

No. 14-7313 & 14A570

IN THE
Supreme Court of the United States

IN RE SCOTT LOUIS PANETTI,
Petitioner.

On Original Petition for Writ of Habeas Corpus

PROOF OF SERVICE

I hereby certify that on the 2nd day of December, 2014, a copy of **Respondent's Brief in Opposition** is being sent by email delivery to: gregory.wiercioch@wisc.edu and kmkase@texasdefender.org. All parties required to be served have been served. I am a member of the Bar of this Court.



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RESPONDENT'S BRIEF IN OPPOSITION

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QUESTION PRESENTED

Petitioner Scott Panetti waited sixteen years after his death sentence became final to raise a claim that the Eighth Amendment prohibits the execution of the mentally ill. In the interim, he brought four state and three federal postconviction challenges to his death sentence. Yet only now, at the eleventh hour, does he advance the claim for the first time with no previously unavailable facts or law as support.

Should this Court grant review when Panetti cannot meet the standards under 28 U.S.C. § 2244 for filing a successive habeas petition, and where the lower court's dismissal of his claim as an abuse of the writ is based on an independent and adequate state law ground? Moreover, should the Court ignore the awkward posture of this case to review a claim based upon virtually no evidence of an evolving consensus against executing the mentally ill and where the law already provides multiple avenues for relief?

**BRIEF IN OPPOSITION TO ORIGINAL PETITION FOR WRIT
OF HABEAS CORPUS AND REQUEST FOR STAY OF
EXECUTION**

Scott Louis Panetti is scheduled for execution after 6:00 p.m. on December 3, 2014, for the capital murders of Joe and Amanda Alvarado. Twice Panetti was provided with counsel, experts, and a live hearing and was found competent to be executed in federal court. At the eleventh hour, Panetti contends this Court should stay his execution and hold that the Eighth Amendment prohibits the execution of mentally ill offenders. But Panetti's claim is an abuse of the writ and he fails to meet the requirements of 28 U.S.C. § 2244(b) or *McCleskey v. Zant*, 499 U.S. 467, 490-96 (1991). Moreover, his claim is defaulted because he raised it for the first time in his fourth state habeas application, where it was dismissed on state procedural grounds independent of federal law. Further, his underlying claim of mental illness has been exaggerated. Thus, neither a writ of habeas corpus nor a stay of execution is appropriate under the circumstances.

STATEMENT OF THE CASE

I. Facts of the Crime

After two years in an abusive marriage, Sonja Panetti grew tired of her husband's drinking and decided to leave. *Panetti v. Cockrell*, 73 Fed. App'x 78 (June 19, 2003). She took their three-year-old daughter and moved in with her

parents, who lived nearby in Fredericksburg, Texas. *Id.* Three weeks later, after several abusive visits from Scott Panetti, Sonja secured a restraining order against him. *Id.* This enraged him. *Id.* He asked a friend to take his dog because he was going somewhere, drank a bottle of whiskey, armed himself with a shotgun and a .30-06 hunting rifle, and drove to his in-laws' house. *Id.*

Panetti broke the glass in a sliding door near Sonja's bed with the shotgun and cornered Sonja and her parents in the kitchen. *Panetti v. State*, No. 72,230 (Tex. Crim. App. Dec. 3, 1997). He asked Sonja who she wanted to see die first: her or her parents. *Id.* Not waiting for an answer, he shot her father in the chest, at close range, with the hunting rifle. *Id.* The noise drew Panetti's three-year-old daughter into the kitchen. *Id.* Panetti turned the hunting rifle on Sonja's mother and, despite pleas from everyone present, pressed the rifle against her chest and pulled the trigger. *Id.* Sonja and her daughter were sprayed with blood.

Panetti forced his wife and daughter into his Jeep and drove them to a cabin he had been living in since the separation. *Id.* When Sonja asked to go check on her parents, Panetti responded, "I just shot your parents. No more mommy, no more daddy; get that through your head." *Id.* He told Sonja the murders were her fault, accusing her and her parents of betraying him. *Id.* He then forced her to read the protective order aloud, repeating herself any time she skipped a part, while he reloaded the .30-06 rifle. *Id.* He eventually let his

wife and daughter go free, suggesting that he would die in a shootout with the police. Instead, he was arrested without further incident. *Id.*

II. Course of Proceedings and Disposition Below

A Gillespie County jury found Panetti guilty of capital murder for murdering his wife's parents with a deer rifle and sentenced him to death. The CCA affirmed Panetti's conviction and sentence, and this Court denied a petition for writ of certiorari. *Panetti v. State*, No. 72,230 (Tex. Crim. App. Dec. 3, 1997), *cert. denied*, 525 U.S. 848 (Oct. 5, 1998). Panetti's state application for writ of habeas corpus was later denied by the CCA based upon the trial court's findings of fact and conclusions of law. *Ex parte Panetti*, No. 37,145-01 (Tex. Crim. App. May 20, 1998). Among the issues Panetti raised on direct and collateral review was his competency to stand trial and to waive counsel.

Panetti turned to the federal courts, filing a federal habeas petition that was rejected by the district court, *Panetti v. Johnson*, No. A-99-CV-260-SS (W.D. Tex. 2001), and by the Fifth Circuit, *Panetti v. Cockrell*, 73 Fed. App'x 78 (June 19, 2003). The Supreme Court again denied a petition for writ of certiorari. *Panetti v. Dretke*, 540 U.S. 1052 (2003).

A few months later, the state trial court set an execution date for February 5, 2004, upon the motion of the district attorney. *Ex parte Panetti*, No. 74,868 (Tex. Crim. App. Jan. 28, 2004) (per curiam). Panetti argued for the first time that he was incompetent and that his execution would violate the

Eighth Amendment as interpreted in *Ford v. Wainwright*, 477 U.S. 399 (1986). *Ex parte Panetti*, No. 74,868. The state court rejected his argument without a hearing, and the CCA held that it had no jurisdiction to review that order. *Id.*

Panetti returned again to federal court, filing a second federal habeas petition that raised a *Ford* claim and sought a stay of execution. The federal district court granted a stay to “allow the state court a reasonable period of time to consider the evidence of Panetti’s current mental state.” Order, *Panetti v. Dretke*, No. A-04-CA-042- SS (W.D. Tex. Feb. 4, 2004). The state habeas court appointed a psychiatrist and a clinical psychologist to evaluate Panetti. They filed a joint report, concluding that Panetti knew that he was going to be executed and knew why he was going to be executed. *Id.* Based on that report, the state habeas court held that Panetti was competent to be executed. The state court never held a competency hearing.

Panetti returned again to federal district court. The court held that the state court’s refusal to hold a competency hearing at which Panetti could present his own evidence was a violation of due process. *Panetti v. Dretke*, 401 F. Supp.2d 702 (W.D. Tex. 2004). The federal court then held its own competency hearing. *Id.* After hearing testimony from the State’s experts and from four of Panetti’s court-appointed experts, the trial court held that Panetti was competent to be executed under the Fifth Circuit’s decision in *Barnard v. Collins*, 13 F.3d 871 (5th Cir. 1994) (holding that *Ford* is satisfied where the

condemned “knew that he was going to be executed and why he was going to be executed”). *Id.* The Fifth Circuit affirmed. *Panetti v. Dretke*, 448 F.3d 815 (5th Cir. 2006).

This Court reversed, holding that the Fifth Circuit’s competency standard was inadequate, and remanded the case for further factual development and application of a new standard. *Panetti v. Quarterman*, 551 U.S. 930 (2007). Following a second evidentiary hearing, with testimony from experts, prison guards, inmates, and a chaplain, the federal district court again rejected Panetti’s claim that he was incompetent to be executed, but granted a COA. *Panetti v. Quarterman*, 2008 W.L. 2338498 (W.D. Tex. Mar. 26, 2008). Panetti timely filed a notice of appeal and his case was docketed. *Panetti v. Quarterman*, No. 08-70015 (5th Cir.).

On June 19, 2008, this Court decided *Indiana v. Edwards*, 554 U.S. 164 (2008), which held that the Constitution does not forbid states from insisting upon court-appointed counsel for those who are competent to stand trial but suffer from mental illness so severe that they are not competent to conduct trial proceedings by themselves. On Panetti’s motion, the Fifth Circuit stayed and abated his appeal to allow him to pursue an *Edwards* claim in state court. *Panetti v. Quarterman*, No. 08-70015 (5th Cir. Dec. 17, 2008). Panetti raised his *Edwards* claim in a successive state habeas petition on June 16, 2009. On October 21, 2009, the CCA dismissed his *Edwards* claim as an abuse of the

writ under Article 11.071, § 5 of the Texas Code of Criminal Procedure. *Ex parte Panetti*, No. 37,145-02 (Tex. Crim. App. Oct. 21, 2009).

Panetti returned again to federal court, seeking to raise his Edwards claim in a third federal habeas petition. See 28 U.S.C. § 2244(b)(3). The Fifth Circuit granted his application to file a successive petition, see Order, *In re Scott Panetti*, No. 09-50960 (5th Cir. Jan. 6, 2010), and then Panetti filed the amended successive petition in federal district court. A few months later, the CCA decided *Chadwick v. State*, 309 S.W.3d 558 (Tex. Crim. App. 2010), addressing the meaning of *Indiana v. Edwards*, and Panetti asked the federal district court to again stay his federal habeas proceeding so he could return again to state court. The district court granted the motion on July 1, 2010. *Panetti v. Thaler*, No.1:09-cv-00774, Order.

Panetti reasserted his *Edwards* claim in another successive state habeas petition, which the CCA dismissed on December 15, 2010 as an abuse of the writ. *Ex Parte Panetti*, 326 S.W.3d 615 (Tex. Crim. App. 2010). More than six months later, this Court denied a petition for writ of certiorari. *Panetti v. Texas*, 131 S. Ct. 3027 (2011).

Panetti returned again to federal district court. Panetti filed a response to the State's motion for summary judgment, which had been on file for almost two years. On January 31, 2012, the district court granted the State's motion for summary judgment, denied habeas relief, and issued a COA on two

additional issues. *Panetti v. Thaler*, No.1:09-cv-00774, 2012 U.S. Dist. LEXIS 11724, Order. Panetti timely filed notice of appeal. The Fifth Circuit affirmed the lower court's decisions in regard to both competency and the self-representation claim. *Panetti v. Stephens*, 727 F.3d 398 (5th Cir. 2013). This Court denied certiorari on October 6, 2014. *Panetti v. Stephens*, 190 L. Ed. 2d 52 (2014).

Panetti's execution date was reset by the trial court for December 3, 2014. On November 1st, counsel for Panetti overnighed an emergency motion for hearing in the state trial court asking the court to withdraw or modify the date. This was followed by several related motions including motions for discovery and appointment of counsel. On November 6, 2014, the trial court denied the motion. Later the same day the trial judge held a telephone hearing. On November 12, the judge denied a renewed motion to withdraw or modify the date. On November 14th, Panetti's counsel filed yet another motion to modify or withdraw the date and for appointment of counsel and later filed a supplement to the motion. The judge denied the renewed motions and the supplement on November 19, 2014. Panetti filed a notice of appeal and then filed a motion for stay of execution and a brief for his appeal with the CCA. The CCA dismissed the appeal for lack of jurisdiction. *Panetti v. State*, AP-77,049 (Opinion) (Tex. Crim. App. November 25, 2014).

In a separate proceeding Panetti filed a subsequent state habeas petition arguing that a national consensus has developed against executing the mentally ill. The CCA dismissed that petition as an abuse of the writ. *Ex parte Panetti*, No. 37,145-04 (Tex. Crim. App. November 26, 2014). Panetti has petitioned this Court separately for review.

Panetti also filed a motion to stay his execution in federal district court with motions for appointment of counsel and for expert funding. The court assumed without deciding it had jurisdiction and denied the motions. *Panetti v. Stephens*, A-04-CA-42-S, Ord. ECF No. 182 (W.D. Tex. Nov. 26, 2014). Panetti has appealed and filed a brief in the Fifth Circuit.

Panetti presently files this original writ petition with this Court.

REASONS FOR DENYING THE WRIT

Panetti's claims, which are presented in an original petition for writ of habeas corpus, are unworthy of this Court's attention. Supreme Court Rule 20.4(a) provides that "[t]o justify the granting of a writ of habeas corpus, the petitioner must show that exceptional circumstances warrant the exercise of the Court's discretionary powers, and that adequate relief cannot be obtained in any other form or from any other court. This writ is rarely granted." *See Felker v. Turpin*, 518 U.S. 651, 665 (1996) (explaining that Rule 20.4(a) delineates the standards under which this Court grants such writs). For the reasons explained below, Panetti fails to advance a compelling or exceptional

reason for the Court to exercise its discretionary powers to issue a writ of habeas corpus in this case.

I. The Court Should Deny Panetti's Motion Because He Does Not Meet the Standards Under 28 U.S.C. § 2244 for Filing a Successive Habeas Corpus Petition.

Panetti argues that the Eighth Amendment prohibits the execution of offenders who are mentally ill. Yet his claim fails to meet the standards under 28 U.S.C. § 2244(b)(2) for filing a successive petition. In *Felker v. Turpin*, the Court held that § 2244(b)(2) applies to second or successive habeas applications filed after AEDPA was enacted and that, at a minimum, the limitations of § 2244(b)(2) “certainly inform [the Court’s] consideration of original habeas petitions.” 518 U.S. 651, 662 (1996).

28 U.S.C. § 2244(b)(2)(A) governs successive petitions based upon new rules of law. “This provision establishes three prerequisites to obtaining relief in a second or successive petition: First, the rule on which the claim relies must be a “new rule” of constitutional law; second, the rule must have been “made retroactive to cases on collateral review by the Supreme Court”; and third, the claim must have been “previously unavailable.” *Tyler v. Cain*, 533 U.S. 656, 662 (2001). Panetti identifies no new rule of constitutional law made retroactive by this Court that applies to his claim. Moreover, Panetti’s claim was not previously unavailable. The factual basis of his claim—his mental illness—has been known to him since before the time of trial. And the legal

basis he advances—premised on *Atkins v. Virginia*, 536 U.S. 304 (2002), and *Roper v. Simmons*, 543 U.S. 551 (2005),—has existed for a decade or more.

Nor does § 2244(b)(2)(B) assist Panetti. This exception controls claims based upon new facts, and requires an offender to establish that “the factual predicate for the claim could not have been discovered previously through the exercise of due diligence”; *and* the facts “would be sufficient to establish by clear and convincing evidence that, but for constitutional error, no reasonable factfinder would have found the applicant guilty of the underlying offense.” § 2244(b)(2)(B). Notwithstanding the fact that Panetti’s mental illness has been known to him since the time of trial, it conclusively does not establish his factual innocence of the crime he was convicted of. *See, e.g., In re Webster*, 605 F.3d 256, 258-59 (5th Cir. 2010) (declining to authorize successive *Atkins* claim because “there is no reason to believe that Congress intended the language ‘guilty of the offense’ to mean ‘eligible for a death sentence’”); *In re Hill*, 715 F.3d 284, 297 (11th Cir. 2013) (“federal law does not authorize the filing of a successive application under § 2244(b)(2)(B) based on a sentencing claim even in death cases”).

Rule 20.4(a) and 28 U.S.C. § 2242 state that an original habeas petition in the Supreme Court must set forth “reasons for not making application to the district court.” In this case, the reasons are clear: Panetti’s original habeas petition is actually a successive habeas petition that raises a claim he could

have made at any time in the years since *Atkins* was decided. Essentially, Panetti seeks the authorization of this Court to file a successive petition for writ of habeas corpus because he could not meet the successive petition requirements of 28 U.S.C § 2244 in the lower courts. Yet even under this Court's pre-AEDPA standards, Panetti's petition is an abuse of the writ. "To excuse his failure to raise the claim earlier, he must show cause for failing to raise it and prejudice therefrom as those concepts have been defined in our procedural default decisions." *McCleskey v. Zant*, 499 U.S. 467, 494 (1991). For the same reasons Panetti's claim fails under the § 2244(b)(2) standard, it fails under *McCleskey*. As Panetti notes, he has years of mental health history that should have suggested this claim. *Atkins* was decided in 2002. But Panetti suggests his claim is only available now based on an unpublished study by a former capital defense attorney. As shown below, no court or legislature has attempted to broaden the prohibition against execution to the mentally ill. Indeed the law already recognizes mental illness in terms of culpability in numerous ways. There is no reason for this Court to authorize this extraordinary remedy to review a claim that is so clearly an abuse of the habeas corpus process.

II. Certiorari Review and a Stay of Execution Are Foreclosed by an Independent and Adequate State-Procedural Bar.

Further, Panetti's claims are procedurally barred because the state court's disposition of the claims relies upon an adequate and independent state law ground, *i.e.*, the Texas abuse of the writ statute. This Court has held on numerous occasions that it "will not review a question of federal law decided by a state court if the decision of that court rests on a state law ground that is independent of the federal question and adequate to support the judgment" because "[the Court] in fact lack[s] jurisdiction to review such independently supported judgments on direct appeal: since the state-law determination is sufficient to sustain the decree, any opinion of this Court on the federal question would be purely advisory." *Lambrix v. Singletary*, 520 U.S. 518, 523 (1997); *Sochor v. Florida*, 504 U.S. 527, 533 (1992); *Michigan v. Long*, 463 U.S. 1032, 1042 (1983); *Engle v. Isaac*, 456 U.S. 107, 129 (1982). Panetti fails to present a sufficient justification for not applying the Court's long-standing rule against reviewing claims denied by state courts on state law grounds, and none exists. There is simply no jurisdictional basis for granting certiorari review in this case. *See Coleman v. Thompson*, 501 U.S. 722, 729 (1991); *Harris v. Reed*, 489 U.S. 255, 265 (1989) (both holding that federal review of a claim is procedurally barred if the last state court to consider the claim expressly and unambiguously based its denial of relief on a state procedural default).

In the instant case, the state court clearly and expressly cited state law in holding that Panetti's habeas application was an abuse of the writ. *Ex parte Panetti*, No. WR-37145-04, Order (Tex. Crim. App. November 26, 2014)(citing Tex. Code Crim. Proc. art. 11.071 § 5 (West 2014) (prohibiting Texas courts from considering the merits of, or granting relief based on, a subsequent writ application filed after the final disposition of the inmate's first application unless he demonstrates the statutory equivalent of either cause or actual innocence)). The statutory abuse of the writ doctrine is regularly and strictly applied in Texas since it was enacted in 1995. *See, e.g., Fearance v. Scott*, 56 F.3d 633, 642 (5th Cir. 1995) (holding that pre-11.071 abuse of the writ doctrine was strictly and regularly applied and, thus, was independent and adequate state procedural bar); *Emery v. Johnson*, 139 F.3d 191, 195-96 (5th Cir. 1997) (extending *Fearance* to article 11.071 statutory abuse of writ doctrine).

Article 11.071, § 5(a) of the Texas Code of Criminal Procedure forbids state courts from considering a prisoner's successive state habeas application unless:

- (1) the current claims and issues have not been and could not have been presented previously in a timely initial application or in a previously considered application filed under this article or Article 11.07 because the factual or legal basis for the claim was unavailable on the date the applicant filed the previous application;

(2) by a preponderance of the evidence, but for a violation of the United States Constitution no rational juror could have found the applicant guilty beyond a reasonable doubt; or

(3) by clear and convincing evidence, but for a violation of the United States Constitution no rational juror would have answered in the state's favor one or more of the special issues that were submitted to the jury in the applicant's trial under Article 37.071 or 37.0711.

The CCA concluded that Panetti's claims failed to meet this standard and dismissed the application "without reviewing the merits" of his claim *Ex parte Panetti*, No. WR-37145-04, Order (Tex. Crim. App. November 26, 2014). Panetti was unable to satisfy § 5(a)(1) because his Eighth Amendment claim could have been raised and developed in any of his earlier state habeas proceedings.

As the court below stated, it did not consider the merits of Panetti's claims. *Ex parte Panetti*, No. WR-37145-04, Order at 2. Panetti argued that he had put forth sufficient facts to establish by clear and convincing evidence, but for a violation of the United States Constitution, no rational juror would have answered in the State's favor one or more of the special issues that were submitted to the jury in the applicant's trial under Art.11.071, § 5(a)(3) of the Texas Code of Criminal Procedure. Now Panetti contends that this decision necessarily rests upon federal law. But Panetti failed to understand the lower court's order.

Prior to considering the merits of an applicant's claims, the CCA determines whether the applicant has satisfied his gateway burden under § 5(a). "[T]o avoid dismissal under § 5(a), a petitioner must satisfy *both* the state procedural requirement of § 5(a)(1) *and* the federal merits requirements of § 5(a)(2) or 5(a)(3)." *Rocha v. Thaler*, 626 F.3d 815, 833 (5th Cir. 2010); *Maldonado v. Thaler*, 389 F. App'x 399, 405 (5th Cir. 2010) (citing *Ex parte Campbell*, 226 S.W.3d 418, 421 (Tex. Crim. App. 2007)). The requirements of § 5(a) are applied sequentially: "[i]f an applicant fails to satisfy the unavailability requirement, the § 5(a)(1) inquiry is over, and no merits determination takes place." *Rocha*, 626 F.3d at 834.

Although the CCA did not specify in its order dismissing Panetti's subsequent state application which subsection of Art. 11.071, § 5(a) it applied, it is clear that the dismissal was premised on an adequate and independent state procedural ground because the court specified the decision occurred "without reviewing the merits of the claim." *Ex parte Panetti*, No. WR-37145-04, Order at 2. This is because the factual and legal bases of his claims were available to Panetti well before he filed his subsequent state application. *Rocha*, 626 F.3d at 839 ("A claim that a prisoner is actually innocent of the death penalty is legally distinct from a claim that a prisoner's trial counsel was constitutionally ineffective at sentencing. When the CCA rejects the former, it does not simultaneously decide the merits of the latter."); *Hughes v.*

Quarterman, 530 F.3d 336, 342 (5th Cir. 2008) (“The [CCA] did not need to consider or decide the merits of Hughes’s constitutional claims in reaching its decision to dismiss those claims as an abuse of the writ pursuant to Article 11.071, [§] 5. Furthermore, there is nothing in its perfunctory dismissal of the claims that suggests that it actually considered or ruled on the merits. Accordingly, its decision was independent of federal law for purposes of application of the procedural default doctrine.”). Thus, the CCA did not rule on Panetti’s *constitutional* claim that evolving standards of decency prevent the execution of the mentally ill. *Rocha*, 626 F.3d at 838 (“[A]bsent an express indication otherwise, the CCA assesses the merits of a successive state habeas application only if it first concludes that the factual or legal basis for the claim was unavailable.”).

Additionally, Panetti fails to show “cause,” as defined by *Murray v. Carrier*, 477 U.S. 478, 487 (1986), and *Engle v. Isaac*, 456 U.S. 107, 132-133 (1982), for not bringing his claims in his initial state habeas proceeding. This Court has held that “where a constitutional claim is so novel that its legal basis is not reasonably available to counsel, a defendant has cause for his failure to raise the claim in accordance with applicable state procedures.” *Reed v. Ross*, 468 U.S. 1, 16 (1984); *see also Poyner v. Murray*, 964 F.2d 1404, 1424 (4th Cir. 1992) (reasoning claim was available when “the legal tools, i.e., case law, necessary to conceive and argue the claim” were already in existence). Panetti’s

mental illness has been known to him since the time of trial. Additionally, his precise claim has been rejected by other courts repeatedly over the last ten years. *See infra*, p. 21 (collecting cases). The necessary case law—*Atkins* and *Simmons*—has been available for more a decade.

Because the lower court strictly applied state procedural law in dismissing Panetti’s successive petition as abusive, this Court should refrain from reviewing Panetti’s unexhausted and defaulted claim.

III. Panetti Is Not “Actually Innocent of the Death Penalty” Nor Should This Court Extend the Prohibition Against Execution to the Mentally Ill.

In 2002, this Court determined in *Atkins v. Virginia*, 536 U.S. 304 (2002), that the Eighth Amendment prohibited the execution of the mentally retarded. A few years later in *Roper v. Simmons*, 543 U.S. 551 (2005), the Court established another categorical exemption from execution for defendants who committed their capital offenses prior to turning eighteen years of age. Panetti now contends that two of the reasons for which the Court implemented these prohibitions — the lessened moral culpability of the defendants and “the evolving standards of decency that mark the progress of a maturing society” — dictate that the execution of the mentally ill should also be prohibited. Pet. at 26-40. Although acknowledging that he does not fall within either *Atkins* or *Simmons*, Panetti asserts that evolving standards of decency require the extension of *Atkins* and *Simmons* to individuals such as himself who suffer

from mental illnesses and whose illness relates to the commission of their crime. But every court to have examined this issue has rejected Panetti's assertion and Panetti has not one example of state legislation on this matter. More importantly, Panetti's broad definition of mental illness would undermine the sentences of a majority of the nation's death row inmates.¹

Panetti has not cited a single example where a court has found that the proscription against executing the mentally retarded has been extended to the greater category of mentally ill defendants. The CCA has previously declined to extend the federal constitution prohibition against the execution of those incompetent to be executed to the greater category of mentally ill defendants. *Mays v. State*, 318 S.W.3d 368,379-80 (Tex. Crim App. 2010). The Fifth Circuit has also consistently held that no such categorical prohibition exists. *See In re Neville*, 440 F.3d 220, 221 (5th Cir. 2006) (finding neither *Atkins* nor *Simmons*

¹ According to a recent study cited by popular media approximately 54% of death row offenders had severe mental illness. *See* Pete Earley, "Don't Execute the Purple Cowboy," USA Today (December 1, 2014), <http://www.usatoday.com/story/opinion/2014/11/30/execute-mentally-ill-purple-cowboy-texas-column/19537399/>

See also Simon McCormack, "'The Worst of the Worst' Aren't the Only Ones Who Get Executed," Huffingtonpost.com (July 25, 2014), http://www.huffingtonpost.com/2014/07/25/who-gets-executed-in-america_n_5613780.html (last updated July 28, 2014).

created a new rule prohibiting the execution of the mentally ill); *In re Woods*, 155 Fed. Appx. 132, 136 (5th Cir. 2005) (declining to grant a successive habeas petition to consider defendant's alleged mental illness because the new constitutional rule in *Atkins* does not cover mental illness); *ShisInday v. Quarterman*, 511 F.3d 514, 521-22 (5th Cir. 2007) (“[T]his circuit’s precedent precludes that argument, unless the petitioner contends he is insane and therefore incompetent to be executed”).

In addition, several state courts have expressly declined to extend the *Atkins* ruling to the mentally ill in published opinions. *See, e.g., Malone v. State*, 293 P.3d 198, 216 (Okla. 2013); *Johnston v. State*, 27 So.3d 11, 26–27 (Fla. 2010); *State v. Ketterer*, 111 Ohio St.3d 70, 855 N.E.2d 48 (2006); *Matheney v. State*, 833 N.E.2d 454 (Ind. 2005); *Hall v. Brannan*, 284 Ga. 716, 670 S.E.2d 87 (2008). Others have done so in unpublished opinions. *Coleman v. State*, No. W2007–02767–CCA–R3–PD, 2010 WL 118696 (Tenn. Crim. App. Jan.13, 2010) (not designated for publication); *Johnson v. Comm.*, No.2006–SC–000548–MR, 2008 WL 4270731 (Ky. Sept. 18, 2008) (not designated for publication).

Further, Panetti provides scant evidence to suggest that “evolving standards of decency” actually proscribe executing the mentally ill. As this Court noted in *Atkins*, “the clearest and most reliable objective evidence of contemporary values is the legislation enacted by the country’s legislatures.”

536 U.S. at 312 (quoting *Penry v. Lynaugh*, 492 U.S. 302, 331 (1989)). For example, in *Atkins* the Court could point to Congress as well as nineteen states that had passed legislation prohibiting the execution of the mentally retarded. *Id.* at 314-15. Yet Panetti points only to an unpublished study (which he has not produced) authored by a capital defense attorney to allege that there is a changing national consensus. Panetti's recitation of the study's conclusions fails to show a distinction between states which have changed to guilty but mentally insane verdict from the traditional not guilty by reason of insanity in view of the numbers of people not sentenced to death. Without the study, its underlying data, or any evidence that its conclusions are reproducible, it is impossible to credibly assert that there has been change in the national consensus. Indeed, it seems that if such a consensus existed there would be a least one legislative body to have made law in this regard.

Panetti also adds public opinion polls to bolster the weight of his argument. Pet. at 32-33. While this Court permitted their consideration in *Atkins*, Chief Justice Rehnquist dissented noting the inherent unreliability of such polls without information to conclude whether the polling was scientifically sound:

I write separately, however, to call attention to the defects in the Court's decision to place weight on foreign laws, the views of professional and religious organizations, and opinion polls in reaching its conclusion. See ante, at 2249-2250, n. 21. The Court's

suggestion that these sources are relevant to the constitutional question finds little support in our precedents and, in my view, is antithetical to considerations of federalism, which instruct that any “permanent prohibition upon all units of democratic government must [be apparent] in the operative acts (laws and the application of laws) that the people have approved.” *Stanford v. Kentucky*, 492 U.S. 361, 377, 109 S.Ct. 2969, 106 L.Ed.2d 306 (1989) (plurality opinion). The Court’s uncritical acceptance of the opinion poll data brought to our attention, moreover, warrants additional comment, because we lack sufficient information to conclude that the surveys were conducted in accordance with generally accepted scientific principles or are capable of supporting valid empirical inferences about the issue before us.

Atkins, 536 U.S. at 322 (C.J. Rehnquist dissenting).

Moreover, Justice Thurgood Marshall also noted the limitations of polling data:

While a public opinion poll obviously is of some assistance in indicating public acceptance or rejection of a specific penalty, its utility cannot be very great. This is because whether or not a punishment is cruel and unusual depends, not on whether its mere mention ‘shocks the conscience and sense of justice of the people,’ but on whether people who were fully informed as to the purposes of the penalty and its liabilities would find the penalty shocking, unjust, and unacceptable.

Furman v. Georgia, 408 U.S. 238, 361 (1972) (J. Marshall, concurring).

Polling is only as good as its methodology permits: poorly constructed questions, questionable sample sizes, and biased pollsters will all result in nonsensical results. Neither public policy nor constitutional law is suitably based on such untrustworthy foundations. Again, given the lack of legislative

or other support for Panetti's proposition of evolving standards of decency regarding the execution of the mentally ill, this Court should reject his dubious evidence of public opinion based on polls of unknown quality.

Importantly, Panetti's proposition fails to delineate a distinction clear in both *Simmons* and *Atkins* in forming a standard for which mentally ill offenders are deserving of the death penalty and which are not. In *Simmons* the line is clear and based on age. Offenders below the age of eighteen are ineligible for the death penalty. In *Atkins* the line is less obvious, but consideration of the crime and the extent of the offender's participation in that crime are factors permitted consideration, as well as objective measures such as psychological testing of IQ and adaptive functioning. Panetti's suggestion that any offender with a history of mental illness that has some tangential relationship to their crime would likely exempt most if not all of those currently on death row.

Panetti forgets that constitutional jurisprudence allows for many different ways to consider mental illness and culpability. An offender must be competent to stand trial, has the option to plead insanity, and must be competent to be executed;² all standards which Panetti could not meet. Indeed,

² Section 8.01 of the Texas Penal Code specifically prohibits the execution of those who at the time of their offense did not, because of severe mental illness, that their conduct was wrong, in that it does not allow that they be

the highly subjective nature of mental illness and the many varieties and degrees of severity are better suited to discrete factual inquiries like the ones listed rather than broad categorical prohibitions.

Finally, the unrestricted nature of the death penalty punishment phase under state law allow defendants to produce any evidence they wish, including evidence of mental illness. As the lower court noted in *Soliz v. State*, 432 S.W.3d 895, 904 (Tex. Crim. App. 2014), “the jurors weighed appellant’s evidence of brain damage and partial fetal-alcohol syndrome along with other relevant evidence and made a normative judgment that the evidence did not warrant a life sentence. . . . [t]his Court will not second-guess the jury’s determination.” Panetti’s latest attempt to have this Court trump the jury’s determination should be rejected.

Panetti’s assertions of an emerging national consensus are conveniently unburdened by evidence. He points to no legislation which has been enacted that prohibits the execution of the severely mentally ill. And Panetti also fails to cite to any court decision which finds that the execution of the severely mentally ill is a violation of the Constitution.

held accountable for the underlying offense at all. Article 46.05 of the Texas Code of Criminal Procedure prohibits the execution of the severely mentally ill if due to delusions, the prisoner does not have a factual as well a rational understanding of the causal retributive connection between his crime and his impending death by execution.

IV. Panetti's Claim of Severe Mental Illness is Not Persuasive.

Panetti asserts he has a long history of mental illness. Pet at 5-26. But Panetti omits any mention of his almost equally long history of malingering as well his history of drug use. Moreover, despite Panetti's complaints his condition has deteriorated since conviction, the record fails to support that contention. In short, Panetti's mental health condition has long been exaggerated to his benefit and he continues this long established pattern here.

As far back as the time of trial, Panetti claimed to have multiple personalities. *Panetti v. Quarterman*, 2008 U.S. Dist. LEXIS 107438, *29 (W.D. Tex. Mar. 26, 2008). Although common in popular culture, Dissociative Identity Disorder has been controversial in the medical community for some time.³ In fact, the district court specifically found that Panetti's mental health evaluator noted "It seems like Mr. Panetti may have wanted to impress me with how mentally disturbed he is, perhaps in an exaggerated way." *Panetti v. Quarterman*, 2008 U.S. Dist. LEXIS 107438 at *29 (citation omitted). After the trial court ordered further psychiatric evaluation, Panetti regaled the

³ Clyde Haberman, *Debate Persists Over Diagnosing Mental Health Disorders, Long After 'Sybil,'* New York Times (Nov. 23, 2014), http://www.nytimes.com/2014/11/24/us/debate-persists-over-diagnosing-mental-health-disorders-long-after-sybil.html?_r=1

Dissociative Identity Disorder (Multiple Personality Disorder), WebMD, <http://www.webmd.com/mental-health/dissociative-identity-disorder-multiple-personality-disorder> (last updated May 31, 2014).

evaluator with tales of his military adventures in Thailand and Cambodia, but as the evaluator noted Panetti's military record showed that he had never been overseas. This led the evaluator to state, "I still am of the impression that this man exhibits a personality disorder with narcissistic, impulsive, paranoid, and antisocial features . . . rather than the [diagnosis] of schizoaffective disorder." *Id.* at *30. Panetti's lawyers also moved to determine his competency to stand trial but a jury of his peers found him competent. *Id.* at 31. Further at trial, Panetti (representing himself) claimed he was not guilty by reason of insanity. Yet again, a jury rejected his claims mental illness as a legal defense to his crime. *Id.* at 32-33.

In December of 1995 while incarcerated, Panetti was referred to the Jester IV Crisis Management unit of the Texas Department of Corrections because he "appear[ed] to be delusional and verbalized auditory and visual hallucinations." *Id.* at *34. Yet, during his treatment, he was reportedly "very circumstantial and evasive . . . treatment team thinks this is looseness of thought association and part of it thinks that this is contrived evasiveness." *Id.*

In 2004, when Panetti first raised his competency to be executed claim, the state court entered an order appointing psychiatrist Dr. Mary Anderson and clinical psychologist Dr. George Parker to examine Panetti. On April 28, 2004, the appointed experts filed their joint report concluding Panetti was competent to be executed despite this alleged long history of mental illness. *Id.*

at 40. Panetti then had the first of two full adversarial hearings in federal district court where he was able to present numerous expert witnesses and yet the court nevertheless determined he was competent to be executed. *Id.* at *49.

Following the remand and the clarification of the “rational understanding” standard, Panetti had a second full adversarial hearing in federal district court. Panetti called Dr. Leslie Rosenstein, a board certified clinical neuropsychologist; Dr. David Self, a forensic psychiatrist; and Dr. Mary Alice Conroy, the forensic psychologist who evaluated Panetti in 2004. *Id.* at *50-58. In contrast, the State had only one expert testify as to Panetti’s competency to be executed but did call another expert to assess Panetti’s cooperation and possible malingering.

Dr. Tom Allen administered the Green’s Word Memory Test (WMT), which his report describes as the “gold standard” to assess cognitive malingering. *Id.* at *63-64. Dr. Allen reported that the results of the test indicated poor effort and his scores were not consistent with the cognitive disorganization expected with schizophrenia. In fact, Panetti’s scores were most similar to experimental groups of simulators and patients asked to fake impairment. *Id.* Dr. Allen opined the probability of malingering was high not only because of Panetti’s scores on the WMT but also because of the presence of alcohol and substance abuse in his medical history. Dr. Allen testified that cocaine and methamphetamine in particular may cause schizophrenic-like

states and can aggravate actual schizophrenia. He stated he had some concern over how much of Panetti's past behaviors claimed as schizophrenia were actually substance-abuse related, and noted violent behaviors are often triggered by substance abuse. In Dr. Allen's opinion, Panetti's medical records while incarcerated are particularly relevant because they were made at a time when Panetti was "presumably substance free." Those records note malingering concerns several times. *Id.* at *64.

As for Panetti's competency to be executed the State presented only the opinion of Dr. Alan Waldeman, a board certified psychiatrist and neurologist. Dr. Waldeman interviewed Panetti twice, on November 14, 2007 and November 15, 2007, for a total of approximately three and a half hours. Panetti initially refused to see Dr. Waldeman, but when told the doctor was under a court order to evaluate his competence to be executed, Panetti agreed to come to the interview room. Yet Panetti refused to address Dr. Waldeman by the correct name and refused to sign an informed consent form. *Id.* at *65.

Dr. Waldeman testified that Panetti cited biblical passages in order to avoid cooperation. Further, Dr. Waldeman disputed Panetti's diagnosis of schizophrenia. Specifically, he stated, "Unlike the disorganization seen in Schizophrenia where three or four words are spoken, then three or four more words that have nothing to do with the previous statement are spoken, Mr. Panetti makes complete coherent statements . . . then will follow it with

another complete coherent statement that may have nothing to do with the first statement . . . This is not the disorganization seen in Schizophrenia, this is Mr. Panetti attempting to imitate disorganization and avoid a process, which is virtually impossible to imitate.” *Id.* at *66. Indeed, Panetti made several statements to Dr. Waldeman indicative of a rational understanding of his situation. At the end of his first interview, Panetti stated “everyone knew I was insane during that kangaroo court.” *Id.* When Dr. Waldeman asked what he meant by “kangaroo court” Panetti responded “I was clearly insane but I chose to be my own attorney in trial because of the competency hearing.” *Id.* at *66-67. Dr. Waldeman also noted that Panetti’s presentation of schizophrenia has evolved over time. Specifically, in his initial presentation [between the murders and his trial] where he discusses being other people is akin to what television and movies confuse as Schizophrenia and Dissociative Identity Disorder. *Id.* at *68.

Finally, as the most persuasive evidence of Panetti’s understanding regarding his sentence of death, the State introduced hours of audio recordings of Panetti’s prison visits with friends and family. The federal district court notes that Panetti is never irrational, tangential, or pressured in his speech. *Id.* at *77. Panetti demonstrates “a fairly sophisticated understanding of his circumstances” including the possibility that he is aware he is on tape. *Id.*

In rejecting Panetti's claim of incompetency the federal court noted that "the gravamen of Panetti's argument is not that his mental illness has worsened or changed over time, but that he has been too insane to face the death penalty all along." *Id.* at 96-97. But the court held that the issues of Panetti's competence to stand trial and his insanity defense have been tried, appealed, reviewed in state and federal habeas proceedings, and conclusively put to rest. *Id.* at *97-98. Thus, the court considered the question before it and relying on the tapes of Panetti's conversations with his parents, concluded that "Panetti has a fairly sophisticated understanding of his case, up to and including the legal intricacies presented by *Ford* and the Supreme Court's remand opinion." *Id.* at *98. This evidence directly contradicts Panetti's claims that he is so mentally ill that he has diminished culpability such that he should be exempt from execution.

Moreover, the evidence of Panetti's condition has not markedly changed in the years since the federal court hearing as demonstrated by the affidavit of Dr. Joseph V. Penn. Resp. Exh. 1. Dr. Penn is the Director of Mental Health Services in the Correctional Managed Care division of University of Texas Medical Branch (UTMB) and has so been employed since January of 2008. Dr. Penn is board certified in both general and forensic psychiatry.

As noted by Dr. Penn who recently reviewed Panetti's medical records, Panetti is not on the mental health caseload because he does not have a current

or historical psychiatric or other mental health diagnosis. Resp. Exh. 1, Affidavit at 4. During a recent attempted mental health evaluation which Panetti refused:

neither licensed professional counselor noticed any signs, symptoms, oddities in speech, behaviors or hygiene, or other impairments in Mr. Panetti's activities of daily living that would have warranted a higher level of mental health care/treatment such as psychiatric admission/hospitalization or civil commitment.

Id. Affidavit at 2. The doctor further stated that there were no indications in the medical record or observation notes that Mr. Panetti was in imminent risk of harm to himself or others. *Id.* Affidavit at 2-3. Dr. Penn concludes that "Mr. Panetti may have had some baseline or chronic residual psychosis or alternatively over-valued religious beliefs all these years, but nothing severe enough to warrant treatment with medications." *Id.* Affidavit at 3.

Finally, a recent audio recording of a similar lucid and intelligent prison visit by Panetti with his family is attached as Resp. Exh. 2. (This exhibit was sent separately to the Court and will be included on disk with paper filings). This visit took place on November 4, 2014, and Panetti speaks about it being Election Day and discusses politics and carries on an extended normal conversation. At the very least, it is clear that Panetti is oriented to time and place, a fact which his lawyers clearly dispute. Yet again, Panetti's mental

status has at best been severely exaggerated by his counsel. But the evidence rebuts his assertions.

Panetti's assertion of severe mental illness are in doubt when compared to the multiple past findings on his sanity, competency to stand trial, and competency to be executed, as well as evidence submitted by the State. Panetti has never been found by a trier fact, on appellate review, or on collateral review, to be insane, incompetent to stand trial, nor incompetent to be executed. For these reasons, Panetti's case is an inappropriate one to create a new rule of law.

V. A Stay Of Execution Is Unwarranted.

There is no substance to Panetti's assertion that a stay of execution is warranted. To the extent he would argue that additional time is needed to muster evidentiary support rings hollow in light of his failure to have done so. Panetti has failed to demonstrate that reasonable jurists would debate the underlying issues, a court could resolve the issues in a different manner, or that the issues are worthy of encouragement. *Barefoot*, 463 U.S. at 893 n. 4.

CONCLUSION

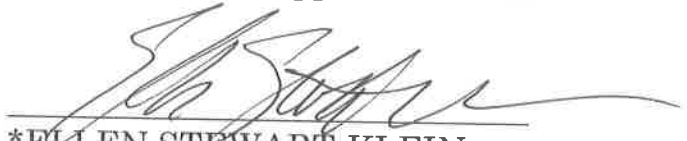
For the foregoing reasons, the Court should deny a petition for writ of habeas corpus and deny a stay of execution.

Respectfully submitted,

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First Assistant Attorney General

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Chief, Criminal Appeals Division



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ATTORNEYS FOR RESPONDENT

Exhibit 1

AFFIDAVIT OF JOSEPH V. PENN, M.D., C.C.H.P., F.A.P.A.

STATE OF TEXAS

§

COUNTY OF *Montgomery*

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§

Before me, the undersigned authority, on this day personally appeared Joseph V. Penn, M.D., C.C.H.P., F.A.P.A., known to me to be the person whose name is subscribed to the following instrument, and having been duly sworn, upon his oath deposes as follows:

“My name is Joseph V. Penn M.D., C.C.H.P., F.A.P.A. I am over twenty one years of age and fully competent to make this affidavit and able to testify herein. I am fully aware, cognizant and have personal knowledge of all the facts set forth herein. I am able to swear, and do hereby swear, that all of said facts and statements herein contained are true and correct. A copy of my *job description* and *curriculum vitae* are attached.

I am a physician licensed to practice medicine in the state of Texas. I am presently employed as the Director of Mental Health Services in the Correctional Managed Care (CMC) division of the University of Texas Medical Branch (UTMB). I have served in this role since February 2008. I am board certified in both general and forensic psychiatry. My UTMB CMC office was previously located in Huntsville from 2008-2013, but is now based in Conroe, Texas. I have been paid no additional compensation in this current matter other than my usual salary.

I have provided reports and testimony as an expert witness in the attached document titled, *Testimony, Joseph V. Penn M.D., C.C.H.P., F.A.P.A.* To the best of my

recollection, this is a complete list of the cases in which I have provided expert testimony, although I reserve the right to supplement, should my records require that I do so.

I am writing this affidavit at the request of the Texas Department of Criminal Justice ("TDCJ")-Office of General Counsel regarding Scott Panetti TDCJ# 999164, a death-row inmate currently assigned to the custody of the TDCJ at the Polunsky Unit, Livingston, Texas. I had no prior knowledge of Mr. Panetti. Upon learning of Mr. Panetti's counsel's concerns regarding his mental health evaluation, I took immediate steps to ensure that the mental health evaluation and treatment he was receiving was proper.

The medical record does not indicate why no mental health evaluation was conducted for Offender Scott Panetti after the November 21, 2013 cell-side interview. However, when reviewing the medical records, staff noted that the evaluation was not done and I requested that this offender undergo a recent mental health evaluation and also a separate psychiatric evaluation by a UTMB CMC senior board certified psychiatrist (board certified in both general and forensic psychiatry). On November 19, 2014, Mr. Panetti refused attempts to conduct a mental health evaluation by two different licensed master's level mental health professionals. Based on their observations during the attempted mental health evaluation, neither licensed professional counselor noticed any signs, symptoms, oddities in speech, behaviors or hygiene, or other impairments in Mr. Panetti's activities of daily living that would have warranted a higher level of mental health care/treatment such as psychiatric admission/hospitalization or civil commitment. There were no indications in the medical record or observation notes that Mr. Panetti was

in imminent risk of harm to himself or others. I have requested/confirmed that a subsequent psychiatric evaluation by a UTMB CMC psychiatrist will occur in the next few days. Both TDCJ correctional staff and UTMB CMC mental health, nursing, and other health care staff can make behavioral observations to determine if a higher level of care/treatment for Mr. Panetti (or any other TDCJ offender) is warranted.

Mr. Panetti was not prescribed antipsychotic medication. UTMB CMC implemented a statewide electronic medical record (EMR) in 2004. Records prior to February of 2004 are not available. Since February 25, 2004, when the EMR was initiated, the medical records reflect that none of the 14 UTMB CMC mental health staff who have met with Mr. Panetti in person and evaluated him have identified any clinical signs and symptoms indicating a psychiatric diagnosis or required the need for additional mental health or psychiatric treatment such as psychotropic medications. There is a noted allergy to Mellaril, Thorazine, and Haldol that has a first noticed date of 1995. From that I would gather that the patient reported the allergy upon entry into the system, and that it is not the result of a medication trial within TDCJ. From the mental health notes in the chart, it appears that he has always been described as hyper-religious, but that it did not appear to be affecting his daily functioning.

In my opinion based on the records in the EMR, Mr. Panetti may have had some baseline or chronic residual psychosis or alternatively over-valued religious beliefs all these years, but nothing severe enough to warrant treatment with medications. Because antipsychotic medications are associated with such significant side effects, there is always a risk to benefit ratio and alternatives analysis at play. If the patient's symptoms are not bothersome or dangerous, and are not affecting his daily functioning, then in my

professional opinion, I see no reason why he could not continue to be monitored off of medications. It should be noted that Mr. Panetti has not requested psychotropic medication treatment.

Review of Mr. Panetti's medical record further indicates the following:

- There are no active or inactive psychiatric diagnoses listed in the Problem Lists.
- In all of the notes, the only diagnosis listed was a V Code diagnosis, specifically, V71.09 which means no diagnosis.
- There are a couple of notes where staff did document that he talked about religion during the interview, but it was never seen as part of a mental illness.
- He has been seen by master's level qualified mental health professionals and doctoral level psychologists.
- He was seen on 90 day administrative segregation rounds on June 24, 2014, September 11, 2014 and October 9, 2014. The last date was conducted by Mr. Bertling with TDCJ Health Services, this is an additional health care audit and oversight role performed by TDCJ. A referral for additional mental health or psychiatric evaluation or treatment was never made.

Mr. Panetti is not on the mental health caseload. According to EMR records, he does not have a current or historical psychiatric or other mental health diagnosis in his Offender Patient Problem/Problem Lists.

Further affiant sayeth not."



JOSEPH V. PENN, M.D., C.C.H.P. F.A.P.A.

Director, Mental Health Services
UTMB Correctional Managed Care

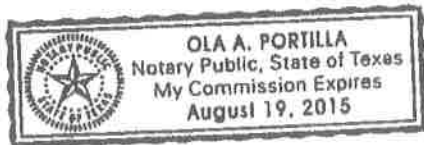
STATE OF TEXAS

COUNTY OF Montgomery

§
§
§

BEFORE ME on this day personally appeared Joseph V. Penn, M.D., C.C.H.P. F.A.P.A., known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 24th day of November, A.D. 2014.



Ola Portilla
Notary Public in and for the
State of Texas

September 16, 2014

CURRICULUM VITAE
JOSEPH V. PENN, MD CCHP FAPA

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Correctional Managed Care (CMC)
Mental Health Services
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Conroe, Texas 77304

Business Telephone: (936) 494-4183
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EDUCATION

Undergraduate 1987 B.S. in Biology
University of the Incarnate Word (formerly Incarnate Word
College), San Antonio, Texas
Honors: Alpha Chi, Academic All-American, Who's Who
in American Universities & Colleges, Graduated Summa
Cum Laude

Medical School 1992 M.D.
University of Texas Medical Branch, Galveston, Texas
Honors: Who's Who in American Colleges/Universities,
Junior Marshal

POSTGRADUATE EDUCATION

2014 Management Certificate
Physician Leadership Academy
University of Houston Clear Lake &
University of Texas Medical Branch, Galveston, Texas

POSTGRADUATE TRAINING

Residency 1992-1996 General Psychiatry
1995-1996 Chief Resident
Department of Psychiatry and Human Behavior,
Brown University, Providence, Rhode Island

Residency 1996-1998 Child and Adolescent Psychiatry
Department of Psychiatry and Human Behavior,
Brown University, Providence, Rhode Island

2013 Re-Certification, Forensic Psychiatry, American Board of Psychiatry & Neurology # 1438

ACADEMIC APPOINTMENTS

1995-1996 Assistant Instructor in Psychiatry
1998-2007 Clinical Assistant Professor of Psychiatry, Department of Psychiatry and Human Behavior, Brown University School of Medicine, Providence, Rhode Island
2007-2012 Clinical Associate Professor of Psychiatry, Department of Psychiatry and Human Behavior, Warren Alpert Medical School of Brown University, Providence, Rhode Island
2009-2013 Clinical Associate Professor of Psychiatry, Department of Psychiatry and Behavioral Sciences, UTMB Medical School, Galveston, Texas
2014- Clinical Professor of Psychiatry, Department of Psychiatry and Behavioral Sciences, UTMB Medical School, Galveston, Texas

HOSPITAL APPOINTMENTS

1994-1997 Psychiatric House Officer, Landmark Medical Center, Woonsocket, RI
1994-1998 Psychiatric House Officer, St. Joseph Center for Psychiatric Services, Providence, RI
1999-2008 Medical Staff, Rhode Island Hospital, Providence, RI
1999-2008 Medical Staff, Emma Pendleton Bradley Hospital, East Providence, RI
1999-2008 Director, Child and Adolescent Forensic Psychiatry, Rhode Island Hospital, Providence, RI
2008- Director, Mental Health Services, University of Texas Medical Branch (UTMB), Correctional Managed Care (CMC), Huntsville, Texas

OTHER APPOINTMENTS

1995- Reviewer, Hospital Physician
1996 Reviewer, Academic Psychiatry
1996 Reviewer, Journal of Nervous and Mental Disease
1997 Reviewer, Journal of Clinical Psychiatry
1997 Staff Psychiatrist, Kent County Mental Health Center, Warwick, RI
1998-2001 Consultant, New Haven State's Attorney Office, New Haven, CT
1998-2000 Consultant, Capital Defense and Trial Services Unit, Office of the Chief Public Defender, Hartford, CT
1998-2001 Consultant, Office of the Public Defender, Bridgeport, CT
1998-1999 Psychiatrist, New Haven Court Clinic, New Haven, CT
1998-1999 Consultant, Disabilities Clinic, Yale Law School, New Haven, CT
1998-1999 Psychiatric Expert Witness, Trial Practice Course, Yale Law School, New Haven, CT
1998-1999 Consultant, Special Populations Unit, CT Department of Mental Health and Addictions Services, Hartford, CT
1998-1999 Genesis Group Co-leader and Individual Therapist, Whiting Forensic Institute, Middletown, CT
1998-1999 Child Custody and Placement Clinic, Yale Child Study Center, New Haven, CT

Joseph V. Penn, MD CCHP FAPA Curriculum Vitae

1998-2001 Consultant, Superior Court, Juvenile Matters, Stamford, CT
1999 Consultant, Psychiatric Security Review Board, Middletown, CT
1999 Consultant, United States Department of State, Washington, DC
1999-2001 Staff Child Psychiatrist, The Family Health Center at SSTAR Program, Fall River, MA
1999-2008 Director of Psychiatric Services, Rhode Island Training School, Cranston, RI
1999-2008 Consultant, Rhode Island Family Court
1999-2008 Consultant, Rhode Island Department of Children, Youth, and Families
1999-2008 Consultant, RI Department of Disability Determination Services, Providence, RI
1999-2000 Consultant, Providence Police Department, Kid's INC. Program, Providence, RI
1999-2001 Consultant, Office of the Attorney General, Providence, RI
2000-2001 Consultant, Superior Court, Juvenile Matters, Hartford, CT
2000-2001 Consultant, United States Attorney, District of Rhode Island, Providence, RI
2001 Consultant, Butler Hospital, Providence, RI
2001 Consultant, Northwest Special Education Region, Scituate, RI
2001 Consultant, Qualidigm, Middletown, CT
2001-2003 Consultant, Town of Narragansett, Narragansett, RI
2001-2002 Consultant, Office of the Public Defender, Enfield, CT
2001-2002 Consultant, Medical Consultants Network, Seattle, WA
2001-2002 Advisory Board, HELP Mental Health and Wellness Initiative, Providence, RI
2002 Consultant, Yarmouth Police Department, Yarmouth, MA
2002-2003 Consultant, Office of the Mental Health Advocate, Cranston, RI
2002 Consultant, Commonwealth of Massachusetts, Committee for Public Council, Boston, MA
2002- Editorial Board, Hospital Physician
2002- Reviewer, Journal of Correctional Health Care
2003- Consultant, Bradley Hospital, East Providence, RI
2003- Representative, American Academy of Child & Adolescent Psychiatry to the National Commission on Correctional Health Care, Chicago, Illinois
2003- Board of Directors, National Commission on Correctional Health Care, Chicago, Illinois
2003 Advisory Panel, ADHD in Correctional Institutions, National Commission on Correctional Health Care, Chicago, Illinois
2004 Consultant, Town of West Warwick, RI, Pension Board
2004 Consultant, Rhode Island Department of Corrections
2004 Reviewer, Journal of the American Medical Women's Association
2004- Editorial Board, Psychiatry
2005 Consultant, Florida Department of Juvenile Justice
2005-2008 Consultant, Office of the Public Defender, Providence, RI
2005 Consultant, Bradley School, Portsmouth, RI
2005-2006 Consultant, Office of the Attorney General, Hartford, CT
2006-2007 Consultant, Phoenix House, New York, NY
2006- Editorial Board, Correctional Health Report
2006-2008 Consultant, Physicians and Lawyers for National Drug Policy
2006-2008 Board of Directors, Academy of Correctional Health Care Professionals
2007-2009 Consultant, Town of East Providence, RI, Police Department
2007-2009 Technical Assistance Project Consultant, National Commission on Correctional Health Care, Various Correctional Facilities, Valhalla, New York

Joseph V. Penn, MD CCHP FAPA Curriculum Vitae

- 2007-2010 Chair (Chair-Elect, Chair, Immediate Past), Board of Directors, National Commission on Correctional Health Care, Chicago, Illinois
- 2008 Consultant, National Institute of Mental Health (NIMH), Bethesda, MD
- 2009 Consultant, Kansas Department of Juvenile Corrections
- 2009 Consultant, Philadelphia Department of Behavioral Health and Mental Retardation Services
- 2009 Reviewer, Ambulatory Pediatrics
- 2009- Board of Directors, Society of Correctional Physicians (SCP)
- 2011- Editorial Board, Journal of Correctional Health Care
- 2011 Technical Assistance Project Consultant, U.S. Department of Justice, National Institute of Corrections (NIC)
- 2011 Consultant, Rhode Island Department of Corrections
- 2011- Consultant, Agency for Health Research and Quality's (AHRQ) Effective Health Care (EHC) Program
- 2011 Consultant, Office of the Attorney General, Providence, Rhode Island
- 2011 Consultant, Vermont Department of Corrections
- 2012 Technical Assistance Project Consultant, National Commission on Correctional Health Care, Idaho Department of Corrections
- 2012 Consultant, National Commission on Correctional Health Care, US Immigration and Customs Enforcement (ICE) San Diego Contract Detention Facility, San Diego, California
- 2012 Surveyor, National Commission on Correctional Health Care, Orleans Parish Criminal Sheriff's Office, New Orleans, Louisiana
- 2012 Surveyor, National Commission on Correctional Health Care, Hudson County Correctional Center, Kearny, New Jersey
- 2012 Reviewer, Academic Pediatrics
- 2012-2013 Consultant, Office of the Attorney General, Providence, Rhode Island
- 2013- Consultant, Polk County Juvenile Detention Center/Polk County Jail, Bartow, Florida
- 2013-2016 Member, Council on Psychiatry and Law, American Psychiatric Association, Arlington, Virginia
- 2013 Surveyor, National Commission on Correctional Health Care, Harris County Jail, Houston, Texas
- 2013 Surveyor, National Commission on Correctional Health Care, Rio Grande Detention Center, Laredo, Texas
- 2013- Consultant, Juvenile Justice Commission (JJC) State of New Jersey, and the University of Medicine and Dentistry of New Jersey (UMDNJ)-University Behavioral HealthCare/University Correctional HealthCare, Trenton, New Jersey
- 2013- Reviewer, Suicide and Life-Threatening Behavior
- 2013- Consultant, Division of Health Services, Arizona Department of Corrections, Phoenix, Arizona
- 2013 Surveyor, National Commission on Correctional Health Care, El Paso Service Processing Center, El Paso, Texas
- 2013-2014 Consultant to Special Master, *Coleman v. Brown, Governor of California, et al.*, United States Court of Appeals, Ninth Circuit, Pasadena, California.

ADDITIONAL INFORMATION

- 2007-2011 Contributor and Consultant to the American Academy of Child and Adolescent Psychiatry (AACAP) Work Group on Quality Issues. Practice Parameter for Child and Adolescent Forensic Evaluations. J Am Acad Child Adolesc Psychiatry 2011; 50:1299-1312.

HOSPITAL COMMITTEES

- 1994-96 Pharmacy and Therapeutics Committee, Butler Hospital, Providence, RI
1995-96 Outpatient Specialty Program Directors Group, Butler Hospital, Providence, RI

UNIVERSITY COMMITTEES

- Brown University Department of Psychiatry and Human Behavior
1992-96 Policy Committee, Residency Training Program
1992-96 Selection Committee, Residency Training Program
1994 Residency Recruitment Coordination Committee
1994-96 SDDS/Primary Care Psychiatry Research Committee
1994 Search Committee, Director of General Psychiatry Residency Training Program
1998 Selection Committee, Child and Adolescent Psychiatry Residency Program

Brown University School of Medicine

- 2000-2002 Search Committee, Department of Pediatrics
2003-2007 Search Committee, Post-Doctoral Training Program in Juvenile Forensic Psychology

University of Texas Medical Branch Correctional Managed Care

- 2008- Continuing Medical Education (CME) Committee
2008-2010 County Jail Pharmacy and Therapeutics Committee
2008- Mental Health Services Policy Committee
2008- Quality Council
2008- Mental Health Inpatient Leadership Group (Chair)
2009-2011 Medical Executive Committee (Chair)
2009- Executive Council

NATIONAL COMMITTEES

Academy of Correctional Health Care Professionals

- 2003-2004 Education Committee
2005-2008 Membership Committee
2006-2008 Board of Directors
2007-2008 Education Committee

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American Academy of Child and Adolescent Psychiatry

- 1997-2000 Television and the Media Committee
- 1999- Rights and Legal Matters Committee
- 1999-2002 Task Force on Juvenile Justice Reform
- 2002-2006 Committee on Juvenile Justice Reform

American Board of Psychiatry and Neurology

- 1998- 2001 Psychiatry Re-Certification Committee
- 2001- 2004 Re-appointed, Psychiatry Re-Certification Committee
- 2001- 2006 Examiner, Part II General Psychiatry Examination Committee
- 2002- 2006 Examiner, Child and Adolescent Psychiatry Examination Committee
- 2007- 2014 Forensic Psychiatry Examination Committee

American Academy of Psychiatry and the Law

- 1998- Rapoport Fellowship Committee
- 2006- Suicidology Committee
- 2010-12 Institutional and Correctional Psychiatry
- 2011- (Chair) Suicidology Committee

American College of Psychiatrists

- 2014-2017 Committee on the Education Award

American Correctional Association

- 2013- Health Care Committee
- 2013- Mental Health Committee

American Psychiatric Association

- 2012-2014 Workgroup on Persons with Mental Illness in the Criminal Justice System
- 2014- Workgroup on Mental Illness and Criminal Justice

Association for Academic Psychiatry

- 2003-2004 Program Committee

Coalition for Juvenile Justice

- 2001-2002 Membership Committee

National Commission on Correctional Health Care

- 2003- Juvenile Health Committee
- 2003-2004 Standards Revision Task Force, Standards for Health Services in Juvenile Detention and Confinement Facilities
- 2005 Program Committee
- 2005 (Chair) Clinical Guidelines Monitoring Subcommittee
- 2006-2007 (Vice-Chair) Clinical Guidelines Monitoring Subcommittee
- 2006-2010 Executive Committee, Member At-Large
- 2007-2008 (Chair) Juvenile Health Committee
- 2007-2008 Clinical Guidelines Monitoring Subcommittee
- 2008-2010 Finance Committee

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- 2011-2014 (Chair) Juvenile Health Committee
- 2011- Executive Committee
- 2011- Accreditation Committee
- 2012-2014 (Vice Chair) Accreditation Committee
- 2013 Standards Revision Task Force, Standards for Health Services in Jails and Prisons
- 2014- (Chair) Accreditation Committee
- 2014- Certified Correctional Health Professional-Mental Health (CCHP-MH) Committee
- 2014- Mental Health Standards Revision Task Force, Standards for Mental Health Services in Correctional Facilities

STATE AND LOCAL COMMITTEES

Rhode Island Psychiatric Society

- 1995-1996 Executive Committee
- 2006-2008 (Chair) Public Affairs Committee

Rhode Island Training School

- 2000-2001 Health, Mental Health, and Suicide Prevention Work Group
- 2002 Resocialization Steering Committee
- 2003-2008 Pharmacy and Therapeutics Committee
- 2004-2008 Risk Management Committee
- 2004-2008 Suicide Prevention Work Group

Rhode Island Department of Children, Youth, and Families

- 2003 Article 23 Committee and Subcommittee
- 2004 Psychotropic Medications and Chemical Restraints

Rhode Island Department of Health

- 2006-2008 Suicide Prevention Subcommittee

Texas Department of Criminal Justice

- 2008- Correctional Managed Care Pharmacy and Therapeutics Committee
- 2008- Psychiatry Subcommittee
- 2008-2009 Drug Withdrawal/Benzodiazepine Discontinuation Subcommittee
- 2008- Joint Suicide Prevention Operational Workgroup
- 2008- Joint Mental Health Committee
- 2008- Suicide Prevention Working Group
- 2008- System Leadership Council
- 2009-2011 Joint Mental Health Committee (Chair)
- 2012- Joint Gender Identity Disorder Committee
- 2012- Integrated Mental Health Procedure Committee

Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

- 2009- Advisory Committee

Texas Juvenile Justice Department (formerly known as the Texas Youth Commission)

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2008- Youth Health Services Leadership Council
2008- Youth Services Pharmacy and Therapeutics Committee
2008- Mental Health Subcommittee
2008- Psychiatry Subcommittee

Texas Society of Psychiatric Physicians

2009- Government Affairs Committee
2009-2012 Public Mental Health Services Committee
2009- Strategic Planning and Coordinating Committee
2012-2013 (Vice-Chair) Forensic Psychiatry Committee
2013- Continuing Medical Education Committee
2013- (Chair) Forensic Psychiatry Committee
2013- Executive Council

MEMBERSHIP IN SOCIETIES

1987-99 American Medical Association
2002-2003 American Medical Association
1992- Theta Kappa Psi Medical Fraternity Alumni
1992- American Psychiatric Association
1993-2008 Rhode Island Psychiatric Society
1995- American Academy of Child and Adolescent Psychiatry
1996-2004 Association for Academic Psychiatry
1996-98 Rhode Island Medical Society
1997-98 American Association of General Hospital Psychiatrists
1997-98 Brown University Housestaff Association
1999-2008 Rhode Island Council of Child and Adolescent Psychiatry
1997- American Academy of Psychiatry and the Law
1998-99 Connecticut Psychiatric Society
2002- Academy of Correctional Health Professionals
2008- Texas Society of Psychiatric Physicians
2008- Texas Society of Child and Adolescent Psychiatry
2009- American College of Psychiatrists
2011- American College of Physician Executives

PUBLICATIONS

1. Jenkins M, Malloy P, Cohen R, Salloway S, Neepner R, **Penn JV**, Chang K. Attentional and Learning Dysfunction Among Adults with History of Childhood ADHD Journal of the International Neuropsychological Society 1996;2:209.

2. **Penn JV**, Boland RJ, McCartney JR, Kohn R, Mulvey T. Recognition and Treatment of Depressive Disorders by Internal Medicine Residents and Attendings General Hospital Psychiatry 1997;19:179-184.

3. Jenkins M, Cohen R, Malloy P, Salloway S, Gillard E, **Penn JV**, Marcotte A. Neuropsychological Measures which Discriminate Among Adults with Residual Attention Deficit Disorder and Other Attentional Complaints Clin Neuropsychologist 1998;12:74-83.
4. **Penn JV**, Esposito CL, Schaeffer LE, Fritz GK, Spirito A. Suicide Attempts and Self-Mutilative Behavior in a Juvenile Correctional Facility J Am Acad Child Adolesc Psychiatry 2003; 7:762-769.
5. Zonfrillo MR, **Penn JV**, Leonard HL. Pediatric Psychotropic Polypharmacy. Psychiatry 2005 2005; 8:14-19.
6. Stein, LAR, Lebeau-Craven, R, Martin R, Colby SM, Barnett, NP, Golembeske, C, **Penn, JV**. Use of the Adolescent SASSI in a Juvenile Correctional Setting. Assessment 2005, 12:384-394.
7. **Penn JV**, Thomas CR. AACAP Work Group on Quality Issues. Practice Parameter for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities. J Am Acad Child Adolesc Psychiatry 2005; 10:1085-1098.
8. **Penn JV**, Esposito CL, Stein LAR, Lacher-Katz M, Spirito A. Juvenile Correctional Workers' Perceptions of Suicide Risk Factors and Mental Health Issues of Incarcerated Juveniles. J Correctional Health Care 2006; Volume 11, Issue 4: 333-346.
9. Cascade EF, Kalali AH, **Penn JV**, Feifel D. Recent Changes in Prescriptions for Antipsychotics in Children and Adolescents. Psychiatry (Edgmont). 2006 Volume 3, Issue 9:18-20.
10. Esposito-Smythers CL, **Penn JV**, Stein LAR, Lacher-Katz M, Spirito A. A Test of Problem Behavior and Self-Medication Theories in Incarcerated Adolescent Males. J Child Adol Substance Abuse 2008; Volume 17, Issue 4: 41-56.
11. Baillargeon J, Binswanger IA, **Penn JV**, Williams BA, Murray OJ. Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door. The American Journal of Psychiatry 2009; Volume 166, Issue 1:103-109.
12. Baillargeon J, **Penn JV**, Thomas CR, Temple JR, Baillargeon G, Murray OJ. Suicide in America's Largest Prison System. Journal of the American Academy of Psychiatry and the Law 2009; Volume 37, Number 2: 188-193.
13. Garvey KA, **Penn JV**, Campbell AL, Esposito-Smythers CL, Spirito A. Contracting For Safety with Patients: Clinical Practice and Forensic Implications. Journal of the American Academy of Psychiatry and the Law 2009; Volume 37, Number 3: 363-370.
14. Ochoa KC, Pleasants GL, **Penn JV**, Stone DC. Disparities in Justice and Care: Persons With Severe Mental Illnesses in the U.S. Immigration Detention System. Journal of the American Academy of Psychiatry and the Law 2010; Volume 38, Number 3: 392-399.

15. Baillargeon J, Hoge SK, **Penn JV**. Addressing the Challenge of Community Reentry among Released Inmates with Serious Mental Illness. American Journal of Community Psychology 2010; Volume 46, Number 3-4: 361-375.
16. Baillargeon J, **Penn JV**, Knight K, Harzke AJ, Baillargeon G, Becker EA. Risk of Reincarceration among Prisoners with Co-occurring Severe Mental Illness and Substance Use Disorders. Adm Policy Ment Health 2010; Volume 37, Number 4:367-74.
17. Harzke, AJ, Baillargeon J, Baillargeon G, Henry J, Olvera R, Torrealday O., **Penn, JV**, Parikh, R. Prevalence of Psychiatric Disorders in the Texas Juvenile Correctional System. Journal of Correctional Health Care 2012; Volume 18, Number 2: 143-157.
18. Harzke AJ, Baillargeon J, Baillargeon G, Olvera R, Torrealday O, **Penn JV**, Parikh R. Co-occurrence of Substance Use Disorders with Other Psychiatric Disorders in the Texas Juvenile Correctional system. International Journal of Prisoner Health [In Press].
19. Hilliard WT, Barloon L, Farley P, **Penn JV**, Koranek A. Bupropion Diversion and Misuse in the Correctional Facility. Journal of Correctional Health Care 2013; Volume 19, Number 3: 211-217.
20. McKee J, **Penn JV**, Koranek A. Psychoactive Medication Use and Misadventuring Issues in Correctional Healthcare – What all Clinicians Should Know. Journal of Correctional Health Care [In Press].
21. Trestman, RL (Chair), **Penn JV**, et al. Psychiatric Services in Correctional Facilities: A Work Group Report of the American Psychiatric Association [In Press].

OTHER PEER-REVIEWED PUBLICATIONS

1. Chang K, Neepser R, Jenkins M, **Penn JV**, Bollivar L, Israeli L, Malloy P, Salloway SP. Clinical Profile of Patients Referred for Evaluation of Adult Attention-Deficit Hyperactivity Disorder (Abstract) Journal of Neuropsychiatry and Clinical Neurosciences 1995;7:400-1.
2. **Penn JV**, Salloway SP. Development of Multiple Sclerosis in a Patient with Attention-Deficit Hyperactivity Disorder (Abstract) Journal of Neuropsychiatry and Clinical Neurosciences 1995;7:406-7.
3. **Penn JV**, Child and Adolescent Forensic Psychiatry, Medicine and Health Rhode Island 2005;9:310-317.

OTHER NON-PEER REVIEWED PUBLICATIONS

1. **Penn JV**, Martini J, Radka D. Weight Gain Associated with Risperidone (Letter to Editor) Journal of Clinical Psychopharmacology 1996;16:259-260.

2. **Penn JV**, Leonard HL, March J: OCD in Children and Adolescents. In M.T. Pato, G Steketee (eds.), OCD Across the Life Cycle, Annual Review of Psychiatry, Volume 16. Washington, DC: American Psychiatric Press, 1997, pp 7-53
3. **Penn JV**, Hagino O: Child and Adolescent Psychiatry. In R.J. Goldberg, Practical Guide to the Care of the Psychiatric Patient, 2nd Edition. St. Louis: Mosby, 1998, pp 340-374
4. **Penn, JV**, Casoli-Reardon M. Antisocial and Violent Youth (Book Review) Shamsie Lugus et al., Journal of the American Academy of Child and Adolescent Psychiatry 2001;12:1483-1484
5. **Penn, JV**, Casoli-Reardon M. Antisocial and Violent Youth (Book Review) Shamsie Lugus et al., Journal of Developmental and Behavioral Pediatrics 2001; 22: 258-259
6. **Penn JV**. Attention-Deficit/Hyperactivity Disorder: Review Questions. Hospital Physician 2001; 6:27-28
7. **Penn JV**. Quick to Cry? Parenting 2001; 4:185
8. **Penn JV**, Leonard HL: Diagnosis and Treatment of Obsessive-Compulsive Disorder in Children and Adolescents. In M.T. Pato, J. Zohar (eds.), Current Treatments of Obsessive-Compulsive Disorder, 2nd Edition. Washington, DC: American Psychiatric Press, 2001, pp. 109-132
9. **Penn JV**. Justice for Youth? A History of the Juvenile and Family Court. The Brown University Child and Adolescent Behavior Letter 2001; 9:1-4
10. **Penn JV**. Child and Adolescent Depression: Review Questions. Hospital Physician 2002; 1:39-40
11. Thomas CR, **Penn JV**: Juvenile Justice Mental Health Services, In Child and Adolescent Psychiatric Clinics of North America. Edited by Haller L. Philadelphia: WB Saunders, 2002, pp 731-748
12. **Penn JV**: Use of Psychotropic Medications with Incarcerated Youth. Standards for Health Services in Juvenile Detention and Confinement Facilities National Commission on Correctional Health Care, 2004, 263-265
13. Carlsen AB, **Penn JV** Kids Who Commit Adult Crimes: Serious Criminality by Juvenile Offenders (Book Review) Flowers RB, Journal of Developmental & Behavioral Pediatrics 2005; 26:390-391
14. Kraus LJ, **Penn JV**: Standards for Juvenile Detention and Confinement Facilities. In Recommendations for Juvenile Justice Reform. (Monograph) 2nd Edition. American Academy of Child and Adolescent Psychiatry Committee on Juvenile Justice Reform, 2005, p.40-47.

15. Masters KJ, **Penn JV**: Seclusion and Restraint: Juvenile Justice Plus Restrictive Interventions Equals Fragmentation. AACAP News, 2005, p. 164, 172
16. **Penn JV**: Safe Use of Psychotropic Medications with Confined Youth. Correct Care, 2005, Volume 19, Issue 2, p. 12
17. Murakami S, Rappaport N, **Penn JV**: An Overview of Juveniles and School Violence. In Psychiatric Clinics of North America. Edited by Scott C. Philadelphia: Elsevier, 2006, pp. 725-741.
18. **Penn JV**: Expert Commentary: Antipsychotic Use Among Children and Adolescents. Psychiatry 2006. 2006; 9:19.
19. **Penn JV**: Child and Adolescent Psychiatry. In R.J. Goldberg, Practical Guide to the Care of the Psychiatric Patient, 3rd Edition. Elsevier: Philadelphia, PA, 2007, pp 389-441.
20. Romero L, **Penn JV**. Ethical Issues of Youthful Offenders: Confidentiality, Right to and Right to Refuse Treatment, Seclusion and Restraint. In C. Kessler and L. Kraus, The Mental Health Needs of Young Offenders, Cambridge University Press, Cambridge, UK, 2007, pp.401-422.
21. **Penn JV**, Thomas CR. Mental Health Care in Juvenile Detention Facilities: A Review (Letter to Editor) Journal of the American Academy of Psychiatry and the Law. 2006; 34:570-571.
22. Faille L, Clair M, **Penn JV**. Special Risk Management Issues in Child and Adolescent Psychiatry. Psychiatric Times. 2007; 7:64-67.
23. **Penn JV**. Invited Editorial: "Psychotropic Medications in Incarcerated Juveniles: Over versus Under-Prescribed?" Arch Pediatr Adolesc Med. 2008 Mar;162(3):281-3
24. Baillargeon J, Paar DP, **Penn JV** Psychiatric Disorders and HIV/Hepatitis Coinfection CorrDocs. Volume 11, Issue 3: 12.
25. Baillargeon J, **Penn JV**, (Letter to Editor) The American Journal of Psychiatry 2009; 166:490.
26. **Penn JV**. Suicide Prevention Strategies for Juveniles in Correctional Settings. In Condotta Suicidaria: Un'analisi Nel Sistema Degli Istituti Penali Minorili (Suicide Behavior: An Analysis of the Juvenile Justice/Correctional System). Numeri Pensati: Gangemi Editore, Rome, Italy, 2010, pp 66-76.
27. Clair M, Faille L, **Penn JV**. Prevention and Treatment of Violent Offending/Offenders. In Ferguson CJ, Violent Crime: Clinical and Social Implications, Sage Publications, Thousand Oaks, CA, (in press).

28. **Penn JV.** Standards and Accreditation for Jails, Prisons, and Juvenile Facilities, In Oxford Textbook of Correctional Psychiatry. Edited by Trestman R, Appelbaum K, and Metzner J. Oxford University Press, New York, NY (in press)
29. McGlasson T, Champion MK, **Penn JV.** In Oxford Textbook of Geriatric Forensic Psychiatry. Edited by Holzer J, Kohn R, Recupero P, and Ellison, J. Oxford University Press, New York, NY (final edits)

ABSTRACTS

1. Penn JV, Phillips KA. (1995). Body Dysmorphic Disorder and Social Phobia, Young Investigator's Poster Session, American Psychiatric Association Annual Meeting, Miami, Florida.
2. Penn JV, Boland RJ, McCartney JR. (1995). Recognition and Treatment of Depressive Disorders Among Internists, Young Investigator's Poster Session, American Psychiatric Association Annual Meeting. Miami, Florida.
3. Penn JV, Salloway SP. (1995). Development of Multiple Sclerosis in a Patient with Attention-Deficit Hyperactivity Disorder, Poster Session, American Neuropsychiatric Association Annual Meeting. Pittsburgh, Pennsylvania.
4. Chang K, Neeper R, Jenkins M, Penn JV, Bollivar L, Israeli L, Malloy P, Salloway SP. (1995). Clinical Profile of Patients Referred for Evaluation of Adult Attention-Deficit Hyperactivity Disorder, Poster Session, American Neuropsychiatric Association Annual Meeting. Pittsburgh, Pennsylvania.
5. Penn JV, Zimmerman M, Mattia J. (1996). Screening for Psychiatric Disorders in Medical Outpatients: A Patient Acceptance Study, Young Investigator's Poster Session, American Psychiatric Association Annual Meeting. New York, New York.
6. Jenkins M, Malloy P, Cohen R, Salloway SP, Neeper R, Penn JV, Chang K. (1996). Attentional and Learning Dysfunction among Adults with History of Childhood ADHD, Poster Session, International Neuropsychological Society Annual Mid-Year Meeting. Veldhoven, The Netherlands.
7. Penn JV, Boland RJ, McCartney JR. (1996). Recognition and Treatment of Depressive Disorders by Internal Medicine Attendings and Housestaff, Annual Chester M. Pierce, M.D., Sc.D., Resident and Medical Student Research Symposium, National Medical Association 101st Scientific Assembly, Chicago, Illinois.
8. Penn JV, Boland RJ, McCartney JR. (1996). Recognition and Treatment of Depressive Disorders by Internal Medicine Attendings and Housestaff, Poster Session, Annual Lifespan Hospitals Research Celebration, Providence, Rhode Island.

9. Penn JV, Holden P, Hendren RL. (1997). Can You Teach Child and Adolescent Psychopharmacology from Somebody Else's Lecture Notes? Workshop Presentation and Poster Session, Annual Meeting Association for Academic Psychiatry, Albuquerque, New Mexico.
10. Leonard HL, Penn JV, March J. (1997). OCD in Children and Adolescents, Review of Psychiatry, Obsessive-Compulsive Disorder Across the Life Cycle, American Psychiatric Association Annual Meeting. San Diego, California.
11. Penn JV, Esposito C, Spirito A. (2001). Incidence of Suicide Attempts and Self-Injurious Behavior in a Juvenile Correctional Facility, Poster Session, American Academy of Child and Adolescent Psychiatry Annual Meeting. Honolulu, Hawaii.
12. Penn JV, Esposito CL, Stein LAR, Lacher-Katz M, Spirito A. (2003) Juvenile Correctional Workers' Perceptions of Suicide Risk Factors and Mental Health Issues of Incarcerated Juveniles, Poster Session, American Academy of Psychiatry and the Law Annual Meeting, San Antonio, Texas.
13. Penn JV. (2005) AACAP Practice Parameter for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities, Symposium, Emerging Frontier of Psychiatry: Juvenile Justice, American Psychiatric Association Annual Meeting, Atlanta, Georgia.
14. Penn JV. (2005) Surviving the Challenges of Juvenile Corrections: Suicide Prevention Strategies, Symposium, Juvenile Justice and Mental Health, International Academy of Law and Mental Health, International Congress on Law and Mental Health, Paris, France.
15. Merideth P, Janofsky J, Penn JV, Phillips RTM, Recupero P. (2005) Difficult Case? Consult Your Colleagues, Workshop, American Academy of Psychiatry and the Law Annual Meeting, Montreal, Canada.
16. Chen JT, Hunt J, Penn JV, Spirito A. (2006) Psychiatric Differences Among Adolescents in a Psychiatric Hospital Versus a Juvenile Correctional Facility, Poster Session, American Psychiatric Association, Institute on Psychiatric Services, New York, New York.
17. Penn JV. (2006) Suicide Attempts and Self-Mutilative Behavior in a Juvenile Correctional Facility, Symposium, Recent Developments in the Research of Juvenile Offenders, American Academy of Child and Adolescent Psychiatry Annual Meeting. San Diego, California.
18. Penn JV. (2007) Acting Out: How to Manage Difficult Adolescents in Correctional Settings, Symposium (Chair), Novel Approaches to the Evaluation and Treatment of Juvenile Offenders, International Academy of Law and Mental Health, International Congress on Law and Mental Health, Padua, Italy.
19. Garvey KA, Penn JV. (2007) Contracting for Safety with Adolescents: Is This an Empirically-Based Practice? Poster Session, American Academy of Psychiatry and the Law Annual Meeting, Miami, Florida.

20. Ryan E, Penn JV. (2007) Juvenile Sexual Offenders: Update on Clinical and Forensic Evaluation Strategies, Workshop Presentation, American Academy of Child and Adolescent Psychiatry Annual Meeting. Boston, Massachusetts.
21. Baillargeon J, Penn JV. (2008) The Prevalence and Treatment of Psychiatric Disorders in a State Prison System, Academic and Health Policy Conference on Correctional Health, Quincy, Massachusetts.
22. Garvey KA, Penn JV, Campbell AL, Esposito-Smythers CL, Spirito A. (2008) Contracting for Safety: Clinical Practice and Forensic Implications, Paper Session, American Academy of Psychiatry and the Law Annual Meeting, Seattle, Washington.
23. Baillargeon J, Penn JV, (2009) Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door, Symposium, International Academy of Law and Mental Health, International Congress on Law and Mental Health, New York, New York.
24. Baillargeon J, Penn JV, (2009) Psychiatric Disorder and Parole Revocation Among Texas Prison Inmates, Academic and Health Policy Conference on Correctional Health, Fort Lauderdale, Florida.
25. Dingle AD, Zito JM, Sharma S, Zima BT, Varley CK, Carlson GA, Penn JV. (2010) Psychotropic Medication Use in Vulnerable Child and Adolescent Populations, Symposium, American Academy of Child and Adolescent Psychiatry Annual Meeting, New York, New York.
26. Penn JV, (2011) Framework of Correctional Managed Care Models: Formulary Development and Implementation, Symposium, International Academy of Law and Mental Health, International Congress on Law and Mental Health, Berlin, Germany.
27. Ochoa K, Penn JV, Venters H, Hustings E, Mehta S, Belous L. (2011) Seriously Mentally Ill Persons in U.S. Immigration Detention, Panel, American Academy of Psychiatry and the Law Annual Meeting, Boston, Massachusetts.
28. Penn JV, Harzke AJ, Baillargeon J, (2012) Risk of Reincarceration among Prisoners with Co-Occurring Serious Mental Illness and Substance Use Disorders, Academic and Health Policy Conference on Correctional Health, Atlanta, Georgia.
29. Penn JV, (2012) Practicing Behind Bars: Challenges and Opportunities Within Correctional Psychiatry, Symposium, Forensic Psychiatry: Informing Clinical Practice, American Psychiatric Association Annual Meeting, Philadelphia, Pennsylvania.
30. Torrealday O, Penn JV, (2013) Juveniles Behind Bars: Meeting Treatment Needs Through a Statewide Academic and Correctional Managed Care Partnership, Academic and Health Policy Conference on Correctional Health, Chicago, Illinois.
31. Penn JV, (2013) Psychiatric Services in Jails and Prisons: An Update on the APA Guidelines, American Psychiatric Association Annual Meeting, San Francisco, California.

32. Penn JV, (2013) Psychiatric Comorbidity in Secure Juvenile Settings: How Complex an Issue is It Really? International Academy of Law and Mental Health, International Congress on Law and Mental Health, Amsterdam, The Netherlands
33. Torrealday O. Penn JV, Parikh R, (2014) Meeting Complex Mental Health Needs of Youthful Offenders, Academic and Health Policy Conference on Correctional Health, Houston, Texas.
34. Parikh R, Torrealday O, Penn JV, (2014) Save Money and Get Better Care? Cost Effective Health Care Delivery in Juvenile Corrections, Academic and Health Policy Conference on Correctional Health, Chicago, Illinois.

INVITED PRESENTATIONS

1. "Cognitive Behavioral Treatment of Panic Disorder," Rhode Island Hospital, Department of Psychiatry, General Hospital Psychiatry Continuing Education Series, Providence, Rhode Island, 1993.
2. "Social Phobia: An Overview of Treatment Strategies," Rhode Island Hospital, Department of Psychiatry, General Hospital Psychiatry Continuing Education Series, Providence, Rhode Island, 1994.
3. "Paraphilias and Sexual Deviations," Butler Hospital, Outpatient Department Case Conference, Providence, Rhode Island, 1995.
4. "Cultural Competence in the Delivery of Mental Health Services," Rhode Island Psychological Association 1995 Annual Convention, Providence, Rhode Island, 1995.
5. "Can You Teach Child and Adolescent Psychopharmacology from Somebody Else's Lecture Notes?" Grand Rounds, Bradley Hospital, Brown University Department of Psychiatry, Division of Child and Adolescent Psychiatry, East Providence, Rhode Island, 1997.
6. "Consulting to the Community: A Challenge for the Child and Adolescent Psychiatrist," Grand Rounds, Bradley Hospital, Brown University Department of Psychiatry, Division of Child and Adolescent Psychiatry, East Providence, Rhode Island, 1997.
7. "A School-Based Approach to Selective Mutism," Elmhurst Elementary School, Portsmouth, Rhode Island, 1977.
8. "Moodiness and Depression in Children and Adolescents," WLNE ABC Channel 6, Providence, Rhode Island, 1997.
9. "Moodiness and Depression in Adolescents," Mount Hope High School, Bristol, Rhode Island, 1997.

10. "Moodiness and Depression in Children and Adolescents," Lifespan Health Connection, Speaking of Kids, Parenting Education Series, Bradley Hospital, East Providence, Rhode Island, 1997.
11. "Career Opportunities in Child and Family Psychiatry," Junior Explorers, Miriam Hospital, Providence, Rhode Island, 1998.
12. "The Crisis of School Violence: How Do We Help Our Children," Testimony before the Congressional Children's Caucus, Washington, District of Columbia, 1999.
13. "Assessment of Violent Behavior in Adolescents," Department of Pediatrics, Division of Adolescent Medicine, Hasbro/Rhode Island Hospital, Providence, Rhode Island, 1999.
14. "Overview of Child Psychiatric Consultation at the Rhode Island Training School to the Rhode Island Family Court," Annual Rhode Island Family Court Judges' Conference, Narragansett, Rhode Island, 1999.
15. "The New Law and Psychiatry Service at Brown," Grand Rounds, Bradley Hospital, Brown University Department of Psychiatry, Division of Child and Adolescent Psychiatry, East Providence, Rhode Island, 1999.
16. "Violent Threats Made by Adolescents: An Approach to Assessment and Treatment," The Family Health Center at SSTAR Program, Fall River, Massachusetts, 1999.
17. "Introduction to Child and Adolescent Psychopharmacology," Miriam Hospital, Rhode Island Nursing Association, Clinical Nurse Specialists Continuing Education Seminar, Providence, Rhode Island, 2000.
18. "What We Don't Want to Happen to Our Youth," Adolescent Mental Health and School Success Conference, Rhode Island Department of Health, Providence, Rhode Island, 2000.
19. "Psychiatric and Abuse Issues Affecting Incarcerated Youth," Justice for All Youth Conference, Rhode Island Office of the Child Advocate, Warwick, Rhode Island, 2000.
20. "Juvenile Violence," Grand Rounds, Newport Hospital, Newport, Rhode Island, 2000.
21. "Demystifying the Courts and the Legal Process for Juveniles," Grand Rounds, Bradley Hospital, Brown University Department of Psychiatry, Division of Child and Adolescent Psychiatry, East Providence, Rhode Island, 2000.
22. "Warning Signs in Adolescents: A Practical Guide for Families and Educators," Lifespan Health Connection, Parenting Matters, Parenting Education Series, Tollgate High School, Warwick, Rhode Island, 2000.
23. "Mood Dysregulation and Mood Disorders in Incarcerated Youth," Grand Rounds, Judge Baker Children's Center, Boston, Massachusetts, 2001.

24. "The Crisis of School Violence: How Do We Help Our Children," Grand Rounds, Department of Psychiatry, State University of New York, Buffalo, New York, 2001.
25. "Mental Health Evaluation and Treatment of Incarcerated Youth," Child Psychiatry Fellowship Seminar Series, New England Medical Center, Boston, Massachusetts, 2001.
26. "Mood, Substance Abuse, and Other Mental Disorders in Violent Youth," St. Anne's Hospital, Fall River, Massachusetts, 2001.
27. "Teen Violence: Risk Management and Malpractice Issues" Annual Conference, National Organization of Forensic Social Workers, Philadelphia, Pennsylvania, 2001.
28. "Mental Health Needs of Incarcerated Youth" Annual Conference, National Organization of Forensic Social Workers, Philadelphia, Pennsylvania, 2001.
29. "Children's Mental Health Issues in Rhode Island: Problems and Solutions" Testimony before Congressional Committee Hearing, Rhode Island State House, Providence, Rhode Island, 2001.
30. "Mental Health Evaluation and Treatment of Incarcerated Youth," Sixth New England Correctional Health Conference, Sturbridge, Massachusetts, 2001
31. "When Psychotherapies Are Not Enough: Medical Management of Aggression," Pediatric Psychopharmacology: An Update for Primary Care Practitioners, Providence, Rhode Island, 2001.
32. "Mental Health Evaluation and Treatment of Incarcerated Juveniles," The Providence Center, Providence, Rhode Island, 2001.
33. "School Shootings and Youth Violence," Truman Taylor Show, WLNE ABC, Channel 6, Providence, Rhode Island, 2001.
34. "Juveniles Presenting with Violent or Threatening Behaviors" Greater Fall River Child Protection Council and St. Anne's Hospital Lecture Series, Fall River, Massachusetts, 2001.
35. "School Shootings and Youth Violence," Healthwatch, NBC, WJAR Channel 10, Providence, Rhode Island, 2001.
36. "Youth Violence," Bradley/Hasbro Hospitals: Parenting Matters 2001, Toll Gate High School, Warwick, Rhode Island, 2001.
37. "School Violence: Strategies for Schools and Families," N.A. Ferry Middle School, Johnston, Rhode Island, 2001.
38. "School Violence: Strategies for Schools and Families" CBS, WPRI, Channel 12, Providence, Rhode Island, 2001.

39. "Re-Defining the Use of Psychotropic Medications in Children and Adolescents," Annual Rhode Island Family Court Judges' Conference, Narragansett, Rhode Island, 2001.
40. "Bullying, Beatings & Beyond: Assessment and Treatment of Youth Violence," Rhode Island Psychological Society, Pawtucket, Rhode Island, 2001.
41. "Psychiatric Services for Incarcerated Juveniles," Annual Meeting, National Commission on Correctional Health Care (NCCHC), Albuquerque, New Mexico, 2001.
42. "Assessment and Treatment of Juvenile Sexual Offenders," (Discussant) Grand Rounds, Rhode Island Hospital, Brown University Department of Psychiatry, Division of Child and Adolescent Psychiatry, Providence, Rhode Island, 2001
43. "Re-Defining the Use of Psychotropic Medications in Children and Adolescents," Rhode Island Training School, Clinical Staff In-Service, Cranston, Rhode Island, 2002.
44. "Youth Violence: Evaluation and Treatment Approaches," University of Texas Medical Branch, Department of Psychiatry, Psychiatry Resident's Journal Club, Galveston, Texas, 2002.
45. "Youth Violence: Practical Strategies for Clinicians," St. Luke's Hospital, Department of Psychiatry, Grand Rounds, New Bedford, Massachusetts, 2002.
46. "Redefining the Use of Psychotropic Medications in Juvenile Justice Populations," 7th Northeast Correctional Health Care Conference, Sturbridge, Massachusetts, 2002.
47. "Profile of a Columbine Type Perpetrator: What to Look for and What to do About it," Annual Juvenile Probation and Justice Management Conference (Juvenile Probation Track): National Council of Juvenile and Family Court Judges Conference, Tucson, Arizona, 2002.
48. "Conduct Disorder: Evaluation and Treatment Approaches," Plymouth, Massachusetts, 2002.
49. "Conduct Disorder: Evaluation and Treatment Approaches," Child and Adolescent Psychiatry Grand Rounds, Taunton State Hospital, Taunton, Massachusetts, 2002.
50. "Redefining the Use of Psychotropic Medications in Children and Adolescents," Kent County Mental Health Center, Warwick, Rhode Island, 2002.
51. "The Project Hope Experience: Evaluation and Treatment of Mental Health Issues in Incarcerated Juveniles," Children's Mental Health - A System of Care Approach, American Academy of Child and Adolescent Psychiatry, Boston, Massachusetts, 2002.
52. "Clinical Challenges in Child and Adolescent Psychiatry," Beaumont, Texas, 2002.
53. "Recognizing Other Psychiatric Disorders" American Academy of Pediatrics: DB:PREP An Intensive Review Course of Developmental and Behavioral Pediatrics, Providence, Rhode Island, 2002.

54. "Youth Violence: Practical Strategies for Clinicians," Family Service Association of Greater Fall River, Inc., Fall River, Massachusetts, 2002.
55. "Bullying, Beatings, and Beyond: Assessment and Treatment of Youth Violence," Grand Rounds, Department of Pediatrics, Hasbro/Rhode Island Hospital, Providence, Rhode Island, 2002.
56. "Psychotropic Medications: What They Do, What They Don't Do," Annual Rhode Island Family Court Judges' Conference, Narragansett, Rhode Island, 2002.
57. "Recognition and Management Strategies of Youth Violence for Mental Health Professionals," Child and Adolescent Psychiatry Grand Rounds, Taunton State Hospital, Taunton, Massachusetts, 2002.
58. "Suicide Prevention in Juvenile Correctional Facilities," Staff Training Program, Rhode Island Training School, Cranston, Rhode Island, 2002.
59. "The Elephant in the Room: How the Legal System Can Impact Therapy," (Discussant) Grand Rounds, Bradley Hospital, Brown University Department of Psychiatry, Division of Child and Adolescent Psychiatry, East Providence, Rhode Island, 2003
60. "Youth Violence," Bradley/Hasbro Hospitals: Parenting Matters 2003, Toll Gate High School, Warwick, Rhode Island, 2003.
61. "Identification and Treatment of Mental Health Issues in Incarcerated Youth," 8th Northeast Correctional Health Care Conference, Sturbridge, Massachusetts, 2003.
62. "Missed Opportunities and Challenges: Identifying Mental Health and Substance Abuse Issues in Today's Youth," Physician Leadership on National Drug Policy Conference: Adolescent Substance Abuse and Mental Health: A Public Health Priority, Providence, Rhode Island, 2003
63. "Evaluation and Treatment of Incarcerated Juveniles with Mental Health Issues: Challenges, Frustrations, and Solutions," Butler Hospital, Child and Adolescent Services Program Lecture Series, Providence, Rhode Island, 2003
63. "Surviving the Challenges of Juvenile Corrections: Suicide Prevention Strategies," National Conference on Correctional Health Care, Austin, Texas, 2003
64. "Redefining the Use of Psychotropic Medications in Children," Annual Meeting of the RI Chapter of the American Academy of Pediatrics, Providence, Rhode Island, 2003
65. "How Young People Become Criminals: Their Developmental Trajectories Before and After," Brown University, Behavioral Misadventures Symposium, Providence, Rhode Island, 2003

66. "Understanding and Defusing Explosive Kids," Annual Juvenile Probation and Justice Management Conference, National Council of Juvenile and Family Court Judges, Nashville, Tennessee, 2004
67. "Mixing Legal and Street Drugs: A Cocktail for Disaster," Annual Juvenile Probation and Justice Management Conference, National Council of Juvenile and Family Court Judges, Nashville, Tennessee, 2004
68. "Promising Programs: Suicide Prevention/Good Practices," 23rd Annual Juvenile Probation and Justice Management Conference, National Council of Juvenile and Family Court Judges, Nashville, Tennessee, 2004
69. "Challenging Youths, Families & Systems: Implementing Psychiatric Strategies and Risk Management Principles," Problems in Pediatrics Conference, Colby College, Waterville, Maine, 2004
70. "Acting Out Youths: Practical Evaluation & Treatment Strategies," Problems in Pediatrics Conference, Colby College, Waterville, Maine, 2004
71. Various Presentations in Developmental/Behavioral Pediatrics, American Academy of Pediatrics PREP Course: Costa Mesa, California, 2004
72. "Risky Behavior: How to Keep Youth Safe in Inpatient and Community Settings," Grand Rounds, Department of Pediatrics, Hasbro/Rhode Island Hospital, Providence, Rhode Island, 2004
73. "ADHD Co-Morbidity: Practical Evaluation and Treatment Approaches," 2004 Fall CME Conference, New York State Society of Physician Assistants, Albany, New York, 2004
74. "Behavioral Health Issues for Juvenile Offenders," 3rd Annual Behavioral Health in Corrections Conference, University of Rhode Island, Kingston, Rhode Island, 2004
75. "Redefining the Use of Psychotropic Medications for Incarcerated Juveniles," National Conference on Correctional Health Care, New Orleans, Louisiana, 2004
76. "Surviving Juvenile Corrections: Timely Suicide Prevention Strategies," National Conference on Correctional Health Care, New Orleans, Louisiana, 2004
77. "How Young People Become Criminals: Their Developmental Trajectories Before and After," Contemporary Social Work Practice, Bradley Hospital Educational Series, Bradley Hospital, East Providence, Rhode Island, 2004
78. Various Presentations in Developmental/Behavioral Pediatrics, American Academy of Pediatrics: PREP Course: Miami, Florida, 2005
79. "Forensic Mental Health Evaluations," Continuing Legal Education Program, Office of the Public Defender, Providence, Rhode Island, 2005

80. "Juvenile Suicide Risk in Congregate Care Settings, "Suicide Prevention Promises and Practices – Focus on Youth Conference, Rocky Hill, Connecticut, 2005
81. "Profile of a Columbine-Type Juvenile: What to Look for and What to Do About It," Juvenile Courts Association of Georgia 2005 Annual Seminar, Pineisle Resort at Lake Lanier, Georgia, 2005
82. Various Presentations in Developmental/Behavioral Pediatrics, American Academy of Pediatrics: PREP Course: Portland, Oregon, 2005
83. Various Presentations in Developmental/Behavioral Pediatrics, American Academy of Pediatrics: Practical Pediatrics Course: Beaver Creek, Colorado, 2005
84. "Strategies for Resident Advocacy at the State Legislature," 2nd Northeast Pediatric Resident Advocacy Conference, Hasbro Children's Hospital, Brown Medical School, Providence Rhode Island, 2005
85. Various Presentations in Forensic Psychiatry, Forensic Science Course, Law School, Universidad Francisco Marroquin, Guatemala City, Guatemala, 2005
86. "Suicide Prevention/Intervention Training," Staff Training Seminar Series, Rhode Island Training School, Cranston, Rhode Island, 2006
87. "ADHD and Juvenile Delinquency," Annual Meeting, American Society for Adolescent Psychiatry, Miami, Florida, 2006
88. "Forensic Mental Health Evaluations," Continuing Legal Education Program, Criminal Division, Office of the Attorney General, Providence, Rhode Island, 2006
89. "Assessment and Treatment of Adolescent Substance Use Disorders in Correctional Settings," National Conference on Correctional Health Care, San Diego, California, 2006
90. "Berber v. Mellott, MD: Lessons from a Medical Malpractice Mock Trial," Continuing Medical Education Program, Professional Risk Management Services, Inc., Providence, Rhode Island, 2006
91. "How to Respond to Mentally Ill and Substance-Abusing Youth in the Juvenile Justice System," 25th Annual Juvenile Probation and Justice Management Conference, National Council of Juvenile and Family Court Judges, Providence, Rhode Island, 2006
92. "Acting Out: How To Manage Difficult Adolescents," National Conference on Correctional Health Care, Atlanta, Georgia, 2006
93. "You Be the Judge: A Mock Trial Involving an Inmate's Claim," National Conference on Correctional Health Care, Atlanta, Georgia, 2006

94. "Assessment and Treatment of Court-Involved Youth in Juvenile Corrections and Other Settings: Challenges, Frustrations, and Solutions," Contemporary Social Work Practice, Bradley Hospital Educational Series, Bradley Hospital, East Providence, Rhode Island, 2006
95. "Mental Health Services for Juvenile Offenders," Grand Rounds, Department of Psychiatry, Maine Medical Center, Portland, Maine, 2007
96. "Strategies to Avoid the Courtroom – The Case for Thorough Medical Documentation," UNAP/Rhode Island Health Care Education Trust Seminar Series, Rhode Island Hospital, Providence, Rhode Island, 2007
97. "Suicide Prevention Strategies for Juveniles in Correctional Settings," Congress: Prevention of Suicidal Conduct in Incarcerated Minors, Campidoglio, Sala Della Protomoteca, Rome, Italy, 2007
98. "Assessment and Treatment of Adolescent Substance Use Disorders in Correctional Settings," National Conference on Correctional Health Care, Las Vegas, Nevada, 2007
99. "Civil Commitment of Adolescents," Rhode Island/Hasbro Hospitals Department of Pediatric Emergency Medicine, Case Conference, Providence, Rhode Island, 2007
100. "Emerging Issues in Forensic Psychiatry," St. Luke's Hospital, Department of Psychiatry, Grand Rounds, New Bedford, Massachusetts, 2007
101. Various Presentations in Forensic Psychiatry, Forensic Science Course, Law School, Universidad Francisco Marroquin, Guatemala City, Guatemala, 2007
102. "Redefining the Use of Psychotropic Medications for Incarcerated Juveniles," National Conference on Correctional Health Care, Nashville, Tennessee, 2007
103. "Lessons Learned from Inside the Fence: Juvenile Offenders, the RI Training School and Family Court Systems," Rhode Island Psychiatric Society, Providence, Rhode Island, 2007
104. "Use of Psychotropic Medications for Incarcerated Youth," Updates in Correctional Health Care, National Conference on Correctional Health Care, San Antonio, Texas, 2008
105. "Mentally Ill Juveniles," American Correctional Association, New Orleans, Louisiana, 2008
106. "Identification and Management of Juvenile Mental Disorders," National Conference on Correctional Health Care, Chicago, Illinois, 2008
107. "Identification and Management of Juvenile and Adult Mental Disorders," Texas Corrections Association, Austin, Texas, 2008
108. "Use of Psychotropic Medications Within Correctional Settings," Mental Health Managers Conference, UTMB CMC Mental Health Services, Huntsville, Texas, 2008

Joseph V. Penn, MD CCHP FAPA Curriculum Vitae

109. Various Presentations in Forensic Psychiatry, Forensic Science Course, Law School, Universidad Francisco Marroquin, Guatemala City, Guatemala, 2008
110. "Mental Health Services within the Texas Correctional System," National Institute of Mental Health (NIMH) and UTMB: Mental Illness, Incarceration and Community Re-Entry: Telepsychiatry and Continuity of Mental Health Care, Austin, Texas, 2008
111. "Essentials of Correctional Juvenile Health Care," Updates in Correctional Health Care: Transforming Principles to Practice, Las Vegas, NV
112. "Preventing Suicide in Corrections: Timely Collaboration Between Administration, Custody, and Clinical Staff," UTMB CMC Annual Conference, Galveston, Texas, 2009
113. "Psychotropic Medication Education for Non-Psychiatrists," UTMB CMC Mental Health Services Conference, Huntsville, Texas, 2009
114. "Malingering: Practical Evaluation and Management Approaches," UTMB CMC Mental Health Services Conference, Huntsville, Texas, 2009
115. "Assessment and Treatment of Adolescent Substance Use Disorders in Correctional Settings," Academy of Correctional Health Professionals Regional Seminar, Austin, Texas, 2009
116. "Rational Approach to Psychotropic Medications in Correctional Settings," Academy of Correctional Health Professionals Regional Seminar, Austin, Texas, 2009
117. "Behind the Bars and Razor Wire: Mental Health Disorders Within Correctional Settings," Texas Department of Criminal Justice (TDCJ) Community Justice Assistance Division (CJAD) Skills Conference, Austin, Texas, 2009
118. "Essentials of Correctional Juvenile Health Care," National Conference on Correctional Health Care, Orlando, Florida, 2009
119. "Evaluation and Treatment of Personality Disorders," Mental Health Managers Conference, UTMB CMC Mental Health Services, Huntsville, Texas, 2009
120. "Mental Health Issues of the Female Offender," Texas Corrections Association Annual Conference, Galveston, Texas, 2010
121. "Identification and Management of Adult and Juvenile Mental Health Disorders in Correctional Settings, National Conference on Correctional Health Care, Boston, Massachusetts, 2010
122. "An In-Depth Look at NCCHC's New Standards for Health Services in Juvenile Facilities," National Conference on Correctional Health Care, Las Vegas, Nevada, 2010
123. "Essentials of Correctional Juvenile Health Care," National Conference on Correctional Health Care, Las Vegas, Nevada, 2010

124. "Mental Health Formulary and Disease Management Guidelines Development and Utilization with the Texas Department of Criminal Justice," Mental Health Conference, United States Bureau of Prisons-Health Services Division, Oklahoma City, Oklahoma, 2010
125. "Competency to Assist in Immigration/Deportation Hearings: Application of Existing Competency Evaluation Models to Immigration Context (Non-Citizens with Mental Disabilities)," United States Immigration and Customs Enforcement (ICE)/Office for Civil Rights and Civil Liberties (CRCL) Mental Health Roundtable, Washington, D.C., 2010
126. "Mental Health Systems of Care, Formulary and Disease Management Guidelines Development and Utilization within the Texas Department of Criminal Justice," Forensic Best Practices Conference, Houston, Texas, 2010
127. "Juvenile Waiver and Transfer to Criminal Court," Conference Update on Juvenile Forensic Evaluations, Capacity for Justice, Austin, Texas, 2010
128. "Practicing Behind Bars: Challenges and Opportunities Within Correctional Psychiatry" Grand Rounds, UTMB Department of Psychiatry and Behavioral Sciences, Galveston, Texas, 2010
129. "Behind the Bars and Razor Wire: Mental Health Disorders within Correctional Settings" University of Texas Arlington, Annual Psychiatric Nursing Symposium, Arlington, Texas, 2011
130. "An In-Depth Look at NCCHC's New Standards for Health Services in Juvenile Facilities," National Conference on Correctional Health Care, Phoenix, Arizona, 2011
131. "Medical Conditions That Can Present as 'Psychiatric' in Nature," National Conference on Correctional Health Care, Baltimore, Maryland, 2011
132. "An In-Depth Look at NCCHC's New Standards for Health Services in Juvenile Facilities," National Conference on Correctional Health Care, Baltimore, Maryland, 2011
133. "Containing Your Psychotropic Medication Expenses: Strategies for Formulary Development and Implementation," American Correctional Association, Phoenix, Arizona, 2012
134. "Child and Adolescent Forensic Psychiatry," International Conference on Forensic Psychiatry, Santiago, Chile, 2012
135. "An In-Depth Look at NCCHC's 2008 Standards for Health Services in Prisons and Jails, National Conference on Correctional Health Care, San Antonio, Texas, 2012
136. "Acting Out" Offenders: Implementing Mental Health/Psychiatric Strategies and Risk Management Principles, National Conference on Correctional Health Care, San Antonio, Texas, 2012

137. "Save Pharmacy Dollars: Contain Your Psychotropic Medication Use and Expenses" American Correctional Association, Denver, Colorado, 2012
138. "Practicing Behind Bars: Challenges and Opportunities within Correctional Psychiatry" Grand Rounds, Keck School of Medicine of the University of Southern California, Department of Psychiatry, Los Angeles, California, 2012
139. "Review of NCCHC's Standards for Health Services in Juvenile Facilities," National Conference on Correctional Health Care, Las Vegas, Nevada, 2012
140. "Medical Conditions That Present as 'Psychiatric' in Nature," National Conference on Correctional Health Care, Las Vegas, Nevada, 2012
141. "Mad Versus Bad Offenders: Implementing Mental Health Strategies and Risk Management Principles," National Conference on Correctional Health Care, Las Vegas, Nevada, 2012
142. "Contain Your Psychotropic Medication Use and Expenses," American Correctional Association, Houston, Texas, 2013
143. "Evaluation and Management of Juvenile Offenders," American Correctional Association, Houston, Texas, 2013
144. "Integrating Mental Health and Medical Issues in the Complex Environment of Corrections," Society of Correctional Physicians, Denver, Colorado, 2013
145. "Update on NCCHC Standards," National Institute on Corrections (NIC), U.S. Department of Justice, State Directors of Mental Health Network meeting, National Advocacy Center, Columbia, South Carolina, 2013
146. "Identification and Prevention of Suicide and Self Injurious Behaviors in Correctional Settings," American Association of Suicidology, Austin, Texas 2013
147. "'Acting Out' Adolescents: Pearls for Effective Evaluation and Management," American Correctional Association, National Harbor, Maryland, 2013
148. "Preventing Suicide Behind Bars: Real World Approaches," American Correctional Association, National Harbor, Maryland, 2013
149. "DSM-5: An Overview and Its Impact on Correctional Mental Health," UTMB CMC Annual Conference, Galveston, Texas, 2013
150. "Overview of UTMB CMC Mental Health Services," Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Advisory Committee, Austin, Texas, 2013
151. "An In-Depth Look at NCCHC's 2014 Standards for Health Services in Prisons," National Conference on Correctional Health Care, Nashville, Tennessee, 2013

152. "Institutional Self-Injury: Managing the Self-Destructive Juvenile," National Conference on Correctional Health Care, Nashville, Tennessee, 2013
153. "Medical Conditions That Present as Psychiatric in Nature," National Conference on Correctional Health Care, Atlanta, Georgia, 2014
154. "Guidelines for Treatment of Adolescents with ADHD," National Conference on Correctional Health Care, Atlanta, Georgia, 2014
155. "Correctional Psychiatry: The Final Frontier of Psychiatry," Psychiatry Grand Rounds, John Peter Smith (JPS) Health Network, Fort Worth, Texas, 2014
156. "DSM 5: What Pediatricians Need to Know," "Psychopharmacology in Primary Care: Practical Strategies," "Adolescent Substance Abuse," and "Adolescent Suicide and Self-Injurious Behaviors," American Academy of Pediatrics: Practical Pediatrics CME Course, Hilton Head, South Carolina, 2014
157. "Mental Health Issues of Female Offenders," and "Update on NCCHC Standards," National Institute on Corrections (NIC), U.S. Department of Justice, State Directors of Mental Health Network meeting, National Corrections Academy, Aurora, Colorado, 2014
158. "Correctional Psychiatry: The Final Frontier of Psychiatry?" Grand Rounds, UTMB Department of Psychiatry and Behavioral Sciences, Galveston, Texas, 2014
159. "Mental Health Issues of the Female Offender," American Correctional Association, Salt Lake City, 2014

GRANTS

1. Penn (PI) 1/1/02-1/1/03
"Incidence of Suicide Attempts and Self-Injurious Behavior in a Juvenile Correctional Facility." Source: American Academy of Child and Adolescent Psychiatry, Eli Lilly and Company. \$ 9,000.
Role: Principal Investigator
2. Penn (PI) 1/1/03-5/31/04
"Correlates of Suicidal Behavior in Incarcerated Juveniles." Source: Lifespan Developmental Grant, Lifespan. \$ 29,451.
Role: Principal Investigator
3. Penn (PI) 6/30/04-12/31/05
"Liability Prevention for Hasbro Hospital Staff: Practical Strategies for Youths with Mental Health and Substance Abuse Issues." Source: Lifespan Risk Management, Lifespan. \$12,200.
Role: Principal Investigator

Joseph V. Penn, MD CCHP FAPA

Testimony

Revised 9/27/14

2014

Estate of Matthew LaPadula v. Dr. Jordan Lieberman, Central Regional Director of Psychiatry, in his administrative capacity, Superior Court of New Jersey, Mercer County. Deposition, Houston, Texas, Accepted Standards of Care and Administrative Management

State of Rhode Island v. Matthew Komrowski, Rhode Island Superior Court, Providence, Rhode Island, Competency to Stand Trial, (RIRE 706 Court Appointed Expert)

Victor Parsons; et al., on behalf of themselves and all others similarly situated, and Arizona Center for Disability Law v. Charles Ryan, Director, Arizona Department of Corrections; and Richard Pratt, Interim Division Director, Division of Health Services, Arizona Department of Corrections, in their official capacities: U.S. District Court, District of Arizona, Phoenix, Arizona. Deposition, Phoenix, Arizona. Arizona Department of Corrections State Prisoners: Unconstitutional Conditions of Confinement, Access to and Provision of Clinically Appropriate and Individually Determined Mental Health Evaluation and Treatment Services, Mental Health Intake Health Screening and Procedures, Mental Health and Psychiatric Evaluation and Treatment Services, Other Mental Health Policies and Procedures, Mental Health and Psychiatric Staffing, Suicide Prevention Policy and Procedures, Audits and Compliance Reports, Access to Mental Health and Psychiatric Care

2013

Chanda Hughes, et al. v. Grady Judd, Polk County Sheriff, in his official capacity; and Corizon Health, Inc.: U.S. District Court, Middle District, Tampa, Florida. Depositions, Houston, Texas, Lakeland, Florida, and Tampa, Florida. Polk County Jail Detained Juveniles and Juveniles Being Certified as Adults: Unconstitutional Conditions of Confinement: Failure to Provide Rehabilitative Services to Juveniles, Failure to Protect from Harm, Unlawful Use of Dangerous Chemical Restraints, Punitive Isolation and Suicide Prevention Policies, Deliberate Indifference to Children with Mental Illness, and Harmful Use of Isolation without Due Process

State of Rhode Island v. Jeremy Kerrigan, Rhode Island Family Court, Providence, Rhode Island, Future Dangerousness

2012

Regina Jackson and Rudolf Williamson, Individually, and on Behalf of the Estate of Rachel Jackson, Deceased v. John S. Ford, M.D., and Travis County, Texas, et al., U.S. District Court, Austin, Texas, Medical Malpractice

2008

Raymond, et al. v. Peggy Gloria, State of Rhode Island, Department of Children, Youth, and Families, et al.; Deposition, Providence, Rhode Island, Psychic Harm

2007

Manuel Delgado v. State of Rhode Island, Superior Court, Providence, Rhode Island, Post Conviction Relief

State of Rhode Island v. Tonya Fuller-Balletta, Superior Court, Providence, Rhode Island, Criminal Responsibility

2005

In Anthony Rebello et al v. Archdiocese of Providence et al.; Binding Arbitration Hearing, Providence, Rhode Island, Mental Harm

2003

In Russell Jette, Charis Jette, and Cindy Jette v. Town of Burrillville, Burrillville Middle School, Burrillville School Committee and School Systems, Burrillville Police Department, et al., U.S. District Court, Providence, Rhode Island, Mental Harm

In RE: Mark Entwistle, Town of Narragansett Rhode Island Pension Board, Narragansett, Rhode Island, Independent Psychiatric Evaluation

In RE: Bleaker Okubanjo, Rhode Island Family Court, Providence, Rhode Island, Psychotropic Medications and Treatment Recommendations

2001

State of Connecticut v. Michael Griffin, Superior Court, New Haven, Connecticut, Criminal Responsibility

2000

In RE: Joseph Costa, Rhode Island Family Court, Providence, Rhode Island, Competence to Stand Trial

State of Connecticut v. Loren Singleton, Superior Court, Bridgeport, Connecticut, Criminal Responsibility

Edward and Eugene Lee v. St. Aloysius, Rhode Island Department of Children, Youth, and Families (DCYF), et al.; Superior Court, Providence, Rhode Island, Mental Harm

In RE: Kelly Murillo, Child Protection Session, Superior Court for Juvenile Matters, Middletown, Connecticut, Termination of Parental Rights

1999

In RE: Kelly Murillo, Superior Court for Juvenile Matters, Stamford, Connecticut, Parental Visitation

State of Connecticut v. Charlene Baines, Competence to Stand Trial

State of Connecticut v. Nunzio Guerrara, Competence to Stand Trial

State of Connecticut v. David Cocciaro, Competence to Stand Trial

U.S. Congressional Committee, Children's Caucus, Washington, DC, Panel on School Violence/Recent School Shootings

State of Connecticut v. Clifton Powell, Competence to Stand Trial

State of Connecticut v. Reynaldo Riviera, Competence to Stand Trial

State of Connecticut v. Carmelo Cumba, Connecticut Psychiatric Security Review Board, Middletown, Connecticut, Risk Assessment and Placement and Treatment Recommendations

State of Connecticut v. Scott Cadwell, Competence to Stand Trial

State of Connecticut v. David Brown, Competence to Stand Trial

State of Connecticut v. Raymond Bresnahan, Competence to Stand Trial

State of Connecticut v. Ernest Juliano, Competence to Stand Trial

State of Connecticut v. Jose Torres, Competence to Stand Trial

State of Connecticut v. Stanley Smith, Competence to Stand Trial

State of Connecticut v. Wayne McClellan, Competence to Stand Trial

1998

State of Connecticut v. Dean Allen, Competence to Stand Trial

State of Connecticut v. Edward Tennaro, Competence to Stand Trial

State of Connecticut v. Robert Devito, Competence to Stand Trial

State of Connecticut v. Jose Alvarado, Competence to Stand Trial

State of Connecticut v. John Parks, Competence to Stand Trial

State of Connecticut v. Thaxton Oden, Competence to Stand Trial

State of Connecticut v. Ramon Soto, Competence to Stand Trial

State of Connecticut v. Heather Verab, Competence to Stand Trial

State of Connecticut v. Shirley Gamble, Competence to Stand Trial

State of Connecticut v. Clive Bifield, Competence to Stand Trial

State of Connecticut v. Joseph Edwards, Competence to Stand Trial

State of Connecticut v. Clarence Lane, Competence to Stand Trial

1996

State of Rhode Island v. Arzalie Stewart, Civil Commitment and Forced Medication

State of Rhode Island v. Michael Villuci, Civil Commitment and Forced Medication

State of Rhode Island v. Paul Hollister, Civil Commitment and Forced Medication

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Victor Parsons; et al., on behalf of themselves and all others similarly situated, and Arizona Center for Disability Law v. Charles Ryan, Director, Arizona Department of Corrections; and Richard Pratt, Interim Division Director, Division of Health Services, Arizona Department of Corrections, in their official capacities: U.S. District Court, District of Arizona, Phoenix, Arizona. Deposition, Phoenix, Arizona. Arizona Department of Corrections State Prisoners: Unconstitutional Conditions of Confinement, Access to and Provision of Clinically Appropriate and Individually Determined Mental Health Evaluation and Treatment Services, Mental Health Intake Health Screening and Procedures, Mental Health and Psychiatric Evaluation and Treatment Services, Other Mental Health Policies and Procedures, Mental Health and Psychiatric Staffing, Suicide Prevention Policy and Procedures, Audits and Compliance Reports, Access to Mental Health and Psychiatric Care

2013

Chanda Hughes, et al. v. Grady Judd, Polk County Sheriff, in his official capacity; and Corizon Health, Inc.: U.S. District Court, Middle District, Tampa, Florida. Depositions, Houston, Texas, Lakeland, Florida, and Tampa, Florida. Polk County Jail Detained Juveniles and Juveniles Being Certified as Adults: Unconstitutional Conditions of Confinement: Failure to Provide Rehabilitative Services to Juveniles, Failure to Protect from Harm, Unlawful Use of Dangerous Chemical Restraints, Punitive Isolation and Suicide Prevention Policies, Deliberate Indifference to Children with Mental Illness, and Harmful Use of Isolation without Due Process

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In Anthony Rebello et al v. Archdiocese of Providence et al.; Binding Arbitration Hearing, Providence, Rhode Island, Mental Harm

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In Russell Jette, Charis Jette, and Cindy Jette v. Town of Burrillville, Burrillville Middle School, Burrillville School Committee and School Systems, Burrillville Police Department, et al., U.S. District Court, Providence, Rhode Island, Mental Harm

In RE: Mark Entwistle, Town of Narragansett Rhode Island Pension Board, Narragansett, Rhode Island, Independent Psychiatric Evaluation

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In RE: Joseph Costa, Rhode Island Family Court, Providence, Rhode Island, Competence to Stand Trial

State of Connecticut v. Loren Singleton, Superior Court, Bridgeport, Connecticut, Criminal Responsibility

Edward and Eugene Lee v. St. Aloysius, Rhode Island Department of Children, Youth, and Families (DCYF), et al.; Superior Court, Providence, Rhode Island, Mental Harm

In RE: Kelly Murillo, Child Protection Session, Superior Court for Juvenile Matters, Middletown, Connecticut, Termination of Parental Rights

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State of Connecticut v. David Cocciaro, Competence to Stand Trial

U.S. Congressional Committee, Children's Caucus, Washington, DC, Panel on School Violence/Recent School Shootings

State of Connecticut v. Clifton Powell, Competence to Stand Trial

State of Connecticut v. Reynaldo Riviera, Competence to Stand Trial

State of Connecticut v. Carmelo Cumba, Connecticut Psychiatric Security Review Board, Middletown, Connecticut, Risk Assessment and Placement and Treatment Recommendations

State of Connecticut v. Scott Cadwell, Competence to Stand Trial

State of Connecticut v. David Brown, Competence to Stand Trial

State of Connecticut v. Raymond Bresnahan, Competence to Stand Trial

State of Connecticut v. Ernest Juliano, Competence to Stand Trial

State of Connecticut v. Jose Torres, Competence to Stand Trial

State of Connecticut v. Stanley Smith, Competence to Stand Trial

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State of Connecticut v. John Parks, Competence to Stand Trial

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State of Connecticut v. Ramon Soto, Competence to Stand Trial

State of Connecticut v. Heather Verab, Competence to Stand Trial

State of Connecticut v. Shirley Gamble, Competence to Stand Trial

State of Connecticut v. Clive Bifield, Competence to Stand Trial

State of Connecticut v. Joseph Edwards, Competence to Stand Trial

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State of Rhode Island v. Michael Villuci, Civil Commitment and Forced Medication

State of Rhode Island v. Paul Hollister, Civil Commitment and Forced Medication

UNIVERSITY OF TEXAS MEDICAL BRANCH
JOB DESCRIPTION

CODE: 0803

TITLE: Director of Mental Health Services
UTMB Correctional Managed Care

CREATION DATE: 3-6-97

REVISION DATE:

POLICY GROUP: Administrative & Professional

GRADE: Non-Graded

FLSA STATUS: EXEMPT (E)

JOB SUMMARY:

This position directly supervises the psychiatrists located at Texas Department of Criminal Justice units under contract with UTMB Managed Care. Plans, directs and coordinates all mental health and related activities of UTMB Managed Care.

MAJOR DUTIES/CRITICAL TASKS:

- Contribute to the success of UTMB Correctional Managed Care Organization
- Participates in establishing and implementing standards of mental health service for UTMB Managed Care Operations
- In concert with the Associate Medical Director, advises the Executive Team on mental health and administrative issues and policies as they relate to mental health practices in UTMB Managed Care Operations
- Meets with unit psychiatrists to discuss issues and concerns related to the mental health programs and has overall responsibility for mental health care in each UTMB Managed Care facility
- Formulates plans to ensure respective present and future service viability
- Effectively represents mental health for UTMB Managed Care Operations both internally and externally
- Facilitates development of policies and procedures, appropriate goals and objectives and accountability standards for mental health staff located at each UTMB Managed Care Facility. Implements policies and procedures in each facility that maximize efficiency and produce quality outcomes.
- Identifies appropriate internal controls for department; provides mechanisms to monitor and enforce compliance

- Performs related duties as requested by the Associate Medical Director

KNOWLEDGE/SKILLS/ABILITIES:

- Ability to plan, organize, and accomplish goals
- Excellent oral and written communication skills including a high degree of professionalism and competence in dealing with a variety of individuals, including physicians and administrators
- Demonstrated record of leadership ability and accomplishment
- Knowledge of correctional clinic operations
- Knowledge of mental health and managed care issues

REQUIRED EDUCATION/EXPERIENCE:

- M.D., Board Certified in Psychiatry. Four years management experience

EQUIPMENT:

- Standard office equipment

WORKING ENVIRONMENT:

- Standard office environment. May require visits to correctional facilities.

OTHER:

Specific job requirements or physical location of some positions allocated to this classification may render the position security-sensitive, and thereby subject to the provisions of Section 51.215, Texas Education Code. Security clearance is required.

Any qualifications to be considered as equivalents in lieu of stated minimums require the prior approval of the Director of Human Resources.