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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
Topic: A Public Crisis –
The Battle for Mental Health Treatment vs. Mass Incarceration
Yeadon Borough Hall – Yeadon, PA
November 27, 2017

AGENDA

2:00 p.m. Welcome and Opening Remarks

2:10 p.m. Panel One:

- Marilyn Benoit, MD, SHSA
Senior Vice President, Chief Medical Officer, and Chief Clinical Officer
Devereux Advanced Behavioral Health
- Susan Rogers
Director of Special Projects/Advocacy
Mental Health Partnerships
- Andrew Wigglesworth
Executive Vice President of Wojdak and Associates
Treatment Advocacy Center

2:50 p.m. Panel Two:

- Tracy Halliday
Mental Health Director
Delaware County Office of Behavioral Health
- Lynn Patrone
Mental Health Advocate
Pennsylvania Department of Corrections
- Scott Bohn
Chief of West Chester Borough Police
Vice President of Pennsylvania Chiefs of Police Association

3:30 p.m. Closing Remarks

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House Co-Sponsorship Memoranda

House of Representatives Session of 2017 - 2018 Regular Session

MEMORANDUM

Posted: February 2, 2017 02:43 PM
From: [Representative Margo L. Davidson](#)
To: All House members
Subject: Mental Health System Reform Legislation (Re-Introduction)

In the near future, I intend to re-introduce a legislative package that will strengthen community mental health crisis response systems and treatment programs to ensure individuals with debilitating mental illness receive the treatment they need. With the recent passage of the bipartisan federal 21st Century Cures Act, it is imperative that we do everything we can to increase access to mental health treatment programs and help families receive the supports and services they require to assist loved ones in crisis. These bills can finally bring parity for illness that affects the brain as well as the body.

Therefore, I ask that you join me in co-sponsoring this important package of legislation that aids individuals within the Commonwealth who are in need of specialized treatment for their mental illnesses. This package of legislation will assist individuals living with serious mental illnesses in our communities thrive and invest in practices that help break the cycle of mental illness, incarceration and inadequate care.

Bill #1

The first bill – former House Bill 1630 of the 2015-16 Legislative Session – would codify the standards and guidelines for assertive community treatment (ACT) created by the Office of Mental Health and Substance Abuse Services within the Department of Human Services. Similar to the guidelines, this legislation will provide for the establishment, organization, treatment, and evaluation of ACT services.

ACT provides long term community based, highly individualized care for individuals suffering for serious and resistant mental health conditions. An evidence-based, best practice, ACT involves a multidisciplinary team providing assertive outreach to individuals who are most at-risk of homelessness, crisis and frequent hospitalization, and involvement with the criminal justice system. The federal 21st Century Cures Act specifically authorizes grant programs to establish and operate ACT programs and other early intervention programs.

Bill #2

The second bill – former House Bill 1629 of the 2015-16 Legislative Session – would amend The Insurance Company Law of 1921 to require insurance companies to provide health insurance coverage for ACT for individuals with serious and persistent mental illness. Currently insurance companies only cover 3 types of treatment – Hospitalization, Partial-Hospitalization and IOP (Intensive-Out-Patient). This harmful treatment gap means that prisons have become the mental hospitals of the day and they are ill-equipped to provide appropriate care nor should they.

Bill #3

The third bill – former House Bill 2512 of the 2013-14 Legislative Session – would amend Act 143 of July 9, 1976, known as the Mental Health Procedures Act, to require facilities to notify an individual's next of kin, including their spouse, parents, or children, in the event that their relative has been admitted to a mental health facility as a result of a mental health incident.

Bill #4

The fourth bill – former House Bill 2514 of the 2013-14 Legislative Session – would amend Act 153 of 2004, known as the Pennsylvania Amber Alert System Law, for the purpose of requiring the Pennsylvania State Police to operate the Missing

Endangered Person Advisory System, just as they would the Amber Alert System, and requiring coordination with various state and federal authorities for the recovery of missing children and missing at-risk individuals.

Members are free to co-sponsor one or all four bills in this Mental Health Reform Package.

Pennsylvania House of Representatives

11/22/2017 11:49 AM

<http://www.legis.state.pa.us/cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=H&SPick=20170&cosponid=24720>

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House Co-Sponsorship Memoranda

House of Representatives Session of 2017 - 2018 Regular Session

MEMORANDUM

Posted: October 13, 2017 04:30 PM
From: [Representative Margo L. Davidson](#)
To: All House members
Subject: Reasonable Gun Safety Legislation: Sending Mental Health Data to NICS and Firearm Background Checks

In the near future, I will be introducing legislation to require the transfer of all existing mental health data to the National Instant Criminal Background Check System (NICS), as well as permit the use of a single multi-day background check approval at gun shows across the Commonwealth.

While the debate on guns is a divisive issue, there are two areas that I believe both sides can agree on: 1) The reasonable dissemination of data by law enforcement to ensure those with mental health issues are unable to get their hands on a firearm; and 2) Enacting common sense gun reform that does not infringe on the rights of law-abiding gun owners.

Specifically, my legislation will require the Pennsylvania State Police to send all existing mental health data within 90 days to the National Instant Criminal Background Check System (NICS) and necessitate ongoing submissions to the national database within 72 hours of the State Police receiving mental health data.

In addition, my legislation will allow individuals to obtain a multiple-day background check approval to be used at a licensed gun show within the Commonwealth. Therefore, lawful gun owners would not have to pay for multiple background checks should they decide to purchase more than one firearm. Finally, my bill will require all firearm sales, regardless of barrel length, to be conducted in front of a licensed importer, manufacturer, dealer, or county sheriff, as the current provision is only applicable to short-barreled firearms.

In the wake of the deadliest mass shooting in our nation's history, it is not a moment too soon that we find bi-partisan common ground on legislation that respects an individual's right to own a firearm while simultaneously ensuring the safety of individuals across the Commonwealth from people with serious mental health issues and prohibited criminal histories.

Please join me in co-sponsoring this vital and timely legislation. Please email questions to whaigood@pahouse.net.

Thank you

Statement Submitted for Record by Dr. Kirk Heilbrun of Drexel University

Please consider the following statement of support for Representative Davidson's bills:

The limitation on community treatment resources for severely mentally ill citizens is a huge problem for these individuals, their families, and the larger communities to which they belong. With ever-shrinking bed space available in state psychiatric hospitals—or with existing beds devoted to the treatment of individuals involved with the criminal justice system—the comprehensive treatment resources available to some of our most vulnerable citizens and their families are inadequate.

I strongly support Representative Davidson's bills, for two reasons. First, their adoption would increase the treatment resources available to seriously mentally ill individuals in the community. Second, they do so using an approach (Assertive Community Treatment, or ACT) that has strong empirical support for its effectiveness and efficiency. This would be a very good use of taxpayer dollars, improving the lives of individuals, families, and communities.

Thank you.

Kirk Heilbrun, Ph.D.

Professor

Department of Psychology

Drexel University

House Democratic Policy Committee Hearing
Public Hearing with Representative Margo Davidson on
The Battle for Mental Health Treatment vs. Mass Incarceration
Testimony by Marilyn B. Benoit, MD, SHSA
Board Certified Child & Adolescent Psychiatrist and
Senior Vice President, Chief Medical/Chief Clinical Officer
Devereux Advanced Behavioral Health
November 27, 2017

- Address issue of BRAIN development and BRAIN Disorders vs. mental health.
- The entire country is now on the ACEs bandwagon. Adverse Childhood Events (ACE) refers to a landmark study by the Kaiser Permanente Foundation that revealed that childhood maltreatment, living in a negative family environment, having parents with mental illness and/or substance abuse and other negative environmental variables, correlate significantly with long-term illness and early mortality. Many states now have an ACEs consortium and are focusing on the reduction and prevention of ACEs. This is a major public health endeavor, never before attempted in the United States. Now that the impact of early trauma is being appreciated, human services departments across the country are mandating that Trauma Informed Care (TIC) be incorporated into organizations that provide services to their consumers.
- We cannot address incarceration issues without mentioning that the Federal Department of Health & Human Services has a nationwide initiative addressing human trafficking. The Trafficking Victims Protection Act (TVPA) was included in the Violence Against Women Reauthorization Act of 2013. This issue has become a general media topic, with increasing recognition that youth have been incarcerated when they should really have been rescued. State and local governments are beginning to address this issue and treatment programs are emerging to provide the youth with the appropriate interventions, including the assistance of legal supports.
- Children, adolescents, and young adults with autism spectrum disorder remain in the advocacy limelight. There are often media reports of the inappropriate arrests and incarceration of youth on the spectrum. There is a tremendous need for the police to be trained to recognize and understand individuals with autism who have serious communication and social challenges and whose behaviors can be misinterpreted. Transitional services for those individuals entering adulthood are especially needed.

[MORE ON BACK]

- Assertive Community Treatment is designed to enable consumers to have accessible mental health treatment within their communities where their functional capacities can be enhanced with supports (e.g. recreational, employment, religious, spiritual, socialization) within those same communities.
- The unfortunate escalation of mass shooting tragedies across the nation is having an impact on the conversation at the state and federal levels about mental illness, and the dearth of services to meet the needs. Hopefully, there will be some monies released to address those needs.
- The Juvenile Justice sector needs to more vigorously address the mental health and educational needs of the youngsters who are adjudicated. Another area to be aggressively addressed is that of adolescent substance abuse. The opioid epidemic in our country highlights this grave issue. The unfortunate truth is that most adolescents start using opioids in their homes.... getting the drugs from their parent's medicine cabinets!
- In summary, we need to keep in mind that all the issues identified above involve BRAIN functioning. WE MUST recognize the critical importance of BRAIN health and provide the necessary interventions to support healthy BRAIN growth, and in cases where there are BRAIN disorders, then provide the appropriate rehabilitation. We do that for heart disease.... let's do the same for BRAIN disease.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

Good Afternoon Representative Davidson. My name is Lynn Patrone. I am the Mental Health Advocate for the Pennsylvania Department of Corrections (DOC). Thank you for the opportunity to testify today. Prior to my position as the Mental Health Advocate for DOC, I served as the Chief of Staff for the Office of Mental Health & Substance Abuse Services within the Department of Human Services. Both of these positions provided me with the systemic firsthand experience of the adverse obstacles our re-entrants, living with Serious Mental Illness (SMI) encounter when returning to their communities.

Today, I would like to paint a picture of the increasing challenges, we, as advocates encounter when coordinating services. Our goal is to provide the foundation for successful re-entry. Too often the SMI population becomes lost in the criminal justice system, when, if such individuals had been provided with appropriate treatment, programs and supports within the community, criminal justice intervention might have been prevented. Many individuals are very ill, homeless or at risk of homelessness, and are without family and other natural supports. Too often, they recidivate and are returned to the penal system. In Pennsylvania, there are only 6 counties providing Forensic Assertive Community Treatment (FACT) services. Those counties are Beaver, Bucks, Philadelphia, Delaware and Luzerne/Wyoming. FACT is an evidenced based comprehensive approach to offering individuals an opportunity to become members of their community, rather than inmates of the penal system. Too often, individuals become housed in prisons because we lack adequate and appropriate levels of services within the community. Not only is addressing the underlying illness a prudent practice, it provides individuals with the opportunity to realize a quality life, an opportunity to become productive members of society and also reduces recidivism and undue financial burdens on county and state systems.

As we advance in mental health treatment and services, mental health professionals recognize the invaluable opportunity to support recovery for individuals through modern day treatment options such as FACT. Just as advances in physical health treatment changed the medical landscape from long term hospitalization to community based short term treatments, so too may we benefit from advances in mental health treatments. Many of the services of the 60's and 70's, such as partial hospitalization and traditional outpatient therapies simply do not meet the complex treatment needs for the SMI population. We can no longer, nor should we, rely solely on providing treatment in institutions, be it prisons or other institutional settings. But this is exactly what we are doing when we do not adequately provide opportunities for appropriate levels of treatment and the health care coverage to support such treatments. Treatment programs such as FACT serve a very vulnerable population and provide natural, clinical and peer supportive services to allow individuals with SMI to remain in the community in the least restrictive setting. Specifically, FACT is a comprehensive prevention, intervention and treatment program that provides wrap-around services to prevent a seriously mentally ill person from entering into institutionalized systems, such as the criminal justice system. FACT is an evidenced-based treatment and practice and provides the critical intervention to prevent individuals from entering into criminal justice systems.

It is imperative that modern treatments for the mentally ill include evidenced-based treatments. It is even more imperative that as advocates we challenge our government leaders to advocate for and support mental health services that include the holistic needs of the person, to include the essential basics that each of us enjoys, such as housing, vocational training, pro-social skills and natural supports.

As the DOC Mental Health Advocate I am faced with the seemingly impossible challenge to assist re-entrants in returning to their communities. The DOC houses about 4,500 individuals (9% of its population) who live with serious mental illness, many of whom will be returning to our communities as our neighbors. The challenges we encounter are daunting and despite innumerable efforts by various local and state agencies, too often we are unsuccessful in identifying adequate placement in the community. It is common practice for our social services staff to make hundreds of outreach contacts to social service and behavioral health agencies to no avail in an attempt to assist just one individual who has an SMI and is reentering the community. We are simply ill

equipped to meet the demand of the increasing SMI population from a correctional and reentry standpoint or to prevent an individual from initially entering the criminal justice system.

It's important to discuss the point of entry into the correctional system and diversions that can be implemented. We need to have an increase in Crisis Intervention Training (CIT) to local first responders and law enforcement, mental health courts and specialized crisis emergency services. If an individual is exhibiting symptoms of mental illness and encounters a law enforcement officer who does not have specialized training, the outcome can be very different than if that officer had been trained in CIT.

Many of the individuals we house with SMI were homeless prior to incarceration. Too often, individuals with mental illness exhibit symptoms of their illness that may lead to an arrest which may be diverted if front end interventions and access to treatments were readily available. We are facing a mental health crisis due to the limited number of state hospital beds. This evolution represents a time of change for Pennsylvania. I challenge each of us to consider that the individuals we are here to speak on behalf of today are our family members, neighbors and friends. It is very important that we remember to recognize that providing appropriate mental health services is paramount to ending the cycle of unnecessary institutionalization, particularly in a prison setting. Over the past 3 years the mental health population in the DOC has increased from 25% to 31%. The trajectory is trending upwards and without appropriate mechanisms to meet the needs of our families, friends and neighbors we face a community crisis that we, as leaders simply cannot ignore.

Programs such as FACT can provide the bridge to reducing the incarcerated population, providing quality effective services and most importantly offering an individual who is ill the opportunity to achieve hope and recovery and a chance at a quality life.

So Where Do We Go From Here: DOC releases individuals with serious mental illness every month that need housing, services, and other supports. We have a major shortage of placements for them and have particular issues when we encounter the Good Neighbor Rules around placement of those with certain crimes. Without increased programs that are available and

accessible, we hit brick walls and the likelihood for recidivism is very high. It is critical to implement and increase the use of the early interventions and diversionary programs mentioned earlier. It is our goal to offer the tools, skills, and recovery opportunities that will begin the journey of success for an individual being released so that they may achieve successful reintegration.

Thank you for the opportunity to speak with you today.

House Democratic Policy Committee – Mental Health Treatment in the Criminal Justice System

November 27, 2017

Pennsylvania Chiefs of Police Association
Scott Bohn, First Vice-President
Chief of Police, West Chester Borough Police Department

House members, staff, fellow witnesses, and concerned citizens, I wish to express our sincere appreciation for the opportunity to have the Pennsylvania Chiefs of Police Association provide input at today's important hearing. As you know, our organization represents over 1,000 police leaders in Pennsylvania and we consider ourselves to be the informed and respected voice of professional law enforcement in the Commonwealth. We are not a lobbying organization, but consider our role to be a resource for providing information regarding the impact of public policy and the tools needed for effective law enforcement.

As you know, law enforcement agencies across Pennsylvania have faced increasing demands in recent years on many fronts. The heightened need for diligence in addressing violent crime, property crime, domestic violence, child abuse, gang violence, sexual predators, and traffic enforcement are now compounded by our need to be prepared for terrorism, active shooters, violent public demonstrations, internet fraud, and the explosion of opioid related deaths and crime. Since 2014 there has been a dramatic increase in scrutiny of the police through "viral videos" and other sources. Critics of police use of force and a trend to demonize the police can be difficult while the police themselves have suffered increased assaults as evidenced just last week in New Kensington with the death of Officer Brian Shaw.

These increased demands are compounded by the clear reliance of the criminal justice system as the first point of contact in many situations impacted by mental health. It is well known that the prison population is saturated with inmates suffering from varying mental illnesses and that the prisons are the primary means of incapacitation for people with mental illness. As many as one-fourth of those killed in officer involved shootings are mentally ill or in emotional crisis according to the Washington Post. A study by the American Psychiatric Association showed that one department had over 10 percent of their officer shootings over a ten-year period attributable to suicide- by – cop.

As we see in our current laws, the mechanism for police officers is in place to institute involuntary commitment for evaluation and any police officer in Pennsylvania can tell you that they must use this authority all too frequently and that these situations are fraught with danger. We do find that many times it appears that these evaluations result in release of individuals who appear to pose a continuing danger to themselves and others. Community based treatment is also an area that continues to grow, and our officers also find that we must respond regularly to assist with patients who are in the community setting. In addition, there is the ongoing question of access to firearms by those who are mentally ill, and the dangers presented in those cases.

In addition to legislative remedies, law enforcement and our mental health treatment partners throughout Pennsylvania have seen that two of the most promising programs for law enforcement are The Crisis Intervention Team (CIT) approach and Mental Health First Aid (MHFA) training. CIT is a 40-

hour training that allows for officers to provide crisis intervention and focus on de-escalation, diversion and treatment in partnership with mental health treatment service providers. Mental Health First Aid (MHFA) is an eight-hour course focused on mental illnesses and de-escalating incidents without compromising safety. According to statistics from the Pennsylvania Commission on Crime and Delinquency (PCCD), over 6,000 Pennsylvania police officers have received either CIT or MHFA training. Every year, PCCD, in collaboration with the Office of Mental Health and Substance Abuse Services and Centre County CIT hold a Statewide Crisis Intervention Team Meeting. The 2017 meeting included a Train-the Trainer Workshop on Verbal De-Escalation. The 2018 meeting will be held in State College on March 20th and 21st.

We see these as a few of the improvements that can be made from the law enforcement perspective. The International Association of Chiefs of Police (IACP) instituted an initiative in 2016 called the One Mind Campaign. **The One Mind Campaign seeks to ensure successful interactions between police officers and persons affected by mental illness.** The initiative focuses on united local communities, public safety organizations, and mental health organizations so that the three become "of one mind." To join the campaign, law enforcement agencies must pledge to implement four promising practices over a 12-36-month time frame.

These practices include: establishing a clearly defined and sustainable partnership with a community mental health organization, developing a model policy to implement police response to persons affected by mental illness, training and certifying sworn officers and selected non-sworn staff in mental health first aid training, and providing crisis intervention team training.

We believe that the police have been relied on in many ways as the primary contact with those suffering mental illness and that those efforts mentioned above as well as the need for advanced and available treatment are critical to deal with this important issue.

We are happy to provide additional resources or answer any questions which you may pose or submit.