recommendations for substance abuse treatment and therapeutic programming are not relevant to this report, but all of the other program recommendations will be explored herein. The Transcase Processors do not make recommendations for specific facility placement of clients; that is the responsibility of the R&GC Classification Director. The Processors

13.3, 13.4  
Client  
Programming  
Needs  
Assessed and  
Programming  
Recommended  
(Continued)

may advise the Classification Director as to the level of security that is probably needed and/or the factors that he should be sure to consider (e.g., behaviorial adjustment problems). They also may note the facility to which the client requests to be sent. When appropriate, the processors may recommend further evaluation by a Clinical Psychologist or Social Worker (R&GC "DRAFT" Procedure).

Rationale for Recommending Academic Programming

The objective of academic programming is "educational preparedness" which means that academic programs are intended to reduce the rate of illiteracy in the prison population. PD-DWA-40.01 declares that "the functionally illiterate should be provided with an opportunity to achieve at least the sixth grade reading level; those with average intelligence, a high school equivalency." The Michigan Department of Corrections has defined the functionally illiterate as being residents with a reading level under 6.0 Average Grade Equivalency (A.G.E.) as determined by the R&GC. These individuals are "strongly encouraged" to participate in Adult Basic Education (remedial schooling) which includes reading, math, and communication skills development. In fact, if these clients are not recommended for remedial education, the R&GC Transcase Processor must state the reason for such action on the Transcase Form (PD-BCF-41.03, PD-BCF-40.02).

The Department has specified that "residents with tested levels in reading, math, and social studies from 6.0 to 9.5" A.G.E., as determined by the R&GC, should be encouraged to participate in

13.3, 13.4  
Client  
Programming  
Needs  
Assessed and  
Programming  
Recommended  
(Continued)

GED preparation leading to a GED certificate. High school programming used to be offered "for residents with sufficient time and ability to achieve a diploma", but it was eliminated by the Department for a number of reasons. College programming is offered at several receiving facilities for residents who have completed high school or achieved a GED certificate by Michigan standards (PD-BCF-41.03, PD-BCF-40.02).

R&GC Recommendations for Academic Programming - Intended

The R&GC uses the Stanford Achievement Test (SAT) to determine Average Grade Equivalency. Each client's SAT scores for reading and math are entered on the Transcase Form by the Transcase Processors. In its procedural guide, entitled "Instructions and Definitions for Preparing the Reception and Guidance Center Recommendation" the R&GC instructs the Transcase Processors to recommend academic programming "when it is felt that the specified objective is likely to be met by the client, following a consideration of his deficits and his amenability to profit from program participation." The R&GC Instructions direct the Processors to follow the Department's A.G.E. guidelines when selecting clients for remedial and GED programming. College programming is described as "non-essential in relation to criminality", so the R&GC Instructions maintain that recommendations for college are generally only appropriate for clients whose occupational preferences are in fields "requiring college experience for employment entry." Academic programming is not to be recommended "when the client is not in need of increased academic

13.3, 13.4 skills, is poorly motivated, lacks requisite abilities, or does not have sufficient time to  
Client complete any objective."

Programming

Needs

Assessed and

Programming

Recommended

(Continued)

The R&GC has decided that the following criteria are to be used as bases for recommending academic programming:

- (1) Client reading and math levels as measured by his SAT testing results.
- (2) Client prior academic achievement as measured by the last academic grade level he achieved while in school.
- (3) Client motivation for academic achievement as measured by documentation of his past academic efforts as well as his verbal expressions of interest during the transcase interview.
- (4) Client intellectual factors as measured by the Transcase Processor's "estimate of the range or level of the client's intellectual capabilities."
- (5) Length of time available for "meaningful participation in an academic program" as measured by the time remaining before the client's s.g.t. minimum.
- (6) Any client physical disabilities that would hamper the client's academic achievement.

13.3, 13.4  
 Client  
 Programming  
 Needs  
 Assessed and  
 Programming  
 Recommended  
 (Continued)

(7) Any additional or more specific information dealing with a client's educational experience or potential for achievement.

R&GC Recommendations for Academic Programming - Actual

Table 3 shows the criteria the three Transcase Processors said they actually used to make decisions about selecting clients for academic programs. The Processors said that other factors occasionally enter into their decisions, but the criteria in the Table are always considered, in the indicated order, before academic programming is recommended.

TABLE 3: Criteria Used as Bases for Recommending Academic Programming Ranked by Order of Importance (1 = Most Important)

Rank	Processor A	Processor B	Processor C
1	SAT Scores (A.G.E.) for Reading and Math	Client Age in Years	SAT Scores (A.G.E.) for Reading and Math
2	Prior Academic Achievement	Client Motivation for Academic Achievement	Client Motivation for Academic Achievement
3	Client Motivation for Academic Achievement	SAT Scores (A.G.E.) for Reading and Math	Prior Academic Achievement
4	Time Remaining Before Client's s.g.t. minimum	Prior Academic Achievement	-----
5	Client Age in Years	Past Behavioral Problems in School	-----

13.3, 13.4

Rationale for Recommending Job Readiness Programming

Client

Programming

Needs

Assessed and

Programming

Recommended

(Continued)

The intent of "job readiness" (i.e., vocational and work-related) programming is to make the Corrections system clients employable by "developing adequate job skills" and creating "willingness and ability to work dependably and at a reasonable rate" (PD-DWA-40.01). Vocational programs are also intended to "produce well-trained graduates for whom employment opportunities exist (PD-BCF-41.03). The Department recognizes that resources are limited so PD-BCF-41.03 declares that "residents will not be enrolled in vocational courses unless lack of vocational skill appears to be related to the resident's criminal behavior and/or the resident has genuine need and intent to develop a new trade." The latter policy also states that "an academic skill level sufficient to meet minimal course entry requirements shall be a prerequisite."

An attachment (entitled "Job Readiness Programming") to the Director's Office Memorandum supplementing PD-DWA-40.01 is even more specific about which clients need job readiness programming:

Residents needing job readiness programming include those:

- (a) With employment histories indicating a consistent inability to maintain steady employment.
- (b) Who have never been involved in the world of work.
- (c) With no marketable skills.
- (d) Dissatisfied with their area of work and desirous of change.

13.3, 13.4

Residents should be excluded if they:

Client

(a) Have professional training or a skilled trade.

Programming

(b) Have experience in a semiskilled occupation with demonstrated ability to perform in that area.

Needs

(c) Show relatively stable employment histories.

Assessed and

(d) Are too old or disabled to be realistically employable.

Programming

R&GC Recommendations for Job Readiness Programming - Intended

Recommended

(Continued)

Strictly speaking, job readiness programming is limited to vocational education (trade training courses) and institutional on-the-job training. The R&GC has extended the definition of job readiness programming to include institutional routine work assignments and vocational counseling. The assumptions behind the definition extension are (1) That routine work assignments may improve client work habits and enable clients to maintain current skills, and (2) That vocational counseling is necessary at the receiving facilities as a preliminary activity for some clients who need vocational training but lack realistic career plans. As mentioned previously, the "Job Readiness Programming" attachment to PD-DWA-40.01 states that the R&GC should provide vocational counseling too. Since the R&GC is not providing such programming, the R&GC's assumption that the receiving facilities should do so is all the more compelling.

According to the R&GC procedural guide for preparing R&GC recommendations, vocational education programs (trade training) should be recommended for clients who either "lack or are limited in

13.3, 13.4 marketable skills;" routine work assignments should be recommended for clients who have "poor work  
Client habits;" on-the-job training should be recommended for clients who need opportunities for "skill  
Programming application in a work setting" to enable further development of entry-level skills they already  
Needs possess; and vocational counseling is to be recommended "when the client is largely uninformed of  
Assessed and occupational alternatives, has limited exposure to work, and has no realistic or determined voca-  
Programming tional plans. In addition, whenever the Transcase Processors recommend vocational education  
Recommended programs, they are to "specify the first and second preferred areas for which the individual  
(Continued) qualifies." The R&GC procedural guide claims that "this helps both the client in obtaining access to  
appropriate programs and the Classification Director in flexibility of placement."

The R&GC procedural guide mirrors Department policy in its statement that job readiness programming is not to be recommended "when the client has already acquired skills which make him employable." However, the R&GC procedural guide further excludes clients from job readiness programming in cases where "it is determined that motivation is lacking for vocational programming", or where "the individual has insufficient time until the s.g.t. minimum to complete a program," or where the client "lacks the aptitudes or academic skills required for entry" into a program. It is important to note that since the R&GC includes recommendations for routine work assignments and vocational counseling in the "job readiness" category, a recommendation for no job readiness programming means that the R&GC does not expect these clients to participate in routine work or vocational counseling. The negative ramifications of the latter are easy to see. For example, if one were to adhere to the above requirements, clients who have already acquired skills which make them employable would not be

**CONTINUED**

**1 OF 2**

13.3, 13.4 recommended for any job readiness programming including routine work - and yet, one of the assumptions leading the R&GC to include routine work in the job readiness category is the idea that such work will help client's maintain skills they already possess. The ramifications of the above are discussed further in Section III of this report.

Client  
Programming  
Needs  
Assessed and

Programming The R&GC has identified the following criteria to be used as bases for recommending job readiness programming:

Recommended  
(Continued)

- (1) Client academic skill level as it pertains to vocational program entry prerequisites and as measured by SAT testing scores.
- (2) Client work history/occupational identity as measured by documentation of the client's past work record as well as the client's statements during the transcase interview.
- (3) Client failure to apply skills from previous training as measured by documentation of inability or unwillingness to make use of such skills in the community.
- (4) Client interests and motivation as measured by the client's past and present "attitude toward acquisition and application of vocational skills."

13.3, 13.4 (5) Length of time available "for completion of a relevant vocational program" as measured by the Client time remaining before the client's s.g.t. minimum.

Programming

Needs (6) Client occupational strengths as indicated by GATB testing results - specifically, GATB Assessed and strengths scale levels and Occupational Aptitude Patterns (OAP's).

Programming

Recommended (7) Any client mental or physical disabilities that would "interfere with the individual's acquisition of vocational skills."

(Continued)

(8) Any additional relevant "aspects of an individual's work history or present attitude toward employment."

R&GC Recommendations for Job Readiness - Actual

Table 4 shows the criteria the three Transcase Processors said they actually use to make decisions about selecting clients for job readiness programs. The Processors said that other factors occasionally enter into their decisions, but the criteria in the Table are always considered, in the indicated order, before job readiness programming is recommended.

13.3, 13.4

Client

Programming

Needs

Assessed and

Programming

Recommended

(Continued)

TABLE 4: Criteria Used as Bases for Recommending Job Readiness (Vocational) Programming Ranked by Order of Importance (1 = Most Important)

Rank	Processor A	Processor B	Processor C
1	Client Interests and Motivation	Client Age in Years	Work History/ Occupational Identity
2	Occupational Strengths (GATB Strengths & OAP's)	Occupational Strengths (GATB Strengths & OAP's)	Client Interests and Motivation
3	Time Remaining Before Client's s.g.t. Minimum	Client Interests and Motivation	Occupational Strengths (GATB)
4	Client Academic Skill Level	Work History/ Occupational Identity	Time Remaining Before Client's s.g.t.
5	Work History/ Occupational Identity	Time Remaining Before Client's s.g.t. Minimum	- - - - -

13.3, 13.4 The Influence of Transcase Processor Expectations on Client Programming Recommendations

Client

Programming The three Transcase Processors regularly use all of the criteria listed in Tables 3 and 4 when  
Needs Assessed selecting clients for academic and vocational programs respectively. The Tables show that the  
and Programming Processors differ considerably from one another in the application of criteria used to recom-  
Recommended mend client involvement in programs. Even the Tables do not tell the entire story, however. The  
(Continued) expectations of the Processors (i.e., their assumptions, perceptions, and attitudes) also have a  
significant influence on the preparation of client program plans. Sometimes these expectations  
prevent certain program recommendations from being made; in other instances, the expectations cause  
certain program recommendations to be made. Several examples of the impact of Processor expect-  
ations are presented in the next few paragraphs, and Section III of this report examines the  
implications of the impact.

Recommendations for Routine Work Assignments

Two of the Processors reported that they recommend routine work assignments for all clients except  
men who absolutely refuse, men who are disabled, and men who have little time remaining before  
their s.g.t. minimums. The two Processors claimed that they have heard that all residents get work  
assignments regardless of whether or not the assignments were recommended. These two Processors  
feel that they are simply acknowledging reality by recommending routine work for everyone. The  
third Processor approaches recommendations for routine work from an entirely different perspective.  
He feels that of all the program alternatives, routine work assignments are by far the least useful

13.3, 13.4 to clients. Consequently, he only recommends routine work when clients refuse all other programs  
Client and/or when clients have little time remaining before their s.g.t. minimum so that they cannot  
Programming expect to finish other programs.

Needs Assessed

and

Recommendations for Vocational Counseling

Programming

Recommended

(Continued)

One Processor said that he used to recommend vocational counseling until he discovered that it is not being provided anywhere in the Corrections system. Now he just recommends routine work assignments for clients who need vocational counseling because he feels it is useless to recommend something that is not offered. Another Processor disagreed and said that he still recommends vocational counseling when needed because the counseling is supposed to be available. He asserted that Processors are charged with responsibility for recommending program involvement based upon client needs, and he insisted that the recommendations should not be altered because required programs are not being offered.

Recommendations for Programs When Time Remaining Before s.g.t. Minimum is Insufficient for Program Completion

Two of the Processors said that they do not recommend clients for programs if the clients will not be housed in the Corrections system long enough to complete the programs. The third Processor stated that he recommends such clients for programs anyway to alert the program staff at the faci-

13.3, 13.4 Client Programming Needs Assessed

lities as to what programs he feels the client needs. Then he also recommends vocational counseling so that a counselor can work with these residents to see what adjustments can be made to get them involved in as much of their needed programming as possible.

and Client Age in Years as a Criterion for Program Recommendations

Programming

Recommended

(Continued)

The Processor who ranked client age in years as the most important criterion in Tables 3 and 4 feels that client age is the most significant factor controlling the worth of certain programs to certain residents. Consequently, he always recommends academic programming for clients who are between 15 and 20 years of age, and he usually recommends job readiness programming for clients over 20 years of age if they have any motivation for it. The other Processors do not attach any special significance to client age as a criterion for program recommendations.

Client Interests and Motivation as Criteria for Program Recommendations

All three Processors agreed that the client's interest and motivation are the ultimate criteria upon which they base their recommendations for program involvement. Most of the time the Processors use the criteria as indicated in Tables 3 and 4, but if the client expresses a strong enough interest and motivation for a program not otherwise recommended, the Processors said that they will recommend the program as long as there is at least a reasonable possibility that the resident might be able to handle it. This approach gives the client a great deal of personal input

13.3, 13.4 in his programming plan, but it also may minimize the input derived from R&GC "hard" data such as Client testing results.

Programming

Needs Assessed Recommendations for Existing Programs vs. Recommendations for any Programs Needed by Clients

and

Programming All three Processors expressed the belief that the R&GC's recommendations for client program

Recommended involvement should be realistic and therefore be prepared in accordance with the actual availabi-

(Continued) lity of programs in the Department's Correctional facilities. They feel that their recommendations

should reflect the programs the client will have access to in the facilities to which he is

assigned. The Processors identified three reasons for their insistence on only recommending

programs that already exist in the Michigan Corrections system (rather than recommending any and all

programs needed by the clients regardless of whether or not those programs exist). First, the

Processors feel that it would be useless to recommend programs that are not offered in the facili-

ties because the clients would not be able to get into non-existent programs. Second, the

Processors reported that the Parole Board gets upset when clients are recommended for involvement

in non-existent programs. Third, the Processors have come to the conclusion that recommending a

client for non-existent programs might hurt the client's chances for parole. The latter conclusion

was deduced from the following series of premises:

- 13.3, 13.4 Client Programming Needs Assessed and Programming Recommended (Continued)
- (1) The Processors are convinced that R&GC recommendations must be followed by the receiving facilities according to policy.
  - (2) If the receiving facilities must follow the R&GC recommendations, then the clients must follow the recommendations.
  - (3) If the clients must follow the R&GC recommendations, then the Parole Board probably requires that the clients must complete the recommendations before parole is granted.
  - (4) If parole is not granted until the client completes the R&GC recommendations, and if the R&GC recommendations include non-existent programs, then the client cannot be paroled.

The above reasoning may be fallacious on two points. First, there is some question as to how closely the receiving facilities must follow R&GC recommendations. Second, the Parole Board may not be as demanding concerning completion of R&GC recommendations as the Processors seem to believe.

The Processors' belief that the receiving facilities must follow R&GC recommendations is based upon PD-DWA-11.01 which declares that "Program recommendations of R&GC, as approved by the Bureau of Correctional Facilities, shall be considered as binding obligations for receiving institutions and must be followed unless BCF authorized modification is obtained." However, all other references to utilization of R&GC recommendations, both in policy and in Administrative Rule, are more moderate

13.3, 13.4 statements. The Director's Office Memorandum supplementing PD-DWA-40.01 says that "Receiving Client institutions must develop programs and establish procedures to implement R&GC recommendations," Programming but the memo goes on to state, "To say that R&GC staff has essential responsibility for program Needs Assessed planning does not preclude other institutions from making additions or deletions to the plan for a and good cause." PD-DWA-40.01 says only that "Both initial and reclassification decisions will consider R&GC recommendations. . . as relevant" (Emphasis added). Finally, Administrative Rule Programming Recommended 791.4430 lists R&GC recommendations as but one of 11 criteria to use as bases for program classification assignments. (Continued)

On the issue of Parole Board strictness with regard to client completion of R&GC recommendations, Administrative Rule 791.7715 lists 14 factors that the Parole Board shall evaluate "With regard to the resident in determining whether parole is in the best interest of society and public safety." Client completion of R&GC recommended programs is not specifically mentioned as one of the 14 factors, but it is indirectly involved in four of the factors: (1) Job Readiness, (2) Resident's of critical personal problem areas and attempts to deal with them, (3) Performance at work or school assignments, and (4) Need for further institutional program involvement to increase release readiness. However, the Commentary to the above Rule states that, "The presence of all factors does not necessarily guarantee parole, nor does the absence of one or several preclude release." Thus, even though client completion of R&GC recommendations is indirectly associated with the factors, completion of the recommendations is not necessarily a prerequisite for parole.

13.3, 13.4      The R&GC Psychological Services Administrator noted that the Parole Board probably looks to completion of recommended programs before granting parole unless the client has a good reason for not attempting to get into or finish the programs. He has noticed that the Parole Board seems to be much more strict about clients getting recommended psychotherapy than about fulfillment of academic and vocational recommendations. The R&GC Testing/Training Supervisor remarked that the Parole Board is probably not demanding about recommendation fulfillment as long as the resident has made some effort to get involved. The R&GC Superintendent probably said it best though when he commented that no one can really say for sure just what the Parole Board will and will not consider in their decisions because the Parole Board does what it wants.

Client  
Programming  
Needs Assessed  
and  
Programming  
Recommended  
(Continued)

Extent of Transcase Processors' Knowledge about the Programs they Recommend

As long as the Processors continue to only recommend clients for involvement in existing programs, the Processors will need to have a thorough and up-to-date knowledge of all of the programs available in the Department's facilities. At present, the Processors' knowledge about the programs offered in the receiving facilities is limited to the written information they have available to them in the R&GC Training Manual. The Processors are aware that the remedial, Pre-GED, and GED education programs are available in all of the institutions and that college programming is available at several facilities (PD-BCF-41.03). They know very little, however, about the actual content and operation of these programs. Also, as of this writing, the Processors were still recommending high school completion for some residents even though the Department has eliminated

13.3, 13.4 high school programming. The R&GC had not been informed of the decision to eliminate the Client programming.

Programming

Needs Assessed In the area of vocational education, the R&GC Training Manual contains three documents that list and describe the vocational offerings at the facilities:

Programming

Recommended

(Continued)

- a) Vocational Education Programs (dated 12/8/77) - This document lists the vocational programs offered in the Michigan Corrections system and it tells which institutions provide the programs, how many weeks each program takes to complete, and the number of hours the client participates in each program per day and per week.
- b) Vocational Programs by Custody Level (not dated) - This document lists which vocational programs are offered by the Department at each level of custody. It also lists (1) the Average Grade Equivalent (AGE) score the client must attain to qualify for entry into each program, (2) the Occupational Aptitude Profiles (OAP's) from client GATB scores that correspond to the various vocational programs and (3) the minimum number of weeks a client would have to participate in the programs to have a chance of completing them.
- c) Program Descriptions for 24 Corrections Vocational Programs (not dated) - These program descriptions provide information concerning the program titles, locations, objectives, prerequisites for entry, and suggested times needed for completion.

13.3, 13.4      The Transcase Processors and the Testing Supervisor commented that the above materials are probably  
Client            outdated. They have no way of knowing for sure, but since the one document that has a date on it  
Programming     is almost 1 1/2 years old and since clients who return to the R&GC often claim that the programs  
Needs Assessed they were supposed to enroll in do not even exist anymore, the R&GC staff feel pretty certain that  
and                the materials are no longer accurate. PD-DWA-25.02 declares:

Programming

Recommended

(Continued)

It will be the responsibility of institution and bureau heads to see that all concerned parties are informed of new programs. A listing of institutional and corrections center treatment programs will be maintained for distribution by the Bureau of Correctional Facilities' Supervisor of Treatment. The list will be updated in January and July of each year, or upon more frequent need. Institution heads will submit any changes in their listings upon occurrence, and a complete update no later than December 20 and June 20 of each year.

Apparently the mechanism for doing this is not effective. The program inventory is being completed twice a year but it is not always accurate and it appears that the R&GC is not receiving copies of the inventory.

The Transcase Processors also do not receive any information (other than rumors) about the waiting list situation for programs in the receiving facilities. In this case, however, the Processors said that even if they did have up-to-date information about waiting lists, they are not sure how they would use it.

All three Processors expressed a desire to visit the receiving facilities, get a firsthand look at the programs, and talk to the teachers. The Processors said that these visits would enable them to become better informed about the programs because the clients at the R&GC ask many questions

13.3, 13.4 about programs that the Processors cannot answer given their current knowledge. The visits would  
Client also enable the Processors to receive feedback from program staff about the general appropriate-  
Programming ness of R&GC recommendations and about what criteria the teachers use to decide which clients to  
Needs Assessed enroll in programs.

and

Programming Feedback From Receiving Facility Program Staff

Recommended

(Continued)

The Processors do not receive any feedback from the program staff at the receiving facilities about the appropriateness of the R&GC recommendations. Feedback about whether the clients actually receive their recommended programs is also nonexistent. Two of the Processors would appreciate receiving such feedback, but the third Processor said that the lack of feedback is not a problem because his responsibility ends once the recommendations are made.

13.5 The Transcase Processors complete statistical risk screening for each client. Two forms are com-  
Statistical pleted which predict high or low risk for violence and property crimes while on parole. Several  
Risk Screening client characteristics are entered onto the forms and the end result is the classification of each client on ordinal scales for assaultive felony risk prediction (ranging from very low to very high) and property felony prediction (ranging from low to high). The Processors complete the forms, give copies to the residents, and explain the meaning and significance of the risk levels to the client. The client's statistical risk levels are used to assist in decision-making about client institutional placement, eligibility for participation in community programs, and parole considerations.

13.6  
Complete  
Transcase  
CSO-104A

The Transcase Form is the primary document generated in transcase evaluation. The completed Transcase is essentially a profile of the client's background, security and program needs, interests, and capabilities. In completing the Transcase, the Processor transcribes data from the client's files and records additional information acquired in the transcase interview. The Transcase Form is best described as a checklist because the form is designed to virtually eliminate the need for narrative. Most of the information on the form is recorded simply by placing check marks or numbers in the appropriate boxes. Areas requiring narrative can be completed sufficiently using only a phrase or a few short sentences. The Processors record all pertinent information and the sources of that information. The first page of the Transcase is the Management Section; and the information it contains is used primarily by the Classification Committee for determining the institutional placement needs of the client. The section alerts users to each client's actual or potential custodial management problems. An area for additional "comments" is provided which the Processors use to inform the Classification Director of any special security needs requiring consideration.

The second page of the Transcase Form represents the general program plan for the client. Programming recommendations are checkmarked for educational preparedness, job readiness, substance abuse, and therapeutic programming. The recommendations are not arranged in order of priority for completion. Criteria used as the bases for the recommendations are also checkmarked; but if more than one recommendation is made in a single category, no specification is provided as to which of the listed criteria were used to make each recommendation. An area for additional "comments" is

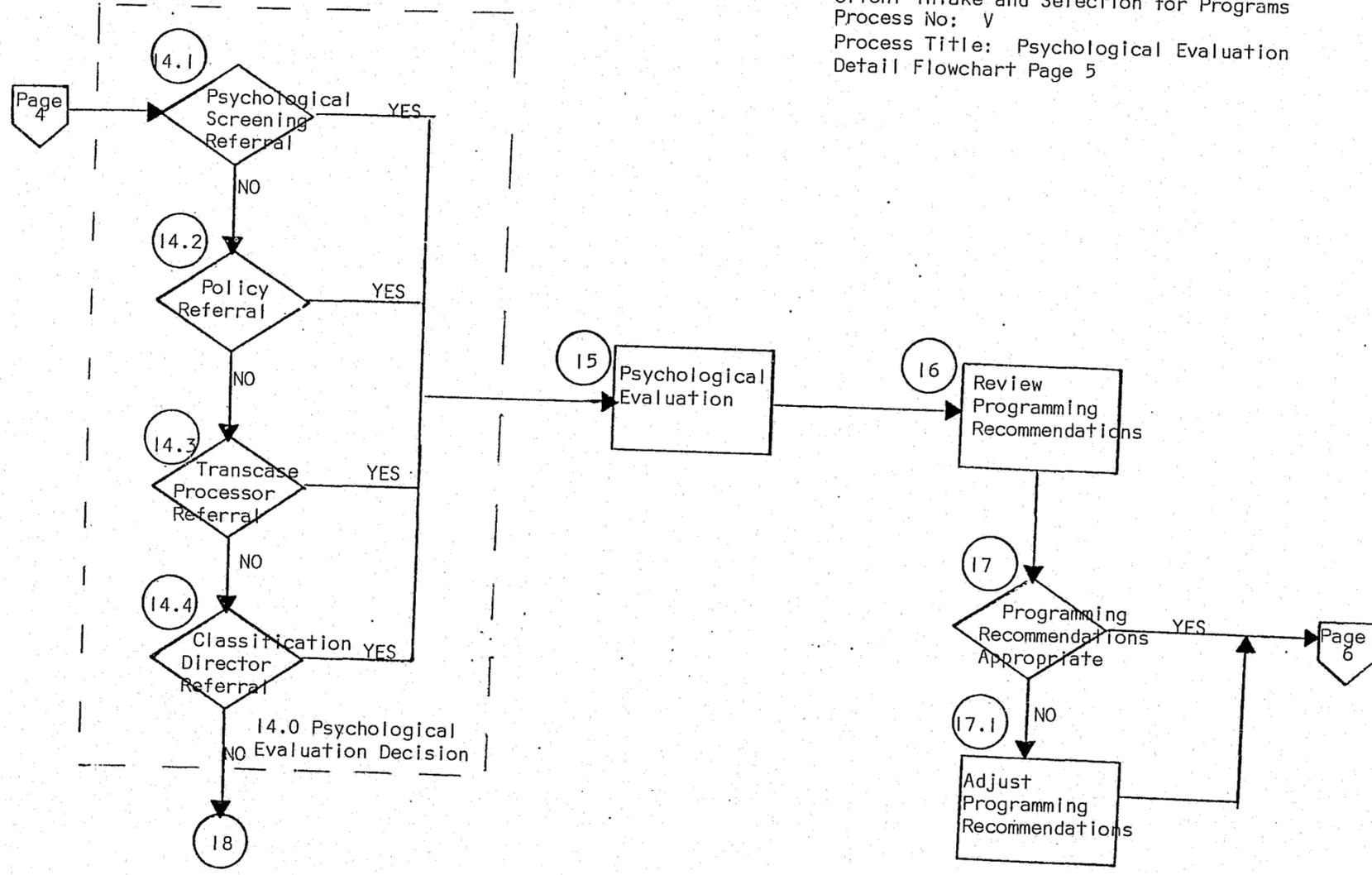
13.6  
Complete  
Transcase  
CSO-104A  
(Continued)

provided after each category of recommendations, but R&GC written procedure does not identify what supplementary material should be included here. Consequently, the Processors use the comments sections inconsistently and haphazardly.

13.7  
Dictate  
Transcase  
Summary

After each transcase interview the Processor dictates a brief "Transcase Summary" that is attached to the resident's Transcase Form. The Summary contains (1) a concise statement of the resident's version of his offense (i.e., whether he admits to committing the offense and his stated reasons for committing the offense), (2) a discussion of the client's life history as it contributed to his social development and failure in the community, (3) documentation (when considered necessary) of the client's need for particular program recommendations, and (4) the Processor's impressions of the client, especially as they relate to the resident's cooperativeness and probable adjustment to prison life. The R&GC "Instructions" for completing the Transcase declare that "The intent of this opinions section is more of a description as opposed to explanation," and they insist that the Processors "are not expected to explain why an individual has problems, but only that he did have problems and what the precipitating factors were as documented from the available information."

Client Intake and Selection for Programs  
Process No: V  
Process Title: Psychological Evaluation  
Detail Flowchart Page 5



14.0 As mentioned earlier, most of the clients passing through the R&GC do not receive a psychological  
Psychological evaluation. Some categories of clients are routinely referred for psychological evaluation, and  
Evaluation other residents can be referred if their behavior seems to indicate a need for such an evaluation.  
Decision Referrals for psychological evaluation are made in four ways.

14.1 Psychological screening is the first method of referral for a psychological evaluation. R&GC  
Psychological Psychologists review client testing results to identify and refer "mentally ill persons, suicidal  
Screening individuals, and other persons experiencing serious signs of psychological decompensation" (R&GC  
Referral "DRAFT" Procedure). See Steps 11.0 - 11.4.

14.2 The 17-page R&GC "DRAFT" Procedure instructs the Transcase Processors to refer clients who have  
Policy committed certain offense types: sex offenses and/or "extreme acts of violence, cruelty, tor-  
Referral ture, or sadistic crimes." The Processors are also required to refer clients whose institu-  
tional files indicate "recent histories of severe psychiatric decompensation (defined primarily as  
psychotic or suicidal)."

14.3 Transcase Processors can also make referrals based upon client behavior during transcase interviews. Occasionally residents will exhibit serious psychological/emotional problems during the transcase interview that were not evident from the clients' testing results and institutional file materials. In these instances, before deciding on the appropriateness of a possible referral, the Processors are expected to consult with the Psychologist conducting psychological screening.

14.4 Clients also tend to exhibit psychological behavior problems during classification for facility placement. The R&GC Classification Director noted that the residents are usually at least somewhat composed throughout their stay at the R&GC until they meet with the Classification Committee. At that point, the realization that they are actually going to a prison seems to really take hold and they sometimes display emotional adjustment problems that were not apparent earlier in their processing. When these adjustment problems are severe, the Classification Director refers the residents back for a psychological evaluation (OP-R&GC-40.11). He reported that he refers clients back for evaluation quite frequently.

15.0 Psychological evaluation is performed by reviewing all information from the client's psychometric and institutional files pertaining to the resident's psychological status, and conducting an in-depth interview with the client. After the file review and client interview, the Psychologist dictates a "psychological assessment report" that includes (1) basic descriptive information about the client; (2) a statement about the reason for referral; (3) the Psychologist's clinical impressions

15.0 Psychological Evaluation (Continued) "appropriately substantiated with relevant background material from the file, testing and the interview"; and the Psychologist's recommendation for psychotherapeutic programming (R&GC "DRAFT" Procedure).

The Psychologist's clinical impressions are expected to consist of statements about "the resident's personality dynamics," any "significant psychopathology uncovered or suggested," "etiological factors contributing to the individual's behavior in the crime," "the reasoning and evidence for any conclusions" made by the Psychologist, and "whenever possible, a tentative diagnostic impression." Jargon is to be avoided in the writing of the clinical impressions because non-psychologist Corrections employees are thought to be the users of the information. The recommendations for psychotherapeutic programming specify which type of therapy is needed (i.e., sex offender, impulse control, general, ambulatory, psychotic, or alcohol and drug dependent therapy) and whether the client should receive individual or group psychotherapy. The recommendations are to be accompanied by "a brief statement of the tentative therapeutic goals to be worked upon by the client" (R&GC "DRAFT" Procedure).

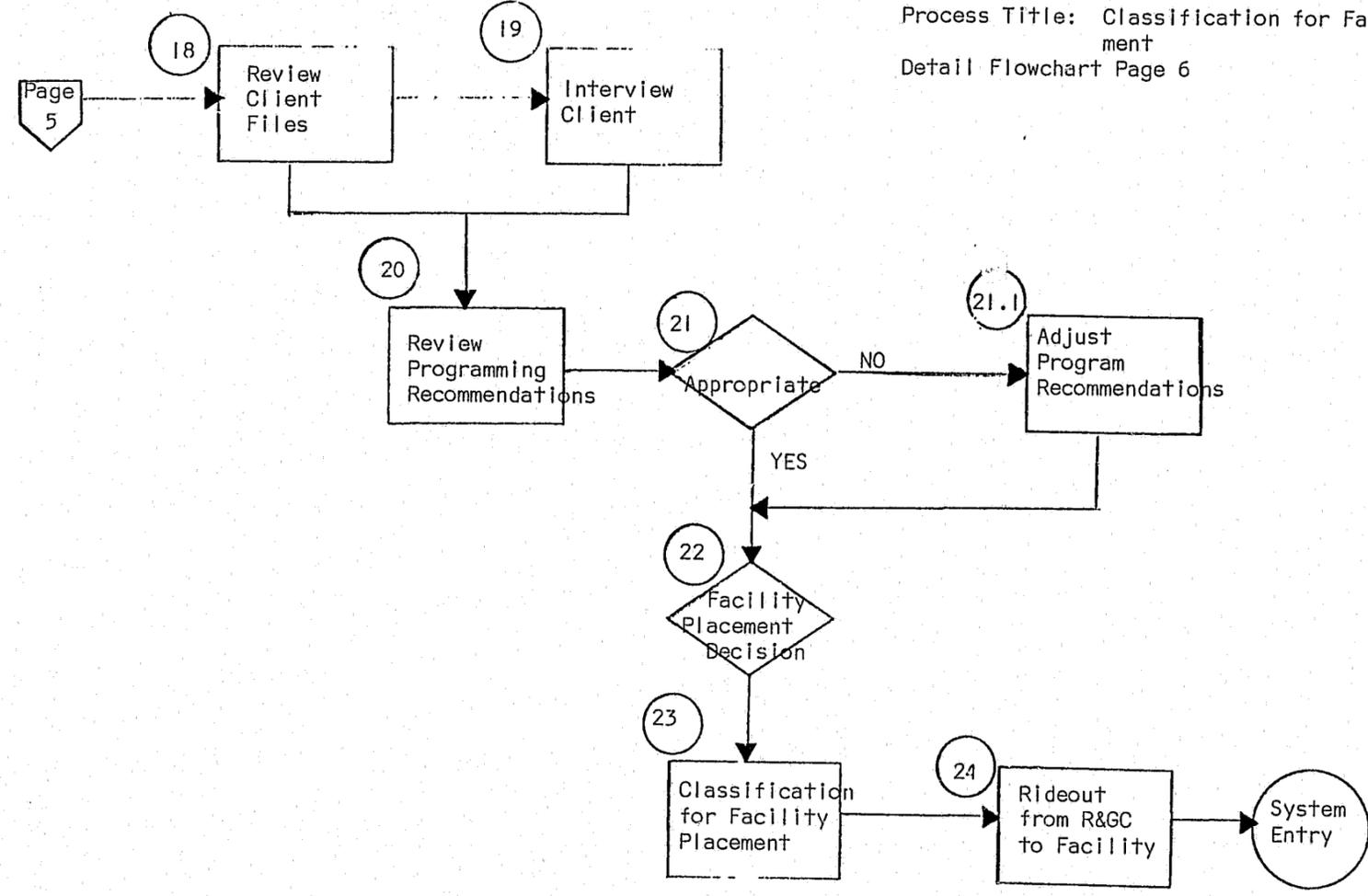
16, 17, 17.1 Review of Transcase Recommendations The psychological evaluation step of the R&GC process does not contribute directly to client selection for academic and vocational education programs. The establishment of Transcase Processor positions make it possible for the R&GC Psychologists to concentrate their efforts on determining the psychotherapeutic needs of clients. However, the Psychologists still have some degree of

16, 17, 17.1 impact on recommendations for client involvement in academic and vocational programming. In cases  
Review of where a client receives a psychological evaluation, the Transcase Processors' programming recom-  
Transcase mendations are reviewed by the Psychologists for appropriateness.

Recommendations

(Continued) The Psychological Services Administrator reported that the Psychologists have had to change the  
programming recommendations, made by the Transcase Processors, quite often in the past. He said  
that clearly inappropriate recommendations were appearing regularly on the Transcase Forms (e.g.,  
men were being recommended for trade training that they were obviously not qualified to enter).  
He noted, though, that problems with the recommendations are to be expected given the number of  
clients the Processors must interview each day. The Administrator was unsure about whether the  
Transcase Processors' recommendations have improved, but he acknowledged that the situation is  
probably better now since the Transcase Processors have had more time to gain experience.

Client Intake and Selection for Programs  
Process No: VI  
Process Title: Classification for Facility Placement  
Detail Flowchart Page 6



18  
Review  
Client Files

The final step of the R&GC process is classification for facility placement. Classification for facility placement at the R&GC is carried out by a Classification Committee composed of the Classification Director and a Corrections Specialist (i.e., a block officer). A third individual - another custodial officer - is also considered to be a member of the Classification Committee, but he merely monitors the clients waiting to be classified so he does not really participate in the decision-making. The Classification Committee is responsible for determining the appropriate level of security needed for each client and for assigning each client to a specific facility placement in accordance with Department policy and Michigan law.

The Classification Director is in charge of the classification function. He does most of the work and he makes all of the decisions. The Corrections Specialist in attendance is supposed to represent the custodial interests of the Department. In actuality, he simply serves as the assistant to the Classification Director. He reviews the clients' Transcase Forms and psychological reports in detail to make sure that the Classification Director does not overlook any important information about the resident. The Classification Director asserted that the Corrections Specialist is very helpful during the classification sessions, but direct observation of the classification function clearly showed that the Corrections Specialist actually does very little of substance. He rarely speaks to the clients, and his interaction with the Classification Director is infrequent and very brief.

18  
Review  
Client Files  
(Continued)

Before each client receives his classification interview, the Classification Director begins to review the client's institutional file. All file information is relevant and applicable to the placement decision so the entire file, including the Transcase Form, is reviewed.

19  
Interview  
Client

Policy is silent concerning the content of the client interview. Direct observation of the classification function showed that the Classification Director continues his review of the client's file while he asks the clients a few brief questions. The questions vary from one interview to the next, depending upon the circumstances of each particular case. Eye contact between the Classification Director and the resident is maintained for about half of the interview session; the rest of the time the Director pages through the institutional file. The bulk of the interaction between the Classification Director and the client takes place after the placement decision has been reached. The client is told where he will be placed and when he can expect to be transferred to the facility. Finally, the Classification Director asks the resident whether he has any questions about his processing or about where he is being placed. About half of the clients ask a question or two.

The Classification Director reported that he usually classifies 32-38 clients per day. He said that each interview usually lasts approximately 5 minutes, but the time spent in each classification interview varies according to the degree of flexibility involved in each placement decision. If the placement choices are open, the interviews are longer; if there are no placement choices, the interviews may last only one or two minutes. The Classification Director said that he would

19 Interview Client prefer to be able to spend more time with each client to deal with their questions and concerns since they seldom get the opportunity to have that sort of contact with staff. However, he theorized that even if the intake load was reduced considerably, the time spent in interviews would probably be unaffected because other tasks would expand to use any added time that might be gained.

20, 21, 21.1 Review of Transcase Recommendations The Classification Director always reviews the programming recommendations made by the Transcase Processors to see if they are appropriate. He makes adjustments and/or corrections where necessary. Since most of the clients do not receive psychological evaluations, classification for facility placement is normally the only checkpoint for monitoring the work of the Processors. Consequently, the Classification Director is officially responsible for supervision of the Processors. He acknowledged that the Processors occasionally make errors in their programming recommendations, and he commented that the majority of the errors occur during heavy intake periods. He also said the Processors make fewer errors now as compared to when they first started in the positions less than one year ago.

22, 23 Facility Placement Decision Classification for facility placement is important to client selection for academic and vocational education programs largely because of its key role in determining whether clients are placed in facilities that offer the programs the clients need most. The receiving facilities have differing program capabilities. All programs are not available at all facilities, and facilities that

22, 23 offer the same programs do not have identical enrollment capacities and program waiting lists.  
Facility Client programming recommendations are of questionable value if the clients are not placed in faci-  
Placement lities where the recommendations can be fulfilled.

Decision

(Continued)

At the time of this writing, the general feeling among staff at the R&GC seemed to be one of resignation and helplessness in making any significant headway in the battle to improve and increase the usefulness of client program recommendations. Several staff members commented that the "bed space problem" effectively negates any improvements that might be made. They feel that the overcrowding in the facilities must be lessened before any real progress can be achieved. One indication of this general concern is the perception among R&GC staff that the Classification Director cannot take program recommendations into account when he decides facility placement. They are under the impression that the Classification Director is so constricted by the "bed space" situation that he has almost no placement alternatives remaining once he has met the criteria for Blanket Approval transfers. When asked about this, the Classification Director reported that these R&GC staff members are mistaken because most of the time he has options remaining after meeting the Blanket Approval criteria. He acknowledged that bed space does limit his ability to consider program recommendations when classifying residents, but he declared that security requirements are much more constricting.

The Classification Director noted that PD-BCF-34.01 is the guiding light for classification for facility placement. The policy's objectives are:

22, 23  
Facility  
Placement  
Decision  
(Continued)

- (1) To ensure that prisoners are placed in the least restrictive degree of security necessary, consistent with public protection and availability of bed space.
- (2) To ensure efficient institutional population management.
- (3) To ensure available programs are equitably distributed to individuals demonstrating greatest need.
- (4) To ensure appropriate reclassification of security risks and the unmanageable.
- (5) To ensure expeditious transfer of individuals in need of medical and/or psychiatric treatment.

The Classification Director said that the policy necessitates consideration of three items above all others when deciding facility placement:

- (a) The level of custody required because protection of the public is the number one priority.
- (b) The time remaining before the client's s.g.t. minimum because that determines the required level of custody.
- (c) The client's age in years because that determines what facilities the client can be placed at.

Once the above items have been considered, he can then explore the remaining placement options and add programming recommendations to his list of variables. He must also keep the bed space situation in mind continuously because it is a simple fact that some facilities always seem to have more residents qualified for reduced custody than other facilities. He claimed that the latter is especially true of medium custody facilities. PD-BCF-34.01 declares that "It shall be the respon-

22, 23

Facility

Placement

Decision

(Continued)

sibility of institutions to regularly screen their population to ensure that individuals are moved to a less restrictive security status immediately upon eligibility."

The Classification Director stated that he never relaxes the custody level guidelines to meet client program needs because his job is to ensure security and not to take risks. If it appears to him that a particular individual cannot adjust to a level of security authorized by Blanket Approval guidelines, the client will be placed at a facility with a higher security level even if the facility does not offer programs needed by the client.

When the Classification Director can take program recommendations into account, he considers what programs are offered in which facilities to the best of his knowledge given his familiarity with program information available to the R&GC. The Classification Director has access to the same program materials that are available to the Transcase Processors. He also must consider the waiting lists for programs at the facilities. He said that he receives waiting list information from the Classification Directors at the receiving institutions when he contacts them to tell them how many residents they must make room for each week.

In cases where there are two alternative placements available to a client, but only one of the facilities has the program recommended for the individual, the Classification Director explained that he first looks at the waiting list for the program and estimates the length of time the client will probably remain at the custody level of the institution. If there is some likelihood that the

22, 23  
Facility  
Placement  
Decision  
(Continued)

resident might be able to get into the program and finish it, the Director will hold the man at the R&GC until there is an opening at the facility with the program - unless of course the R&GC is too overcrowded at the time, in which case the Classification Director will send the client to the other facility if it has an opening first, or if it is one of the facilities that always seem to be able to find another bed.

Facility placement decisions that meet Blanket Approval criteria are approved within the R&GC. They do not need individual Central Office approval. Non-blanket authorizations must be approved by the Regional Administrator or the Deputy Director of the Bureau for Correctional Facilities (PD-BCF-34.01).

Classification Director Familiarity With Policy and Procedure

The Classification Director has copies of all Departmental, BCF, and R&GC policies and procedures. He claimed that he rarely needs to refer to them because he has memorized most of the relevant information that pertains to his varied roles. He does not view the scope of his recently expanded position as problematical (See Section I, R&GC Organization) because he feels that the operation is running fairly smoothly at present. However, he affirmed that the job is working smoothly because he is a "workaholic," and he acknowledged that the person who takes over his position in the future may have difficulty keeping up with the workload for awhile since they will have to assume all of the roles at once, whereas he has been able to assume the added tasks and responsibilities gradually.

- 24            After the placement decision has been reached, the client is transferred to the receiving facility.
- Transfer To    Arrangements for rideout are dependent, in large part, upon the rate of intake and the availability  
Receiving    of bed space at the R&GC. (See Section I, R&GC Processing Time.)  
Facility
- System Entry    When the client arrives at a receiving facility, he goes to Program Classification where he is  
enrolled in programs, placed on a waiting list, or given a routine work assignment. Then he begins  
his programming.

## RECOMMENDATIONS

- 1) The Testing Supervisor should have a thorough knowledge of test administration methods and standardized conditions required by each test publisher, and be capable of training others in these areas.
- 2) The R&GC should strive to reduce the turnover rate among inmate clerks responsible for administering tests to clients.
- 3) Inmate clerks responsible for administering assessment tests should be provided with adequate training in methods of test administration.
- 4) The R&GC Testing Manual should include administration instructions for all tests given.
- 5) The Testing Supervisor should periodically monitor testing sessions to maintain standardization of test administration.
- 6) Periods of rest between Stanford Achievement Test sub-tests should be provided, in line with the publisher's guidelines.
- 7) Residents should be referred to by name, rather than by number.
- 8) Clients should not be subjected to continuous, day-long testing and orientation.
- 9) Some method should be developed to provide orientation and initial testing for residents housed in segregation.
- 10) Testing rooms should be sound-proofed.
- 11) The Training (Testing) Supervisor should have sufficient knowledge of test score interpretation to enable him to train others.
- 12) Transcase Processors should have sufficient knowledge of vocational test score interpretation to enable program recommendations to be based (at least in part) on this information.
- 13) The need for the R&GC Vocational Information Questionnaire should be established. If it is found to be helpful to receiving facility staff, it should be distributed to institutional files. If it is not needed, it should be eliminated.
- 14) Client orientation should be provided by Psychological Services Unit staff who are knowledgeable about programs, in accordance with PD-DWA-11.01.
- 15) All clients should be provided with orientation, as outlined in Administrative Rule 791.2230, PD-DWA-30.03, and OP-R&GC-40.01. The orientation should include information about the programs available in the receiving facilities and the purposes and significance of each R&GC activity.
- 16) The number of clients attending each session of R&GC client orientation should be reduced.
- 17) The R&GC should identify the clients who need vocational counseling and provide such assistance in determining career choices, consistent with attachments to Director's Office Memorandum 1976 - 1.
- 18) Inconsistencies and conflicts between Department policies and R&GC procedural instructions relevant to transcase evaluation should be eliminated.

- 19) Department policy should clearly specify the basis upon which programs are to be recommended for clients: by client need, expressed interest, or program availability.
- 20) Some mechanism to provide R&GC staff with current information about the availability of programs at each of the receiving facilities should be established, assuming that Transcase Processors must match client need with program availability.
- 21) Transcase Processors should recommend program involvement based upon client need, irrespective of program availability, if no matching of need and program availability is required.
- 22) The Transcase Form (CSO-104A) should provide a way for the Transcase Processors to indicate which criteria are used to recommend each of the academic and vocational programs, when more than one program is recommended. (See page 2 of Transcase Form.)
- 23) Transcase Processor recommendations for client involvement in programs should appear in priority sequence when more than one program is recommended.
- 24) Workload standards for the Transcase Processors should be established to enable them to spend sufficient time with each client to accomplish all of the objectives of transcase evaluation.
- 25) In-service training for Transcase Processors should occur periodically to communicate changes in policy, priorities, and methods and to ensure quality control of R&GC program recommendations.
- 26) The R&GC should establish a mechanism for controlling its intake rate.

- 27) The goals of the R&GC should be clearly specified, updated annually, and disseminated to all R&GC staff.
- 28) The job description of the Testing Supervisor should be made compatible with his duties.
- 29) The work schedule of the Testing Supervisor should enable him to devote a sufficient amount of time to his responsibilities for test supervision.
- 30) The R&GC should develop promotional opportunities that do not simply add tasks to already overburdened staff.
- 31) The R&GC "DRAFT" Procedure, entitled Transcase Preparation and Psychological Screening for R&GC, should be finalized and become officially sanctioned.
- 32) The R&GC Training Manual for Clinical Staff should be consolidated and condensed to improve clarity and enable quick review.
- 33) R&GC staff should be provided with copies of the Manual of Standards for Adult Correctional Institutions published by the American Correctional Association.
- 34) The R&GC should have an effective program of physical plant maintenance.

**END**