PACA MH/DS

PENNSYLVANIA ASSOCIATION OF COUNTY ADMINISTRATORS OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

TESTIMONY ON MENTAL HEALTH INVOLUNTARY COMMITTEMENT PROCESS

PRESENTED TO THE
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

BY

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Good morning Chairman Vance, Chairman Kitchen and members of the committee. My name is Chris Wysocki and I am the Administrator for Juniata Valley Behavioral and Developmental Services. I serve a joinder from the rural counties of Huntingdon, Mifflin, and Juniata. I am currently a co-chair of the Mental Health Committee of the Pennsylvania Association of County Administrators of the Mental Health and Developmental Services (PACA MH/DS) which is an affiliate of the County Commissioners Association of Pennsylvania (CCAP).

PACA MH/DS represents county administrators who oversee mental health, intellectual disabilities, and early intervention services in their respective counties. As such, we are the agencies responsible for parts of the commitment process for involuntary treatment. It is good to know you are taking time to gain a better, more complete understanding of the issues surrounding the Mental Health Involuntary Commitment Process and I am honored to be here.

The Mental Health Procedures Act (MHPA) is one of several tools we have to support individuals with mental illness. The MH/ID Act of 1966 requires counties to maintain 24/7 access to emergency services. It also requires counties to provide an array of recovery-focused community mental health services. State law also provides for mental health directives, which an individual uses to communicate their treatment wishes if they are suffering from a mental disorder and judged unable to make decisions for themselves or are otherwise unable to communicate.

The MHPA established procedures for both inpatient and outpatient voluntary and involuntary treatment. However, involuntary commitment is a last resort because it rarely results in a recovery-oriented outcome and is expensive to taxpayers. Lack of funding in the mental health system continues to cause insufficient access to treatment. We urge legislators to commit adequate funding for the mental health system. In Pennsylvania there have been several cuts to base-funded mental health services over the past decade. Research has shown that the most effective entry to treatment for an individual with mental illness is a voluntary one. By fostering trusting relationships and supporting the individual with supports such as case management, supported housing, and peer services, the individual is able to engage in their own treatment plan. Community inclusion has been proven effective in the mental health recovery process. However, this does not always work and our system moves forward taking steps toward involuntary treatment. Across the state, we do the best we can with the resources available to us.

Admittedly, there are problems with consistency in how the Mental Health Procedures Act is implemented across the commonwealth. It is true that an individual can be committed for a specific set of behaviors in one community while not committed forty miles away in another community. I empathize with the frustration families feel. However, amendments to the MHPA, particularly those related to involuntary commitment, must be carefully contemplated to maintain the appropriate balance between the rights of individuals who need treatment and public safety. What we need is consistent funding to support an ongoing training process for all individuals

who act as delegates for counties. This training must be specific to the MHPA, its interpretation and must explain case law that has occurred over the years. Further, it is incumbent upon the Office of Mental Health and Substance Abuse Services to establish guidelines and/or regulations for appropriate application of the MHPA. These guidelines and/or regulations must establish a minimum set of standards for individuals who function as delegates. To end up with the best product, collaboration between OMHSAS, counties and other stakeholders is necessary. PACA MH/DS is ready to begin this process in earnest to collaborate with all involved in the MHPA to meet the needs of the community.

This alone will not create a process across the commonwealth to ensure consistency in how involuntary mental health commitments occur. In the last two and a half years, the Mental Health Committee of PACA MH/DS has worked on these issues. In trying to understand the differences between our counties, sometimes it comes down to local leadership. Certainly that has significant bearing on how we do things. Due to the lack of regulatory guidelines and limited training available, my colleagues in various counties report a variety of scenarios, which are an outcome of varying decisions made by emergency department physicians, which impact the hearing officers and judges. Counties have significant responsibilities in carrying out the MHPA, responsibilities taken very seriously across the commonwealth. We do not have the ability to control what happens once we have issued a warrant. We get back to maintaining the appropriate balance between the rights of individuals who need treatment and public safety. There are incidents where an overwhelmed physician in an emergency room will commit anyone brought in on a warrant for examination, because the delegate issued the warrant. There are also incidents where a hearing officer will find an individual not in need of further treatment because the emergency room physician did not check a box. Training for these professional groups is also imperative in meeting the needs of members in our communities.

In 2013, CCAP members voted to amend the *County Platform* to support a comprehensive legislative review and evaluation of the Commonwealth's MHPA, and accompanying policy and procedure for voluntary and involuntary mental health commitments, in close collaboration with counties.

In closing, I would like to emphasis that the system does not need new legislation. The current MHPA gives us the necessary flexibility. What we need is:

- Clear minimum qualifications for delegates.
- Identify guidelines and/or regulation clearly interpreting the existing law for more consistent policies and procedures which will lead to increased collaboration between court systems and counties.
- Ongoing, available basic training regarding the MHPA with some type of continuing education requirements for all delegates.

Funding is needed to address deficiencies which currently exist for community based, recovery-oriented mental health services.

I am happy to answer any question you have at this time.

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