

## Forensic Interagency Task Force

9-26-17

### Meeting Narrative

Those attending the meeting held in the DOC Training Academy Complex on the above date were: **Tricia Baffa** (Forensic Case Mgr); **Daniel Beauchamp** (Regional Forensic Liaison); **Tory Bright** (Regional MH Services Coordinator); **Janeen Christ** (Reg. Reentry Admin); **Devan Cole** (SCI Muncy); **Lance Couturier** ( Psychology Dir. Annuitant); **Hazel Dacus** (Forensic Coordinator); **David Dinich** (President FTAC); **James Fouts** (Dir of FSS); **Heidi Fuehrer** (Psych Services Specialist); **Jillion Gosselin** (Forensic BCM Supervisor); **Amy Groh** (Dir. Crisis Srvs); **Laurie Hess** (FCCII-Forensic Corrections Counselor); **Julie Holtry** (Deputy MH Dir); **Michael Keefer** (MH Court Coordinator); **Joseph Korney** (BHARP); **Laura Kuykendall** (Lehigh Co); **Heather Pack** (Forensic Case Manager); **Sharon Potter** (Office of Dev. Programs); **Amy Ramiza** (Parole Agent 2); **Jessica Reichenbach** (OMHSAS Rep); **Melissa Repsher** (Reentry Division Director PBPP); **Meagan Rice** (Justice Related Services); **Nicole Seiple** (Forensic MH Caseworker); **Jack Sommers** (Superintendent); **Vivian Spiese** (FTAC); **Jill Stemple** (Section Chief ); **Rebecca Stevenson** (Forensic Case Manager); **Stacy Tekely** (Sup. JRS Unit Mgr.); **Josh Warfield** (Court Coordinator); **Nancy Weiman** (SE Reg MH Services Consultant); **Lloyd Wertz** (FTAC); **McKenna Zerbe** (SCI Muncy intern) **Elaine Ziegler** (MH Mgr. Chester Co. Prison); and **Lisa Zook** (PA County MH/DS Admin Association).

This is the fourteenth meeting of this resumption of the Forensic Interagency Task Force(FITF) convened by FTAC with approximately 37 attendees.

Facilitator, Dave Dinich of FTAC, welcomed the group and asked attendees for introductions and a relating of new things that are happening in their areas of the Commonwealth from their varied perspectives. Dave also discussed the recently released report from the TAC from Dr. Fuller Torrey, a strong advocate for involuntary outpatient treatment for those with mental illness, especially those with any violence in their histories. As folks were introducing themselves, Mr. Dinich asked them to assign a letter grade to the Forensic system in PA or their

respective counties as it relates to dealing with the mentally ill offender, as was done by Dr. Fuller and partners in their report.

There were varying “grades” that were assigned. Among the most problematic issues with re-entry, especially for those coming out of county jails, is the issue of getting a prescription for necessary psycho-active medications sufficient to last until an outpatient appointment can be secured. This is particularly problematic for those jails serviced by practitioners who are not signed on with the Office of Medical Assistance Programs (OMAP) in PA. Several counties offered suggestions which have been developed in their areas as workarounds for assistance with this issue. There was a representative from OMHSAS present who offered her direct assistance to that person. She shared her business card with this county’s representative and asked her to call her to further address this issue.

There was a representative from the five Southeastern counties who referenced some of the issues from the Torrey report. She was then asked to elaborate upon the ACLU Lawsuit against the PA Department of Human Services(DHS) to have folks moved from jails to forensic treatment centers, including the one at Norristown SH. She related some deadlines in that settlement which included the December 1, 2017 deadline to move 22 folks out to accommodate referrals from other jails. The next deadline is in March 2018 with another 30 folks moving out. That deadline will denote the time at which there are no longer any civil beds being offered on that campus. There is concern that that the number of referrals to the NSH campus is unlikely to go down and that the 200+ waiting lists will exist into the future, even after there are increased beds offered after these additional beds are created to accommodate those referrals.

There was also a discussion from a historical perspective, led by one of the attendees, that the Torrey report seems to over-focus on the delivery of BH services only to the persons with Serious Mental Illness(SMI) and, in some cases, in a very restricted setting including the offering of involuntary commitment for MH Treatment. It was noted that there are a number of folks with a variety of mental illness diagnoses who need to be addressed, not just those with SMI. That is NOT an issue focused upon in the aforementioned report.

There were observations shared that, over the past few years, there have been some significant strides within the PA DOC to address the issues of inmates with Mental Illness. It was stated that there is “a long way to go”, but that the effort is there and significant in scope.

There was further mention of programs that were added, such as the offering of Crisis Intervention Training with the Prison systems and without on the street, the need to add Treatment Staff to the staffing component of the Jails in some counties, and the overall addressing/recognition of the needs of those with mental illness who are involved in the forensic system. It is notable that there were interns attending today’s meeting as well as staff that have been newly hired to their posts and will benefit from the engagement with the FITF.

It was also noted that there are states in which the individual who determines the placement of an individual inmate into a forensic bed is the warden of the given prison. It was noted that there are states with “very good diversion” programs in place. These seem to be in states where the offering of BH services are more centralized than in our commonwealth.

**David then introduced Janeen Christ of the Pennsylvania Department of Corrections who used a Power Point entitled “Pennsylvania Department of Corrections—Reentry Protocol & the Hard to Place Timeline” throughout her presentation.** (This Power Point will accompany this narrative minus the Timeline slide as Janeen was not authorized to release that information either electronically or in hard copy.)

She began her presentation with some of her history in the DOC and the fact that she’s worked with several of the folks in attendance over the course of her career. Ms. Christ’s noted the objectives of her presentation as the Re-Entry and Transition Policy and Section 4 of 7.3.1. She noted that this month, the DOC Secretary signed off on the Re-Entry Policy that had been in the process of being drafted over the past several years.

She noted the seven sections of that Policy including: Re-Entry Staffing and Responsibilities, Case Management, Safe Community Reentry Programs, Medical and Severe MH Reentry, Identification, Mentor Program (for inmates), and Veteran Identification & Services.

She went on to state that there are 48,222 in placement, down from about 50K over the past five years. 94% are male, 14% have been convicted of sexual offenses, and a large number for assault and drug offenses. Further demographics and sentencing facts can be referenced in the Power Point presentation.

There are six subsections of Medical and Severe MH Re-Entry area. The identified needs for those and the criteria that have been developed include MH/ID, Significant Medical Conditions, Lack of familial resources, Nature of conviction, and any combination of those criteria. Also, anyone within 12 months of the maximum sentence date is considered hard to place and covered in this policy.

The Time Line does not apply to the Act 122 Parole Violators, these are folks who have been out on parole and have violated their conditions.

These apply as follows, as shared later by Missy Repsher:

A TPV under the jurisdiction of the PBPP who violates the terms and conditions of his/her parole, other than by the commission of a new crime, that meets any of the following five criteria:

- (i) The violation was sexual in nature.
- (ii) The violation involved assaultive behavior.
- (iii) The violation involved possession or control of a weapon.
- (iv) The parolee has absconded, and the parolee cannot be safely diverted to a community corrections center or community corrections facility.
- (v) There exists an identifiable threat to public safety, and the parolee cannot be safely diverted to a community corrections center or community corrections facility.

There was a comment offered about a problem that goes beyond the “Max Out” list that is currently shared with counties. The challenge remains is that there can be someone who has mental illness who is paroled, well before her/his “max out” date, but the county is not informed of this fact. Ms. Christ noted that her presentation today is not intended to address and correct these issues within the system, rather to highlight the current status and the Re-Entry Policy that has been adopted.

She then went on to state that there is now, for the first time ever, a Social Worker position approved for every State Correctional Institution(SCI). There remains one SCI that has not, yet, hired that position, due to budget restrictions. That is a significant revelation, as the need for a Social Worker is significant and can make a huge difference/addition to the services that can be offered to those with mental illness and who are hard to place in each facility. How these Social Workers is determined by the Superintendent of each of the SCI’s.

The timeline for the hard to place individuals was then shared under the speaker’s review of 7.3.1 Section 4. This involves dividing the reviews into monthly tasks at certain intervals—12, 8, 6, 4, 3, 2, 1.5 and 2 weeks. This includes the referrals to Community corrections which are considered as part of the process. There was a document shared that outlines this process and the individuals who are responsible for carrying them out. The presenter is not able to share this particular document with the public. It is prescriptive of the processes involved. Included is the engagement of the County Area of Aging Offices to complete a MA 51 assessment for the possibility of Nursing Home placement as well.

The effort is intended to be tool, inclusive of a checklist, to be used to determine where the person, who is expected to have a difficult re-entry, is currently “stuck” along the way to release. This is initiated at the 12 months mark in advance of the “max-out” date.

There remain some counties which have expressed a desire to not learn of the potential inmate who will “max-out” until a few weeks prior to release. There is a general consensus among County BH Administrators that they need to be

involved at the earliest possible time in order to affect the most positive result in the release.

There has been additional engagement with representatives of the Social Security Disability Income and Supplemental Security Income. These folks have policy that will not allow them accept any information that is generated internal to the prison system, such as birth dates, etc. There is now a Memorandum of Agreement that has been signed with the Social Security folks which allows for the completion of a five page document, prior to release, that will help the soon-to-be-released inmate in regard to securing identification documents, perhaps initiating income through that system, etc. This may commence at 6 months prior to release.

As to Sex Offender Placement, there is a change in the Bureau of Community Corrections. There is a limit to the number of available beds in that system. There is the potential to have a meeting between the person to be placed and the placement site. There will always be limited resources available to serve this population. The lots for bidding on these types of placements have been issued, but take time to develop into viable options.

Finally, Ms. Christ ended by relating the issue of Transportation of the Hard to Place.

The participants agreed that this presentation was beneficial and offered them information that they did not have prior to the meeting.

**The next meeting of the FITF is November 28, 2017 beginning at 10:00AM, and will be held at the DOC Training Academy in Elizabethtown.**

Respectfully Submitted,

Lloyd G. Wertz, FTAC/FSS.