

Forensic Interagency Task Force
1-23-2018 Meeting Narrative

Those attending the meeting held in the DOC Training Academy on the above date were: **Larren Armstrong** (Forensic Specialist); **Michelle Baxter** (OMHSAS); **Daniel Beauchamp** (Regional Forensic Liaison); **Tory Bright** (Regional MH Services Coordinator); **Talia Broubalow** (Northampton Co Mental Health); **Ron Colbert** (Scranton Counseling Ctr); **Andrea Concordia** (SAM, Inc CM); **David Dinich** (President FTAC); **James Fouts** (Dir of FSS); **Heidi Fuehrer** (Psych Services Specialist); **Jillian Gosselin** (Forensic BSM Supervisor); **Justin Harlan** (BCC); **Laurie Hess** (FCCII); **Jeffrey Hilaman** (Chester Co MH/IDD); **Julie Holtry** (Deputy Dir. of MH); **Michael Keefer** (MH Court Coordinator); **Alexis Kelly** (WHM); **Ben Laudermilch** (DHS); **Lucas Malishchik** (Psychologist); **Jean Lamberth Williams** (BCC R I); **Ray McManamon** (Dir. Emergency & Court Serv); **Edward Michalik,Ps,DP** (Berks MMDD Administrator); **Robert Nichols** (Prime Care Medical); **Heather Pack** (Forensic CM); **Sharon Potter** (Sexuality Consultant); **Andrea Prori-Meintel** (CCTM); **Jessica Reichenbach** (OMHSAS Rep); **Megan Rice** (Justice Related Services); **Rebecca Sangrey** (CM); **Kristi Schuster** (BHARP); **Nicole Seiple** (Forensic MH Caseworker); **Gale Sherrid** (Social Worker 2); **Deborah Shoemaker** (Ex. Dir. of PA Psychiatric Soc); **Vivian Spiese** (FTAC); **Rhonda Tomcavage** (CIT Program Mgr); **Nancy Weiman** (SE Reg MH Services Consultant); **Lloyd Wertz** (FTAC); **Elaine Ziegler** (MH Mgr. Chester Co. Prison); and **Lisa Zook** (PA County MH/DS Admin Association); **Kathy Zwierzyna** (NAMI).

The Forensic Interagency Task Force (FITF) was convened by FTAC on the above date with the attendees listed above. Facilitator, James Fouts of FSS, welcomed the group. He then asked attendees for introductions and a relating of new things that are happening in their areas of the Commonwealth from their varied perspectives. HE also posed the questions as follows:

- Is your county involved in the Stepping Up Initiative?
- If not, are you looking at that possibility? or
- Is there engagement in your county in a similar process?

There were a number of attending counties which expressed that they were engaged in the Stepping Up project either having already passed a resolution at their County Commissioners' level or are in the planning process for doing so.

Ben Laudermilch, Housing Executive Director in the Wolf Administration, announced the comprehensive strategy for housing, which was recently signed off by HHC Secretary Miller can now be publicly shared. He also shared that the “811 Program,” which provided a great deal of support during his history in public housing in his prior positions is still in existence. There have been and number of individuals who have been found to be eligible due to Serious Mental Illness as a disability and have been referred for placements. There are also newly appointed Regional Housing Coordinators. He shared a website to assist in locating the Regional Housing Coordinators. It is as follows: *SCHP.ORG*

He further described the plan’s second strategy of service supports to be provided, which include innovative places to reside for older adults who are not placed in skilled nursing facilities. The use of reinvestment funds under the BMHCO’s was also suggested to be considered.

As to the third Strategy, the increased production of housing availability was reviewed. There is a 4% tax credit program that survived the new Federal Tax bill and can still be used in the creation of housing for our forensic population. He noted that there is a clear direction AWAY from the consideration of Homeless Shelters as viable housing options for those released from county jails. Thus, these newer opportunities have become even more important.

The fourth Strategy is reporting out on success or lack of success in these efforts. He estimates that there is a shortage of over 270K in affordable housing units. Therefore, it is essential to push the importance of placement for those who need assistance when coming out of the Forensic settings.

Will Engelhardt, Senior Policy Analyst of the Justice Center of the Council of State Governments was the primary presenter for today’s Meeting. He noted that he has been with the Justice Center for about five years and has been engaged in sharing the “Stepping Up Initiative” process for a large percentage of this time. This was launched in 2015 with the National Association of Counties, NAMI, Psychiatric Association, and others. He also noted that the Council of State Governments Justice Center as being a not-for-profit organization which exists to provide this type of support as described in his presentation. There is a power point presentation that Mr. Engelhardt used which will accompany this Narrative.

First, the Stepping Up initiative is focused on County Jails which house about 10 million new inmates per year; it is estimated that about 1.85 million of these new inmates have a Seriously Mentally Illness(SMI). While recently, there has been a minimal cutback in the number of inmates served in the county jail system in certain localities, the percentages of those inmates with SMI has, in fact, increased. As to overall percentages, 4% of our general population have a Serious Mental Illness. They are disproportionately represented by being 17% of the jail population. Of those 17% of inmates with a SMI 72% also have a Co-Occurring Substance Use disorder.

There is a greater emphasis being placed on the “Zero Intercept” before being involved in the Forensic system for those with SMI. He noted that there is a higher, disproportionate rate of arrest for this population, limited access to health care for these folks in the community, low utilization of Evidence-Based Practices in serving them, a high level of criminogenic risk factors exists, there are higher recidivism rates, and there is evidence of longer stays in the prison setting for the group with SMI.

As examples, he cited the “Quality of Life” violations which primarily apply to those who are homeless and arrested on those grounds. Bans on public camping, bans on living in vehicles are examples of these factors that result in increased incarceration levels for those with SMI.

Mr. Laudermilch added that the coincidence of healthcare for those with complex medical needs and mental illness might help drive us to a better understanding of this population and their paths to being committed to the forensic system and the possibility of addressing that through improved and newly conceived housing options.

Mr. Engelhardt then noted that the issue of average longer stays(ALOS) in jail for those with SMI. In a recent study, those with SMI had an ALOS of 80 days in the jail setting. For those who do not have SMI, that ALOS is about 40 days.

There was a question about the definition of the criteria for SMI for these studies. Mr. Engelhardt shared that there is some variation in this definition, based on the locality in which the data is being gathered. He went on to explain that some areas included those noted to have Traumatic Brain Injury as a component of this

population with SMI. This can create inconsistency between the forensic and community MH/BH systems and needs to be understood and negotiated in any community before data can be effectively analyzed. The most important component of this discussion is to try to assure that the local Jail and local MH/BH systems agree on the framework determined to meet those SMI criteria. In response to a question, it was noted that folks with an Autism Spectrum Disorder do not seem to meet any of those criteria, but might be considered to be functionally disabled under the descriptors used for that purpose.

The re-arrest of folks with SMI is much higher, perhaps due to a developed reputation in the community by the person with SMI among the law enforcement workers. The incarceration is often not a product of the symptomology of SMI, rather the need to fulfill basic human needs, such as housing or food.

He then discussed the Criminogenic factors that are recognized, none of which are symptoms of SMI.

He noted that there is a need to create a framework for prioritizing a Target Population. He suggested that there is a need to separate those with “Low Criminogenic Risk” factors, versus those which have a medium or higher level of those risks. However, despite our best efforts to date there continues to be an increase in inmates across the nation.

He shared the Sequential Intercept Mapping from a larger county in the US. But noted that it can and has been done in many others, including in PA. He shared that there seems to be some aspects missing, including family engagement and the actual assessment of the numbers of individuals who appear and are adjudicated/referred along the way.

The crux of the matter is, of course, how the information regarding a person’s Mental Status is used to create and implement different service plans to be delivered to them and how this affects their LOS or repeated arrests into the Forensic system/jail. The data shared by Mr. Engelhardt suggests that there is a small, unacceptable population of folks who are not receiving MH services upon release from the jail. Considering that there is an underrepresentation of the estimates of SMI of the prison population, this makes it very likely that services are not arranged to serve these folks as might be beneficial and needed.

There are currently 19 Pennsylvania counties which are engaged in the Stepping Up program. There is a very high number which have Criminal Justice Advisory Boards(CJAB). That is good news, in the sense that there must be a CJAB in order for a given county to participate in the Stepping Up initiative. It was also shared that there is about \$7million in grant funds to be administered through the PA MH and Justice Advisory Board in the near future. Some states are mounting an effort to create a universally accepted definition of SMI to help foster these efforts on a consistent basis in their boundaries.

He shared the 6 Questions that need to be asked within an interested county. Those were shared in the last Narrative from this meeting. As to having a local project coordinator, there were several tasks for those leaders, which generally follow the six questions that need to be asked and followed up as part of the Stepping Up Initiative format. Tracking and sharing of information that is gathered and assessed is a key and must be addressed affirmatively and early in the process. Otherwise, the efforts may be in vain in attempting to have this process firmly in place to address the care needs and overcrowding which can be raised in jails by those with SMI. Tracking desired outcomes leading to the assessment and sharing of impact of these efforts cannot be overvalued.

There was a website shared for more information, it is: *Stepuptogether.org*. There is a tool available through that site to help counties to assess impact of their efforts that can be used to help in making and sharing that assessment.

Mr. Engelhardt ended and asked for questions. The first was about the continued efficacy of the Sequential Intercept Model, versus the need to drill down further to better effect improved communication between and among participants which are part of the steps identified in that Model. Mr. Englehardt suggested that the CJAB in the given county is the primary place in which this can be best addressed for sustained improvement. He also suggested that the addition/inclusion of former inmates in a county system on the CJAB might be a positive start to addressing these ongoing concerns.

There was a question on whether there is a particular set of data that might be best pursued/created to help CJAB's assess the impact of its Stepping Up Initiative. There is an array of data that can be assessed to determine the best which might

serve a given county. Mr. Engelhardt offered his email address for further follow-up on this question.

There was another question about which services are the most important in assisting with movement through the system of those with SMI. Mr. Engelhardt suggested that the pre-trial risk assessment is a good place to start in assessing those concepts. The presenter shared a practice that is currently operational in Salt Lake City in which there is a “Pre-Trial Risk Assessment” that can occur almost immediately upon the arrest of a person with SMI. In some cases, the person can be released very quickly, if not the same day as the arrest. We have to assume this release is to a treatment setting and is clearly preferable to having the person sit in a local jail for an extended period without needed treatment and likely significant exacerbation of symptoms and degradation of functionality.

There was an observation from an Attendee that many of these folks are brought into the system based on technical violations of parole. These can often be arranged to avoid additional jail time for many folks with SMI. He suggested that there needs to be a much higher level of coordination between those Parole/Probation Officers who handle folks with SMI and the folks within the jail who arrange for treatment in that setting.

There was a commentary from a new staff member, who has become a member of the attendee group. She noted that there seems to be a problem with the assessment tool that is being used in a local jail that could help predict the needs of a person with SMI. If these do not capture the correct information, then there is a missed opportunity in creating the highest levels of intervention and to prevent recidivism for our SMI forensic population.

The next meeting of the FITF is scheduled for March 27, 2018 at 10:00 on the DOC Training Academy campus. The topic for that Meeting will be:

“Investigating the Social Determinants of Incarceration.”

Respectfully submitted,

Lloyd G. Wertz, FSS/FTAC