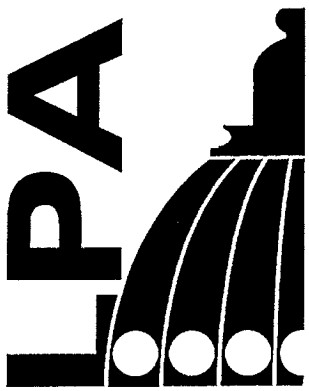

PERFORMANCE AUDIT REPORT

Reviewing The Usefulness Of State Reception And Diagnostic Center Evaluations

A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
December 1987

88PA33

Legislative Post Audit Committee

Legislative Division of Post Audit

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PERFORMANCE AUDIT REPORT

REVIEWING THE USEFULNESS OF STATE RECEPTION AND DIAGNOSTIC CENTER EVALUATIONS

OBTAINING AUDIT INFORMATION

This audit was conducted by Leo Hafner, Senior Auditor, and Cindy Lash and Curt Winegarner, Auditors, of the Division's staff. If you need any additional information about the audit's findings, please contact Mr. Hafner at the Division's offices.

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Summary of Legislative Post Audit's Findings

How useful are the Reception and Diagnostic Center's evaluation reports for correctional staff, courts, and prosecutors? Nearly all judges, prosecutors, and correctional employees surveyed thought the Diagnostic Center's evaluation reports were useful or very useful, but they raised concerns about the reports' timeliness. Several procedural changes identified during this audit could make those reports more timely. Correctional staff indicated the reports' usefulness is also hampered by overcrowded conditions and insufficient treatment programs. Increased funding for such programs in fiscal year 1988 should help this situation, but may not be sufficient to resolve the problem.

Do evaluation reports provided by the Reception and Diagnostic Center duplicate information contained in pre-sentence investigations completed by local court services personnel? Pre-sentence and Diagnostic Center Reports contain some common information about the inmate's current offense, prior record, and social history. Even though some of the information in these categories was the same, the Diagnostic Center's reports generally added new information which the reports' users said was vaulable. In addition, the Diagnostic Center's reports have psychological and psychiatric information that is usually not found in pre-sentence reports.

Is the current system the most cost-effective way of evaluating and testing offenders sentenced to Kansas prisons? The auditors' analysis of operating costs at the State's prisons suggests that high operating costs at the Diagnostic Center are primarily a result of the Center's small size, not of its function as a diagnostic facility. Moving the evaluation function to the Penitentiary and the Reformatory would not be more cost-effective than the current arrangement because those evaluation costs would still be incurred, and because the Reception and Diagnostic Center would need to add vocational, educational, and treatment programs if a permanent inmate population were housed there. The Department of Corrections estimates that about $1.5 million in capital improvements would also be necessary.

Do male and female offenders receive substantially equal diagnostic evaluations? The major differences in the evaluation processes for male and female inmates include different testing instruments, different information verification procedures, and different report formats. The Department of Corrections recognized many of these differences during an internal study in 1984, but never fully implemented its staff's recommendations for change. Also, the Department has never adopted written standard evaluation procedures to ensure that evaluations of men and women are substantially equal.

REVIEWING THE USEFULNESS OF STATE RECEPTION AND DIAGNOSTIC CENTER EVALUTIONS

The State Reception and Diagnostic Center in Topeka was established to provide a thorough and scientific examination of all male felons sentenced by the courts to the custody of the Secretary of Corrections. Professional staff at the Center evaluate each inmate to determine the type of correctional environment and rehabilitation programs that are best suited to his needs. In Kansas, the courts have a 120-day period during which they can modify the sentence imposed on a person convicted of a felony. The diagnostic evaluation reports provided by the Center are also used in this sentence-modification process.

The evaluation consists of physical, mental, and psychological examination and testing. The Reception and Diagnostic Center completed 1,925 diagnostic examinations in fiscal year 1987 and spent $3.2 million, or an average of $1,662 per completed examination. In all, the Center employs 112 persons, 29 of whom are directly involved in testing and evaluations. The remaining staff provide the other services necessary to operate a prison facility, such as security, food service, laundry, and mechanical support.

The average daily cost of housing an inmate at the Diagnostic Center in fiscal year 1987 was about $60, compared with $24 at the State Penitentiary in Lansing and $26 at the Industrial Reformatory in Hutchinson. The Diagnostic Center's comparatively high costs have created concerns among legislators about whether the Center's reports are useful, whether they duplicate information already available from pre-sentence investigations, and whether the evaluation process is cost-effective. Legislators have also questioned whether male and female offenders receive equal evaluations. To address these concerns, the Legislative Post Audit Committee directed the Legislative Division of Post Audit to conduct a performance audit covering the following questions:

1. **How useful are the Reception and Diagnostic Center's evaluation reports for correctional staff, courts, and prosecutors?**

2. **Do evaluation reports provided by the Reception and Diagnostic Center duplicate information contained in pre-sentence investigations completed by local court services personnel?**

3. **Is the current system the most cost-effective way of evaluating and testing offenders sentenced to Kansas prisons?**

4. **Do male and female offenders receive substantially equal diagnostic evaluations?**

To answer these questions, the auditors surveyed the people who most frequently use the diagnostic evaluations—judges, district attorneys, and correctional staff—to determine their attitudes about how useful those evaluations are and whether

they duplicate pre-sentence investigations. The auditors visited the Diagnostic Center and compared the procedures its staff uses to evaluate inmates with methods used by court services personnel in preparing pre-sentence investigations. They reviewed samples of each type of report to determine the kinds of information and level of detail in each. They also surveyed other states to determine how those states evaluate new inmates. The auditors examined the potential for conducting inmate evaluations at the Penitentiary and the Reformatory rather than centrally at the Diagnostic Center. Finally, they visited the Correctional Institution at Lansing and compared the procedures used there for evaluating female offenders with the ones used by the Diagnostic Center for evaluating male inmates.

The auditors found that judges, prosecutors and correctional staff generally think that the Center's evaluations are valuable; however, the reports' usefulness is sometimes impaired by a lack of timeliness and by overcrowded treatment programs within the prisons. The Diagnostic Center's evaluations do duplicate some information contained in pre-sentence reports, but the presentence report is not a substitute for the Diagnostic evaluation. Evaluating inmates at the Penitentiary and the Reformatory apparently would not be more cost-effective than evaluating them at the Diagnostic Center because the evaluation costs would simply be shifted to the other institutions and because the Diagnostic Center would still be operated as a small prison with high costs. Also, Corrections officials indicate substantial renovations would be necessary if the evaluation process were relocated. Finally, the auditors found some differences in the evaluations of male and female inmates. The Department of Corrections lacks written policies and procedures that will ensure the evaluations are substantially equal. These and other findings are discussed following a brief description of the Diagnostic Center's inmate evaluation process.

An Overview of the Reception and Diagnostic Center's Inmate Evaluation Process

All male felons sentenced by the courts are sent directly to the Penitentiary or the Reformatory where they are segregated from the general population until space becomes available at the Reception and Diagnostic Center. This holdover period can last between four and six weeks. Once the inmate arrives at the Diagnostic Center, he will go through a series of written tests and interviews. The figure on the next page shows the main steps in the evaluation process, and when those steps occur in relation to the inmate's arrival.

As the figure shows, an inmate's stay at the Center generally lasts about three or four weeks. During that time, the inmate completes orientation, completes any remaining portions of a physical examination begun while awaiting transfer to the Diagnostic Center, and is examined by a clinical evaluation team consisting of a psychiatrist, a psychologist, and a social worker. The inmate generally spends about 14 contact hours being oriented, interviewed by members of the evaluation team, taking written tests, or otherwise actively participating in the evaluation process. Between interviews and examinations, the inmate may perform institutional work assignments, participate in recreational activities, receive visitors, or make use of the Center's library and commissary.

Overview of a Typical Diagnostic Evaluation

State Penitentiary - Industrial Reformatory

After being sentenced for a crime, the typical inmate is sent to the State Penitentiary or the Industrial Reformatory where he will spend between four and six weeks waiting for space to become available at the Diagnostic Center. While at those institutions the inmates are segregated from the general population, and routine physical examinations are begun.

Reception and Diagnostic Center

	The Staff	The Inmate
Week One	A team of one social worker, one psychologist, and one psychiatrist is assigned to each inmate. The social worker begins gathering and verifying information that will be used in the evaluation process. Staff also administers and scores tests given to inmate. Nursing staff completes any necessary medical tests.	1. Participates in orientation (2-3 hours) 2. Has 1st interview with social worker (30 minutes) 3. Takes written psychological tests (6 hours) 4. Sees medical staff to complete any unfinished portions of medical exam begun at KSP or KSIR (45-60 minutes)
Week Two or Three	Inmate psychological test results are interpreted. Each member of the evaluation team holds an in-depth interview with the inmate. The results of the interviews are dictated and edited as three separate reports. The head of each discipline reviews the reports and then copies of each discipline's report go to the other disciplines	1. Has 2nd interview with social worker (2 hours) 2. Has interview with psychologist (1.5 hours) 3. Has interview with psychiatrist (1-2 hours)
Week Three or Four	The three members of the evaluation team hold a team meeting and reach a consensus on recommendations for the inmate. The final report is dictated and forwarded to senior members of the clinical staff for review.	1. Inmate receives initial classification and awaits transfer to the Penitentiary, Reformatory, or Vocational Training Center.
Weeks Five Through Seven	The report goes through internal review before being issued.	KSP - KSIR- KCVTC At the assigned institution, the inmate is admitted to the general population and enters rehabilitation programs

Copies of the Evaluation Report

- Sentencing Judge
- Dept. of Corrections & Correctional Institutions
- Others

Each member of the evaluation team is responsible for a different portion of the evaluation. The social worker develops a "social history" describing the inmate's background and lifestyle. To obtain this information, the social worker conducts at least two interviews with the inmate, interviews or sends questionnaires to the inmate's parents and spouse, and obtains records from schools, employers, treatment facilities, government agencies, and other sources that might have relevant information.

The psychologist interprets a battery of psychological tests taken by the inmate and interviews the inmate to verify the test results. These tests provide information on the inmate's intelligence and educational level, his personality, and the presence of some types of mental illness. The psychologist also gathers information on the inmate's use of alcohol and drugs.

The psychiatrist evaluates the inmate's mental and emotional health, diagnoses any mental illness or chemical dependency, and tries to identify the causes of the inmate's criminal behavior. In addition, the psychiatrist is responsible for coordinating the evaluation team and supervising the preparation of the team's final evaluation report.

By the third or fourth week, all examinations usually have been completed. Evaluation team members review each other's preliminary findings. They hold a team meeting to consider the inmate's suitability for probation or community corrections and develop recommendations regarding the treatment, education, and vocational training the inmate should receive if incarcerated. Meanwhile, the Center's classification staff makes decisions regarding the inmate's initial security classification and institutional assignment based on the information compiled up to that point.

After the inmate is transferred to the Penitentiary, Reformatory, or Vocational Training Center, the Diagnostic Center's chief social worker, chief psychologist, and supervising psychiatrist review the evaluation team's draft report to ensure that the findings and recommendations are complete, accurate, and appropriate. An approved final report is generally distributed to the sentencing judge, the Department of Corrections, and other users about six or seven weeks after the inmate's arrival at the Center, and two or three weeks after his transfer to a regular penal institution.

How Useful Are the Diagnostic Center's Evaluation Reports For Courts, Prosecutors, and Correctional Staff?

Kansas statutes state that the primary purpose of the Reception and Diagnostic Center is to conduct a thorough evaluation of each male felony offender so that the offender can be assigned to the correctional institution having the security level and programs most likely to maximize his rehabilitation. The Center's diagnostic reports are used by staff at correctional institutions to place inmates in programs, make housing decisions, and the like. The reports are also used by sentencing judges and prose-

cuting attorneys. In Kansas, sentencing judges retain jurisdiction over convicted felons for 120 days after imposing a sentence. The judge may modify the sentence at any time during that 120-day period. The Diagnostic Center's evaluation reports are considered by the judges in making sentence modification decisions and are used by the prosecuting attorneys in making sentence recommendations to judges.

The auditors surveyed a sample of district court judges and prosecuting attorneys to determine if the Diagnostic Center's reports were timely and useful for making sentencing recommendations and decisions. They also surveyed a sample of Department of Corrections' personnel to determine if the reports were useful for placing inmates in correctional programs and in managing inmates committed to correctional facilities.

All three of the groups surveyed indicated that the Center's reports were useful to them. As a group, the district court judges indicated the highest level of overall satisfaction with the reports; correctional employees rated the reports lower but still useful. Although users rated the Center's diagnostic reports as very useful, two things impair their usefulness: a lack of timeliness, and the problems created by overcrowding. There may be ways to reduce the amount of time an inmate spends in the evaluation process. These and other findings are discussed in the sections that follow.

Surveyed Judges, Prosecutors, and Correctional Employees Generally Thought the Center's Evaluation Reports Were Useful

Surveys were sent to all district court judges Statewide who handle criminal cases. A sample of prosecutors was chosen from 21 counties from all areas of the State. Finally, the auditors selected a sample of correctional employees from a list of employees who frequently use the Diagnostic Center's reports. In total, they surveyed 109 judges, 100 prosecutors, and 100 correctional employees. Almost 60 percent of those surveyed responded. Responses to survey questions are summarized in Appendices A, B, and C. As the accompanying table shows, nearly 99 percent of the 185 judges, prosecutors, and correctional employees who responded to the survey gave the reports an overall rating of useful or very useful.

Overall Ratings of the Usefulness of the Diagnostic Center's Reports

	Number of Respondents	RATINGS		
		Very Useful	Useful	Not Useful
Judges	80	82.5%	17.5%	0.0%
Prosecutors	39	61.5%	35.9%	2.6%
Correctional Staff	66	33.3%	65.2%	1.5%
Combined	185	60.5%	38.4%	1.1%

As the table shows, judges generally rated the reports the highest. In their survey comments, however, some judges expressed concerns that the reports they received were not timely. According to one judge, "The report often does not arrive until after the expiration of 120 days and then does me no good at all. Some reports arrive just a few days ahead of the 120 days and are limited in use." Another said "Sometimes it takes an inordinate amount of time to receive the reports. I assume this is as in all state agencies, an overabundance of work and inadequate staff to get out the paperwork. Otherwise, I am very pleased with their work."

Fewer prosecutors than judges thought the Center's evaluation reports were very useful. In response to survey questions and in open comments, one-third of the prosecutors indicated they seldom or never receive the reports in time to study them before making recommendations to the judge. Because of cost-cutting measures by the Department of Corrections several years ago, prosecutors no longer receive copies of the report directly; they must obtain them from the sentencing judge.

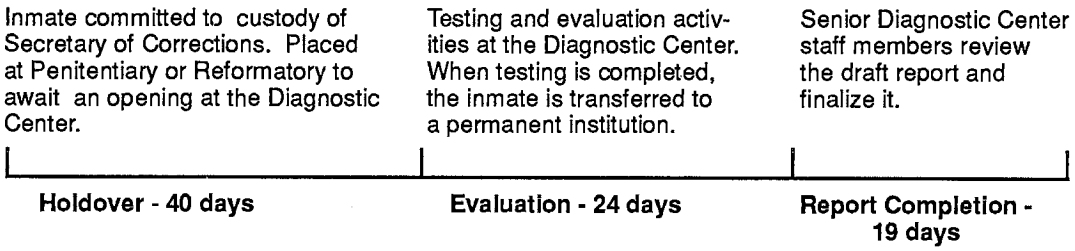
Finally, the table shows that correctional staff rated the Center's evaluation reports the lowest, although most still thought they were useful. Their written comments pointed to timeliness problems as well. As one employee indicated, "My only real complaint is that we develop programs for inmates within 16 days of their arrival as part of standards for accreditation. We usually don't have the evaluation within that timeframe." Other correctional employees indicated on the survey that overcrowded conditions diminished the reports' usefulness. One employee criticized the reports for not taking into account what is possible, based on overcrowding and budget constraints, as well as what is ideal. Another said, "The evaluations often make recommendations for which few penal facilities are equipped. We have a very large and expensive psychiatric staff assessing inmates, but practically no psychiatric staff exist to actually solve the problems they find."

As part of the survey, the auditors asked respondents to rate the importance of the information contained in the Center's reports. A table summarizing the ratings for 15 categories of information is presented in Appendix B. Generally, all three groups rated these categories as most important: prior criminal record, drug and alcohol use, mental status, and findings and recommendations. Respondents generally rated identifying information, medical history, and information about an inmate's sexual and marital relationships as least import, although many individuals commented that the latter category was very important if the inmate was convicted of a sexual offense.

Because of the concerns expressed about the reports' lack of timeliness and the problems created by overcrowding, the auditors performed additional testwork and reviews in each area. Because they found that about one-fourth of the reports issued for a sample of inmates took 100 days or more to issue, the auditors reviewed options for improving the reports' timeliness. They also found that, at least partly because of overcrowding, fewer than half the inmates in the sample completed the treatment programs recommended in the Center's report before being released from prison. These findings are discussed in the sections that follow.

The auditors identified two areas in which the evaluation procedure could be made more efficient so that evaluation reports can be issued on a more timely basis. The auditors reviewed the actual time it took to complete an evaluation and issue a report for a sample of 30 inmates. Three factors affect how long it takes to issue an evaluation report: the amount of time an inmate must wait at the Penitentiary or the Reformatory before being transferred to the Diagnostic Center, the time the inmate spends at the Center during his evaluation, and the time after the inmate leaves the Center when the report is finalized before being issued. The accompanying graph illustrates the average times for completing each component for the 30 evaluations the auditors sampled.

Factors that Affect the Length of Time It Takes To Issue an Evaluation Report



As the graph shows, for the 30 cases the auditors reviewed it took an average of about 83 days from the time the inmate was sentenced until his evaluation report was issued. The actual times ranged from a low of 47 days to a high of 113 days. Although none of the reports went beyond the 120-day period courts have to modify an inmate's sentence, nearly one-fourth of the reports in the sample took 100 days or more to issue. In these cases, by the time the report is actually received, the court has less than 20 days to review the report, schedule a hearing, and make arrangements for the inmate to be returned from prison so that he can be present at the hearing.

The auditors looked for ways to complete the reports more quickly and make them more useful. They concentrated their review on the actual evaluation process; the length of time inmates spend in holdover is affected by both the number of new admissions to the system and the length of time those new inmates must wait to be evaluated. If evaluations were completed more quickly, new inmates could begin the process sooner after being committed.

The auditors identified two steps the Reception and Diagnostic Center has taken or could take to potentially reduce the amount of time needed to evaluate an inmate. The first relates to the Center's method of gathering case history information. At the time the audit was begun, the Center did not initiate this process—such as sending out forms to schools the inmate attended, to previous employers, and the like—until after the inmate arrived at the Center. The information usually was not returned for one to two weeks. Although other phases of the evaluation can occur while officials are waiting for this information, it would be more efficient to have as much information

Survey Respondents Comment on the Usefulness of the Center's Reports

Judges, prosecutors, and correctional staff wrote extensive comments on the auditors' survey. Some expressed strong support for the Diagnostic Center; others pointed out weaknesses in the Center's diagnostic reports. Some of their comments are noted below.

From the judges...

"The diagnostic center is the single most important addition to the criminal justice system in my life time. The corrections department needs to do more to use and implement the work the center does. Strengthen it."

"I rely on KRDC reports a great deal. To date, I have adopted each report's recommendation as a part of my sentence. I am sure I will occasionally do something else, but I am overall quite satisfied with the quality of the reports."

"I'm looking for those one or two sentences that tell me what is wrong—or right—with the inmate. I'm looking for intuitive feelings based upon objective testing. I'm seldom disappointed. This is an exceptional facility."

From the prosecutors...

"Because SRDC reports are no longer sent directly to this office, it is difficult to assess and review them in detail prior to a motion to modify. They are very important sources of information and I would like to get copies of each at this office."

"I consider the SRDC reports to be very important. The psychological assessments provided, the recommendations for future treatment, the dangerousness of the inmate and the prognosis for future criminal activity are vital to us in continuing to make responsive comments to both the Court and the Kansas Adult Authority."

"Please provide prosecutors with a copy of the SRDC report."

From the correctional staff...

"For inmates serving more lengthy sentences, I feel that updated evaluations should be done. At least one every three years and possibly every two. Also it would be helpful if more specific recommendations were made. "

"Despite the flaws, I think the SRDC report is the best tool I have in making placement decisions. These reports cannot make decisions for judges and administrators, but they can make decisions made by these people more informed and appropriate."

"I believe that the reports are structured in such a way that they could be extremely useful. It is simply that the staff does not spend the kind of time that is required to get really significant information."

as possible available when the inmate arrives at the Center. During the course of this audit, the auditors determined that social workers from the Diagnostic Center had begun working with staff at the Penitentiary and the Reformatory to have various forms mailed out while inmates were in holdover status at the two institutions. If this process is followed through, it should allow the information to be completed and returned to the Center before the inmate arrives.

The second step relates to the Center's method of scoring psychological tests. Currently, the group tests administered to inmates are hand-scored and the results are not available to psychologists for nearly a week after the tests are given. The psychologists cannot interview the inmate until the test scores are available. The Department's C-level budget request for the last several years has included a request for $4,000 for a scanner and software that would partially automate the scoring process. With this level of equipment, test scores would be available to psychologists in approximately one day, and the temporary clerical position responsible for scoring the tests could be abolished.

The auditors concluded that changes in both areas would allow the Diagnostic Center to reduce the amount of time inmates spend at the Center in relation to the actual time involved in the evaluation process. Currently, inmates spend between three and four weeks at the Center and are directly involved in the evaluation process for only about 14 hours. Diagnostic Center officials said that they would prefer not to decrease the amount of time inmates spend at the Center, but rather would make the evaluation process more contemplative, allowing social workers and psychologists to evaluate available information more thoroughly.

Overcrowding of Treatment Programs Diminishes The Usefulness of The Center's Reports

One of the main purposes of the evaluation report is to identify and recommend treatment programs that will maximize each inmate's rehabilitation. The auditors reviewed case files for a sample of 20 inmates released from prison during the third quarter of fiscal year 1987 to determine whether they had participated in the treatment and rehabilitation programs recommended for them by the Diagnostic Center. This review showed that fewer than half the inmates took part in all the recommended programs before being released from prison.

Of the 20 inmates in the auditors' sample, only 17 were recommended to participate in treatment or rehabilitation programs as a result of their Diagnostic Center evaluation. For the other three inmates, the Diagnostic Center either recommend that they be placed on probation, or made no recommendations because the inmates had completed programs during a recent previous incarceration. Information about program participation by the 17 inmates who received recommendations from the Diagnostic Center is shown below.

8 inmates	Participated in all recommended programs before being released.
3 inmates	Were released before completing all recommended programs, but subsequently completed all programs after their release was revoked.
4 inmates	Participated in some, but not all, of the recommended programs.
2 inmates	Did not participate in any of the recommended programs

Of the six inmates who did not complete the recommended programs, the most frequently missed program was substance abuse counseling. Three of the inmates did not complete this program. Other recommended rehabilitation programs that one or more inmates missed included vocational training, GED classes, individual therapy, or general counseling.

Several factors can affect whether or not all recommendations the Diagnostic Center makes are followed during an inmate's incarceration. Probably the biggest factor is the current overcrowding in Kansas prisons. As pointed out by Legislative Post Audit in a March 1987 audit of prison overcrowding and its impact on housing and programs, most programs are severely overcrowded. Inmates often sign up for programs and are placed on waiting lists for participation. Those inmates closest to parole receive priority in the programs, but because of the limited spaces available, some inmates cannot get into programs before they are released. On the other hand, some inmates simply refuse to cooperate with certain programs or to receive any programming at all.

The Department of Corrections received an additional $550,000 appropriation for fiscal year 1988 to increase mental health and substance abuse programs for offenders. These funds are being used to increase parolee drug screening activities Statewide, to establish an inpatient drug and alcohol treatment program at the Penitentiary that will serve more than 300 inmates annually, and to nearly triple the mental health and sex-offender treatment programs at the Reformatory. These increased services will help reduce the number of inmates who are released without receiving treatment programs recommended by the Diagnostic Center, but will not entirely solve the problem. As the March 1987 audit pointed out, more than 2,000 inmates were needing inpatient drug and alcohol treatment programs and only slightly more than 500 spaces were available. Likewise, approximately 900 inmates were incarcerated for sex offenses, but there were only 149 slots in sex-offender treatment programs.

Conclusion

Nearly all judges, prosecutors, and correctional employees surveyed thought the Diagnostic Center's evaluation reports were useful or very useful, but they raised concerns about the reports' timeliness. Several procedural changes identified during this audit could make those reports more timely. Correctional staff indicated the reports' usefulness is also hampered by overcrowded conditions and insufficient treatment programs. Increased funding for such programs in fiscal year 1988 should help this situation, but may not be sufficient to resolve the problem.

Recommendations

To increase the usefulness of the Diagnostic Center's evaluation reports, the Department of Corrections should do the following:

a. continue the new procedure of collecting inmate social history information while the inmate is in holdover,

b. place a higher priority on obtaining equipment to automate the scoring process for psychological tests,

c. review the amount of time inmates spend at the Diagnostic Center in light of the time savings that could be achieved by making the procedural changes noted in the audit, and

d. consider reinstituting the practice of distributing inmate evaluation reports to prosecuting attorneys, at least on a request basis.

Do Evaluation Reports Provided by the Reception and Diagnostic Center Duplicate Information Contained in Pre-Sentence Investigations Completed by Local Court Services Personnel?

To answer this question, the auditors reviewed statutes and regulations governing Diagnostic Center evaluations and pre-sentence investigations. They also reviewed sections of the Court Services Officer Manual relating to the conduct of pre-sentence investigations. They reviewed Diagnostic Center reports and pre-sentence investigation reports for a sample of inmates to assess the amount of duplicated information contained in the two reports. Finally, the auditors interviewed Diagnostic Center officials and court services administrators and compared the methods and resources used to conduct evaluations and pre-sentence investigations.

In general, the auditors found that the two reports contain some common information. But one report is not a substitute for the other. Pre-sentence investigation reports tend to focus on the offender's present offense, prior record, and social history because their statutory purpose is to provide information that will aid the court in sentencing. Diagnostic Center reports, which by law are intended to provide information relevant to the offender's incarceration and treatment, tend to focus on the offender's aptitude, personality, and mental health. These and other findings are discussed below.

The Two Reports Provide Some Common Information, But There Are Significant Differences

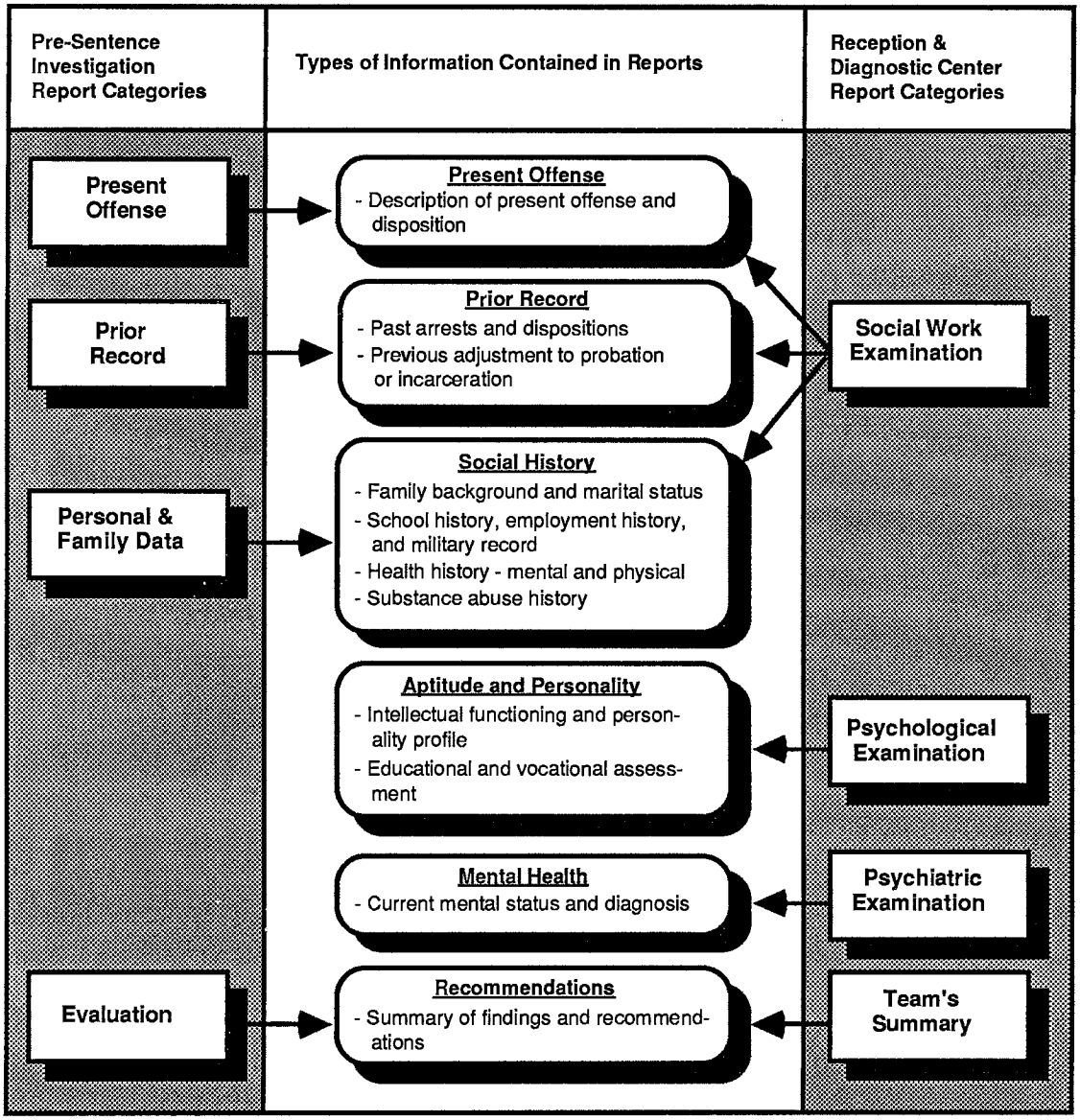
Pre-sentence investigation reports are intended to aid the courts in sentencing inmates. They are normally prepared by a court services officer within the county where the offender is being sentenced. According to State law, these reports should provide information concerning the circumstances of the offense, mitigating or aggravating factors involved in the defendant's behavior, the attitude of the victim, the criminal record, social history, present condition of the defendant, and "any other facts or circumstances that may aid the court in sentencing."

Reception and Diagnostic Center evaluations, on the other hand, are intended to provide information relevant to the offender's incarceration and treatment. As described in K.S.A. 75-5262, the primary purpose of the Diagnostic Center is to provide "a thorough and scientific examination and study" of all male felony offenders so that each such offender may be assigned to a State correctional institution having the type

of security and programs needed to accomplish maximum rehabilitation. The evaluations are performed by a three-person team consisting of a social worker, a psychologist, and a psychiatrist.

The major components of each report are shown in the figure below, along with the types of information each contains.

Comparison of Information Contained in Diagnostic Center Evaluations and Pre-Sentence Investigations



As the figure shows, most duplicate information can be found in the present offense, prior record, and social history categories. These categories of information are covered in great depth by the pre-sentence investigation in an effort to supply the judge with relevant information for sentencing. They are also important categories for the Diagnostic Center's evaluation because they provide valuable background information about the offender. Hence, they appear in both reports, even though the overall focus of the reports is somewhat different.

In contrast, there is almost no duplication in the areas of the offender's aptitude, personality, and mental health. Court services officers indicated to the auditors that they generally request psychological and psychiatric examinations only in cases where such examinations may be relevant to the inmate's sentencing. The Diagnostic Center, on the other hand, conducts such examinations on all inmates because information about the inmate's aptitude, personality, and mental health is crucial in making decisions about the inmate's incarceration and rehabilitation. In addition, the recommendations in each report are generally different. Pre-sentence reports tend to deal with the inmate's suitability for probation and the options available for a probation plan. The Diagnostic Center's recommendations, on the other hand, generally discuss the programs and treatment the inmate should receive if incarcerated, as well as the inmate's suitability for probation.

For those categories of information that are frequently duplicated—current offense, prior criminal record, and social history—the auditors compared and contrasted the information contained in pre-sentence and Diagnostic Center reports for a sample of 10 inmates. This review was made to determine if the level of detail was the same in each of the reports or if new information was provided by the Diagnostic Center. The auditors also discussed information gathering procedures with Diagnostic Center staff and with court services officials to determine if there was any needless duplication of effort.

The Diagnostic Center's reports tend to supply new information in all areas but the inmate's prior criminal record. Even though the reports contain the same basic categories of information, the auditors concluded that only one category—prior criminal record—was duplicated. For nine of the 10 cases the auditors reviewed, the two reports contained essentially the same information in this category. In other categories, the Diagnostic Center's reports contained new information not included in the pre-sentence report. For example, in regard to the present offense, the auditors found that the Diagnostic Center's reports often contained more up-to-date information about such things as the inmate's sentence, and any additional convictions or probation violations that occurred after the pre-sentence investigation was completed. Seven of the 10 reports provided new information in this category. Likewise, the social history category often provided more detailed historical information, or more information about the inmate's relationships and attitudes. All 10 of the Diagnostic Center reports contained new information in this category.

Judges, prosecutors, and correctional staff say the additional detail provided by the Diagnostic Center's reports is useful. Respondents to the auditors'

survey were asked to indicate whether pre-sentence investigation reports generally provide all the information they need, or whether the Diagnostic Center's reports generally provide important additional information. Most respondents said they generally obtain sufficient information about inmates' present offense and prior record from the pre-sentence investigation report. However, in the areas of personality, mental status, intellectual functioning, substance abuse, educational and vocational assessment, and recommendations, most respondents indicated that the Diagnostic Center's reports generally provide new information or insight not otherwise available to them.

Judges, for example, reported that the psychiatric and psychological evaluations often help them determine whether an inmate would be a risk to the community. One judge noted, "Professionals at SRDC are better trained to assess the situation and make recommendations and are more professionally detached from local situations and any prejudicial influences, probably, than court services officers." One correctional staff member said, "The SRDC reports are quite useful to myself and staff! It seems that for just the identifying information, the pre-sentence investigation report is OK. However, for planning treatment and placing in training the SRDC report is more helpful." These findings are summarized in Appendix C.

The Diagnostic Center's staff say they use what information they can from pre-sentence investigations and other sources. The Diagnostic Center normally gathers information for its reports by interviewing the inmate, interviewing or sending detailed questionnaires to the inmate's spouse and family, and obtaining records or other forms of verification from schools, employers, treatment facilities, government agencies, and the like.

Diagnostic Center officials told the auditors they try to avoid duplicating the work of court services officers by extracting as much information as possible from pre-sentence investigation reports. For example, officials indicated that they often use the information supplied on the inmate's prior criminal record. This may account for why the auditors found this category of information to be nearly identical in both reports. For other categories of information, however, those officials said some duplication of effort is unavoidable. They indicated the Center does not always receive pre-sentence reports, and that there is a great deal of variability in the quality and reliability of information contained in the reports they do receive.

Court services officials in a sample of nine judicial districts reported quite a bit of variability in the time and resources available to complete pre-sentence investigations, as well as in the uniformity of the information collected. For example:

- Some districts require court services officers to complete pre-sentence investigations within as little as 10-14 days. Other districts allow up to 60 days for an investigation to be completed.

- In some districts, court services officers spend 20-30 hours on a typical investigation, while in other districts they spend as little as 5-8 hours.

- Some districts use standardized forms and questionnaires to collect information from spouses and family members. Other districts have not developed such forms and questionnaires.

- Some districts routinely obtain records and other types of verification from schools, employers, treatment facilities, and government agencies, while others do so only when time allows or when the court services officer deems it necessary.

- Some districts request substance abuse and mental health evaluations more frequently than others.

Conclusion

Although pre-sentence and Diagnostic Center reports contain some common information, particularly in the categories of the inmate's present offense, prior record, and social history, they have different statutory purposes. As a result, their recommendations tend to be different, and the Diagnostic Center report generally provides psychological and psychiatric information not included in pre-sentence reports. Even in the categories of information that are frequently duplicated—present offense, prior record, and social history—the Diagnostic Center's reports often provide new information not available from the pre-sentence report. Users of the reports indicate this additional information is useful and important. To avoid duplicating the work of court services officers, Diagnostic Center staff say they try to use what information they can from pre-sentence investigation reports. However, some duplication may be unavoidable because of the variability in the amount of information and verification that goes into pre-sentence reports.

Is the Current System the Most Cost-Effective Way Of Evaluating and Testing Offenders Sentenced to Kansas Prisons?

Most states conduct some type of evaluation of new admissions to their correctional system. These evaluations provide institutional staff with the information needed to manage the inmate on a daily basis and to develop a treatment plan for the inmates' rehabilitation. Kansas judges, prosecutors, and correctional employees have all indicated that the Reception and Diagnostic Center's evaluation reports are very useful to them. Yet, looking at the high cost of operating the Diagnostic Center, legislators have questioned whether inmate evaluations could be performed more cost-effectively if they were conducted at the State's two large maximum security prisons rather than at a centralized, separate institution.

To determine whether Kansas could provide diagnostic evaluations more cost-effectively, the auditors looked at what other states are doing in this area, contacted national corrections associations, and interviewed officials at the Department of Corrections. They examined the relationship between operating costs and average daily population at the State's prisons to determine if the high cost at the Diagnostic Center was due to the evaluation services offered. They also obtained estimates of the capital improvements necessary if evaluations were performed at the Penitentiary and the Reformatory, and the Diagnostic Center were converted to a permanent non-evaluative prison facility.

Most states the auditors contacted reported that they conduct diagnostic evaluations at a centralized facility. Unlike Kansas, those facilities were often located within a major prison. If the evaluation process were relocated at the Penitentiary and the Reformatory, the Center's evaluation costs would be transferred to those institutions. However, the auditors found that this would not be more cost-effective for the prison system as a whole because of the high cost of operating the Diagnostic Center as a regular prison facility with programs and services. These and other findings are discussed in more detail below.

Other States Tend to Have Their Evaluation Units Within A Major Prison

The auditors surveyed corrections officials in 12 states, nine of which responded. As the accompanying table shows, seven of the nine reported that they had a centralized facility for conducting diagnostic evaluations of inmates. More information from the survey of other states can be found in Appendix D.

Summary of Evaluation Facilities In A Sample of Other States

	Centralized		Decentralized
	Separate Facility	Within a Prison	
Arizona	X		
Colorado		X	
Illinois			X
Kansas	**X**		
Nebraska	X		
Oklahoma		X	
South Dakota		X	
Tennessee			X
Texas		X	
Wyoming		X	

The two states with decentralized facilities—Illinois and Tennessee—each reported that they conducted evaluations at four different institutions. Only two other states contacted conduct diagnostic evaluations at a separate facility not located within a prison facility, as Kansas does. Those states were Arizona and Nebraska. The auditors did not obtain cost information for operating other states' facilities because of comparability problems. But, because so many states have their evaluation facilities located within a major prison, the auditors examined what would happen if Kansas moved its evaluation facilities to the Penitentiary and the Reformatory and converted the Diagnostic Center to a prison facility with a permanent population.

Conducting Inmate Evaluations at the Penitentiary And the Reformatory Will Not Save the State Money

Compared with the State's other maximum-security prison facilities, the Diagnostic Center has higher operating costs. For fiscal year 1987, the daily cost of maintaining an inmate at the Diagnostic Center was about $60, compared with an average

of about $25 at the Reformatory and the Penitentiary. The auditors examined the components of the Diagnostic Center's costs to determine what the effect would be if Kansas conducted evaluations at major prison facilities as many other States do.

In making their examination, the auditors assumed the evaluations would be done at the Reformatory and the Penitentiary rather than transporting the inmates to the Diagnostic Center. They also assumed that the Diagnostic Center would be operated as a non-specialized, independent prison facility, and that the change in the Center's use would not increase or decrease the number of bedspaces within the prison system.

The auditors found that if the evaluations were relocated at the two main prisons, the overall cost to the prison system for evaluating inmates in fiscal year 1987 would have been higher than under the current system for the following reasons:

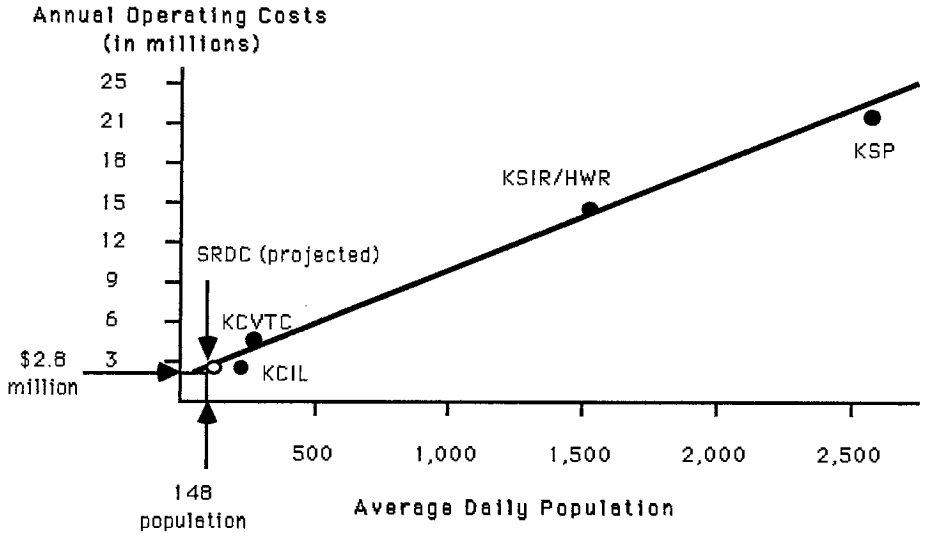
- Relocating the evaluation function to the Reformatory and Penitentiary would simply transfer the costs associated with the evaluation process—about $800,000 in fiscal year 1987—from the Center to those other institutions. Existing staff at those institutions could not perform the evaluations. Each institution currently has only one psychologist for every 300-400 inmates, and one psychiatrist employed less than four hours per week.

- If the evaluation process were removed, the Diagnostic Center would still have costs higher than other Kansas prison facilities, and would not have the educational or vocational programs in place to serve a permanent prison population. The Center's current cost of about $60 per inmate per day would only be reduced to about $45 if the evaluation function were removed. This figure would still be much higher than the average cost of about $25 per inmate per day at the other two maximum-security prisons. The higher cost is primarily attributable to the fact that the facility is small and has few inmates over which to spread the costs.

- Adding the educational and vocational programs to the Center would cost about $400,000 annually, based on fiscal year 1987 costs at other Kansas prisons. This $400,000 is the difference between what it would have cost to operate the Diagnostic Center in fiscal year 1987 without the evaluations and without programs (about $2.4 million) and what the auditors estimate it would cost to operate a prison of that size with programs ($2.8 million). (See the graph on the next page.) The Department of Corrections estimated that 26 new positions would need to be added to the Center to provide the needed programs for inmates, and that additional costs for fiscal year 1988 could be as high as $600,000.

- Relocating the evaluation function would eliminate the need to transport inmates from the Reformatory and the Penitentiary for evaluation purposes, but would not significantly reduce the prison system's overall transportation costs. A 42-passenger bus is currently used to transport inmates between institutions

Relationship Between Annual Operating Costs and Average Daily Population At the State's Prisons - Fiscal Year 1987



The graph above shows the actual fiscal year 1987 operating costs for the State's four prison facilities, represented by the solid dots. As the graph shows, operating costs vary with the size of the inmate population. The heavy, black, diagonal line, which shows the relationship between operating costs and inmate population for these four facilities, can be used to estimate the annual operating costs for the State Reception and Diagnostic Center facility if it were operated as a non-evaluative prison. The estimated operating costs that result from this analysis are about $2.8 million per year.

at an annual cost of about $31,000. Although all costs of the transportation program are charged to the Diagnostic Center, the Department of Corrections uses the bus for most of its inter-institutional transfers. Approximately one-third of the inmates currently being transported—about 31 per week—are inter-institutional transfers. Thus it appears the Department would still incur the cost of moving inmates between institutions.

- According to Department of Corrections' estimates, renovations costing about $1.5 million would be needed to accommodate the evaluations at the two prisons and convert the Diagnostic Center to a non-specialized prison facility. (See Appendix E)

Conclusion

Kansas' system of conducting inmate evaluations at a separate, centralized facility is not typical of the majority of states surveyed by the auditors. Most of the states contacted had a centralized evaluation process, but provided the services within a major prison, rather than at a separate

facility. The auditors' analysis of operating costs at the State's prisons suggests that high operating costs at the Diagnostic Center are primarily a result of the Center's small size, not of its function as a diagnostic facility. Moving the evaluation function to the Penitentiary and the Reformatory would not be more cost-effective than the current arrangement because evaluation costs would still be incurred, and because the Reception and Diagnostic Center would need to add vocational, educational, and treatment programs for a permanent inmate population. Capital improvements would also be necessary. Conducting evaluations at a central facility is not necessarily more cost-effective than a decentralized approach. However, given the existing situtation in Kansas, which involves making the most efficient use of a very small maximum-security facility, maintaining the current centralized process appears to be the most cost-effective solution.

Do Male and Female Offenders Receive Substantially Equal Diagnostic Evaluations?

Women convicted of felonies in Kansas are not evaluated at the State Reception and Diagnostic Center. Instead, they are transferred immediately to the Kansas Correctional Institution at Lansing where clinical staff evaluate them and recommend a rehabilitation program. Before 1984, State law required evaluations of female offenders to be "similar" to the evaluations male offenders received at the Reception and Diagnostic Center. In 1984, the law was changed to require "substantially equal" evaluations of male and female offenders.

Legislators have expressed concerns that female inmates may not be receiving evaluations that are substantially equal to those given male offenders. To address this concern, the auditors reviewed the statutory requirements for evaluating male and female inmates committed to the Kansas prison system. They reviewed budget documents and internal reports at the Department of Corrections and interviewed officials at the Correctional Institution at Lansing to determine what actions corrections' officials have taken since the 1984 change in the law. The auditors also visited the Reception and Diagnostic Center and the Correctional Institution at Lansing and compared the procedures used to evaluate male and female inmates. Finally, they reviewed the content of the evaluation reports produced at each institution to determine whether the information covered in the reports was substantially the same.

The auditors found that the Department of Corrections has not developed procedures for ensuring that evaluations are substantially equal. In a 1984 study, the Department's staff noted differences in the evaluations of men and women, but the Department has not implemented some changes recommended as a result of that study. One major difference in the two evaluation processes not fully addressed in the Department's study appears to be the written tests given inmates at each institution. These findings are discussed in the sections that follow.

The Department of Corrections Has Not Developed Procedures To Ensure That Male and Female Inmates Receive Substantially Equal Evaluations

A written policy outlining the procedures to be used in conducting diagnostic evaluations of new inmates is an important tool for ensuring that evaluations of males and females are substantially equal. The auditor's review of the Department of Corrections' internal policies and procedures shows that the Department has not established such a policy.

In response to questions raised in 1983 by a Special Interim Committee on Corrections, Department staff prepared a report comparing the evaluations at the two institutions. The staff concluded that the main differences in the evaluations at the two institutions were in three areas:

—the Diagnostic Center did more information verification than the Correctional Institution at Lansing

—the Correctional Institution at Lansing used a suicide predictor scale that was not used at the Diagnostic Center

—the report formats differed significantly even though the information contained was basically the same

Correctional staff recommended that the Correctional Institution at Lansing reinstitute the practice of sending out questionnaires to verify family background, education, and employment information, that the Diagnostic Center begin using the suicide predictor scale, and that both institutions use one report format.

For the most part, these recommendations have not been implemented. The Correctional Institution has not implemented the information verification procedures used by the Diagnostic Center, and the Diagnostic Center has not begun to use the suicide predictor scale as recommended. The Diagnostic Center has made some significant changes to its report format since 1984; however, the formats of the two institutions' reports are still not the same.

In addition to the fact that the Diagnostic Center does not use the suicide predictor scale, the auditors found other differences in the written tests used at the two institutions. The standard tests administered to all inmates evaluated at the Diagnostic Center and the Correctional Institution are shown in the box on the next page.

Each institution uses a standard battery of four written tests. The only test common to both institutions is the Minnesota Multiphasic Personality Inventory. The tests administered at the Diagnostic Center take about six hours for the inmate to complete; those administered at the Correctional Institution at Lansing take between two hours and three hours. Staff at both institutions administer other tests to specific inmates if the results of the standard tests indicate that additional assessment is necessary.

Diagnostic Center	Correctional Institution at Lansing
Wide Range Aptitude Test—Measures basic educational skills, and identifies individuals with learning difficulties.	**Shipley Hartford Scale**—Provides an estimate of IQ.
Millon Clinical Multiaxial Inventory—Diagnoses emotionally disturbed adults. Used to screen individuals who may require more intensive clinical evaluation and treatment.	**Bender Gestalt**—Widely used psychological test. Assesses organicity (brain damage) and personality features.
Multidimensional Aptitude Battery—Measures aptitude or intelligence.	**Suicide Probability Scale**—Predicts the general probability of suicidal behavior.
MMPI—(Minnesota Multiphasic Personality Inventory) Assesses individual personality. Used for clinical diagnosis and research on psychopathology and mental health	**MMPI**—(Minnesota Multiphasic Personality Inventory) Assesses individual personality. Used for clinical diagnosis and research on psychopathology and mental health

To determine the significance of the differences in the two groups of tests, the auditors asked the director of psychology at Topeka State Hospital to review the testing instruments and offer an opinion on their comparablility. He indicated that the tests are not comparable. Each group of tests has common elements, but otherwise they appear to be addressing different questions. When asked the reasons for using different tests, the chief psychologist at the Correctional Institution at Lansing indicated one reason was that there are fewer choices for institutional placement or treatment and training programs for women than for men. However, psychologists at both institutions indicated they knew of no reason why the psychological tests could not be the same.

Conclusion

The major differences in the evaluation processes for male and female inmates include different testing instruments, different information verification procedures, and different report formats. The report format does not impact the quality of the evaluation process, but, the other two elements do. The Department of Corrections recognized many of those differences in an internal study of the processes in 1984, but never fully implemented the recommendations of that study. One way to ensure that unnecessary differences in the evaluations of male and female inmates are eliminated is for the Department to develop a standard written set of procedures for conducting evaluations of all inmates coming into the correctional system.

Recommendations

To ensure that male and female inmates entering the Kansas prison system receive substantially equal diagnostic evaluations, the Department of Corrections should do the following:

a. Direct the evaluation staffs at the Diagnostic Center and the Correctional Institution at Lansing to adopt uniform evaluation procedures including tests to be used, interview processes, verification procedures, and report formats.

b. Incorporate those procedures into the Department's Internal Management Policies and Procedures.

APPENDIX A

Summary of Survey Responses About Timeliness and Report Content

	Number of Respondents	Response			
		Always	Frequently	Seldom	Never
Are these reports timely?					
Judges	80	35.0%	56.3%	7.5%	1.0%
Prosecutors	34	23.5	41.2	11.8	23.5
Combined	114	31.6	51.8	8.8	7.9
Is information easy to find?					
Judges	79	68.4%	31.6%	0.0%	0.0%
Prosecutors	39	41.0	59.0	0.0	0.0
Correctional Staff	68	41.2	45.6	13.2	0.0
Combined	186	52.7	42.5	4.8	0.0
Are the reports concise?					
Judges	79	35.4%	57.0%	7.6%	0.0%
Prosecutors	39	20.5	61.5	15.4	2.6
Correctional Staff	67	7.5	59.7	31.3	1.5
Combined	185	22.2	58.9	17.8	1.1
Are the reports repetitious?					
Judges	77	5.2%	51.9%	42.9%	0.0%
Prosecutors	39	20.5	61.5	15.4	2.6
Correctional Staff	65	13.8	50.8	35.4	0.0
Combined	181	9.9	51.9	37.6	0.6
Are the recommendations clear?					
Judges	78	35.9%	61.5%	2.6%	0.0%
Prosecutors	39	17.9	56.4	23.1	2.6
Correctional Staff	62	21.0	58.1	19.4	1.6
Combined	179	26.8	59.2	12.8	1.1
Is new information provided?					
Judges	80	40.0%	58.8%	1.3%	0.0%
Prosecutors	39	41.0	51.3	7.7	0.0
Correctional Staff	68	25.0	64.7	10.3	0.0
Combined	187	34.8	59.4	5.9	0.0

APPENDIX B

Comparative Importance Of the Types of Information Contained In the Center's Diagnostic Reports: Survey Respondents' Average Responses

Respondents rated each type of information using the following scale:

1 = Not Important
2 = Important
3 = Very Important

	Average Response			
Type of Information	Combined	Judges	Prosecuting Attorneys	Correctional Employees
Prior Criminal Record	2.6	2.6	2.7	2.4
Drug and Alcohol Use	2.6	2.6	2.7	2.7
Mental Status	2.6	2.6	2.6	2.5
Findings and Recommendations	2.6	2.8	2.6	2.5
Current Crime	2.5	2.5	2.6	2.5
Personality Profile	2.5	2.5	2.5	2.4
Intellectual/Cognitive Functioning	2.4	2.4	2.3	2.3
Employemnt History	2.2	2.2	2.0	2.3
Vocational Assessment	2.2	2.3	2.1	2.1
Family Background	2.1	2.2	1.8	2.2
Educational History	2.1	2.1	1.9	2.2
Educational Assessment	2.1	2.2	2.1	2.1
Identifying Information	1.9	2.0	1.6	2.0
Sexual/Marital Relationships	1.9	2.0	1.6	2.0
Medical History	1.9	2.0	1.5	2.1

APPENDIX C

Comparative Importance of Pre-Sentence and SRDC Reports For Obtaining Certain Types of Information: Survey Respondents' Average Responses

Respondents coded each type of information using the following scale:

1 = Pre-sentence reports generally provide all the information needed on this topic.
2 = SRDC reports generally provide additional necessary information on this topic that is not otherwise available.

	Average Response			
Type of Information	Combined	Judges	Prosecuting Attorneys	Correctional Employees
Findings and Recommendations	1.9	1.9	1.9	1.9
Personality Profile	1.9	1.9	1.9	1.9
Intellectual/Cognitive Functioning	1.9	1.9	1.8	1.9
Mental Status	1.8	1.9	1.7	1.8
Vocational Assessment	1.8	1.8	1.7	1.7
Drug and Alcohol Use	1.7	1.7	1.8	1.7
Educational Assessment	1.7	1.7	1.6	1.7
Medical History	1.7	1.7	1.8	1.5
Educational History	1.6	1.5	1.5	1.7
Sexual/Marital Relationships	1.5	1.4	1.5	1.6
Current Crime	1.4	1.2	1.8	1.4
Family Background	1.3	1.2	1.4	1.3
Prior Criminal Record	1.2	1.1	1.1	1.4
Employment History	1.2	1.1	1.3	1.3
Identifying Information	1.2	1.1	1.1	1.4

APPENDIX D

Summary of Other States' Survey of Diagnostic Facilities and Evaluations

The auditors mailed surveys to prison officials in twelve other states to obtain general information about their facilities and the processes they use to evaluate inmates committed to their prison systems. They received responses from nine states: Arizona, Colorado, Illinois, Nebraska, Oklahoma, South Dakota, Tennessee, Texas, and Wyoming. Although the survey was constructed to obtain comparable information, the comparability of the information could not be verified within the time-frame of this audit. For this reason, the results of the survey are presented for information purposes only.

Summary of Other States' Survey of Diagnostic Facilities and Evaluations

	Arizona	Colorado	Illinois	Kansas
Number of Correctional Facilities	29	40	30	14
Inmate Population July 1, 1987	9,300 Male 430 Female	3,581 Male 176 Female	19,177 Male 773 Female	5,379 Male 275 Female
Type of Evaluation Facilities	One central facility not located w/in a prison	One central facility located w/in a prison	Decentral-ized at 4 prisons	One central facility, not located w/in a prison
Inmates Evaluated	All	All	All	All
Number of Staff involved in Evaluations				
Psychiatrists	2	0	1.85	4
Psychologists	3	1	5.5	7
Social Workers	0	0	0	9
Other	29	21	47.7	9
Major components of evaluation				
Physical Exam	X	X	X	X
Psychological Exam	X	X	X	X
Psychiatric Interview				X
Vocational Assessment	X	X		X
Educational Assessment	X	X		X
Criminal History Review	X	X	X	X
Family Background Review	X	X	X	X
Employment History Review		X	X	X
Educational Background Review	X	X	X	X
Previous Mental Health				X
Previous Military				X
Number of Evaluations Completed in Most Recent Year	5,368	2,849	11,775	1,925
Average Number of Days to Complete an Evaluation	9	7	10-15	21-28
Direct Involvement of Inmate in Evaluation	36 hrs.	10 hrs.	3-4 days	13-14 hrs.

[1] Psychologists are hired on a contractual basis - officials were unable to provide an FTE estimate.
[2] This is the actual number of other staff - officials were unable to provide an FTE estimate.
[3] One for males and one for females.
[4] One prison, with five separate units, is counted as five facilities.

Nebraska	Oklahoma	South Dakota	Tennessee	Texas	Wyoming
8	25	6	18	27	6[4]
1,894 Male 116 Female	7,836 Male 561 Female	1111 Male 64 Female	6,847 Male 394 Female	36,739 Male 1,642 Female	761 Male 48 Female
One central facility, not located w/in a prison	One central facility located w/in a prison	One central facility located w/in a prison	Decentral-ized at 4 institutions	Two central facilities located w/in a prison[3]	One central facility located w/in a prison
All	All	All except recent recidivists	All	All	All
0	0.25	1.2	0	1	0
3	2	2	variable[1]	4	1
0	0	12	0	54	7
25	30.5	13.4	43[2]	193	3.65
X	X	X	X	X	X
X		X	X	X	X
X		X		X	X
Occasionally	X	X	X	X	X
X	X	X	X	X	X
X	X	X	X	X	X
X	X	X		X	X
X	X			X	X
X	X	X		X	X
					X
					X
815	4,850	658	3,284	33,000	761
40	8-10	10	30-45	15	30
3 days	2 days	12-15% of the time	10 hrs.	40.5 hrs.	12 days

APPENDIX E

Capital Improvements Required if the Evaluation Process Is Relocated

The Department of Corrections indicated that the following capital improvement projects would be necessary if the evaluation process were relocated and the Diagnostic Center were converted to a medium-security prison. The Department also provided preliminary estimates of the costs of the improvements.

Proposed Improvement	Department's Justification	Department's Estimated Cost
Kansas State Penitentiary		
Cannery building		
Renovate for evaluation offices and group testing areas.	Currently no appropriate area available for these activities.	$350,400
Kansas State Industrial Reformatory		
Inmate services building		
Renovate for evaluation offices and group testing areas.	Currently no appropriate area available for these activities.	$395,895
Kansas State Reception and Diagnostic Center		
Main building		
Convert 3rd floor north from 16 cells to a 32-man dorm. Renovation includes screening for perimeter security, catwalk, interior partitioning and utility rework for toilets, showers and electrical.	Continuation of ongoing renovation of building. Also, more consistent with medium security facility.	$45,000
Recreation building		
Renovate existing gymnasium adjacent to the Diagnostic Center, to include interior and exterior renovation, extension of security perimeter, relocation of access drive through site, and an additional guard tower.	Required for indoor recreational activities in inclement weather. Not currently required for SRDC inmates because of the transient nature of the population. All institutions with permanent populations have indoor recreation facilities.	$255,000
Infirmary		
Expand existing infirmary by two bed spaces and a shower.	The Department thinks it is more cost-effective to provide medical services in-house to a permanent population. Currently, inmate medical needs are handled in the community of Topeka, or if serious in nature, result in the inmate's transfer.	$15,000
Vocational-Training building		
Construct a 10,000 square foot building, to contain six classrooms and vocational shop areas, teacher work area, and inmate waiting area.	Currently no appropriate area available for these activities.	$395,000
Library		
Expand the existing collection and add an inmate law library.	The Department is constitutionally required to provide inmates with access to the courts. This requirement is satisfied either by providing access to lawyers or a law library.	$15,000
Total Renovation and New Construction Costs		**$1,471,295**

APPENDIX F

Agency Responses

On December 21, 1987, copies of the draft audit report were sent to the Department of Corrections and the Unified Judicial Department for review and comment. Those written responses are included in this appendix.

KANSAS DEPARTMENT OF CORRECTIONS

MIKE HAYDEN, GOVERNOR ROGER V. ENDELL, SECRETARY

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913-296-3317

January 4, 1988

Mr. Meredith Williams
Legislative Division of Post Audit
Mills Building
109 West 9th - Suite 301
Topeka, Kansas 66612

Dear Mr. Williams:

Thank you for the opportunity to review the draft of your performance audit report, Reviewing the Usefulness of State Reception and Diagnostic Center Evaluations.

I am encouraged that the findings in the report generally are supportive of the operations. Those recommendations that are presented appear constructive and I have instructed that they be reviewed for implementation as appropriate. As a clarification, I am informed by the Director of the Center that we no longer provide a copy of the diagnostic report to the defense attorney. Therefore, you may wish to review the statements appearing on page 4, paragraph 5 and on page 6, second paragraph.

Thank you, again, for your courtesy.

Sincerely,

ROGER V. ENDELL
Secretary of Corrections

RVE:dja

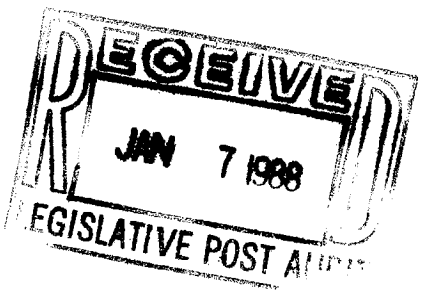
Supreme Court of Kansas

Kansas Judicial Center
301 W. 10th
Topeka, Kansas 66612-1507

HOWARD SCHWARTZ
Judicial Administrator

(913) 296-4873

January 7, 1988



Mr. Meredith Williams
Legislative Post Auditor
109 W. 9th, Suite 301
Topeka, Kansas 66612-1285

Dear Meredith:

Thank you for the opportunity to review a draft of your report, Reviewing the Usefulness of State Reception and Diagnostic Center Evaluations.

I have no comments regarding the report, but I appreciate very much the opportunity to read it.

Sincerely,

Howard Schwartz

Howard Schwartz
Judicial Administrator

HS:dm

cc: Mr. Leo M. Hafner
Senior Auditor