

Since the 1980's, the Lycoming County Prison has implemented a collaborative relationship with the Lycoming/Clinton Mental Health/Mental Retardation Joinder (MH/MR) to address the unique needs and problems of the mentally ill offender, as the number of inmates with mental illness increases. As referenced above, Lycoming County has also implemented a Special Supervision Program, which is supervised by the Adult Probation Office. Lycoming County Prison continues to provide an array of forensic services involving all five (5) intercepts prescribed by the OMHSAD Forensic Services Plan.

According to the 2008 Office of Mental Health and Substance Abuse Services (OMHSAS) County Plan/Forensic Services Plan submitted to the PA Department of Welfare by the MH/MR Retardation Joinder, Lycoming County was among thirteen (13) other counties who offered forensic services to offenders in all five (5) intercepts.

The Lycoming County Prison receives approximately 2,500 commitments a year. Each inmate who experiences a mental illness or who has had prior contact with mental health is referred to the Prison/Mental Health liaison caseworker by medical and treatment staff. The Prison/Mental Health treatment team includes a MH/MR contracted psychiatrist, a Mental Health Caseworker, and an MH/MR psychologist. The MH/MR contracted psychiatrist schedules weekly visits to assist in medication checks and address the needs of the seriously mentally ill. The Mental Health Caseworker meets weekly with mentally ill inmates who experience depression, anxiety, and adjustment problems. The caseworker also helps identify inmates who may have had previous mental health contact. The MH/MR psychologist assists in a suicidal inmate observation review process.

In 2007 and 2008, the MH/MR contracted psychiatrist had an average of twelve (12) contacts a month with inmates. In 2007, the number of inmates taking psychotropic medications ranged from thirty-six (36) to sixty-eight (68). These medications constituted 36% of all inmate medications. In 2009, the MH/MR psychiatrist saw 268 inmates. The average number of inmates taking psychotropic medications a week was sixty (60). In 2009, seventy-six (76) new commitments were identified by the caseworker as having prior mental health contact. In 2007, the psychologist identified nine (9) suicide attempts or gestures. In 2008, the psychologist identified three (3) suicide attempts or gestures. In 2009, the psychologist held sixteen (16) review sessions involving seventy (70) inmates and identified fifteen (15) suicide attempts or gestures by inmates.

When an inmate's mental illness stabilizes and they prepare to be released from prison, finding the released inmate suitable housing is often a problem. Sometimes convincing a landlord that the mentally ill offender can be reintegrated into the community is a challenge as most family and friends of the mentally ill offender do not wish to care for the offender. Furthermore, it is often difficult to ensure that mentally ill offenders to keep in contact with staff members once they are released from prison. This lack of contact makes it difficult to ensure that mentally ill offenders take their medication. Finally, while awaiting an approved home plan, offenders continue to

occupy a bed in prison. Oftentimes an offender's sentence maxes before they find a suitable home plan, which can lead to an overcrowding of the prison.

To address the housing barriers that confront the ex-offender and criminal justice staff, Lycoming County, in collaboration with mental health agencies, applied and received a Criminal Justice Advisory Board (CJAB) grant in 2008. The grant funded a Forensic Housing Coordinator who is employed through MH/MR to handle offenders who need stable housing. To assist in this process, Lycoming County Prison implemented a housing referral process through the MH/MR Joinder. In addition, a forensic treatment committee comprised of Prison, Probation, MH/MR, drug and alcohol staff of the two counties, review active cases bi-weekly for release, housing referrals to group homes or supportive housing, and continuity of care. Overall, the MH/MR contracted psychiatrist, the Mental Health caseworker and the MH/MR psychologist and forensic treatment team assist in the orderly release of the mentally ill offender to avoid overcrowding.