COUNTY OF ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Senate Public Health and Welfare Committee

Public Hearing: Mental Health Involuntary Commitment Process

September 30, 2015

Good morning. My name is Mary Jo Dickson and I am the Administrator for Adult Mental Health Services at the Office of Behavioral Health of the Allegheny County Department of Human Services in Pittsburgh.

I'd like to sincerely thank Senator Vance and the Senate Public Health and Welfare Committee for taking the time to review these important areas of the Mental Health Procedures Act.

I began my career in 1976 as a delegate for Allegheny County MH/MR authorizing 405's (Emergency Evaluations under the MH/MR Act of 1966) shortly before the passage of the Mental Health Procedures Act in 1976. Currently, I oversee our emergency services which include 10 delegates, 2 supervisors and a manager.

In Allegheny County in FY 2014-2015, delegates/police/physicians authorized 4,494 Emergency Involuntary Examination and Treatment (302's) which resulted in 3,593 admissions to a psychiatric inpatient unit.

I'd like to first address the issues regarding qualifications of the county delegate.

The decisions made by a county delegate on a daily basis are so important and significant—involving both the rights of the individual being involuntarily committed and safety risks that include the possibility of death or significant injury to the individual or others in the community. But at the same time there are currently no specific educational or work experience requirements for a county delegate and civil service classifications vary between counties. To ensure that the individuals serving in this role are well suited, a specific classification could be developed for a county delegate position that includes appropriate mental health education, training, work experience requirements.

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Throughout past decades, there has been little statewide training available for a delegate which has resulted in most counties developing their own training program.

While the educational training currently being developed by the Office of Mental Health and Substance Abuse Services is a start there is more that needs to be done and the training needs to be offered on a regular basis.

To improve the consistency in interpretation and implementation of the Mental Health Procedures Act (MHPA) a common state-wide training should be mandatory for delegates, and could include certification that the training has been completed. Additionally, there needs to annual training requirements and availability of on-going statewide training, especially when there is new case law or regarding specific topics such as Mental Health Advanced Directives and Power of Attorney; issues related to children and Act 147 or issues related to seniors and dementia and competency. This would help to advance the knowledge and training of delegates who are making these important decisions.

However, delegates are only one piece of the involuntary commitment/302 process. Their role is to determine if the dangerousness meets the criteria within the Act and if there is a reason to believe that the dangerous behavior is due to a mental illness; to coordinate the individual's transfer to an emergency department/hospital; and to offer other resources to the individual and family, especially if a 302 is not appropriate. Other significant pieces in the commitment process include the decisions made by the emergency department physician and the Mental Health Review Officer.

Emergency departments do not always have the availability of a psychiatrist for the 302 evaluation. All physicians involved in the evaluation/examination for involuntary commitment need to be fully aware of the Mental Health Procedures Act and case law. Consistent and on-going training should be available, if not required, for the physicians involved in the process.

The rulings by a Mental Health Review Officer (MHRO) or Judge often determine local practice. Therefore, it is also essential that the MHRO (and other attorneys involved in the commitment process) have appropriate qualifications and that training is provided for them on a regular basis.

In regard to utilization of Mental Health Power of Attorney through a Mental Health Advanced Directive (MHAD), we believe that individuals involved in our service system should be encouraged to create a MHAD in order to have voice, either directly or through their agent, in their treatment decisions. However, there is much confusion about the legality and acceptance of the MHAD, the agent who has a Mental Health Power of Attorney (MH-POA), and a Durable Power of Attorney (POA). Our experience is that decisions on whether to accept a MH-POA or Durable POA for admission to a psychiatric unit vary from one hospital to another.

It would be helpful if more training was available for hospital staff and those involved in the commitment process regarding the utilization of both the Mental Health Advanced Directives and Durable Power of Attorney.

Finally, it is important that when family and other supportive individuals are involved that they be available to support an individual who is receiving mental health services, especially during a crisis. When someone is receiving mental health services, whether voluntarily or involuntarily, every effort should be made to identify those individuals that the person indicates are his or her natural supports and to then encourage that a release of information (consent) be signed so that they may be included in treatment discussions. However, sometimes, individuals refuse to provide such consent. As a result, these individuals who possess information which can be important and often critical to the treatment planning and decision making, are precluded the opportunity to share it. We believe that regardless of HIPAA or MHPA confidentiality requirements, providers always have the ability to listen to family members and other supportive individuals regarding the concerns and needs of the individual receiving services. There is no prohibition against listening to someone who is concerned about the individual.

Recovery is best accomplished when the individual has the support of family and friends and other supports in the community.

Thank you for the opportunity to provide this perspective thoughts and recommendations regarding our experience with the Mental Health Procedures Act. If you have any questions, please do not hesitate to contact me.

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