

Forensic interagency Task Force Meeting Narrative

Department of Corrections Training Complex Elizabethtown, PA

11/24/15

This is the third meeting of this resumption of the Forensic Interagency Task Force (FITF) convened by FTAC with approximately 30+ attendees.

Facilitator, Dave Dinich of FTAC, welcomed the group and asked attendees for introductions and a relating of new things that are happening in the Commonwealth from their varied perspectives. It was suggested that, next year, the meeting might need to have an alternative date from the fourth Tuesday of the Month in November, due to the proximity of the Thanksgiving Holiday.

The first presentation was offered by Missy Repsher, Director of Specialized Services and Community Outreach Division, Bureau of Offender Re-entry Coordination for the PA of the Board of Probations and Parole. She used a PowerPoint as part of that presentation. (NOTE: Ms. Repsher agreed to pursue the possibility of sharing an electronic version of her presentation which will accompany this Narrative if possible.) She commenced by apologizing to those in attendance who already have deep and broad knowledge and awareness of the State Parole processes, as she has the responsibility to inform those who do not share that level of awareness.

The State Board of Probation and Parole handles mostly those who are serving a two year period or greater and who are placed in the state Corrections system. She noted that Parole is a privilege, not a right, available to the offender. The Board must act within the guidelines as established by the sentencing Judge, as to minimum sentence requirements. The opportunity for Parole can only be offered after the offender has served that minimum period of incarceration as so specified by the sentencing judge. For 2012-13 the average monthly docket for this Board is 2825, the number of interviews was 21,778. There were 13,000+

actions granted. The Board uses an Evidence Based Decision Making tool called the PBPP 361 which was developed using actuarial info, clinical assessments, one-on-one interviews, and other dynamics of the offender's incarceration. There is an opportunity for stakeholder input that can be considered as well. 22% of the offenders have MH history as they are considered by the Board.

There is a battery of assessments conducted by the DOC when an offender is incarcerated. First, is the Risk Tool Screen, then the Drug screen, Personality Assessment Inventory, and a Psychological Assessment as well as Adult Basic Education and some others. A new Psychological assessment must be done if there is already one that exists within the system is over two years old. There are DOC Programs that can be offered based on these assessments to assist the offender during her/his incarceration.

Eight months prior to the minimum sentence date, the Board should become aware of the offender's status and an informational packet is prepared to assist the Board Member for reviewing the case for the awarding of parole. This information includes the Psychological, Medical, Treatments and other assessments, also with Criminal History social history, records of misconduct, and the recommendation from the DOC Warden.

There is also an opportunity to have the victim share, in person or in writing, and inform the Parole Board Member of her/his circumstances and feelings about the offender and the potential of parole. There are occasions that the victim might recommend parole to have the perpetrator of the crime under supervision, rather than released upon maxing out without supervision.

There is a Threshold Score that is established to assess the readiness for Parole and the circumstances that might be part of the stipulations of that recommendation. There is a significant part of professional judgment involved in this process as well. The Board Member wishes to directly interview the offender to assess the efficacy, in her/his opinion, of the programming offered to the offender during incarceration. As to assessment of Violence, there is an Offender Violence Risk Typology(OVRT) which is used to assess this potential including age of initial offenses, level of violence, use of weapons and other measures.

There is a creation of a Level of Service Inventory Revised (LSIR) which assesses the likelihood that the offender to re-offend upon release. For Sex Offenders the Static 99R is used for this purpose in determining risk of re-offense.

As part of this process, there is a full reporting of programming participation by the offender as reported by the DOC. This is given great consideration by the Board in its decision-making process.

Then the in-person interview is conducted, within four months of the arrival of the date of the minimum sentence. There is one Board representative in person and one via Video-Conferencing. There is an average of 14 interviews conducted on any given day. The primary goal is to fully assess the likelihood that and violent offender will re-offend when placed onto the street—assessment of public safety risk. Ms. Repsher noted that not ALL cases involve all factors to which she made reference.

There are efforts that are extended to gauge the mental health stability of the offender as part of the consideration of granting Parole. This involves the Psychiatric Report, medication compliance willingness to follow up in Treatment, seriousness of the Mental illness, and the level of manageable risk of the offender. One attendee asked about the level of awareness of the Parole decision maker as to the availability of services for the offender upon release in the area to which s/he is expecting to go. There are a number of objectives of Conditions and Parole. These stipulations must be realistic as to time frame, service participation, level of ability on the part of the offender to follow through with the recommendations. There are “clearly limited options” as to areas to which offenders can be paroled and be able to receive and participate in the services that are required as set forth in the stipulations. This will provide direction to the eventual filed supervision that will be involved in offender management, once parole is granted.

There was a question about those offenders without an existing housing option which would be effective in supporting the offender’s return to the community. It was noted that there is no existing methodology to assure funding is directed toward a home community for the offender to receive services in a given

community of placement, unlike what can occur for an individual who is preparing for discharge from a State Mental Hospital. Community Corrections Placements were discussed as integral parts of this process.

Getting Medical Assistance in place is another key issue, as well the establishment of the person's county of residence. The latter is especially important for those parolees who come from, and wish to return to, a rural county of choice or former residence. Eligibility for services in certain counties, including larger, urban settings can become a serious issue for the offender to comply with stipulations and, from the county's perspective, as to responsibility to provide support services for an offender who has never resided in that County prior to release on Parole.

There was a suggestion that the collected data and other information needs to be released to the county that is being considered for Parole in a given county which might have no information about the individual prior to that time.

Once Parole is granted, there needs to be a proposed home plan, an assessment of employment options, establishing of public benefits, Continuity of Care for medical and Behavioral Health, and community connections with family religious, and other community organizations. The COMPASS application and establishment of follow up mental health outpatient appointments are typically completed by the Clinical Staff at the particular DOC.

Ms. Repsher noted that **reentry is a process, and NOT a program**. This is especially important to be understood, if one is to better grasp the concepts and duties involved in the reentry of offenders from the DOC system. She suggested that the process begins at the time of admission to the prison, continues throughout the incarceration period, involves the offender's participation in the programming that is offered, and is set in place based upon the stipulations of parole by the Board. She summarized the "Big 4 criminogenic needs" as: Companions, Attitudes, Temperament, and Family/Marital. There are lesser criminogenic needs as Substance abuse, leisure/recreation, employment, and education. There were staff from SCI Waymart describing methods of supporting offenders in preparation for release on the part of the clinical staff based there. It

was suggested that this might be exemplary of a goal to which the DOC strives for all of its SCI's.

The next component of this presentation was the Supervision Plan and the risks and needs of that process. There are over 500 Agents in the Commonwealth. Of those there are only 16 who are designated as having specialized capacity to work with mentally ill offenders. In comparison, there are 22% of inmates reaching Parole who have mental illness, but only 3% of the Agents who are so designated. Often those are the entry level Agents who are so assigned due to low levels of seniority. It was noted that in one urban county there is a good system in place with a set number of designated MH Agents and the establishment of a MH Unit for processing and supervising of these Parolees. In response to another question there was a discussion of the sharing of information accumulated by the DOC with the eventual county of residence.

It was established that there is information that is distributed to the Field Agents after the release. The Field Agents actually review and agree to, or deny, the home plan as to the possibility that it will be effective. There was a relating of the process to arrange discharge from a State Mental Hospital as having all information shared and agreed upon BEFORE the discharge can be effected. There is an "enhanced reentry" process that is being practiced at one DOC institution that might serve as a model for use at the 14 other DOC institutions across the Commonwealth. An attendee noted that there might be policy issues which prevent address of several of these problematic procedures which prevent effective planning for these releases. Ms. Repsher went on to note that there are specialized Agents which do not carry a caseload, but rather educate their peers in preparation for difficult releases.

There was a gathering last year to determine the capacity of the systems within the Commonwealth to suspend, rather than terminate, benefits during incarceration. This was wholly unsuccessful in moving forward to address the benefit "suspension versus termination" issue.

There was a brief discussion of a summary of assessments that has been developed within the DOC, but there seemed to be no process in place for the

sharing of that information with the County considering placement for the inmate. It was suggested that education within the Counties and the DOC could better assess this issue.

The next presentation was offered by Tory Bright with additions from Chris Wysocki, Co-Chairs of the Re-Entry Committee of the FITF. The other Co-Chair, Marirosa Lamas, was not able to attend today's meeting. Ms. Bright reported out on the one Committee Meeting that occurred since the last FITF Meeting. She noted that there was agreement on certain issues. She also noted that there were certain members of the interested stakeholder group who are lacking—Peers, and Family Members as examples. There is a follow-up meeting of that Committee scheduled. Additional Ad Hoc members, for example from the OMAP, could be considered as well.

There were certain themes that are similar to those for the FITF—info sharing, and others. There was a suggestion that there be a “mapping” type of project to study the overall process of reentry. This will involve gathering data across the Commonwealth. There were some volunteers solicited to come up with questions that surround reentry. That is about 11 questions which will be sent to the interested parties in PA to respond via “Survey Monkey.” She shared a sample question with the FITF and noted how it will be distributed to stakeholders across the Commonwealth. The survey time frame will be two weeks. The goal will be to gather sufficient information to determine the viability of establishing a “mapping project” based on the responses. An attendee noted that there has been a DOC mapping project completed by the Center of Excellence. It is not available for release at this time.

Tory went on to discuss another issue of pre-entry information that might be shared by counties with the DOC to better enable them to serve the given inmate at an earlier time in her/his incarceration. It was suggested that there are standards which might be agreed upon between counties and the DOC that could be formed and framed into policy and procedural statements that could be adopted and shared. While there are clearly good models across PA, there seems to be a lack of consistency that can be depended upon and would be a reasonable

and reachable goal. The next meeting of this Committee will be December 14 at 1:00PM at the CCAP Offices. It is hoped that there will be information available from the completion of the Survey Monkey which might be useable by that time. Tory shared her email address: regional.mh@pmhcc.org for the forwarding of questions or other suggestions regarding this topic.

The next meeting of the FITF is scheduled for Tuesday, November 24, 2015, commencing at 10:00AM, and will be held at the DOC Training Offices in Elizabethtown, assuming its availability.

Respectfully Submitted,

Lloyd G. Wertz, FTAC/FSS.