City of Harrisburg Bureau of Police
Training Evaluation

Rating Scales:

Excellent	- 4
Good	- 3
Fair	- 2
Poor	- 1
No Value	- 0

1. Effectiveness of instructional material to your learning (i.e. books handouts, films, etc.) **Rating: 3.5**

Comments

- Needed! Great training.
- Handout (notebook) about the best instructional material I have received in a short course.
- Very good - long overdue.
- Provided a notebook which contained understandable information pertaining to mental illness and the resource system.
- Instructors offered a very well put together booklet of information material.
- Book, handouts, films were very much filled with valuable information that I will use in the future when dealing with the mentally ill.
- The material the instructors had was very good.
- Good notebook.
- Services needed found in notebook.
- Prepared a guide to follow instructors and provided all additional information for future reference.
- Would like to see more videos.
- Well organized and clearly presented.
- Good course - handouts.
- Need more information from local mental health people on possible subjects that may be dangerous to police.
- Very informative. Some of the material I will carry on a daily basis when working.
- Good handout.
- Fantastic.
- Hand outs and films were good.
- I will continue to use the material presented.
- Very interesting material which kept my attention.
- Instructors were well prepared and presented their topics with interest - very informative.
- Limited (?) excellent.
- Sede was excellent, Also Ruth Seegrist had a very good story.
- Notebook is a wonderful tool to find a quick overview of mental health.
- Very well prepared notebook with a lot of good information.
- Excellent material, hard to follow in manual.
- Well thought out, followed well throughout the course.
- Well put together.

- Actually quite good.
- Good handout (Notebook and notes)

2. Relevancy to topics in this course. (Were topics what you expected to be included in this course; i.e., appropriate, too basic, too advanced, etc?) **Rating: 3.5**

Comments

- The information given was very good and will help in my job.
- Absolutely relative to daily job duties/situations.
- More than I expected. One of the best prepared courses I ever attended at HACC.
- Course offered good advise on what to do and say in a situation handling mentally ill individuals.
- Possibly greater depth in controlling subjects.
- Excellent course for first time presentation.
- In police work sometimes we deal with mental patients.
- I expected the subjects covered.
- Instructor was very good, as she was very close to the subject matter she presented (family member).
- Appropriate - specifically dealt with mental illness issue, but generalized also.
- Good general overview.
- Instructor from New York excellent.
- All topics were covered.
- Everything you need to know was available.
- More than I expected. Provoked thoughts on how to do better.
- Very informative in mental illness awareness.
- Very practical.
- As expected- very good.
- Appropriate - but course should have been handled (?).
- Definitely.
- Should be in a mandatory training. Extremely relevant to police work.
- Very informative. Confused at times.

3. Instructors knowledge of the subject: **Rating: 3.7**
Evidence of Class Preparation: **Rating: 3.7**
Utilization of Class Time: **Rating: 3.5**
Instructor Clarity in Topic and Discussion: **Rating: 3.6**

Comments

- Great.
- Outstanding instructors.
- Excellent mix of professional instructors.
- Not enough time for material covered. Should be a two day course.
- Course needs to be lengthened to be able to cover all material in detail.
- All instructors knew their topics well! They were able to keep the class involved in all sessions.
- All instructors were very knowledgeable and prepared to present this course.
- Too much information at once.
- All speakers were very good at presenting their information.

- Each instructor appeared to know the material he/she was taking about very well.
- Good class, we should have more of them.
- All the instructors were excellent. Joe (Sede) was outstanding.
- Good class.
- Best school that we had to take in a long time.
- Joe Sede was excellent.
- This was not boring. My attention was kept the whole time.
- Great.
- All instructors seemed very prepared and presented their information in an interesting manner.
- Good variety of speakers.
- Enjoyed course.
- Variety of instructors presenting a variety of perspectives which is valuable in itself.
- Instructor on communications was exceptionally good.
- The instructor's knowledge and past experiences were relative and extremely interesting pertaining to this class.
- All instructors were very knowledgeable but Mr. Sede's instructional period was highly entertaining and actually made you realize unknowing behavior that affects people lives. Thank you.
- Joe Sede was the highlight of the course.

4. Appropriateness of time allotted to each topic with the course?

Rating: 3.4

Comments

- Need more breaks. (Received several comments for more breaks.)
- Allotted time for each topic was appropriate.
- Segments too long.
- Well prepared use of time.
- Afternoon session appeared to be a bit long and drawn out.
- Each class had allotted time, but coursed were (?).
- More videos/film.
- Good time allotment.
- Good.
- Topics moved along very well and were not dragged out to fill time.
- Need more time on this subject.
- Could use more time on last subject (communication skills).
- Could have enjoyed hours more.
- Seemed a little long and repetitive.
- Afternoon topics were excellent and closely related to police patrol situations.
- More role playing.
- More on communication skills.

5. Suggestions for improvement.

- Less information or a two day course.
- Probably needs to be a two day course.
- More actual videos of handling of mental subjects.
- No improvements needed.
- Course was dry and not geared to the cop on the street who has first contact with a mentally ill person.

- Seemed to be sufficient for time allotted.
- More hands on information.
- The use of mental retardation is passé. You should use mentally challenged. It's acceptable.
- More videos.
- Less instruction on the communications aspects.
- Let the retired cop run the class.
- More time (days).
- Make it a two day course. There is so much to talk about.
- It was actually a good course.
- Longer time on communication skills.
- Two day course with 1 day for communications skills.
- Make it available to more officers.
- Unknown. Very good course.
- Possible make it a two day course.
- Give signs of specific mental illness and how to deal (possible ways) with these problems.
- Add more time.
- The course on communication skills could be an entire day instead of one afternoon.
- Make a two day course.
- Make this a mandatory MPOETC (Municipal Police Officers Education & Training Commission) program (not a choice).
- More films.
- More video tapes.
- Keep MPOETC out of training courses because this was a very interesting course with knowledgeable speakers.

6. **Additional comments.**

- More breaks. (Received several comments for more breaks.)
- Information given out is only partially helpful to street officers.
- Instructors and speakers were very informative and you could tell they knew what they were talking about through experience.
- Excellent program.
- Instructors were very knowledgeable.
- Most items discussed were a repeat of other training and nothing new.
- This was a good class. I appreciated being able to attend.
- This is one of the better and most useful training courses I have attended.
- Excellent presentation by all instructors.
- Enjoyed the class.
- This is one of the few courses I have learned something of value in that did not cram ten minutes of information into an eight hour day.
- The course was terrific.
- Excellent course.
- I would like to have this course in conjunction with updates once a year.
- Communications section was extremely well presented.
- Good class.
- Class was well received - Previous attendees gave good comments about class.

The ALLIANCE

The Alliance for the Mentally Ill of Pennsylvania *Families Working Together Statewide*

Harrisburg City Police Chief Supports AMI of PA's Police Training Program

Peter J. Brooks couldn't be more impressed with the mental illness awareness training program recently completed by the 190 officers in The City of Harrisburg Bureau of Police.

The training program has fully met the officers' expectations, the acting police chief wrote in a March 4 letter to David A. Dinich, executive director for AMI of PA.

"I firmly believe that the education of police officers in the causes and treatment of mental illness is of paramount importance," Brooks wrote.

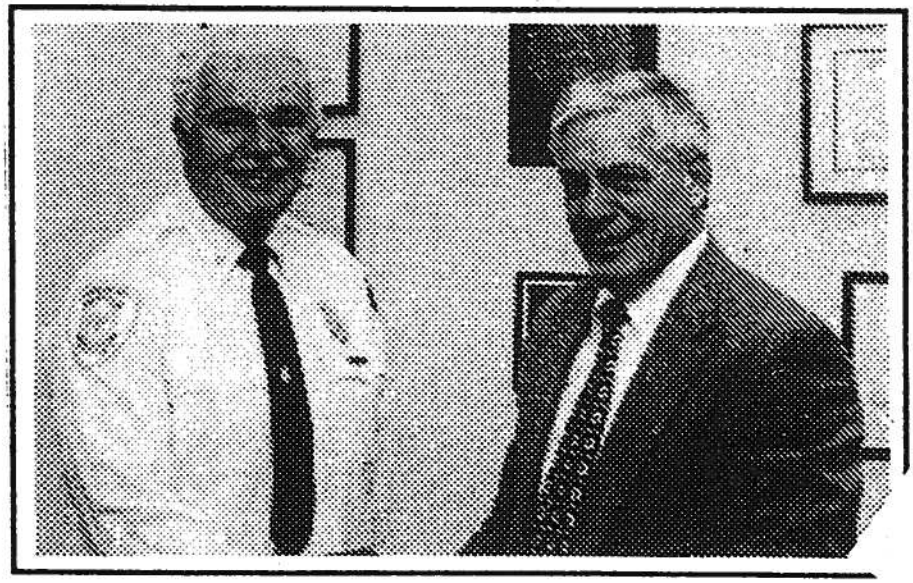
"Therefore, I look forward to a continued joint effort between our organizations to promote and achieve greater understanding and better treatment of individuals with this disease."

The municipal police training program, funded by The Greater Harrisburg Foundation, is the first of its kind to be coordinated by AMI of PA. AMI Forensic Activities Director Charles Pisano hopes to encourage participation by other police departments across the state.

The program consisted of 10 eight-hour training sessions that started last November and ended in early March.

The course not only provided the officers with information about various mental illnesses, their symptoms and treatment. It also offered practical instruction on how to handle encounters involving persons with mental illness in crisis.

The committee overseeing the training program is hoping it will help prevent confrontations that can lead to injuries for both the person with mental illness and the responding officers.



Harrisburg Police Chief Peter Brooks thanks AMI Forensic Director Charles Pisano for a successful training program.

The Harrisburg police bureau is in the process of implementing a community policing concept designed to enable more officers to walk their beats, Brooks stated in his letter.

"The training provided by your organization is intended to assist us in this very effort," he wrote.

"As our officers become more visible, they interact with more people and, coincidentally, more people with mental illness."

The municipal police training program is an important part of AMI's ongoing efforts to improve the way persons with a severe and persistent mental illness are treated by law enforcement officials and the criminal justice system, Dinich said.

AMI of PA's forensic staff stands ready to help any affiliates interested in establishing similar training programs in their communities.

The committee that planned and conducted the training program included Charles Pisano; Molly Wirick, former director of the AMI Training Institute; Jeffrey Hunsicker, AMI's new forensic coordinator; Chuck Kellar of the Harrisburg Police Training Division; Martin Yespy of the Dauphin County Crisis Intervention Program; and Tim Lamprey from Harrisburg Area Community College, where the training sessions were held.

LifePath

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A New Direction of Care for People with Special Needs

Written Testimony & Background Detail / Support Information

Re: House Judiciary Committee
Hearing on House Bill No. 2620
July 15, 1998

presented by: LifePath, Inc.
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- **LifePath Representatives:**

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- **LifePath - Brief Summary of Organization**

LifePath, a registered 501(c)3 non-profit organization, is a regional direct care provider of programs and support services to individuals with mental retardation and related developmental disabilities. Originally founded in 1974 as Community Foundation for Human Development by a group of parents in the Bucks-Montgomery County region, the first program was Ridge Crest, a 29-bed pediatric residential and intensive treatment facility in Sellersville, PA. Ridge Crest is still home to children and adolescents with mental retardation who also have conditions requiring specialized equipment and around-the-clock medical care.

Soon discovering there was a need for other types of residential settings for individuals who were not as technology-dependent and could function in more of a traditional home setting, the organization began opening group homes or Community Living Arrangements. These community-based residences house varying numbers of children or adults with an MR diagnosis, who function at varying levels of ability. These settings provide a true home environment where residents are encouraged to reach their fullest potential and are assisted in the development of daily living skills and increasing their independence by LifePath's residential staff. Residents go to day programs, workshop, and other activities. Some have other jobs in the community. They also go out into the community for entertainment, cultural and leisure activities. Just as all residents of a community, these individuals deserve the same access, services and protection provided to all citizens.

LifePath's mission includes the goal of providing the opportunities, choices and support necessary to maximize individual potential, and provide an environment of dignity and meaning. Today, LifePath operates 90 group homes and supported living arrangements in Pennsylvania. The need for community-based residential programs and services based homes for people with mental retardation and disabilities continues to increase. LifePath has earned a reputation for filling that need with quality care, respect for the individual, and an approach that encourages individual development and achievement as a valued member of the community.

LifePath serves more than 1,250 individuals with programs and support services including its Ridge Crest facility; early intervention; residential programs; vocational training and workshops; commercial laundry facility; adult day programs; behavioral programs; autism program. LifePath employs 800 individuals throughout its three regions - Lehigh Valley, Bucks-Montgomery County, and Delaware County.

- **Living in the Community - Interaction with Public Officials**

LifePath's professional staff includes directors of residential services, residential supervisors, behavior specialists and residential support specialists (direct care staff who assist individuals in the home setting). Individuals with mental retardation often have secondary psychiatric diagnoses which manifest themselves with various behaviors, including agitation, aggressive behaviors, vocal outbursts and self-injury. There are behavior programs and plans in place for individuals, designed to reduce risk of injury to themselves or to staff during periods of agitation or aggression. Some of the behaviors or appearances of an individual with certain disabilities or diagnoses also can appear to the

untrained eye as if they are drug- or alcohol-related. To people outside of the field of mental retardation or who don't recognize the nature and characteristics of these disabilities, certain behaviors could be construed as dangerous and therefore, warranting police involvement.

LifePath's staff has had opportunities to educate police, hospital and medical staffs, and others who provide services, support and assistance to the individuals we serve. Staff has met with police departments in various municipalities and communities, sometimes after an incident involving police, in order to familiarize them with the behaviors of the group home residents, and the overall setting of the homes. Officers have been very receptive, interested, and cooperative in regard to becoming more aware of and sensitized to the appropriate physical and emotional support.

LifePath's approach is to provide awareness and training to municipal officials, police departments, ambulance corps or any other group which would be called upon to provide support or services, or come into contact with consumers whom we serve.

Following are some examples of incidents which involved police, and some actions which were taken to provide awareness and sensitivity to behaviors which, if misconstrued or taken at first appearances, could cause an incident to escalate into a more dangerous situation.

(next page)

The following is a quick summary of some of the situations in Supported Living that have involved police action:

5/22/98 - CS thought it would be funny to walk through the Drive Thru at Mcdonald's at 11:30p.m. with a ski mask on. The Mcdonald's employee thought of course that he was a robber and called the police. By the time the police responded, CS had left. Based on the description, the police officer figured it was CS and tracked him down. He knew of CS's poor judgements and knew exactly how to counsel CS on this unwise activity.
This could have been a potentially serious situation for CS if the police had not known him.

2/12/98 - a "friend" from the community of MS's visited her at her apartment. MS complained several days later that he had touched her inappropriately and the police were notified. It is difficult to question MS or do an investigation with her as she will most times agree to what you ask her. It is very difficult not to ask her leading questions when doing an investigation. She needs to be questioned by someone who is knowledgeable about her mental capabilities of processing questions and information.

4/30/98 - ST left the program for several days to gamble in Atlantic City. This habit can get him into trouble. The team was concerned and notified the Atlantic City police - not because he was missing, but because we wanted to give them a description should they find him in a harmful situation, so that they could assist him. ST chooses to wear clothing at times that would indicate to an observer that he is homeless. He could have been picked up as a vagrant.

3/3/97 - WM - a resident with an obsessive compulsive order was picked up by the police because he was going through a neighbors garage and porch. He was looking for bottle caps that he compulsively collects. It took some time for him to explain to the police officer what his intentions were. The police did call the office to double check the situation.

Resident EM does not get along with her neighbor. The police were called several times last summer to break up an argument between EM and her neighbor. EM also has an obsessive compulsive disorder that makes it difficult for her to control her obsessions. She was obsessed with visiting the neighbor last summer until the neighbor could not stand it any longer and the police became involved.

Julie Agnew from the Sellersville office has called the Souderton and Sellersville police and has begun to set up dates to meet with them in order for them to visit LifePath and do some trainings with our residents. This is being done in an attempt for the police officers to get to know our residents. Also, we would like to make specific contacts at the police department so that when any of the above occur, we have contacts to call and officers who are familiar with our residents and can do informed investigations.

Meeting with Hellertown Police Dept.

11/6/96 & 11/8/96

In my position of Behavior Specialist for LifePath, I am responsible for writing specialized behavior programs and monitoring behavior problems of the individuals in many of our supervised living arrangements located in the Lehigh Valley.

On July 1, 1996 we moved one of our existing group homes from a location in Richlandtown, PA to a new location in Hellertown, PA. I had been working with the staff and residents of the group home previously, and was familiar with challenging behaviors displayed by individual residents. One of the residents in the home was known to display episodes of agitated behavior where he scratched and slapped himself while shouting and saying "Ow!". If you were not observing the individual or were not familiar with his behavior pattern, this resident's agitation sounds as if he is being beaten by another person, even though the hitting, scratching and slapping was self inflicted.

On September 23, 1996, I became aware that an incident of unusual circumstances occurred at our Hellertown group home on September 21, 1996.

The following events occurred on September 21, 1996: The resident who engages in shouting and self injury became agitated during a group outing in the van. The resident remained agitated after the group returned home. The behavioral incident occurred outside the home and while he walked from the van to the house. This individual's behavioral incidents usually occurred for several minutes at a time. The incident on that day continued to occur after the individual went into his home. It is reported that the staff left the screen door to the house open while the individual was in a state of agitation. During the behavioral incident, a neighbor heard

the commotion and thought something was wrong with the care being given to this resident. The staff on duty had a verbal exchange with neighbors during the behavioral incident.

Our experience with managing this individual has shown the most effective method of intervention is to limit interactions with this individual to simple directions. Experience has shown that more complicated interactions such as close physical proximity and/or offering alternatives to the behavior leads to increased levels of agitation and self injury. This individual had a formal behavioral program that spelled out actions for staff to follow. Staff were responding to the individual as written in the program when two officers from the Hellertown Police Department arrived at the home. Our staff did not call for the Police, came from one of the neighboring homes.

The officers arrived at the house and observed this individual in a state of agitation that included self injury. The staff were monitoring his behavior as written in his behavior program. Documentation from our staff indicates the police officers had difficulty accepting the method of managing this individual's behavior instead of a more direct intervention like counseling, redirection, restraint or use of medication.

HELLERTOWN POLICE DEPARTMENT
TRAINING OUTLINE
11/6 & 11/8/96

I. Introduction

A. LifePath, Inc. (Formally Community Foundation for Human Development)

B. We operate residential vocational and partial hospitalization programs for children and adults with mental retardation in Northampton, Lehigh, Bucks, Berks, Delaware and Montgomery Counties. We serve over 800 individuals with mental retardation in a variety of programs.

C. I was asked to address the Hellertown Police officers after an incident that occurred at [redacted], Hellertown on 9/21/96.

II. General information

A. LifePath operates its residential programs under regulations provided by the Pennsylvania department of health. We are required to comply with regulations they publish. Inspectors regularly visit our programs to insure our compliance.

B. At this point, the state of Pennsylvania is in the process of closing its state centers for the mentally retarded. There is also a ruling which mandates that people who are mentally retarded and mentally ill cannot be hospitalized indefinitely.

- The result is that more and more individuals with mental retardation will be living in community homes.

- I think moving someone into a state center at this point is not likely to happen at all.

- To commit someone to a psychiatric hospital without their consent is also becoming more difficult, with the burden of proof resting on the people making the appeal for hospitalization.

III. General consumer information -- (handout)

A. Five individuals live at the home on Cherry Lane. Each man is severely or profoundly mentally retarded. Their IQ scores range from 18 - 28 (normal IQ = 100).

B. These men require direction and assistance in all areas of daily living along with 24 hour awake supervision. Two staff are normally on duty during awake hours. One staff is awake and on duty overnight.

C. Ongoing training of our staff is required by our company in areas such as first aid, medication administration, general safety, crisis management and rights (to name a few).

D. Most of the men have secondary psychiatric diagnoses and take medication daily for behavior control.

E. All the men participate in behavior programs that are intended to reduce the frequency and intensity of target problem behaviors.

- All the behavior programs target agitation. Four out of five programs target aggression. All the men have long histories of agitation, aggression, property damage.

- The behavior programs contain detailed information about responses to problem behaviors for the staff.

F. Four out of the five behavior programs include procedures that are restrictive.

- These behavior programs are approved for use by our company's human and legal rights committee.

- Some behavior programs include use of physical management techniques proven effective in reducing risk of injury to the consumer and staff during the person's dangerous behavior.

- I train the staff in physical management techniques. Training includes discussion of risks and limitation to each technique. LifePath allows use of physical management in some cases because the risk the person presents outweighs the risk taken by the staff when they physically manage the consumer. As part of our monitoring system, all physical management techniques are approved by the consumer's treating physician at least once each year.

IV. Time for spcific questions (policies, goals, day to day activites, etc.)

LifePath, Inc.
Bethlehem, PA

Please note: The information presented here is confidential. It should be used only in the course of professional duties. We thank you for your interest and cooperation in this matter.

Questions, comments or concerns may be addressed by calling any of the following individuals:

Annamarie Robertone - Director or Eileen Hanosek - Associate Director (610) 264-5724

Bob Madden - Behavior Specialist (610) 867-6020

Matt Lyons - Program Supervisor (610) 838-8142

Address: 380 Cherry Lane
Hellertown, PA

Resident #1

37 years old — With us for 11 years

Profound MR — IQ Less than 20

Secondary Psychiatric Diagnosis: Intermittent explosive disorder

Medical conditions: Excellent general health. Considered to be over his ideal weight.

Behavior Plan 1/29/96 -- Target behaviors: Agitated behavior (including self injury) Provoking others. Restrictive procedure; contingent exclusion over 5 minutes. No medication.

Resident #2

65 years old — With us for 10 years

Profound MR — IQ: 18

Secondary Psychiatric Diagnosis: None.

Medical conditions: Left Valve heart dysfunction, degenerative disk disease, cataract and suspected glaucoma in the right eye, missing left eye, hearing loss in right ear, chronic rhinitis and deviated septum, no teeth, will not use dentures.

Behavior Plan 12/20/95 -- Target behaviors: Agitated behavior, Physical aggression, Property Damage. No restrictive procedures. No medication.

Resident #3

48 years old — With us for 8 years

Profound MR — IQ: Below 20

Secondary Psychiatric Diagnosis: Cyclothymic personality disorder and anxiety.

Medical conditions: Excellent general health.

Behavior Plan 4/29/96 -- Target behaviors: Agitated behavior, Physical aggression, Property damage. Restrictive procedures, medication and basket hold restraint.

Medications: Eskalith for Agitation, aggression, property damage, Haldol for Agitation, property damage, Physical aggression, Thorazine for Agitation, physical aggression

Resident #4

43 years old — With us for 5 years

Severe MR — IQ: 28

Secondary Psychiatric Diagnosis: Atypical psychosis with aggressive tendency, unspecified anxiety.

Medical conditions: GI reflux, excessive gum bleeding.

Behavior Plan 1/29/96 -- Target behaviors: Uncooperative with task, Agitated behavior, Physical aggression. Restrictive procedure: medications

Medication: Depakote for stabilize mood, Haldol for Anxiety as evidenced by physical aggression, Cogentin for control side effects of Haldol.

Resident #5

60 years old — With us for 2 years

Severe MR — IQ 22

Secondary Psychiatric Diagnosis: Psychotic disorder -- unspecified, Anxiety and Impulsive Control Disorder.

Medical conditions: History of congestive heart failure (clogged arteries), esophageal stricture, seizure disorder, recurrent paroxysmal ataxia that results in periods of lethargy and unsteady gait. Fair general health.

Behavior Plan 4/29/96 -- Targets Behaviors: Agitated behavior, Hoarding. Restrictive procedures; medications and search of personal property.

Medications: Mellaril and Serentil for agitated behavior.

- **Awareness & Cooperative Efforts**

LifePath's professional residential staff is very supportive of working with police officers, officials and other providers of services and support in the communities, to help them be more familiar with and reach a confidence or comfort level with the various manifestations and appearances associated with MR diagnoses and related disabilities and disorders. We have found that in all instances where misunderstanding could occur, when we offered to meet with the police or others involved and provide awareness and understanding about the residents, this was met with appreciation and cooperation. Some of our community police departments have been especially active in and responsive to our efforts to train, educate and make aware.

Whitehall, PA

"Ever since this came up that I beat this crippled kid, it's made me seem bad, and I didn't feel I did anything wrong."

Man Arrested, Injured, Because of Unusual Behavior, Case on Appeal

ASAP has filed an *amicus curiae* ("friend of the court") brief on behalf of John Washington III, a young man with autism who is appealing an adverse Federal court verdict on his discrimination suit.

John, who is African-American, was 18 years old in December, 1993, when two police officers observed him peeking into the window of a house in the predominantly white borough of Penbrook, near Harrisburg. The officers wrestled him to the ground and arrested him before John's mother, Doris Washington, was able to explain to them that he had autism and was, in fact, peeking through a window of his own home.

John's shoulder was separated in the incident.

John and his mother filed a Federal civil rights action against the police under the Americans with Disabilities Act, but the trial jury found for the police, commenting that the ADA was too "vague" to support the Washingtons' argument that police should receive sufficient training to be able to distinguish between criminal behavior and the legal but atypical behavior of a person with a disability.

Blind Justice: Might she someday be arrested because a police officer misinterpreted her disability?

Strangely, although the jury declined to rule in the Washingtons' favor, they added a recommendation that the police departments involved voluntarily provide such training to their offices.

Detective Willie Holland, a Harrisburg police officer, expressed his feelings upon hearing of the jury's decision by saying, "It's a relief. Ever since this came up that I beat this crippled kid, it's made me seem bad, and I didn't feel I did anything wrong."

Officer Ray Magaro, of the Penbrook Police Department, the other officer involved in the incident has since resigned from the force, after admitting to stealing money from a man arrested for possession of marijuana.

The Washingtons' attorney, James West, appealed the verdict to the United States Court of Appeals for the Third Circuit, in Philadelphia. The Court of Appeals is the second-highest Federal court, after the Supreme Court. The Third Circuit encompasses Pennsylvania, New Jersey, Delaware, and the U.S. Virgin Islands. Whatever decision the court makes on this case will become binding Federal law on all police departments within the circuit.

Mark Painter, ASAP's legal counsel, wrote and filed the *amicus* brief for the organization.

"This case is crucial for all ASAP members, as well as anyone else in Pennsylvania who cares about people with autism," said Painter. "Whatever decision this court makes will determine whether disabled people have any protection against discriminatory arrests simply for behaving 'strangely.'"

It is not only those with autism who have been subject to such arrests. There have been cases of citizens with epilepsy arrested for having seizures in public, wheelchair users ticketed for "driving" an unlicensed "vehicle," and stroke survivors arrested for drunkenness because of impaired motor skills.

In its brief, ASAP argues that the ADA requires public agencies to make "reasonable modifications" to their procedures to prevent discrimination against the disabled. In the case of police departments, such modifications would mean additional training or other procedure changes to prevent discriminatory arrests.

Sadly, although the family contacted a number of other disability advocacy groups, they declined to support the Washingtons.

Oral argument has not been scheduled.

In 1993, a young man with autism was arrested and injured by police for peeking into the window of what turned out to be his own house.

In 1996, a Federal jury refused to find the police liable for a discriminatory arrest.

The case is now on appeal as *Washington v. Harrisburg*, in the Third Circuit Court of Appeals in Philadelphia.

You can download a copy of the text of ASAP's brief on the World Wide Web. Set your Web browser to:

http://members.aol.com/asapontask/mw2/index.htm

Motorist, hurt during arrest, thankful for cop's videotape

State troopers allegedly beat man despite no resistance

PATRIOT-NEWS 01-21-98 BH

THE ASSOCIATED PRESS

BRIDGEVILLE — A motorist hurt in a fight with state troopers after a chase said he sped away because he did not recognize the flashing blue lights of an unmarked police cruiser.

A Carnegie police officer using a camera mounted in his cruiser videotaped Evan Gross' arrest last month. Carnegie Chief Jeffrey Harbin sent the tape to senior state police officers.

Gross, 27, who has been diagnosed with mental illnesses, said the troopers beat him as he kneeled on the road, peacefully awaiting his arrest.

He said he was thankful for the tape.

"It would have been their word against mine," Gross said at Mayview State Hospital, where he is undergoing a psychiatric evaluation.

The six troopers, all from the suburban Pittsburgh barracks, have been placed on restricted duty while the FBI and the state police try to determine what happened.

Sgt. Tim Allue had no comment beyond saying the incident was under investigation.

He said Allegheny County District Attorney Stephen Zappala Jr. will review evidence and decide whether charges are needed.

"We would hope for a decision soon," he said from Harrisburg.

The tape has not been shown publicly. People who have seen the tape say it shows troopers beating Gross as he tried to surrender.

Harbin said he saw "highly questionable conduct."

After Gross was arrested, he was diagnosed as having paranoid ideas and impaired judgment.

On Jan. 8, a judge ordered Gross to undergo the evaluation for up to 90 days.

Gross is also manic depressive and was not taking his medication on Dec. 26, the day he was chased by police.

The chase began after midnight in Evans City, where Gross said he was chased by a car with a flashing light as he was headed to a store to buy medicine for indigestion.

Gross said he didn't pull over because he didn't recognize a flashing blue light as designating a police vehicle.

An Evans City officer wanted to stop Gross for speeding.

The chase ended 25 miles to the south in Carnegie on an Interstate 79 ramp. Gross said he doesn't remember how he got there.

State police said Gross drove away from them at speeds up to 95 mph and traveled the wrong way on some roads before they blocked his way on the ramp.

In their arrest report, state police said Gross resisted by swinging his arms, kicking and elbowing an officer in the face.

Troopers also said they used a disabling spray to subdue Gross, who is accused of aggravated and simple assault, reckless endangerment, harassment and criminal mischief.

Gross said troopers drew their weapons as he left his car with his hands raised.

"I've seen enough 'Cops' to know that you show your hands," he said.

Gross said he knelt and put his head on the road.

He said troopers kicked his leg and ribs, punched him and slammed his face into the pavement.

He said he did not see troopers' faces, nor did he hear what they said.

Gross said the beating left him with a hairline skull fracture, a black eye, swollen forehead and swelling in his leg.

"They damaged my property, my body," Gross said.

■ FALLS / CRIME

DA: Cop cleared in shooting of armed man

Police said Rick Boggi refused to put down a knife when ordered to do so by Officer Jim Moratti. The district attorney recommended charges against Boggi, who he said has been under treatment for mental illness.

By Elizabeth Fisher
Courier Times

Falls Officer Jim Moratti used justifiable force when he shot and wounded a knife-wielding suspect over the weekend, Bucks County District Attorney Alan Rubenstein said yesterday.

After reviewing all reports from the incident, Rubenstein said it was "not a difficult decision" to make. And Falls police were expected to file charges against the suspect, Rick Boggi, today.

Boggi, 40, who has been under treatment for mental illness, was shot after he lunged at Moratti with an 8-inch kitchen knife raised above his head, Rubenstein said.

Rubenstein said several eyewitnesses and police on the scene agreed that Boggi ignored at least six warnings to drop the knife.

Police were called to Lakeview Terrace Apartments around 9:30 a.m. Saturday after the 6-foot 250-pound Boggi allegedly chased a neighbor with the knife.

The neighbor, who Rubenstein did not name, was taking trash from his apartment to a Dumpster when he heard Boggi racing down the steps behind him, shouting, " 'Whatta you got?' " Rubenstein said. The neighbor then turned to see Boggi coming at him with the knife.

"The juvenile ran into his apartment and slammed the door, and his mother dialed 911 as Boggi tried to kick in the door," Rubenstein said. "Needless to say, it could have been a worse tragedy."

When police arrived, Boggi was in the courtyard of the complex, biting on the handle of the knife. When Moratti tried to approach him, Boggi raised the knife and lunged. The cop started to back away and ordered Boggi to drop the knife. When Boggi didn't comply, Moratti drew his gun and fired, Rubenstein said.

Saturday's was the latest in a series of incidents that involved Boggi and police, officials said. On June 27, police found Boggi at 2 a.m. walking down the middle of Hood Boulevard in Fairless Hills trying to dodge oncoming cars.

On July 3, police were called and asked to check up on Boggi by Bristol Bensalem Mental Health Center, where Boggi has been under treatment. Boggi reportedly called an ambulance to his residence in Building F for no apparent reason, according to Rubenstein.

In the days afterward, he allegedly created a disturbance in a local supermarket and was later found walking along a road dressed only in his underwear.

Boggi's mother, Emma, expressed anger at the shooting, saying that police should have asked mental health officials to intervene with her son, who she says suffers from schizophrenia.

"They didn't have to shoot him. I've been trying to get him help. He was fine until May, when he stopped taking his medicine," Emma Boggi said.

While the district attorney instructed police to file criminal charges against Boggi, he also is requesting that they petition the court to commit Boggi to a psychiatric facility.

Boggi will be charged with aggravated assault, simple assault, terroristic threats and disorderly conduct. If he is committed to a psychiatric facility, he will have to face those charges once he is released. Boggi remains at St. Mary Medical Center in stable condition.

POLICE PARTNERSHIP HELPS EMERGENCY SERVICE WORK FOR HIGH RISK

By Ruth Seegrist

NAMI Forensic Committee Of Pennsylvania

When my mentally ill daughter, Sylvia, lived in the community, she had at least six run-ins with the police. High risk patients like my daughter who are threatening, frightening, destructive or violent when in crisis, sooner or later come to the attention of the police. The police, not the mental health system, are usually the first to know of an incident in the community.

Although we knew of several encounters Sylvia had had with the police, it was not until she went to trial for murder that we learned of two incidents that underscored the necessity for strong collaboration between law enforcement and mental health emergency services.

In October, 1985, when she was in a psychotic rage, 25 year-old Sylvia stormed the Springfield Mall in Delaware County, Pennsylvania and shot at shoppers, killing three and wounding seven. Found "Guilty but Mentally Ill," Sylvia received three consecutive life sentences.

During the trial we learned that some time after Sylvia's 12th hospitalization, from which she had been discharged just 21 days after trying to strangle me, she attempted to buy a semi-automatic rifle. The store manager sensed that something was not right with Sylvia, who was dressed in army camouflage pants and a tie shirt that read "Kill Them All." He phoned the Springfield Police who knew her background and the chief advised him not to sell her the weapon. Nothing more was said or done for fear of violating confidentiality.

Later, Sylvia nonetheless managed to purchase a semi-automatic rifle in another store and three days before the Springfield Mall tragedy she appeared at a shooting range with it.

At the trial it was disclosed that Sylvia, dressed in her army pants and "Kill Them All" shirt got into a bizarre argument with an off-duty police detective at the shooting range. Untrained to recognize or deal with persons acutely psychotic, he became annoyed with Sylvia's bitter ramblings about civil war, famine and negative energy and told the manager to "put a target over her mouth."

The manager, in turn, was so upset by the scene that he called the State Police. Shortly before they arrived, Sylvia left and since no crime had been committed, nothing more was done.

Acutely ill, Sylvia was clearly commitable three days before the tragedy. She had a weapon in furtherance of threats to kill. But all the red flags of warning in the community did not get back to a central authority who could have taken action.

Consequently, three people died and seven were wounded before Sylvia received involuntary treatment. She committed a heinous crime, not by rational choice, but because of untreated insanity. She, too, is a victim.

We all know the gross inadequacies of mental health services for the most seriously ill. There is no need to outline how Sylvia slipped through the gaps in the system. Instead, I want to describe briefly the Montgomery County Emergency Service (MCES) in Pennsylvania that I visited recently in search of programs that work well for high risk patients.

MCES is a private, non-profit, independent crisis emergency hospital that I wish existed in every county across the land. Funded primarily through third party payments from Medicaid, Medicare and some private insurance, the hospital works well as an alternative to incarceration for mentally ill offenders (MIOs).

MCES's Training Coordinator trains county police to recognize and manage mentally ill persons in crisis. When the police observe or hear about mental patients who are intoxicated, destroying property or threatening their families or neighbors, for instance, they take action. They call the MCES emergency hotline for advice or get the disturbed individual to the center for evaluation.

A petition is signed, often by the polic officer who observed an incident, and if th doctor determines that the offender is psy chotic, he or she is comitted to the center 44 bed hospital—right on the spot. Som times if the center is filled, more room made or another bed is found in a coun community hospital. No patient in need emergency treatment is turned away.

Unlike other county crisis servic where delegates must phone around to s where a bed is available, MCES has its ov beds and dedicated staff who also plead hearings to get further commitment another facility for patients not stabiliz enough for discharge into the communi after a five day emergency commitment MCES.

Furthermore, MCES has a licens detox unit, mobile crisis service, a forens liaison, as well as training coordinator. T forensic liaison negotiates with the Distri Justice and county prison authorities. mental illness is the cause for a min offense, charges are usually dropped.

No other county in Pennsylvania h an independent psychiatric emergen hospital or a consistent training progra and partnership with the police. How mu better it would have been if the police chi in Delaware County, alerted when Sylv first attempted to buy a semi-automa weapon, could have dialed the emergen hotline for advice. Someone from the ce ter would have checked out her mental co dition at the time.

Likewise, had the police detective the shooting range been trained, he wou have recognized Sylvia's disturbance a known how to get help for her.

There are no panaceas in dealing w the high risk, but in view of MCES's su cess in getting them treated rather th jailed, much can be said for an independ emergency service that interfaces with l enforcement and other appropriate sourc

Trained police working actively w mental health emergency services h create a safety net for high risk patients. doing this we protect their liberty and saf as well as their families and the commun

WHY A MULTI-YEAR PLAN?

There are an estimated 115,000 citizens in Pennsylvania that have mental retardation. They have a broad range of abilities, with some simply needing opportunities and others needing direct support to participate in their community. They are family members and neighbors who work, go to school, shop in local stores, visit with friends and practice their faith. Each lives an everyday life and enriches the community with his or her presence and participation.

Support from family and friends and access to opportunities in the broader community have been, and continue to be, the critical elements to each person's success in life. At certain times, some individuals and families need additional assistance or support. The Pennsylvania service system exists to provide assistance and support within available resources.

Since the Mental Health/Mental Retardation Act of 1966, publicly-funded supports for people with mental retardation have grown steadily. This year, more than 67,000 people will receive supports from the state's $1.3 billion mental retardation budget. State-operated residential facilities for people with mental retardation serve about 3,000 of those people, while the remaining 64,000 are served in community settings. The majority of those receiving supports—about 60,000 people—are part of the state funded, county administered program created by the Mental Health/Mental Retardation Act. While the program has grown since 1966, the need also has grown. Financial resources are limited, creating waiting lists for services or service enhancements in each of our Commonwealth's 67 counties.

Care must therefore be taken to use resources to support and not supplant the efforts of individuals with disabilities, their family members and communities and to promote personal growth and self-sufficiency. Recognizing that resources are limited requires difficult decisions about how those resources are allocated. Not only is it important to maintain necessary supports and services for those who presently receive them, but also to provide needed supports for those who are on waiting lists. Such decisions must involve those who are most affected. The Department of Public Welfare, therefore, invited individuals from a broad cross-section of stakeholder groups in Pennsylvania's service system, including self-advocates, families, advocates, providers and government officials to participate in shaping the future of our state's mental retardation system.

More than 70 individuals met from October 1995 through July 1996 to create a plan for change and improvement; a plan based on the values and the vision set forth by the Planning Advisory Committee in 1991 through the publication of Everyday Lives. Representation on the multi-year planning group included:

- People with disabilities
- Parents
- Advocates
- Advocacy Associations
- Providers
- Provider Associations
- Developmental Disabilities Council
- University Affiliated Program
- County MH/MR Administrators
- County MH/MR Program Administrators Association
- State Policy Makers
- Governor's MH/MR Advisory Committee
- Legislative Staff
- Consultants

GENERAL INFORMATION ON AUTISM

CHARACTERISTICS

Some babies show symptoms of autism from early infancy. In others, symptoms may become apparent at about two years of age. There are many behavioral characteristics used to describe persons with autism. Usually no one person has all of the characteristics at the same time or in the same degree of severity. If a child has at least half of the symptoms on the following list, he may be diagnosed as having autism:

1. Difficulty in mixing with other children
2. Acts Deaf
3. Resists Learning
4. No Fear of Real Dangers
5. Resists Change in Routine
6. Indicates Needs by Gesture (Leading adults by the hand, rather than pointing)
7. Inappropriate Laughing or Giggling
8. Resists Cuddling
9. Marked Physical Overactivity
10. Avoids Eye Contact
11. Inappropriate Attachment to Objects
12. Spins Objects
13. Sustained Odd Play
14. Standoffish Manner

It is unfortunate that many professionals who are not completely familiar with the syndrome of autism use the absence of one or two of these symptoms to exclude a child from a diagnosis of autism. For example, many children with autism will cuddle, many also show eye contact. The diagnosis of autism may still be appropriate if enough other symptoms are present.

A general profile of a person with autism would be one who is slow in development of or lacks physical, social or learning skills. He or she may have immature rhythms of speech, limited understanding of ideas, or inappropriate use of language. Inappropriate responses in sight, hearing, touch, pain, or balance may be shown. The body may be held in a strange or awkward manner. He or she will relate to people, objects, and events in an abnormal manner.

Many of these symptoms appear in persons with other disabilities. Some professionals use the term "autistic-like" to identify these behaviors in such individuals.

What is Autism?

Autism is a developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects functioning of the brain, autism and its associated behaviors occur in approximately 15 of every 10,000 individuals.

Autism is four times more prevalent in boys than girls and knows no racial, ethnic or social boundaries. Family income, lifestyle and educational levels do not affect the chance of autism's occurrence.

Autism interferes with the normal development of the brain in the areas of reasoning, social interaction and communication skills. Children and adults with autism typically have deficiencies in verbal and non-verbal communication, social interactions and leisure or play activities. The disorder makes it hard for them to communicate with others or become independent members of the community. They may exhibit repeated body movements (hand flapping, rocking), unusual responses to people or attachments to objects and resist any changes in routines. In some cases, aggressive and/or self-injurious behavior may be present.

It is conservatively estimated that nearly 400,000 people in the U.S. today have some form of autism. It's prevalence rate now places it as the third most common developmental disability—more common than Down Syndrome. Yet the majority of the public, including many professionals in the medical, educational, and vocational fields are still unaware of how autism affects people and how to effectively work with individuals with autism.

CADRE*

Coalition Advocating for Disability Rights and Empowerment

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Abilities In Motion/Berks County Center for Independent Living
Alliance for the Mentally Ill of Pennsylvania
Alzheimer's Association
American Diabetes Association
Arc of Dauphin County
Arc of Pennsylvania
ARC/Philadelphia
Autism Society of America
Autism Support and Advocacy Program
Center for Disability Law & Policy
Center for Independent Living
Citizens Acting Together Can Help, Inc. (CATCH)
Cumberland-Perry Arc
Deaf & Hard of Hearing Council of Delaware Co.
Disabilities Law Project
Easter Seal Society
Eastern Paralyzed Veterans Association
Epilepsy Foundation of Southeastern PA
Epilepsy Research Fdn. of Western PA
Epilepsy Resource Center of Central PA
Erie Independence House
Freedom Valley-Center for Independent Living
Homeless Advocacy Project
Housing Consortium for Disabled Individuals
Institute on Disabilities/UAP at Temple University
Juvenile Diabetes Foundation
Kenn-Crest Services
Learning Disabilities Association of PA (LDAP)
Liberty Resources, Inc.
NETA Center for Independent Living
Office of Mental Health/Mental Retardation
Office of Vocational Rehabilitation
PA Coalition for Citizens with Disabilities
Pennsylvania Council of the Blind
PA Emergency Medical Services for Children
Pennsylvania OVR Advisory Committee for Persons who are Deaf & Hard of Hearing
Pennsylvania Protection & Advocacy
PA Society for the Advancement of the Deaf
Pennsylvania TASH
Pennsylvania Tourette Syndrome Association
Philadelphia Mayor's Commission on Disabilities
Philadelphia Police & Fire Association for Handicapped Children
Public Interest Law Ctr. of Philadelphia (PILCOP)
Speaking For Ourselves
State Independent Living Council
United Cerebral Palsy of Pennsylvania
United Cerebral Palsy of Philadelphia
Visions for Equality
Voices for Independence

URGENT

United States Senate Bill 2266

(Excluding state prisons from coverage under the ADA.)

STOP SB 2266 WHICH WOULD EXEMPT STATE PRISONS FROM COVERAGE UNDER THE ADA!!!!!

In a UNANIMOUS decision in June, the U.S. Supreme Court in Pennsylvania Dept. Of Corrections v. Yeskey decided that the Americans with Disabilities Act (ADA) applies to state prisons. In response, the Republicans in the U.S. Senate have introduced a bill, **SB 2266,** which would exempt state prisons from coverage under the ADA. Senators Strom Thurmond and Jesse Helms introduced the bill.

If SB 2266 passes, Congress will not stop its attack on limiting the coverage of the ADA. Congress receives constant pressure from businesses, local and state governments to weaken the ADA. If prisons are exempt, other state entities such as police departments, courts and administrative offices may claim exemption. **IN THE END, THE ADA WILL PROVIDE NO PROTECTIONS AT ALL!!!!**

CALL AND WRITE YOUR UNITED STATES SENATORS TODAY AND TELL THEM YOU WANT SB 2266 STOPPED NOW - BOTH AS A FREE STANDING BILL AND AS AN AMENDMENT TO THE APPROPRIATIONS BILL.

PILCOP, 125 South Ninth Street, Suite 700, Philadelphia, Pennsylvania 19107

*A core group with a unifying relationship dedicated to training others and actively promoting revolutionary interests.