

Forensic Interagency Task Force  
5-22-2018 Meeting Narrative

Those attending the FITF meeting held in the DOC Training Academy on the above date were: **Michelle Baxter** (OMHSAS); **Daniel Beauchamp** (Regional Forensic Liaison); **Sara Breen** (PA Bureau of Community Corrections); **Talia Broubalow** (Northampton Co Mental Health); **Ron Colbert** (Scranton Counseling Ctr); **Stacy Condie** (JRS Unit Manager); **Hazel Dacus** (Forensic Coordinator); **David Dinich** (President FTAC); **Kimberle Drum** (DOC Nurse); **Cindy Egizio** (Asst. Dir. of Corrections); **James Fouts** (Dir of FSS); **Karla Freeman** (NHS ACT Dir.); **Heidi Fuehrer** (Psych Services Specialist); **Jillian Gosselin** (Forensic BSM Supervisor); **Laurie Hess** (FCCII); **Jeffrey Hilaman** (Chester Co MH/IDD); **Coordinator**); **Alexis Kelly** (WHM); **Laura Kuykendall** (Lehigh CCC); **Christine Lavin** (Justice Related Services); **Marisa Lewis** (Northampton Co); **Ray McManamon** (Dir. Emergency & Court Serv); **Heather Pack** (Forensic CM); **Sharon Potter** (Independent Consultant); **Jessica Reichenbach** (MH Program Rep); **Luis Resto** (BCC); **Dennis Russo** (Dir. Forensics); **Nicole Seiple** (Forensic MH CW); **Katlyn Speary** (Probation Officer, Sr); **Vivian Spiese** (FTAC); **Samantha Vollrath** (SDHP); **Lloyd Wertz** (FTAC); **Nancy Weiman** (SE Reg. Consultant) and **Lisa Zook** (PA County MH/DS Admin Association).

This is the seventeenth meeting of this resumption of the Forensic Interagency Task Force(FITF) convened by FTAC with the attendees listed above. Facilitator, Jim Fouts, 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. Jim noted that there is a plan to initiate a new Website for FSS with the website address to be shared at a later time. Archived notes and upcoming agendas for the FITF Meetings will be available on the site as well as a space for announcing new and exciting County and State initiatives.

Hazel Dacus noted that there are significant changes in the Southeast region to adjust to the changes in the Region due to the reassignment of the beds at Norristown State Hospital campus. A number of folks who introduced themselves noted that there are a great number of things happening and that they are intended to keep pace with the happenings in the area. It was noted that there is a new staff member on board in the Lancaster County area with intentions of having additional CRR beds designated to serve folks with a SMI and forensic involvement. Another noted a concern about the “loss” of Waymart as a facility

to serve folks who have been in the local jails but who needed to be 302'd, especially due to a suicide attempt. The arrangement was an agreement that Waymart would accept the patient. If s/he did not do well, then a 303 would be processed and a referral made to Norristown. With the most recent development of the "Expedited Admission" processes, it was determined at the State level that the arrangement would no longer be acceptable for use by the three involved counties—Lackawanna, Susquehanna, and Wayne. It was noted that this resource was used about 4-5 times per year. This is in the context of the unwillingness to have a local community hospital accept a patient from the local jail.

Other County jails spoke to the issue of having folks who are in need of this type of care and the longer time wait for the beds needed by their populations. It was clarified that this can result in a situation where a person is in a local jail demonstrating behavior that would be eligible for an evaluation for involuntary Medical examination and treatment, but who is maintained in the prison setting because of a lack of placement options or unwillingness of the ER MD to sign the petition. There was a question about how many suicides have occurred in the prison setting over the past year. It was shared that there have been 8 during this year in the PA DOC system. There was another suggestion that Tele-Psych services have been employed for the evaluation while the person is still in the prison setting. An attendee related that there has been a system set up in the state of Arizona to offer a more immediate approach in using MH or Drug courts to address these types of issues dealt with in the forensic system. Allegheny /Forensic staffer noted that there has been a Veterans Block established in the local jail to specially serve those folks in the forensic system with that background.

Dave Dinich noted that the FTAC/FSS staff participated in a recent conference on Families and Children of incarcerated individuals in Pittsburgh and the hope that anyone interested in addressing Social Justice concerns can contact us and we will pass that name along to the principals interested in creating an ongoing conversation on that topic. Others included staff from counties who have noted additional enrollees in CIT training as well as Peer Specialist Training coming up at Northampton County and there are openings for that training. Jim asked about

the presence of Trauma informed care in their counties' jail systems. Several responded positively.

This Meeting was intended to offer Updates from various presenters, beginning with:

**Jessica Penn Shires with an Update on the Norristown Regional Forensic Treatment Center.** OMHSAS is affording efforts in helping with Certification for Peer Specialists(CPS) and the grandfathering period that exists for that process. This includes working with the folks in State Prisons who are CPS's as well. She also noted that the competency evaluations effort with those who are largely in the County Jail System and are held up due to the lack of placements at the Forensic State Hospital campuses has been completed for 829 as of this date. 52% of those have been deemed competent and went forward with their court proceedings. Also, 22 counties have signed on to the Stepping Up Initiative to date. The Forensic Unit Update was her last topic. She addressed the PAR Report and the 11 recommendations:

1. For anyone in the units more than 12 months, they need to have an independent review on probably that the individual will regain competency. That is about 200 inmates.
2. If the defendant is not likely to be restored they should be eligible for community beds. Once the assessments are completed that number and those who are identified will be worked with counties around how to affect those discharges to county programs with charges dropped in the process by agreement with all involved parties at the local levels.
3. Court clinical staff will need to bring the individuals who are believed to become competent to develop means to share a definition of who will be part of this and how.
4. There will be a policy for jail-based competency restoration. OMHSAS is working with counties on that.
5. The Commonwealth will have standards and targeted monies designated for restoration at the county levels. Proposals are being awaited from individual or groups of counties. Counties were encouraged to apply.

6. For the estimated 1/3 of the wait list which are not incompetent to stand trial should return to the court for disposition. Forensic Case Managers are resources that seem to be used on this.,
7. Create a fund of commonwealth dollars to create funding for competency restoration at the county level. The OMHSAS will create two positions, one East and one West, to help move the wait list along or effect diversion as indicated.
8. Develop court-based BH spanners
9. Initiate Outpatient Rx for Diversion—for Forensic Assisted Outpatient Treatment needs.
10. Assuming a six-month length of stay, a total of about 50 beds will be needed for Community restoration. This is estimated to take about 24 months. As of today, there are a number that have been created.
11. Create about 50 inpatient beds in the existing forensic units. This was completed as of this date on the Norristown campus.

There was a question about the existing waiting lists for the Forensic Units for a competency evaluation only. Jessica noted that these folks are referred back to the Outpatient setting for those evaluations by the psychiatrists which OMHSAS can send to the County Jails.

There was a question about how this is proceeding from her perspective and that of OMHSAS. Ms. Penn-Shires noted that leadership with OMHSAS is directing a great deal of attention and effort toward these issues and their being addressed. Despite that, there is a time factor that will come into play as well as limited financial support available to make things happen.

**Samantha Vollrath, Regional Housing Coordinator in the Wolf Administration, with an Update on Housing Initiatives for Returning Citizens.** She noted that she covers, York Lancaster and Chester Counties. The intention is to work with folks who are experiencing barriers in finding housing and collaboration building. She works for the Self-Determination Housing Project entity which employs 14 Regional Hosing Coordinators. The working with folks with significant disabilities, and forensic involvement is new for her and her colleagues. There is a “Housing

101” type of training that has been created by her units which they are willing to share. Those who were charged and convicted can be trained to understand how to address that issue when dealing with a landlord. There can be direction toward financial resources or the sharing of information about them. There are phone scripts that can be followed by an individual in need of housing in order to present the issues that they have in an honest, but effective manner in continuing to seek housing as they need it in their present conditions.

**Next was Michele Baxter of OMHSAS with an Update on SOAR Program.**

She offered an Orientation to the SSI/SSDI Outreach, Access, and Recovery(SOAR) program. She commenced this portion of the Agenda with showing a six-minute video on the topic of SOAR. This noted the differences between the conventional versus SOAR method of addressing disability application processes. The conventional processes involve referral and hope that the individual will follow up by attending the appointment or reset the date, if needed. However, when an application is “flagged” as being from a homeless individual, then there can be a specially prepared “Disability Examiner” to make the determination with a higher level of understanding and clinical awareness.

Michelle used several handouts and made them available to the group and noted that she will be using a Power Point, from SAMHSA and the Project Research Associates(PRA). This is based on getting this right the “first time” rather than wait the extended time it takes to get to the finals appeal process that can take an additional 18 months. PA follows a method of assessing an individual’s engagement in SOAR to include those who are on a Section 8 placement in public housing, since they are potentially homeless. Ms. Baxter noted that PA is recognized as a national leader in SOAR, with a group of Philadelphia attorneys who started out a number of years ago and have achieved a 98% success rate along the application process BEFORE the applicant reaches.

The Social Security Administration’s definition of a disability is one that has been for twelve months or is expected to last 12 months or which is expected to cause death. This measures a gauge of the inability to earn about \$1180 per month. Medical Condition diagnoses need to be identified as causing the Functional Impairments.

The ability to qualify for and receive SSI or SSDI is expected to form the base of the individual's ability to afford housing and move from being homeless. It was also assured that the person can receive mail that might affect her/his disability status, despite having moved several times over the preceding months or year. There is also assistance offered in maintaining copies of documents that have been used in the individual's application process, so that they are not lost. Michelle ended noting that there are a number of Technical Assistance activities that are available. There are Blogs, and numerous other resources that have resulted in an overall 65% cumulative approval rate across the nation. She also shared that SOAR focuses on those engaged in the criminal justice system. There was a question about how to find the person's birth certificate and photo identification, especially for an individual in the forensic system. It was noted that the presenter should be contacted when this situation presents itself. It was clearly stated that the person can apply for benefits while s/he is incarcerated. Warrants, other than for escape should not interfere with the application process either.

There was a suggestion that a relationship with the local Social Security Office, preferably in the form of a Memorandum of Understanding(MOU) with that local resource. An email address was shared as follows: [soar@prainc.com](mailto:soar@prainc.com)

NOTE: This presenter brought a number of handouts on this program. They will hopefully be attached to the

**The Final Update was from Luis Resto, Deputy Director, of the Pennsylvania Department of Corrections on changes in DOC and Community Corrections.**

He noted that there are a number of new attendees and shared some of the mission of the Bureau of Community Corrections. He shared that there are nearly 3K individuals, all of whom must be on parole, who are living in Community Corrections Centers and the fact that they are highly regulated and surveyed to assure compliance with their contracts. He agreed to share the web address that could be used for providers securing an application to participate and offer one of these program sites. There are also Parole Violator Corrections Centers. There is a recent development of one of those centers for Parole Violators but who also

have high levels of Substance Use issues. He had a staff member with him who is working toward developing higher levels of clinical competence within that system. He also noted that she is developing a resource to offer CIT training to Community Corrections staff in Allegheny, Mercer, and Berks counties.

He noted that there are 11 “lots” of contracts: Sex offender, Day reporting, housing assistance, mentoring, family reunification, workforce development, outpatient MH Outpatient SU Outpatient, Batterers, and State Intermediate Punishment. The three that are used the most are Housing, Workforce Development, and SU Outpatient. There are some dedicated to address Co-Occurring MH/SU problems in specific areas where the volume of needs is established.

There was a question about how many Community Corrections Centers were closed over the past year. The presenter noted that there were about 6,000 to 7,000 served in the Commonwealth and that now there are about 3,000 in those beds. The use of GPS monitoring and others have helped to reduce the need for these settings. The funding for most of these is provided by the DOC. For some, however, there is an ability to fund the sites through Medical Assistance funds to get them into treatment on a nearly immediate basis.

**The next meeting of the FITF is scheduled for July 24, 2018 at 10:00AM in the DOC Training Academy.**

Respectfully submitted,

Lloyd G. Wertz, FSS/FTAC