

Forensic Interagency Task Force

March 22, 2016

Meeting Narrative

Those attending the meeting held in the DOC Training Academy on the above date were: **Tricia Baffa** (Forensic Case Mgmt Supervisor); **Carol Bamford** (Director of Emergency & Court Services); **Michelle Baxter** (OMHSAS); **Daniel Beauchamp** (Regional Forensic Liaison); **Patricia Brader** (Community Relations Specialist); **Tory Bright** (SE Reg. MH Services Coordinator); **Lance Couturier** (Lic. Psychology Director, annuitant); **Hazel Dacus** (Forensic Coordinator); **David Dinich** (President FTAC); **Charles Folks** (Dir. Counseling/Community Integration); **James Fouts** (Dir. Forensic System Solutions); **Heidi Fuehrer** (Psychological Services Specialist); **Larry George** (CEO Lanc BH/DS); **Patricia Griffin** (National Gains Center); **Laurie Hess** (Forensic Corrections Counselor); **Mary Jordan** (Director); **Michael Keefer** (MH Court Coordinator); **Marirosa Lamas** (Superintendent); **Philip Mader** (Bureau of Community & Hospital Operations); **Robert Marsh** (DOC Psychologist); **Kerri Miller** (SPORE Case Mgr.); **Robert Nichols** (Prime Care); **Sharon Potter** (Integrative Counselor); **William Price** (CMU); **Jessica Reichenbach** (OMHSAS); **Leigh Richardson** (Unit Mgr); **Emily Scordellis** (Prime Care); **Matthew Sheaffer** (Pa Board of Prob & Parole Agent 2); **Penny Sines** (PBPP); **Jack Sommers** (Superintendent Waymart); **Vivian Spiese** (FTAC); **Charles Van Ravenswaay** (Forensic Specialist); **Jack Walmer** (Chief of Psychological Services); **Josh Warfield** (Court Coordinator); **Brian D. Watson** (Deputy Administrator NL MH); **Lloyd Wertz** (Vice President FTAC); **Justin White** (Program Analyst PA. Dept. D&A); **Nancy Wieman** (Consultant); **Jenn Williams** (C-M-P Mental Health); **Katy Winckworth-Prejsnar** (Project Coordinator, PA MH-Justice Center of Excellence); **Chris Wysocki** (JVBDS Administrator); **Elaine Ziegler** (Mental Health Manager); **Lisa Zook** (PA County Administrators); **Jess Zortman** (PBPP Analyst)

This is the fifth meeting of this resumption of the Forensic Interagency Task Force (FITF) convened by FTAC/FSS with 44 attendees.

Facilitator, Dave Dinich of FTAC, welcomed the group and asked attendees for self-introductions and to relate new things that are happening in the Commonwealth from their varied perspectives.

**Today's first presenter was Phil Mader, OMHSAS Director of the Bureau of Community and Hospital Relations to discuss the recent settlement agreement regarding folks in Forensic placements needing evaluations and plans to create availability and expedite those processes.** He began noting that his presentation will be based on a lawsuit settlement type of agreement reached for Forensic services. He noted this is intended to eliminate barriers within both systems and improve the timing of competency assessments for folks with mental illnesses and other types of disabilities who are in the forensic system. The lawsuit was based on two classes of folks—Class A--Those who await placement in a forensic unit for evaluations, and, Class B-- those in the forensic units awaiting placements to get out of those units. The lawsuit was based on what should constitute the maximum time that person could wait to be evaluated and the same question for those in the forensic setting for placement meeting their needs. The intention is to make a plan that can allow for movement sequentially. It is then assumed that this will create new slots and opportunities—120 new slots which might mean housing placements, LTSR, Extended Acute Units, and other options. The goal is to create 60 slots within 120 days and 120 slots within the first 180 days after the settlement. That time frame is on track to be accomplished, at this point. The funding anticipated to be used for this implementation is from the CHIPPS dollars that are part of the proposed budget for this initiative. The first obligation is to comply with the settlement, but that will not solve the overall problem faced by the two systems on a long term basis.

The other obligation is to assess all who are currently awaiting admission to forensic units, those receiving services in the forensic unit, and those in the civil sections at Torrance and Norristown with remaining criminal justice oversight. Each individual is to be individually assessed, not only to her/his own competencies, but based on other factors that might affect the ability for him/her to have sufficient supports to be safely placed in the community, from a public safety standpoint. The creation of plans to serve these folks is the primary need to be address at the current time. There have been several categories of individual needs that have been established for these purposes. There is an additional focus on

quality in addition to quantity for this effort. There is a requirement to establish a strategic plan in written format and shared with the ACLU within 60 days of the settlement and for it to be operationalized within 90 days of the settlement.

This Strategic Plan is in five components:

- Wait List, or access plan. There will be a very descriptive plan for what needs to be in place for a referral to take place. This will involve the study of probable cause for the need for an assessment, commitment order currently in place, recent treatment records and others. This will also involve an exception process to deal with special circumstances that need to be considered on a consistent basis. Any exception process will be limited in scope. If an individual attempts suicide it will be considered highly intensive in need, capital murder charges will be on the top of the list, and another consideration for granting an exception.
- There will then be a plan directing where or if the person needs to be placed for assessment or long term placement. Mr. Mader noted that there is a significant percentage of person placed at Torrance and Norristown who are not competent and who are unlikely to ever become competent to stand trial. Thus determinations need to be made to effect transfer from a highly sought forensic bed for an individual who is no longer benefitting from that bed to allow its availability to another who would benefit.
- Improve the communication process among the various parts and levels of the system to prevent working in silos.
- Beyond the obvious issues of Developmental disabilities and dementia, there are those who are unlikely to become competent, there will need to be a decision reached that restoration is not a reasonable goal, there will be a need to work with local officials to create a plan in concert with OMHSAS.
- Change the internal management within the DHS/OMHSAS. There has been some erosion of resources within OMHSAS that were in place. This needs to be addressed to better manage and direct this system in compliance with the settlement and in keeping directing attention toward the best

methods of addressing the needs of the individuals in the system. There may be a need to buttress staffing from existing resources, as the plan goes forward.

This plan is due by March 27 to the ACLU, within the 60 days of the initial agreement.

The settlement's time frames are as follows: 60 days for assessments, 60 days for action/strategic plan to be submitted to the ACLU, create 60 new slots within 120 days and a total of 120 slots within 180 days.

There is confidence about the meeting of the requirements of the slots to be available as directed in the settlement. The Commonwealth and its budget negotiations must be settled to fully effect these placements. It was noted that there are requirements to meet the benchmarks, based on assessment by Judge Rambo, or there will be a re-entering the lawsuit proceedings. There were some opinions that there was capitulation on the part of the parties to the lawsuit. It was noted that this did not, in any way, seem to be the case. The court will have jurisdiction for a period of three years of the agreement date of January 27, 2016.

There was a statement added that any institutionally based services will not be considered as meeting the requirements of the settlement.

There is hope that there will be opportunities to serve folks in all counties, based on the movement that can occur within the civil system, based on placements within the forensic systems as they will be implemented over the course of the roll out of this plan.

Mr. Mader ended by encouraging folks, when they consider their individual areas of responsibility to include the issues as part of the settlement that might be relevant to them and how they might be able to use it for the benefit of their population. There was a question as to how this might affect the smaller counties at this point. The response was that it is not likely to offer much at this point (meaning within the first 120 days). On a longer term basis however, there will be resources that can address those needs going forward. The ongoing issue is to effect fluidity in the system, with a goal of permanent supportive housing as a longer term goal throughout this implementation.

He shared that there is motivation at this time, because of a lawsuit. However, the resources that are being built at this time will be in place for consideration as options for other purposes within the system in the future.

There was another question about impacting the way the court system operates in order to change the “flow” within the system across the Commonwealth. The levels of the crime, the capacities of the individuals, can all be considered in providing support through alternative resources can be brought to bear in this effort.

There was another question about creations of slots or services for persons within the system who have not been referred to forensic units for assessments, but rather are at the maximum of their sentences. At this time, these resources are not being directed toward those folks. The services being developed as part of the settlement will become part of the options moving forward for all in need of service, including max outs, but initial placements into them will occur from either the forensic or civil sections from Norristown and Torrance.

Another observation was offered about the need for folks at the county levels and their CJAB’s to brainstorm about those who are involved in their local forensic systems who might be better served through alternate means outside of the county jail system. There is an article to be distributed to FITF members which was generated by the MacArthur Foundation directing attention to these types of issues.

The use of extended acute care unit beds, an additional 20 beds and their propriety to be involved in the forensic system, but rather need a clinical setting that might not otherwise be available.

**The next presenter was an update on the Re-Entry Committee by Tory Bright.** She began by offering the following numbers: **175, 120, 292, and 1075.** There are 175 folks on a waiting list to go to Norristown. There are 120 new slots for addressing the resources at Norristown which will impact that first number. In the Southeast Counties, there are 292 people on the D-Roster in the DOC who will be released by the end of calendar 2016. As to 1075, this represents the number of folks from that area and who are on C and D Rosters who are still in the Forensic System. Those numbers are the primary motivation for the creation and ongoing work of the RE-Entry Committee of the FITF.

She then referred to the survey that was completed by nearly 200 responses. She noted to the outcomes of that survey and the main themes in those responses:

- Communication and Documentation
- How to access the supports and benefits available in the community
- Housing or placement options and their availability in the community

It became clear that there are details behind each of these themes that need to be sorted by smaller, Sub-Committees. Thus there were smaller Sub-Committees that were created to help deal with these issues and highlight best practices or other models that might be brought to bear in dealing with questions on those themes. The last Re-Entry Committee had some reports from those groups.

Ms. Fuehrer spoke to the Benefit Sub-Committee and its issues. It was shared at the FITF's Re-Entry committee that the time frame between DOC release and initiation of community benefits has become considerably shorter. There was also discussion of getting state identification cards in a more expedient manner to help with the various involvements of the released offender once s/he is in the community. She also noted that some inmates want NO services from the DOC, regardless of the potential that this assistance might be beneficial to them upon release. Ms. Fuehrer noted that working with certain County Assistance Offices can positively impact these processes as well. The establishment of a mailing address is essential for securing benefits. This is an issue that might be addressed at the local level with some creative efforts at creating Mail Box access. Use of Faith Based programs has been successful in certain areas. Parole Agents might be more able to provide support in certain of these cases. Having each county identify a Forensic Case Manager is certainly an important step. Creating an established set of documentation for releases would be a productive thing. Having a resource listing for all counties would be a plus as well. A letter of agreement between counties could improve these processes.

Tory asked if there were any county program representatives that might offer further information on these topics. One member suggested that many individual counties have certain unique requirements that could expand any "standardized" data exchange to unmanageable proportions. There was a question about whether

any standardized packet of information exists at the current time. It was stated that there are a few which do exist and might be shared with other county Program representative to take to County Program Administrator colleagues for consideration at their next meeting.

It was also pointed out that there is an opportunity to have a meeting between the Deputy Secretary of the PA DHS Office of Income Maintenance (OIM) and a small representation of the Re-Entry Committee. It was shared that there had previously been a designated person within the OIM to deal with Forensic benefit issues and no longer seems to be. This is one of the topics that could be addressed in that planned meeting.

Ms. Lamas noted that there is an intention to survey DOC facility superintendents to determine their interactions with local CJABs in their primary service areas with the potential that these might be further developed.

Michelle Baxter of OMHSAS has agreed to provide leadership to the issue Housing and agreed to share the progress of that Sub-Committee with the FITF. The Sub-Committee decided that its target population would be the Seriously Mentally Ill inmates in the DOC. This was stated with the intention to target a specific group to assess progress going forward.

The goals of the Housing Sub-Committee include: Taking on the population and its overall and specific needs, identifying working models current employed nationally, perhaps creating a proposal for housing within the Commonwealth and seeking funding for its being piloted. There was a local model that is being considered as well--the Lehigh Valley Team for dealing with Mentally Ill Substance Abuser (MISA) who are involved in the forensic system in that county. In that model, there was a description of a weekly meeting that occurs among representatives from all parts of the system working in that county. This provides a regularly scheduled forum to deal with individuals who have Mental illness and Substance Abuse issues in the local forensic system. It also allows for the local system to work with individuals with unique needs and to create resources to meet these needs in the community---outside of the forensic system. The next meeting of this Sub-Committee is set for April 4, 2016. These have been conference calls,

not in person meetings and have seemed to serve as an effective means of interaction by its members.

An observation was shared that there are significant resources within the Commonwealth which are currently quite productive and should be highlighted across PA. Rather than hope to have a confluence of those resources just “happen” to align for an individual, this might offer an opportunity to have these resources considered on a more planful basis.

Another topic involving the issue of housing is the “Voucher Program” currently operating within the DOC and the desire to learn more about it. There had been some information shared with the housing Sub-Committee which was then shared with the FITF as a whole. This program has involved the contracting with brokers to develop housing options to soon-to-be released inmates for a six to possibly none month period after release. The cost of these arrangements is significantly lower than halfway house placements. There are currently 200 released inmates per month in these settings, turning over about 20 inmates per month. These placements are not housing a large number of individuals with SMI. Additional “wrap around” services are provided and can include MH Counseling, D&A monitoring, and other services in support of the Parole Agents’ working with the individuals placed in this voucher program. There seem to be some county programs which are trying to simulate these efforts. They cannot garner placements directly using DOC resources, obviously. There was a question about access to the brokers who are involved by the county programs to piggy back on that type of resource.

There was another discussion regarding the addressing of “Pre-Entry” communication which would be helpful to the DOC and should be shared with the DOC by the counties of residence of an offender upon entry into a DOC facility. This might include information involving the active treatment of the violator which and would be quite helpful in informing the DOC in assembling a support plan within its system.

It was noted that there is an invitation to FITF attendees to involve themselves on any of the Committee of Sub-Committee efforts as they might desire.



There was also a discussion about the essential nature of the work of the FITF and how it needs to continue its efforts to prevent backsliding of services to support individuals with BH problems in the Forensic systems throughout the Commonwealth. The Center of Excellence in PA continues to serve, but is caught in the budget impasse as it currently exists at the State level. There was a brief discussion of the need for advocacy at the legislative levels for support of the programs we recognize as vital to our population(s).

There was a request to offer suggestions about who might be a good presenter for the next FITF Meeting. One suggestion was that there are folks with intellectual disabilities who are also part of the forensic system. Having a representative to discuss that at the state level might be important and beneficial. A representative of a program who works with folks with intellectual disabilities noted that this would be a good idea. This could involve sex offenders who are developmentally disabled as well.

The meeting concluded at this point.

**The next meeting of the Forensic Interagency Task Force is scheduled for Tuesday, May 24, 2016 from 10:00 to 12:00 at the DOC Training Academy in Elizabethtown.**

Respectfully Submitted,

Lloyd G. Wertz, FTAC