



# The PAPPC Journal

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## A Message from the President DANIEL PUSTINGER, 2016–2017

Welcome to the website of the Pennsylvania Association on Probation, Parole and Corrections (PAPPC). The mission of PAPPC is to support and promote best practice methods and professionalism in the field of juvenile and adult probation, parole, corrections, institutional care and community supervision. Our membership includes persons who are employed by county, state and federal agencies as well as private companies that provide services to the criminal justice community. PAPPC has been active in the criminal justice field since 1921. Our desire is to provide an opportunity for practitioners in our field to interact with one another and grow professionally while taking part in various training events, meetings and our annual conference.



I hope you will take a few minutes to browse our website and check out all that PAPPC has to offer. If you are not already a member, I encourage you to join. If you are a member and would like to become more involved, I invite you to join one of our planning committees. The more members we have actively participating, the stronger PAPPC will become. If you are interested in joining PAPPC, you can do so online through the membership link above.

If you have any questions about our association, feel free to contact us.

Sincerely,  
Daniel Pustinger  
President 2016-2017

**Support your Association...** Encourage a colleague to join PAPPC. Invite an industry expert to present at our Annual Institute or at a regional training. Ask a vendor to exhibit or provide a sponsorship at the Annual Institute. Strengthening connections and building awareness about PAPPC makes us stronger and benefits our membership.

## Contribute to *The PAPPC Journal!*

**THE PAPPC JOURNAL** is published by members of the Pennsylvania Association on Probation, Parole and Corrections. Articles, announcements and other newsworthy material of relevance to our membership may be submitted for consideration to:

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2016 – 2017

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PAPPC

## MISSION STATEMENT

THE MISSION OF THE PENNSYLVANIA ASSOCIATION ON PROBATION, PAROLE AND CORRECTIONS (PAPPC) SUPPORTS AND PROMOTES BEST PRACTICE METHODS AND PROFESSIONALISM IN THE FIELD OF JUVENILE AND ADULT PROBATION, PAROLE, CORRECTIONS, INSTITUTIONAL CARE AND COMMUNITY SUPERVISION.

# The Worsening Heroin Epidemic in Pennsylvania

Posted October 20, 2016 by Brian Neese

[NPR reports](#) two high schools in Berks County losing six former students to heroin overdose within two years. One high school student did heroin in the school bathroom before class. She collapsed in class but survived the “close call,” and now the middle and high schools stock naloxone, the fast-acting antidote, in the event of an overdose.

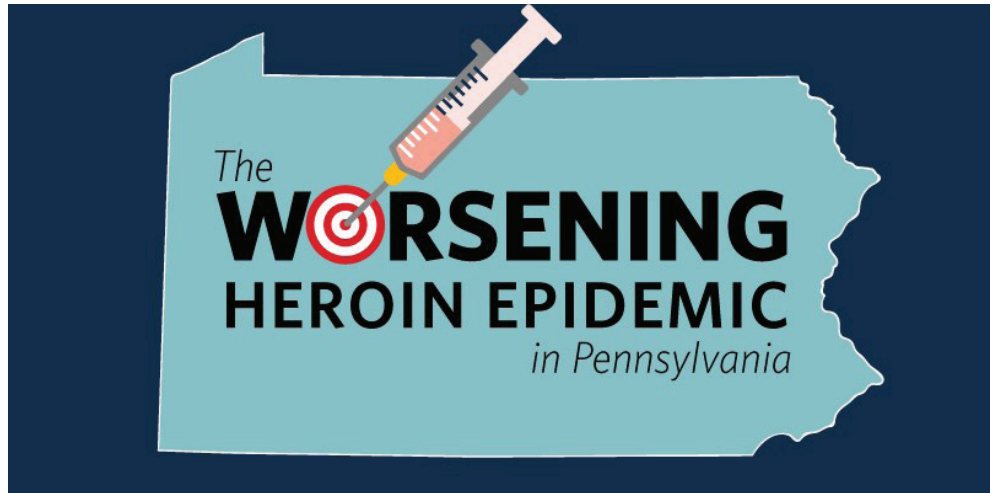
Stories depicting Pennsylvania’s heroin epidemic are not difficult to find. [WNEP in Scranton](#) describes how Georgiann McKay cried when talking about her 25-year-old son, Kevin, who died of a heroin overdose. In August 2015, Washington County in southwestern Pennsylvania recorded eight [heroin overdoses](#) in 70 minutes, according to *The Washington Post*. The county reported 16 overdoses in 24 hours and a total of 25 overdoses in two days. Three people died and many were saved by a recent decision to provide each first responder with naloxone.

“We don’t ever have to worry about that medication expiring because it’s always used,” paramedic Phil Salamone told NPR. Naloxone is one of many approaches needed to combat the heroin epidemic in Pennsylvania.

## The Heroin Problem in Pennsylvania

### Severity

Drug overdose is now the leading cause of injury death in the United States, surpassing gun deaths and car crashes. The total is concentrated in the Rust Belt, the Great Lakes region and the Northeast, according to *The Washington Post*.



[Pennsylvania was ninth in the country for drug overdose deaths in 2015](#), says the *Centre Daily Times*, and heroin is the most common drug identified in fatal overdose victims. No standards exist in Pennsylvania to accurately track heroin overdose deaths, but sources point to a large and growing figure. The state’s physician general estimates that in 2014, roughly 2,500 Pennsylvanians died from heroin. Nearly 3,400 died from overdoses in 2015, [PublicSource reports](#), with heroin or opioid painkillers detected in 81 percent of deaths.

“This is the worst healthcare epidemic, healthcare crisis, in not just our lifetimes, in the last 100 years,” said Gary Tennis, secretary of Pennsylvania’s drug and alcohol programs, according to WNEP. “The last time we had an epidemic of this severity was the great flu epidemic of 1918.”

### Contributing Factors

Prescription painkillers may be partly to blame for the heroin crisis. People who abuse or are dependent on opioid painkillers are [40 times more likely](#)

to abuse or be dependent on heroin, according to the Centers for Disease Control and Prevention. Rachel Levine, physician general for Pennsylvania, believes that people once addicted to prescription painkillers are switching to heroin, which is less expensive. Guidance counselors add that kids who start with marijuana may pivot to prescription painkillers and then heroin.

The price of and access to heroin, specifically in rural Pennsylvania, is a strong factor. “Young people in rural Pennsylvania can buy heroin more easily than a bottle of wine and getting high with the opiate can be cheaper than buying a six pack of beer,” according to [a Reuters report from September 2014](#). Proximity to heroin distribution centers like Baltimore adds to accessibility, and many rural residents who have few economic prospects view dealing heroin as an attractive career option.

The epidemic crosses all geographic, economic and racial boundaries. Heroin has affected both genders equally and doesn’t discriminate by age, according to Centre County coroner Scott Sayers in

(continued on pg 5)

the *Centre Daily Times*. "This is not just a teenage problem," he said. "It's not just a 24- to 38-year-old problem. You have seniors that are struggling with addiction. It's not a particular race, even though we're seeing a higher number of addicts that are Caucasian."

### The epidemic crosses all geographic, economic and racial boundaries.

More middle-class people are addicted to heroin via prescription opioids, leading to the regular buying and selling of heroin in bars, nightclubs, homes and more unlikely places, according to addiction psychiatrist Neil Capretto in *The Washington Post*. And while people addicted to heroin need help more than they need incarceration, lack of space in treatment centers is a major problem. People who cannot afford treatment face greater odds of overcoming the problem. Today's heroin is also much more potent than the heroin of previous eras.

Due to these factors and signals, many believe overdoses and deaths will continue. A detective in rural Pennsylvania described the area to *The Washington Post* as "kind of like ground zero." "If we had a serial killer killing one-tenth as many [people], we'd have the National Guard here," Capretto said. "We'd have CNN here every night."

### How Pennsylvania Is Combating Heroin Abuse

There is stigma against people who are struggling with addiction. "Some people, for example, view addiction as a choice, or a conscious decision," according to the [Center for Rural Pennsylvania](#). "Others question why government is spending precious limited financial resources on those who opt to abuse drugs."

The Center for Rural Pennsylvania published findings from statewide hearings on the heroin epidemic. The hearings concentrated on specific components of treating heroin and opioid addiction.

- **Addiction Is a Chronic Disease:** Healthcare and treatment professionals agree that addiction is a chronic disease, and it should be treated comprehensively and individually. "We need to treat this illness from a disease model rather than one that is currently viewed as a moral deficiency or as criminal behavior or even a matter of self-choice," said Cheryl Andrews, executive director of the Washington County Drug and Alcohol Commission.
- **Treatment Must Be Individualized and Clinically Driven:** Treatment plans from previous years don't work with people addicted to heroin and opioids, because there is no "one-size-fits-all" approach. Instead, treatment providers can apply current theory and research to cognitive behavioral therapies and medication-assisted treatment options. Regardless of the treatment plan, it will only work if services are accessible, available and affordable. In Pennsylvania, only one in eight individuals who need addiction treatment are able to access it.
- **Full Continuum of Care:** Individuals with addiction require a full continuum of care that can span three to six months of residential treatment, followed by outpatient treatment and recovery supports that include non-hospital rehabilitation, halfway houses, outpatient peer counseling and medication-assisted treatment.

## SPOTLIGHT

- **Integrating Pain Management Education in Medical School Curriculum:** Participants in the hearings reported that 80 percent of heroin users began with the abuse of prescription drugs. The over-prescription of pain management drugs is partly the result of the absence of pain management education in medical schools.
- **Workforce Issues:** The workforce of physicians and counselors who treat those with addiction needs to increase.

The hearings also addressed a number of other issues. Topics included the expansion of the availability of naloxone, specialized treatment courts for drug offenders, the need to educate children about the dangers of drug addiction, the desire to reinstate mandatory sentencing minimums for drug dealers (most are not users; this is a lucrative and sometimes violent business), the need for inmates to receive services when they are released and uniformity in how heroin deaths are reported.

### The Role of Behavioral Health Professionals

Behavioral health professionals can help provide support for people with drug addiction and can make a difference for those obtaining individualized and clinically driven treatment.

Alvernia University's [online B.A. in Behavioral Health](#) prepares students for graduate studies or work in rehabilitation centers, hospitals and other environments. The program takes place in a convenient online format to accommodate students' work and personal schedules.

# Closing Pittsburgh Prison Presents a Variety of Challenges for the State, Locals

By Wallace McKelvey | [WMckelvey@pennlive.com](mailto:WMckelvey@pennlive.com)

Email the author | Follow on Twitter

on January 26, 2017 at 12:03 PM

updated January 26, 2017 at 2:09 PM

## STATE PRISON CLOSINGS

Corrections officials opted Thursday to close Pennsylvania's oldest and most costly prison, although that decision will mean a major disruption to a combined 2,500 inmates and state employees.

The state had originally announced plans to close two prisons by June 30 from a list of five facilities. Pittsburgh costs \$100.5 million to operate--more than any of the other candidates--and needed an estimated \$15.1 million in infrastructure improvements.

However, closing SCI Pittsburgh will mean uprooting more than 1,900 inmates, many of whom came from the area. It also means replacing the advanced medical treatment, including a cancer unit, that had been located at the prison

The move drew both harsh criticism and cautious optimism on Thursday.

"In its rush to close SCI-Pittsburgh, the department largely ignored community input, the plight of local prison workers and the impact that this closing will have on our region's economy," said state Sen. Wayne Fontana, an Allegheny County Democrat who had fought to keep the prison open.

Fontana said he had tried to arrange a hearing in the Pittsburgh area but was told the state would not make anyone available to testify. He has since introduced legislation that would require 30 days notice from the state to have a hearing before any closings.



*State officials have chosen to close SCI Pittsburgh as part of a plan to cut costs amid a growing revenue shortfall and budget. (PennLive file photo)*

"They need to have hearings in the area where they target to close or are considering to close," he told PennLive.

Senate Minority Leader Jay Costa, who [joined his Republican counterpart Jake Corman in a last-minute plea](#) to Gov.

Tom Wolf for more time on Wednesday, said the administration had pledged to accommodate family members who face transportation difficulties because of the closure. They had also told him that any inmates with special medical needs will not see any interruption in their care as they relocated to other facilities.

"We're certainly disappointed the Pittsburgh facility is the one selected to close," the Allegheny County Democrat told PennLive on Thursday. "However, the decision's been made and collectively we need to move forward."

Gov. Tom Wolf framed the closing as a [reality of the looming budget deficit](#).

"The growing size and cost of our prisons system has gone unaddressed for too long," he said, "rising to more than \$2 billion and threatening funding for programs that the people of Pennsylvania want: education, senior care and jobs and training programs."

After accounting for mothballing costs, the state estimates that closing the Pittsburgh prison will save about \$81 million per year.

Jason Bloom, president of the Pennsylvania State Correctional Officers Association, said there was nothing transparent about how the Wolf administration treated the closure.

"Communities were given only weeks to fight each other to stay open," the union official said. "Now, inmates will be stacked like cordwood into a system that is bursting at 104.7 percent capacity, despite aggressive efforts to reduce the prison population."

*(continued on pg 7)*

## Closing Pittsburgh Prison...continued from page 6

Of the five prisons the state had considered, SCI Pittsburgh has the largest inmate population. However, it would also mean displacing the fewest inmates of any combination of two of the others.

The closing will mean at least some increase in population at SCI Camp Hill. It was unclear Thursday if closing Pittsburgh instead of two other prisons would change any of the [plans to accommodate 1,000 additional inmates](#), most of them newcomers rather than transfers, at the Lower Allen Township facility.

A number of stakeholders and inmate advocates have raised concerns about overcrowding across the system due to closing plan.

The Department of Corrections had estimated the closings would bring the total statewide prison population to 9 percent over operational bed capacity, a measure of the number of inmates that the prisons were originally designed to house. Prior to the closing, that figure stood at 3.9 percent over capacity.

Wetzel, however, noted that the consolidated system was expected to reach 92 percent of "emergency capacity," a measure of how many actual beds can be housed in the physical space.

On Thursday, SEIU Healthcare Pennsylvania, the union that represents SCI Pittsburgh's 16 nurses, raised the prospect that relocating the facility's health services could cut into the state's anticipated cost savings.

"SCI Pittsburgh's proximity to health facilities allows the Commonwealth to treat some very sick inmates at a lower cost," Kevin Hefty, the union's vice president, said. "It has an oncology unit and those inmates, if transferred, would likely need to travel to Pittsburgh hospitals for treatment."

Corrections Secretary John Wetzel said the department knew that closing SCI Pittsburgh would present challenges but, after reviewing all of the information, concluded that those services could be offered at other facilities.

Every state worker at SCI Pittsburgh will be offered a job at another facility. The DOC will review inmates on a case-by-case basis before deciding where to transfer them.

"With this announcement, we can focus on helping employees transition to other DOC facilities, relocating inmates within our system and beginning plans that enable the closure of this prison by the end of June," Wetzel said, in a written statement. "The DOC is sending support

staff to the facility to provide employees with resources and support services."

In addition to the prison closing, the DOC plans to halve the number of beds available through contracted county jails and its community corrections programs.

Closing SCI Pittsburgh still leaves open the question of what happens with the historic prison, which was previously mothballed for two years between 2005 and 2007. The facility, which is known locally as "Western Pen," oldest buildings date to its opening in 1882.

According to state reports, the utility plant there requires "significant work, including new boilers, new roof, demolition of ash silo, and partial demolition of boiler stack." The roofs and interiors of some of the buildings are also deteriorating and a portion of the tunnel was sealed off due to asbestos.

Costa told PennLive that part of the reason SCI Pittsburgh was chosen was its proximity to a large metropolitan area. That potential makes it easier to redevelop the 24-acre prison property, which is located in an industrial area along the Ohio River three miles north of the city center.

"It presents an opportunity to convert this property," he said. "We're very much concerned about the impact this has on the families who have individuals incarcerated there."

That's one sentiment that was echoed by Fontana, who vowed to begin work immediately on marketing and redeveloping the property for another use. During his conversation with the governor Thursday morning, he said Wolf committed to help redevelop the property.

"He committed to work with us to find someone and put together a plan to get (the property) back on the tax rolls," he said. "It's on the river, so there's a lot of possibility."



## WWW.PAPPC.ORG

News and updates are front and center to make communicating information quick and easy to find. With links that will take you directly to the source of the information we hope you will find it beneficial to bookmark us and visit often.

The website is your one-stop shop for 2017 Training Institute information, including:

Speakers/Call for Presenters	Workshops	Conference Agenda
Exhibitor Information	Silent Auction	Sponsorship
Conference Registration	Award Nomination Form	



## 6 Strategies for Mental Health at Work

Here's a sobering statistic: right now roughly 1 in 5 people in the population are experiencing a diagnosable mental health issue, with anxiety and depression the two most common conditions. While there can be a myriad of factors that contribute towards the development of mental health issues, work is a common and at least partially contributing factor.

There are many ways that work can negatively impact on our mental health and wellbeing. Common work stressors include a high and uncontrollable workload, mundane or otherwise dissatisfying work tasks, workplace conflict, lack of promotional opportunities, perceived injustice at work, and a poor fit between an employee's abilities, personality and values, and the work role itself and/or the organizational culture.

Of course our jobs and work environment are not inevitably bad news with respect to our mental health. On the flipside, work can enhance our mental health through providing us with a source of structure, routine, and positive challenge, which leads to an experienced sense of accomplishment and purpose.

Nonetheless, work-related stressors, combined with other stressors that might be happening in our personal lives (e.g., family/relationship issues, financial pressures) can have a serious impact on our mental health, and cause us to experience a range of concerning emotional, behavioral, and physical symptoms.

So how do we stay mentally health at work? Here are 6 simple strategies that can help you to keep firing on all cylinders:

1. Regularly engaging in positive lifestyle behaviors. This includes regular exercise, a healthy diet, and consistent sleep routine. These types of positive lifestyle behaviors provide the key foundation stones for optimizing our stress tolerance and resilience.

2. Stay socially connected. Often when we are feeling stressed we are tempted to socially withdraw and isolate ourselves. While some 'self' time is fine, regularly engaging with others in our social network is essential. Not surprisingly one of the best predictors of people's stress tolerance is their level of social support.

3. Periodically conduct a 'cost-benefit audit' of your work situation. Stand back from your work situation and take note of how your work positively contributes to your psychological state (e.g., satisfaction and enjoyment), and conversely what your work is costing you (e.g., frustration, resentment, exhaustion). If your work situation is creating more negatives than positives then you are probably in an unsustainable situation that is going to have an increasingly negative impact on your mental and perhaps physical health. Determining change options, within or beyond your current workplace is an important next step in managing your health and wellbeing.

4. Identify work-related (and non-work related) stressors that are causing you negative stress and take proactive action to reduce, address or remove the stressors whenever possible. When our mental health starts to suffer we can often be tempted to ignore the impact that work is having on us. Coupled with this, we may unconsciously engage in avoidant coping strategies that give us short-term relief from the particular stressors we are facing.

Classic avoidant coping strategies include avoiding or procrastinating over certain work tasks, relying upon cigarettes, coffee, junk food, chocolate or alcohol to get us through, working longer hours to keep up, or alternatively relying upon regular sick days to get by. Unfortunately these types of avoidant strategies provide short-term respite at best, and can ultimately even make the work issues we are dealing with worse.

5. Accept the work-related stressors that you can't change, and instead focus on changing how the stressors impact on you. Sometimes we can't change, modify, or remove the work stressors that are causing us distress (such as a bad working relationship with a colleague or manager who isn't intending on leaving). In such instances we can either look at removing ourselves from the 'stressor' (e.g., leave), or we can work on changing our reaction to the stressor through changing our thinking, as well as better controlling our emotional and behavioral responses.

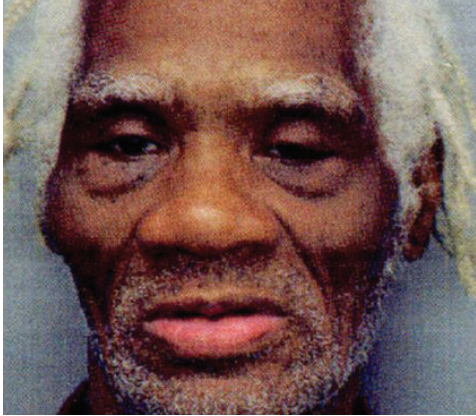
6. Keep things in perspective! It's easy to make mountains out of mole hills at work. This is particularly true when either our job is very important to us and/or when we have been in the same work role for a number of years. In both cases it is easy to blow things out of proportion, when we should just be letting some things go.

If these strategies don't seem to be working for you, or you are finding it difficult to put them in place, then it might be worth speaking to a professional counsellor or psychologist about developing a plan to help you stay mentally healthy at work. Sometimes offloading and problem solving with someone who is completely independent to your situation can be a real game-changer, and ultimately help people get their mental health back on track sooner rather than later.



## Pa. Juvenile Lifer, 79, Rejects Deal for Parole “His View is: He’s Been in Long Enough” and Wants to be Released Without Probation or Parole

Nov 1, 2016 by Samantha Melamed – The Philadelphia Inquirer



Joseph Ligon, 79, is the oldest juvenile lifer.  
(Photo/Pa. DOC)

PHILADELPHIA — Joseph Ligon has served 63 years in prison for two murders committed when he was 15 years old, making him the oldest and longest-serving juvenile lifer in the world.

Like 300 others from Philadelphia, he’s eligible for a new sentence following a January Supreme Court decision banning life without parole for juveniles. But, when he received the District Attorney’s offer - a deal for 50 years to life in prison that would make him immediately eligible for parole - the white-haired, 79-year-old declined on principle.

“His view is: He’s been in long enough,” Bradley Bridge of the Defender Association of Philadelphia, told the court Friday. “He doesn’t want to be on probation or parole. He just wants to be released.”

Ligon was one of five youths charged in the stabbing deaths of Charles Pitts and Jackson Hamm in Point Breeze.

He was also among seven defendants named in a petition Friday asking a three-judge panel to answer legal questions that

could shake up the process of resentencing juvenile lifers in Philadelphia, which is home to more such inmates than anyplace else in the country.

The defense team, including the Defender Association, the Juvenile Law Center, and private defense lawyers, proposed 15 questions, including: whether a maximum of life is unconstitutional in a juvenile case; whether it’s illegal to base resentencing on a current state law that explicitly does not apply to cases older than 2012; and whether, because the juvenile lifers’ first- and second-degree murder sentences were found unconstitutional, they must be resentenced as third-degree cases.

District Attorney Seth Williams has said all offers would be guided by the 2012 law, which sets minimums of 35 years to life in first-degree cases and 30 to life in second-degree cases.

So far, his office has extended approximately 65 offers.

The approach leaves the ultimate decision of whether to release lifers up to the parole board.

That’s drawn withering criticism from U.S. District Court Judge Timothy Savage, who in August called it “an abdication of judicial responsibility.”

Last week, the Philadelphia Bar Association Chancellor Gaetan Alfano also decried the policy “as not reflecting individualized sentencing required by the Constitution.”

“We in the Philadelphia legal community believe that we must do better,” Alfano said in the statement.

Williams’ office responded that, in fact, “Each offer has been based on a careful, individualized assessment of the crime and the defendant.”

Individualized sentences are a cornerstone of the Supreme Court decision. Beyond that, many legal questions around the resentencing of juvenile lifers remain murky.

The Pennsylvania Supreme Court may soon decide some of them. In December, it will hear arguments in *Commonwealth v. Batts*, on questions including whether juveniles must be found incorrigible “beyond a reasonable doubt” before life sentences can be imposed.

In the interim, judges across the state have been interpreting the law in wildly different ways. One, in Tioga County, ordered an inmate who’d served 46 years released immediately.

Another, in Chester County, sentenced several inmates to time-served-to-life without conducting a hearing. And a third, in Allegheny County, has determined that he is bound to apply the 2012 sentencing statute in all cases.

So far no contested hearings have yet been held in Philadelphia. Of the 65 offers made, seven long-serving juvenile lifers have been resentenced under new deals making them eligible for immediate parole, and 26 more are scheduled for resentencing. Three others have formally rejected offers.

One lifer, Nathaniel Anderson, 59, agreed to a new sentence of 35 years to life in prison Oct. 25.

A husband, stepfather, and devout Muslim - court proceedings were delayed a half hour while he negotiated permission to wear his kufi in the courtroom - he earned a bachelor’s degree from Villanova University while incarcerated.

Anderson’s lawyers described a man who had little in common with the 16-year-old who’d been part of a 20th-and-Carpenter-

(continued on pg 10)

## Fast-acting Probation Officer Saves Neighbor from Overdose

RENATTA SIGNORINI | Thursday, Dec. 15, 2016, 11:00 p.m.

A knock at the door of Carla Conte's Jeannette home interrupted her Cyber Monday shopping.

A woman sitting in a car on her street had overdosed on drugs, and her family needed Conte's help.

Instead of putting on shoes, Conte, a Westmoreland County probation officer, grabbed a kit with two doses of the antidote naloxone and raced to her neighbor's aid.

"I was just amazed to see her go into action," said her husband, Lou Conte. "She didn't hesitate; she was just, boom, out the door."

Westmoreland County commissioners on Thursday honored Carla Conte's quick action the night of Nov. 28 to save the woman's life.

She was among 85 adult probation office employees, including 53 officers, who were trained by the Westmoreland Drug & Alcohol Commission in August and September to administer the overdose reversal drug in response to the growing drug epidemic that claimed the lives 6,125 Pennsylvanians in 2014 and 2015.

So far in 2016, 105 fatal overdoses have been confirmed in Westmoreland and 53 other deaths are being investigated as such, according to coroner statistics. Between 2012 and 2015, 377 people fatally overdosed on drugs in the county.

Department director Sharon Bold said employees have access to the kits at probation offices, and officers have the option of carrying them.

Conte wasn't on duty as a probation officer at the time, but it was the commission's training and kit that enabled her to revive the woman. Shortly after, Jeannette police



DAN SPEICHER | TRIBUNE-REVIEW

*Carla Conte, of Jeannette, an adult probation officer with 17 years on the job, poses for a portrait with a commendation by the Westmoreland County Commissioners, for saving the life of a young woman who had overdosed on heroin, in Greensburg, on Thursday, Dec. 15, 2016.*

and paramedics arrived at the scene, she said.

"That was probably kind of frightening," Commissioner Ted Kopas said to Conte after the acknowledgement during Thursday's meeting.

"I feel like I'm very well-trained," said Conte, who has been a Westmoreland probation officer for 17 years.

She recalled feeling confident, yet nervous, about administering naloxone for the first time after her training. She has since gotten a new kit and carries it with her at all times.

PA Juvenile Lifer..continued from page 9

Street gang, engaged in a battle with the Black Mafia. After Black Mafia members, including the victim, Roger Pinkard, shot at Anderson and his friends and firebombed one of their mother's cars, the teens went looking for revenge. Anderson was there when a friend shot and killed Pinkard.

According to his lawyers, Anderson rejected a deal for four to 15 years. He has now been in prison 43 years.

Fifty-seven friends and relatives packed the courtroom to overflowing, including a 63-year-old man who grew up with Anderson and said he knew six juvenile lifers from his neighborhood alone.

Nydeerah Hatton, one of Anderson's stepdaughters, said he's been an inspiration to his extended family. After having three children, she left school. But after Anderson completed his baccalaureate, she decided to do the same.

"He's inspired me a lot, being confined and still being able to achieve goals. Seeing him do it, he's my motivation," she said.

He could be paroled within months. Hatton said she expects his transition will be seamless.

"I don't think it would take anything for him to fit in," she said. "He's already in."

"I was just praying that it was going to work," Conte said.

She went an extra step the next day — Conte talked to the woman she helped save and offered her phone number and treatment resources. She is hopeful the woman will seek help but said she's glad she won't have to send her neighbors a sympathy card.

"So now when she comes out, she can wave and smile," Conte said.

(Renatta Signorini is a Tribune-Review staff writer. Reach her at 724-837-5374 or rsignorini@tribweb.com.)



*In July 2010, PAPPCC lost a dear friend and devoted colleague. Mr. Robert "Bob" Kelsey was a respected probation administrator not only within the Bucks County Adult Probation Department but throughout the Commonwealth of Pennsylvania.*

*Bob voluntarily gave countless hours in various roles within the PAPPCC for two decades and served as President in 2008–2009.*

*Bob guided PAPPCC with his gentle wisdom and experience to drive the Association to the highest standards of professionalism.*

*On a personal level, he valued his family most and enjoyed spending time with them. Bob initiated many of the current activities PAPPCC supports, and the mark he left continues to be appreciated by members and leaders of PAPPCC.*

## The Robert E. Kelsey Annual Scholarship Award

### ELIGIBILITY:

- Applicant must be a current PAPPCC member or immediate family member of a current PAPPCC member (i.e. spouse, child, step-child, adopted child, or self).
- Applicant must be currently enrolled or accepted into a two (2) year or four (4) year accredited program of higher education with a concentration of studies in the Humanities and Social Sciences. The maximum scholarship amount is \$1500 annually with a maximum of two scholarships per year being given by PAPPCC.
- Applicant must be in good academic standing. Incoming freshman must demonstrate academic success by holding at least a 2.75 GPA or equivalent at the time of application. Students presently enrolled in a college or university must demonstrate academic success by holding a current overall college GPA of 2.75 or better at the time of application. Please note changes to the eligibility criteria could change without notice. Check our web site for updates.

### APPLICATION PROCEDURE/APPLICATION CHECKLIST:

- Applicant must submit three letters of recommendation at the time of application.
- Applicant must submit a personal statement explaining why they chose their field of study and how that field applies to their future aspirations. Statements are not to exceed 500 words and must be typed and double-spaced.
- Applicants must submit a copy of their most current transcripts. In addition, applicant must submit the following information. Incomplete applications will not be considered.
- full name
- social security number
- address
- phone number
- email address
- high school or college grade point average
- name of college or university applicant plans to attend or is currently attending, and major
- PAPPCC member name and relationship

The application must be signed and dated by the applicant. Signature indicates applicant understands and agrees to abide by the terms of scholarship program and confirms that information provided is accurate. One scholarship per PAPPCC MEMBER or PAPPCC FAMILY MEMBER every two (2) years. Award winners are not permitted to reapply consecutively. Should an Executive Board member or family member apply for the scholarship, the Executive Board member will be excluded from the voting process for selection.



**The Pennsylvania Association  
on Probation, Parole and Corrections**

P.O. Box 5553, Harrisburg, PA 17110

[www.pappc.org](http://www.pappc.org)

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