



COMMONWEALTH OF PENNSYLVANIA
DEPUTY SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

January 12, 2018

Lisa Callahan, Ph. D.
Policy Research Associates (PRA)
346 Delaware Avenue
Delmar, New York 12054

Dear Dr. Callahan:

The Pennsylvania Department of Human Services ("Department") has reviewed PRA's report entitled, *Reducing the Pennsylvania Incompetency to Stand Trial Restoration Waitlist: More than Just Beds*, issued on December 29, 2017. Thank you for your comprehensive work in completing the study and preparing the report.

After careful review, the Department is prepared to accept all of the recommendations, but requests clarification of the following items in the report:

- 1) Page 3, Analysis Section: Please explain the calculation in the sentence, ". . . of the 221 patients in these hospitals on July 1, 2017, 110 (51%) were 'non-restorable,' and 45 (21%) were recommended as competent to stand trial by clinical staff, leaving only 63 individuals IST...." The calculation appears to have omitted three individuals. Should the three individuals be included with the other sixty-three IST individuals, or should they be considered in a different category?
- 2) Page 3, Analysis Section: In the last paragraph, please confirm that "clinical" in the phrase, "returned to court for disposition of their clinical charges," should be "criminal."
- 3) Page 4, Recommendation #1: For the *Jackson*-type reviews by clinicians, please confirm that the recommendation contemplates that clinicians at Norristown or Torrance State Hospital who are not assigned to the patient's treatment team or did not previously evaluate the individual may conduct the reviews.
- 4) Page 4, Recommendation #1: PRA assumed a six-month length of stay in recommending - on page 12, Recommendation #10 - the number of additional community beds but recommended that the *Jackson*-type review be conducted for individuals who have been in at the state hospitals for twelve months. Please explain the rationale for conducting such a review only after twelve months. Does the recommendation to wait twelve months apply regardless of the nature of the charges or the nature of the disability that prompted the commitment (for example, Acquired Brain Injury or dementia)?

- 5) Page 7, Recommendation #4: Can PRA suggest other examples of program models?
- 6) Pages 7 and 8, Recommendations #6 and #8: Please describe the intended difference in job descriptions for the county-based boundary spanner in Recommendation #6 and the court-based boundary spanner in Recommendation #8.
- 7) Page 7, Recommendation #7: Please explain why PRA believes it is necessary to amend the Mental Health Procedures Act in order to implement this recommendation.
- 8) Page 9-10, Beds Section: Please explain the statement that PRA could not identify the beds that were created as a result of the Settlement Agreement approved on January 27, 2016. Exhibit F identifies those beds.
- 9) Page 11, Recommendations Section: In the 110 who you subtracted from the 221 IST defendants because they were not restorable, did you include individuals in the civil units with criminal justice oversight or limit the number to individuals in the forensic units?

Please let me know when you expect to provide the requested clarifications. Given the limited number of requests, we hope to receive a response before the end-January date that you initially projected.

Sincerely,



Lynn Kovich, M.Ed.
Deputy Secretary

cc: Secretary Miller
Ms. Leisch