Forensic Interagency Task Force
1-24-17
Meeting Narrative

Those attending the meeting held in the DOC Training Academy Complex on the above date were**: Dale Adair** (OMHSAS Psychiatrist); **Fred Anderson** (Access Service); **Carol Bamford** (Director of Emergency & Court Services); **Michelle Baxte**r (OMHSAS); **Daniel Beauchamp** (Regional Forensic Liaison); **Lisa Brame** (Social Worker); **M. Bratina** ; **Tori Bright** (Regional MH Services Coordinator); **Renee Buzuleck** (Gaudenzia); **Elizabeth Caralyus** (Gaudenzia); **Margaret Chapman** (NAMI); **Andrea Concordia** (Dir. Targeted Case Mgmt); **Hazel Dacus** (Forensic Coordinator); **David Dinich** (President FTAC); **Larry George** (LCBHDS Administrator); **Amy Groh** (Dir. Of Crisis/SAM); **Julie Holtry** (Deputy Director of MH); **Mary Jordan** (Dir. Spec. Clinical/CJ Unit); **Larissa Kimmel** (Dir. Consumer Supports); **Robert Marsh** (DOC Psychologist); **Ray McManamon** (Bucks Co MH/DP); **Heather Pack** (Forensic Case Manager); **Lynn Patrone** (DOC MH Advocate); **Sharon Potter** (Counselor); **Andrea Priori-Meintel** (CCTM); **Joe Pulcini** (MH Court Case Worker); **Jessica Reichenbach** (OMHSAS); **Melissa Repsher** (Reentry Division Director PBPP); **Luis Resto** (Acting Dir. PA Bureau Community Corrections); **Nicole Seiple** (Forensic MH Caseworker); **Deborah Shoemaker** (Ex. Dir. PA Psychiatric Society); **Jack Sommers** (Superintendent SCI Waymart); **Jennifer Swope** (SCI Graterford); ;**S. Drew Taylor** (Spore Director); **Charles Van Ravenswaay** (Forensic Specialist); **Josh Warfield** (Court Coordinator); **Lloyd Wertz** (VP, FTAC); **Nancy Wieman** (Consultant); **Chris Wysocki** (JVBDS Administrator); **Elaine Ziegler** (MH Mgr. Chester Co. Prison); and **Lisa Zook** (PA Assoc. County Administrators).

This is the tenth meeting of this resumption of the Forensic Interagency Task Force (FITF) convened by FTAC with approximately 40+ 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.

The first Agenda item was the sharing from the FITF Committees and their future meeting dates. These were:

Re-Entry Committee by Tory Bright. Tory had offered a full presentation on the work of the Re-Entry Committee at the last meeting of the FITF which included initiatives to be mounted and issues to be addressed over this 2017 Calendar Year. She also noted that there is an avalanche of work that is occurring in her Five County Southeast Region of the Commonwealth including the closure of civil beds at Norristown State Hospital and the continuation of the services that are being implemented as a result of the ACLU Settlement with the State regarding the forensic services being provided at the Hospital as well. This suggests that the work of the Re-Entry Committee and its Sub-Committees, while it needs to continue, might need further input and direction from others on the Committee. She noted that there remains some work to be done and accomplished by this committee and its Sub-Committees that might have to be carried by the Sub-Committee Leaders.

Documentation Sub-Committee Danny Beauchamp. Danny noted that there is work being done with Re-Entry Staff from the DOC in seeking to provide training about counties to DOC Staff and vice versa. There was some training piloted at the Forensic Rights Conference in December. This was offered in a workshop by Danny and other folks to a group of attendees. It was entitled "Re-Entry 101". Another attendee offered that is seemed to go well and that the identification of a key Forensic person in each county was an important aspect of the issue across the Commonwealth. Tory noted that there are regular meetings with all Forensic Liaisons in her region which have been quite helpful in maintaining awareness when and where it is needed. The possibility of having a state-wide person responsible for this function was offered as a potentially positive step.

Housing Sub-Committee, Michelle Baxter. She noted that "landlord buy-in" might top the list of importance in securing housing upon re-entry and needs to be directly addressed. The need to address STIGMA is important as well. Michelle noted that her program within OMHSAS has worked with several counties which seem to have programs that are working effectively. Thus, there is a thought that it might be a good idea to spread a model that is functional in the State to other counties. Another attendee noted that PCCD has gathered agencies and organization which works with the Housing Alliance and could prove fruitful going forward. The LHOT's in each county could be another focus on a county-by-county basis. Having a local housing specialist on the CJAB in each county would

also be a good idea. The need to focus on special populations is needed as well. In addition, there were some thoughts about sharing other model programs in other states which might motivate the offering of a similar model PA.

Benefits Sub-Committee, James Fouts. Jim could not be here today, due to his commitment to attend the CJAB meeting in Philadelphia. In his absence, there was a discussion of the need to monitor the new, expedited process of reinstating MA benefits upon release from a DOC facility. Lynn Patrone noted that there is an effort to share the details of this newly instituted process within the DOC system. There is an expectation to create/document a step-by-step process to help staff with this effort. She further suggested that engaging representation from the PA Department of Aging to help with this process with the older population who is being released from a long term stay in the DOC system. Also, the SOAR process would be a good focus, especially creating attention to having a person apply for Social Security disability well before release, as that can be a twelve month process from application to actual reinstatement of those benefits. There was discussion of the SOAR Process at the DOC level and the need to deal with the holding pattern that seems to exist, with a desire to further those efforts, perhaps through the PACE program in the Commonwealth. SOAR has worked with the criminal justice system through the pilots in certain counties and have met with success over the past several years. Creating an environment in which those inmates with SMI secure benefits immediately upon release is essential and needs to be addressed ASAP. Any study of the effects of this should include recidivism rates for those who get released without having benefits in place.

There was a question asked about the engagement of Hospital Emergency Room staff and their working with those with Complex Medical and Behavioral Health issues to make them more aware of resources for folks who come to their attention. Perhaps the Lehigh Valley could be a focus of attention on this topic, given some work done in that area on the issues surrounding treatment of individuals with complex medical and psychiatric problems.

The next Agenda item was a presentation by Luis Resto regarding the DOC Invitation to Qualify for Re-Entry Services. Mr. Resto, of the DOC's Bureau of Community Corrections, noted his involvement with an invitation to qualify for the provision of services issued by the DOC and his Bureau. He also noted that

Community Correction residential settings are expensive to operate, from $73.00 per day to over $100 per day for those with special needs, including those with SU issues. Clearly, those who are parolees would have difficulty in privately paying for these services. Thus there is an invitation to qualify issued by the DOC to seek organizations to offer these types of services. This is different from a Request For Proposals. This allows for a capacity on the part of the DOC to partner with agencies on a more flexible basis than the RFP process. There has been a "rate cart" developed to offer these types of service which dictates a rate to be paid by the DOC for the specific service which is consistent in the given regions across the Commonwealth.

As to the "lots" which are offered, he shared them individually: Sex Offender Treatment, Day Reporting, Housing Assistance Programs, Mentoring, Transitional Offender Workforce Development Services, Family Reunification, Outpatient Alcohol and Other Drug AOD Services, Cognitive Behavioral Interventions, Batterers' Intervention, and Outpatient Mental Health Services. He noted that there is an invitation to providers in counties. He recommends that any provider interested in bidding should do so sooner not later, as there will be decisions reached by the DOC to meet anticipated or existing need. As that need is filled, then there will no longer be additional contracts let. Thus, the earlier applicant is more likely to meet with success.

He then noted that there is a DOC expectation that providers will take the referrals which are being made by the DOC who fit into the service classifications which have been bid upon. He hopes this will end the continuous situation of an inmate's remaining in a queue for a long term awaiting services and never quite getting to the front of that line to start services.

Mr. Resto also noted that a polygraph may be administered to an inmate prior to offering community services to establish the offender's ability to "own" the crime and continue in that ownership in the community. As to payment, private insurance is first to be accessed, but there is recognition that insurances may not exist, or may not cover this type of treatment. There has been about $4million spent on these programs over the past year, with the expectation that more will be expended this year.

He then discussed the Housing assistance program by starting to state what it is not. It is not an emergency placement program. He also noted that the rental must be based on the current income of the individual being considered for placement. This cannot be based on "income potential" of the inmate being released, rather the genuine expectation of earning by the inmate upon release. This is also NOT a Master Leasing arrangement. There is also an intention to include rooms to rent, rather than apartments, such as studio or others. This is a departure from prior practice intended to meet the needs and capacities of the inmates who could participate. There is also an assurance that the rentals are within the fair market guidelines for the area. In addition, the program is intended to end after the six months of this program. This now has been extended to offering case management services up to 24 months, after the 6 months of rental payment by the DOC for that specific individual. There is also work with the families of the released inmate to include placement for the families of the released inmate with the ability to continue living in those environments. There were 228 folks being serviced in these programs on a recent, given date. This was seen as success, given early concerns about its feasibility at the outset of its being offered. The average housing cost of these apartments is $600 per month. This is versus the cost of Community Living Centers with a low of $73.00 per day, over $2100 per month.

There was a question about whether there could be a provider that owns property and offers services in a given setting. Mr. Resto noted that there is a reluctance to participate in these types of settings, as there is a greater desire to spread out these housing settings into the general community, rather than a grouped, service-oriented setting.

In addition, there is a mentoring component and desire to reunite released inmates with family to successfully re-enter those family environs. This is a special challenge, especially in the cases of families which have changed dramatically over the time of incarceration.

Keeping a job is the primary focus of the Workforce Development Services component. The processes of job application from the time of original incarceration to the time of release has likely, substantially changed. These types of services are offered to help support the newly released inmate in successfully navigating this process.

Batterers' Intervention, services to the perpetrators of domestic violence is what is offered in that program.

As to the provision of therapeutic services, the DOC will agree to offer those for a maximum period of one year, or less if the released inmate can afford payment for the services his/her self.

An attendee suggested that there be greater communication to the Counties to help create higher levels of awareness among County BH Administrator staff to help with further continuity in those settings. Mr. Resto agreed to meet and discuss this with a representative of the CCAP to help share this information on a broader basis. This is especially important in the cases of individuals who are released into a county where a service is offered/funded by the DOC but where the individual has not resided, and does not intend to remain. Another attendee suggested that a high level of attention be paid to the released inmate and his motivation and intentions to pursue continued residence in the community.

There was another question about the community provider who might apply for a lot and whether the DOC could fund that type of lot for those providers to serve those who were, and who intend to be in the future, residents of a given county. This can be especially important in the case of Sex Offenders moving into a county to receive services, but who were not residents of that county at the outset.

A provider of housing services noted that it has been the intention of her agency to provide services in an area that is the closest to her/his original, county of residence.

Another issue was noted that there is no awareness by a county of residence BH Administrator when an individual has been released to a Community Corrections Center. It was agreed that this is a communications issue that should be addressed to make the released inmate's county of origin aware of these placements.

www.dgs.pa.gov is the website where the particulars of these bids can be viewed and format for responses can be found.

The Final item was from Dr. Dale Adair, POMHSAS Medical Director with an update on DHS/OMHSAS on working together. Dave Dinich introduced Dr. Adair and related the fact that he was invited to share the efforts by the Department

of Human Services in this area of interest. Dr. Adair brought greetings from the DHS Secretary, Ted Dallas. He then noted that he has gained a great deal of insight listening to the work being done by the members of the FITF and will refer to these things and the involvement of the DHS in his address.

He noted that recidivism is a very important aspect to be researched and addressed, from the perspective of his area of interest. He cited a comprehensive study which focused on those who are uninsured are the most likely to re-offend and go back in to the prison system. Those with Medicaid in place upon release or as close as possible will do better than those without.

He then discussed the issue of closing of the civil, not forensic, beds at the Norristown State Hospital site. There is also some work being done to improve the work flow for forensic evaluations, especially competency evaluations, across the Commonwealth. He noted that these are being done outside of the forensic centers by contractors or individual county programs. He stated that there have been more of these done outside of the forensic centers than within those centers. There was also an observation made by a attendee that some of the evaluations made by the contractor, Mental Health Management, have been questioned as to the determination of competence, when others have disagreed with that opinion/evaluation. Dr. Adair noted that these evaluators are largely Board Certified in Psychiatry and Forensics. There are also two Psychologists who have been approved for this work, after a recent change in law as to their eligibility to do so.

Dr. Adair then went on to discuss the Pilot State status of PA in offering Certified Community Behavioral Health Clinics. These will offer integrated care and case management across age lines to folks in the areas where a clinic exists. He further suggested that these can assist to help prevent recidivism by offenders who access them upon release. There was a question about the provision of Peer Support Services at these CCBHC's. It is anticipated that these services will be provided as several, if not all, of these CCBHC's. This should dovetail nicely with the 21st Century Cures Act in securing significant funding in providing training and support for Evidence Based Practices at a far greater level across the state.

The next topic he covered was the creation of the 45 Opioid Use Centers of Excellence recently established by the Commonwealth at the beginning of this fiscal year and funded over the past several months. The initial 25 of these were all BH providers, with the later 20 primarily focused on Physical Health Services. There is a focus on Medication Assisted Treatment (MAT) with attention directed toward the treatment which is in addition to the administration of medication.

The Agency for Healthcare Research and Quality (ARHQ) grant of $3million, also focuses on opioid addictions in the rural areas of the Commonwealth in improving the offering of MAT services in 23 counties to MA beneficiaries. There will be training of Buprenorphine (Suboxone) and Naltrexone (Vivitrol) in the MAT setting, with a focus on Buprenorphine.

The next meeting of the FITF will be held on March 28, 2017 in the DOC Training Academy in Elizabethtown beginning at 10:00 a.m.

Respectfully Submitted,

Lloyd G. Wertz, FTAC/FSS.