

Behavioral Health Sub-committee: December 20th, 2019 9:00 – 4:00 p

Multipurpose room 13 &14 – HSB

Attended by Raye Deshields (MHIDD), Samantha McLoughlin (DRS), Judge Shawn Wagner (Courts), Eileen Grenell (CFYCD), Billie Kile (YADAC), Kristi Fields (DPS), Katy Hileman (ACACC), Jason Pudleiner (PD), Aurora Hollabaugh (DPS), Gale Kendall (DPS) Laura Rowland (CJAB)

Retreat Minutes:

Behavioral Health System updates:

The new treatment Director at ACACC, Barbie Taylor, will be starting on January 6th, 2020.

We were informed that White Deer Run 1-800 phone number call center is up and running in PA again. They can help get defendants into detox beds in 1-2 days now.

Victim Witness is trying to get the use of TIRA (Traumatic Incident Reduction Program, TIRA.com) more accessible (have two employees that are trained now) and would like to have more people across different departments trained. It is not therapy but an educational piece to address the trauma and impact on future behavior.

Continued Mapping Intercept 5:

We agreed on break times and lunch as well as reviewed the agenda for the day. We also reviewed the work that had been done up to intercept 5.

Gale provided notes for use in mapping Intercept 5's bubble for DPS. We learned that the LSCMI scale can be reassessed every 12 months or as necessary. There is a short version of the LSCMI that is ten questions and used for pre-sentencing for court mostly.

DPS states that if a client tests positive for illegal substances, Drug and Alcohol program referrals are made and are recommended.

Most programming pre-sentence are paid for out of the defendant's pocket. The ADP program for first time drug offenders with (THC) low level offenses are more of an education piece than a treatment program. If defendant does not cooperate, a case review is done, or person is revoked from ADP and re-sentenced.

Judge Wagner informed us that the court rarely uses PSI. The judge will look to the DA or Defense Council to see if and what special conditions should be imposed. Victims provide insight when defendants are family members, or they make requests for treatment if they believe MH or D/A issues played into the offense. are asked sometimes as well. If special conditions are not part of sentence, it must be included in case plan.

If a PO sees that a defendant needs to be in a program for MH needs due to taking MH medication, the PO can help set up appointments for defendant. They can refer them to MHIDD and then MHIDD can get them hooked up with community resources. The PO will recommend programs or treatment but after they are handed the information the defendant has to do the rest themselves.

MDIDD said that anyone in any department can call them for a “warm hand off”, even Judges. MHIDD can then coordinate with DPS to work together with the defendant.

DPS uses diversion programs more in the Juvenile system with Informal sanctions, Consent Decrees, and YOP. For adult defendants, the only options for diversion are: ARD, ADP. These are normally for first time offenses.

For revocations, DPS will typically do a case review of the defendant for first violations. The judge must sign off and the defendant has a timeframe to complete the sanction requirements. Revocation gravity and sanctions depend on the severity of the violation and can range from Verbal or written warnings, case review, full revocation before the court (in or out of jail,) re-sentencing and possible incarceration.

Barriers and Gaps Parking lot:

Identified during Intercept 5 mapping:

- Need for front end assessment info & communication continuity through system
- Re-evaluate ADP Program (what’s working & How do new laws impact program fidelity)
- Need for Comprehensive Behavioral Health Resource Guide (up to date)
- MA education related to incarcerated population (stops, starts, limitations and applications)
- Definition of RECIDIVISM for Adams County

Began Organization and Mapping of Barriers and Gaps

Numbered list provided for mapping

Organized into 3 categories that will each then be prioritized

SERVICE ENHANCEMENTS: #13, #3, #7

PRACTICE IMPROVEMENT: #11

AREAS TO RESEARCH: #1, #2, #8, #9, #12, #5

Each # was placed on the Intercept Map in appropriate impact location

Next meeting will be January 28th, 2020 in MPR #13 at 2pm.

Planning to complete Mapping and Organization of Barriers and Gaps and

Prioritize top 3 for proposed Strategic Planning