

## Appendix A

### Victim and Family Input – Sentencing and Mental Health Placement Considerations

Submitted by: Ernest Joseph Churchville	Commonwealth v. Damien Omar Churchville
(Previously provided to the Commonwealth)	Docket: CP-46-CR-0003077-2025

This document outlines our perspective as victims and parents regarding sentencing considerations, with a focus on long-term safety, sustained rehabilitation, and appropriate mental health placement.

Given Damien’s documented history of escalating violent behavior and cognitive limitations, we believe outcomes should prioritize structured, long-term treatment and be guided by sustained clinical progress rather than short-term stabilization.

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#### 1. Placement & Duration of Care

- Direct placement into a **secure, long-term mental health treatment facility** appropriate for individuals with serious and persistent mental illness and a history of violence is strongly preferred.
- **Long-term placement (likely in the range of 10–20 years)**, with duration determined by sustained clinical progress, independent risk assessment, and demonstrated behavioral stability—not short-term compliance.
- This recommendation is based on a documented history of **recurrent, unpredictable, and escalating violent behavior**, combined with **cognitive and learning limitations**, indicating that meaningful behavioral change will require extended, structured treatment and long-term evaluation.
- Any interim placement, if necessary, should be clearly understood as **temporary** and not a substitute for appropriate long-term care or a basis for evaluating readiness for release.

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#### 2. Safety, Supervision & Legal Safeguards

- Structured safeguards preventing departure from a treatment setting without **court and psychiatric approval** (no unsupervised release).
- **Permanent prohibition** from firearm or lethal weapon ownership.
- Monitoring of external communications to protect against **harmful or destabilizing influences**, as clinically appropriate.

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#### 3. Clinical Treatment & Rehabilitation

- Continuous, comprehensive mental health treatment, including **psychiatric, psychological, therapeutic, and case management services**.
- Ongoing **individual therapy** with a clinician experienced in behavioral and mental health treatment.
- Participation, where available, in **structured group therapy specifically addressing violent behavior**, with a focus on understanding contributing factors and the impact of his actions on others.
- Emphasis on **long-term medication compliance and monitoring**, as clinically indicated.
- Participation in **structured family therapy and communication development**, when appropriate.
- Development of **life skills, vocational readiness, and financial literacy**, paced appropriately to cognitive ability.

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- Access to **supportive therapies** (e.g., art, music, or other clinically appropriate modalities).
  - Gradual participation in **structured, supervised activities** that reinforce accountability and purpose as progress allows.
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### 4. Communication & Contact Boundaries

- Implementation of a **no-contact list** (to be provided) restricting communication with individuals associated with prior harmful influence.
  - Ability for approved individuals to maintain contact in a **safe, structured, and clinically appropriate setting**.
  - Appropriate oversight of communications to ensure **compliance and safety**.
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### 5. Parental Involvement & Oversight

- Recognition of parents' role in a **supportive and informed capacity**, including involvement in care discussions where appropriate.
  - Anticipated future involvement under **Pennsylvania durable power of attorney (post-sentencing applicability)** for healthcare-related matters.
  - Appropriate visibility into key areas (e.g., treatment updates and general well-being), without assuming operational responsibility for care or finances.
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### 6. Post-Release Planning & Continuity of Care

- Structured transition planning, including **stable housing and continued supervision**, when appropriate.
  - Ongoing **case management and progress monitoring** following any step-down in care.
  - **Supervised post-release monitoring (e.g., probation or parole)** to ensure continued oversight, treatment compliance, and accountability.
  - Duration of supervision to be aligned with time spent in secure treatment (e.g., shorter supervision following extended placement; longer-term supervision if placement duration is shorter), with the ability to **return to a higher level of care if stability deteriorates**.
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Respectfully submitted,

Dorothy E. (Betsy) & Ernest J. (Ernie) Churchville

Victims / Parents