

**Collaborative Policies/Procedures (and Other Documents)  
Among  
MH Crisis Integrated Services, First Responders, and UPMC-Northwest**

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Procedures Approved by the Criminal Justice Advisory Board: 2/17/09

## **Safe Transition to UPMC NW Emergency Department Of Individuals Requiring an Emergency Psychiatric Evaluation**

### **Policy**

It is the policy of the Venango County Mental Health/Mental Retardation and other County First Responders to ensure the safe and secure transition from county authorities and law enforcement personnel to the UPMC Emergency Department of individuals requiring an emergency psychiatric evaluation and possible involuntary commitment under Section 302 of the Mental Health Procedures Act.

### **Procedures**

1. The County Mental Health/Integrated Crisis Services Unit representative and/or law enforcement personnel will notify the of UPMC-NW switchboard of an incoming transfer of an individual requiring an emergency psychiatric evaluation, and possible involuntary admission. The caller will also relay the status of the individual's behavior at that time and indicate whether assistance will be needed by hospital security staff.
2. The switchboard will notify the Emergency Department (ED), as well as UPMC-NW security if warranted.
3. Once the individual/patient arrives at the ED, they will receive priority to be placed in an empty ED bed. If no beds are available, ED staff will make efforts to empty a bed as quickly as possible.
4. As soon as possible after arrival, the ED physician will make a safety determination.
  - a. The physician, in collaboration with law enforcement, will determine when/if significant others may come into the ED treatment area to be with the patient. If the decision is made to limit or prohibit visitors, the charge nurse or triage nurse will inform significant others that there will be limitations or that they will not be permitted in the ED treatment area. Significant others will not be permitted to cause a disturbance, either in the treatment area or waiting area of the ED. If significant others cause a disturbance in the waiting room, hospital security and/or law enforcement will be called to help de-escalate the situation.
  - b. The physician, in collaboration with security staff, will decide if law enforcement continues to be needed on the scene at the ED, or if law enforcement can safely leave. The physician will be cognizant of law enforcement's necessity to return to duty as soon as possible. During this transition, hospital security will be present and assist in stabilization of the

patient. If the patient escalates and more help is needed to stabilize the patient, a "Dr. Strong" will be called to the ED.

5. If, after law enforcement leaves the patient then regresses, ED staff will contact security and call a "Dr. Strong." If the situation worsens, State Police may be called and will respond as soon as possible.
6. If the patient is a possible 302 Involuntary Commitment admission, but is intoxicated (clinically), the physician may decide to keep the patient under observation with the anticipation of a possible admission to the Behavioral Health Unit. The ED physician will consult with the on-call psychiatrist to determine if/when the patient will be admitted to the Behavioral Health Unit. Alternately, if there does not appear to be any grounds for a 302 commitment, the physician may discharge the patient. Refer to Intoxicated Patient Flow Chart.
7. At no time will a patient be discharged without a safe way home. Refer to the list of possible transportation options if the patient is discharged and does not have transportation.
8. All agencies involved (i.e., UPMC-NW, Venango County MH/MR, the PA State Police, County Law Enforcement agencies) will have up to date lists of persons to contact if problems arise.

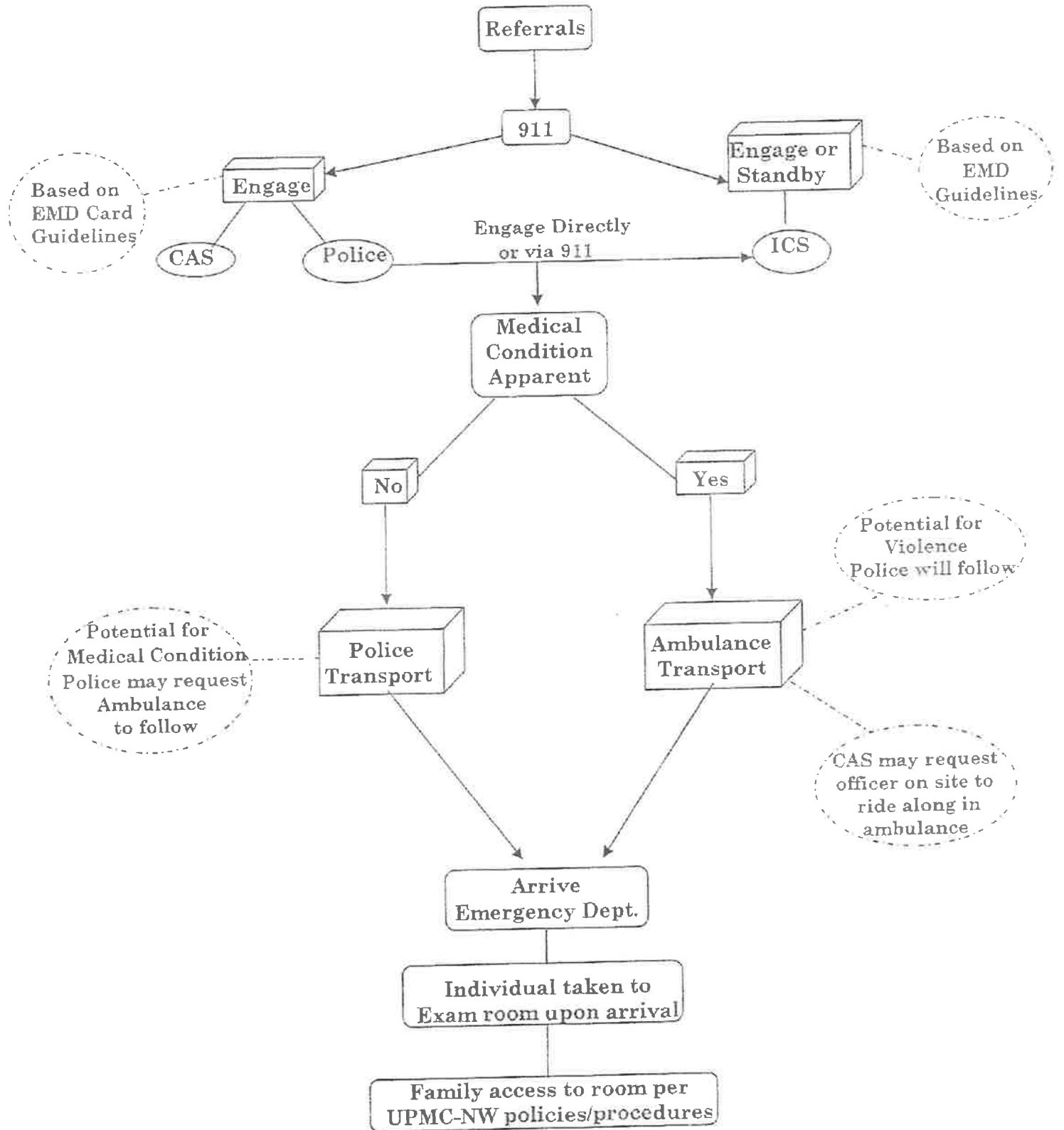
Date Implemented: 10/27/05  
Approved by the 302 Procedures Committee

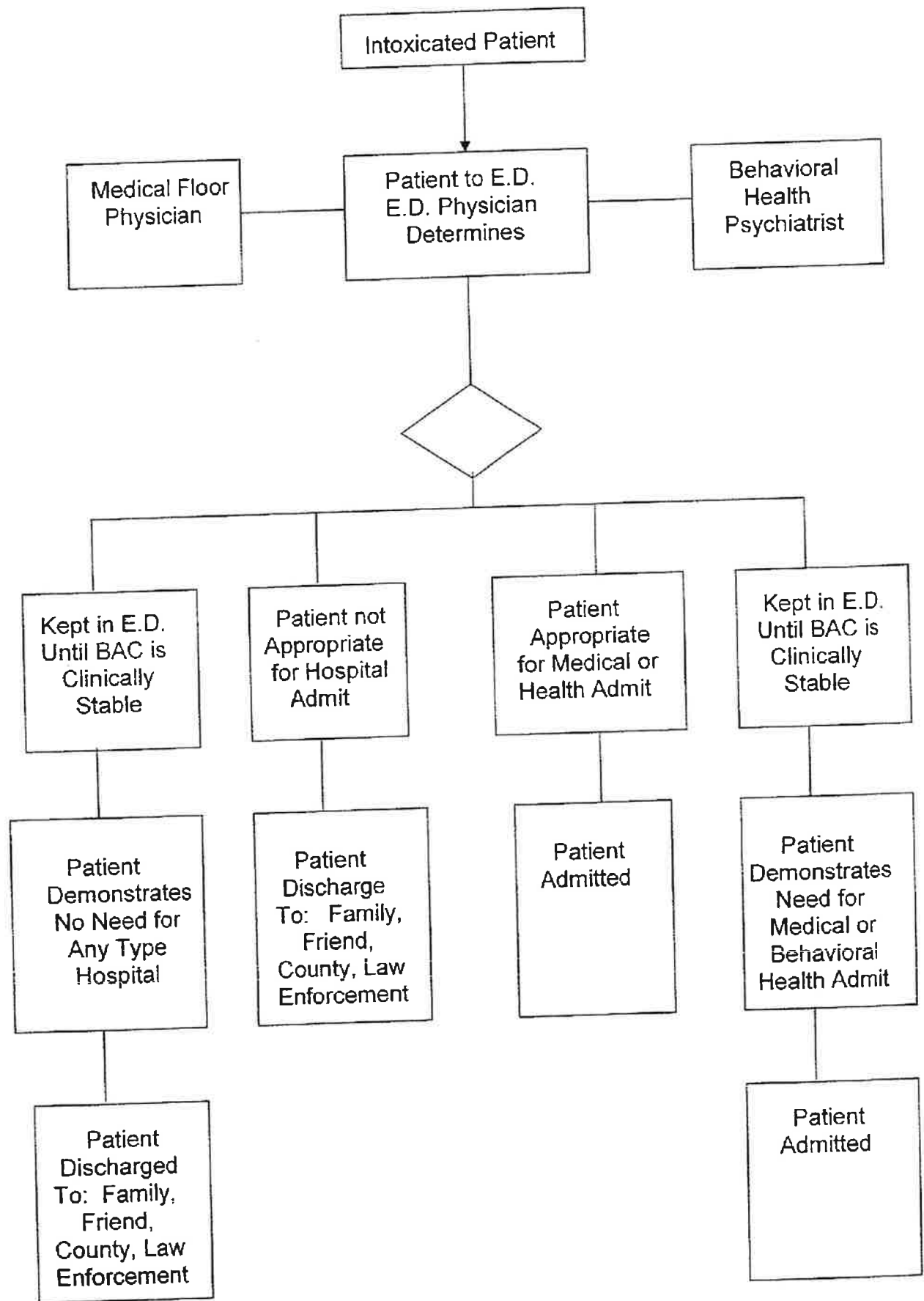
Date Reviewed/Revised: 2/21/08

Approved by:

- Venango County MH/MR
- 302 Procedures Committee

**FLOWCHART**  
**Ambulance Transport**  
**For**  
**Individuals Needing**  
**Emergency Psychiatric Evaluation**





## **Uniform Firearms Act Notification (at Emergency Department)**

### **Policy and Procedures**

#### Policy

Venango County Human Services, through its Integrated Crisis Services Unit (ICS), will notify individuals of the Uniform Firearms Act in situations in which the UPMC-NW Emergency Room physician conducted an emergency psychiatric evaluation on a patient subject to Section 301 of the Mental Health Procedures Act of 1976, As Amended, 1978, and is willing to allow the patient to admit him/herself voluntarily.

#### Procedure

In situations in which the UPMC-NW Emergency Room physician has concluded that an individual who has been subject to an emergency psychiatric evaluation under the stipulations of Section 301 of the Mental Health Procedures Act of 1976, As Amended 1978, may voluntarily consent to inpatient treatment, the following will occur:

1. The ICS Unit staff member who is serving in the capacity of the Mental Health Delegate will read and give the Uniform Firearms Notice (attached).
2. The ICS staff member will document that the Firearms Notice was given/read to the patient on the Emergency Examination Sheet

Date Implemented: February 21, 2008

Approved by:

- Venango County MH/MR
- 302 Procedures Committee

**NOTICE  
(FIREARMS)**

PLEASE BE ADVISED THAT PENNSYLVANIA LAW (18 Pa. C.S.A. § 6105(c)(4)) DOES NOT PERMIT A PERSON WHO HAS BEEN **INVOLUNTARILY** COMMITTED (HOSPITALIZED AGAINST THEIR WILL IN A MENTAL HEALTH FACILITY) TO POSSESS, USE, CONTROL, SELL, TRANSFER OR MANUFACTURE A FIREARM OR TO OBTAIN A LICENSE FOR THOSE PURPOSES. THIS INCLUDES THE RIGHT TO USE FIREARMS TO HUNT OR FOR OTHER RECREATIONAL PURPOSES.

IF THIS APPLIES TO YOU, YOU HAVE UP TO SIXTY (60) DAYS TO SELL OR TRANSFER YOUR FIREARMS TO ANOTHER PERSON.

IF YOU ARE **VOLUNTARILY** COMMITTED (IN OTHER WORDS, IF YOU CONSENT TO TREATMENT) AND YOU COOPERATE WITH THE COURSE OF TREATMENT PRESCRIBED BY YOUR PHYSICIAN UNTIL DISCHARGE, THIS LAW WILL NOT AFFECT YOUR RIGHTS WITH RESPECT TO FIREARMS.

IF YOU HAVE ANY QUESTIONS REGARDING THE EFFECT OF THIS LAW ON YOU, YOU SHOULD CONSULT WITH YOUR OWN LEGAL COUNSEL.

**NOTIFICATION OF EFFECT OF INVOLUNTARY COMMITMENT ON RIGHT TO POSSESS, USE, CONTROL, SELL, TRANSFER OR MANUFACTURE A FIREARM**

PENNSYLVANIA LAW PROVIDES THAT A PERSON WHO HAS BEEN INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION FOR INPATIENT CARE AND TREATMENT UNDER SECTION 302 OF THE MENTAL HEALTH PROCEDURES ACT SHALL NOT:

1. POSSESS, USE, CONTROL, SELL, TRANSFER OR MANUFACTURE A FIREARM IN THE COMMONWEALTH OF PENNSYLVANIA; OR
2. OBTAIN A LICENSE TO POSSESS, USE, CONTROL, SELL, TRANSFER OR MANUFACTURE A FIREARM IN THE COMMONWEALTH OF PENNSYLVANIA.

(61 Pa. C.S.A. § 6105(c)(4))

A PERSON TO WHOM THIS PROHIBITION APPLIES SHALL HAVE A REASONABLE PERIOD OF TIME, NOT TO EXCEED SIXTY (60) DAYS FROM THE DATE THE PERSON WAS INVOLUNTARY COMMITTED, IN WHICH TO SELL OR TRANSFER HIS OR HER FIREARMS TO ANOTHER PERSON WHO IS NOT A MEMBER OF HIS OR HER HOUSEHOLD.

I ACKNOWLEDGE RECEIPT OF THIS NOTIFICATION AND I HAVE READ AND UNDERSTAND ITS CONTENTS.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Witness Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed Witness Name

\_\_\_\_\_  
Date



# Exchange of Information Between First Responders And the Venango County Mental Health System

## Policy and Procedures

### Policy

In response to a law enforcement official's request, Venango County Human Services, through its Integrated Crisis Services Unit (ICS) and Mental Health/Mental Retardation Department (MH), may disclose protected health information (PHI) in an emergency situation without the written authorization of an individual in situations involving first contact with law enforcement or other first responders. The intent of the disclosure is to promote the best possible outcome for an individual who is "known" to the County mental health system. Refer to the following sources for legal authority relative to this policy: 55 Pa. Code 5100; 45 C.F.R. 164.512(j); and the Venango County HIPAA Compliance Policies/Procedures

The ICS or MH/MR worker may disclose PHI to law enforcement or other first responders if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public **and** if the disclosure is to a person or persons reasonably able to prevent or lessen the threat. If the worker believes in good faith that those two requirements are satisfied, s/he may disclose PHI and there is no limitation on the type of PHI which may be disclosed other than the worker must in good faith believe that the disclosure of PHI is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

### Procedures

1. Law Enforcement/first responders will contact the ICS/MH as outlined in the "Individuals Needing Emergency Psychiatric Evaluation" flowchart.
2. Requests for the information outlined above may be made to the ICS/MH worker who takes the call.
3. The ICS/MH worker will provide only the information noted above, to the degree that it is known to the ICS/MH worker, or can quickly be discovered by the ICS/MH worker. Strategies ICS/MH workers can use to discover information include, but are not limited to, calls to the County Base Service Unit staff, and/or reference to mental health records on file at the ICS office).
4. The ICS/MH worker will document any information disclosed to a first responder on the Protective Services Emergency Examination Sheet or in the case record.

Date Implemented: August 2008

Approved by: Venango County MH/MR  
CJAB

**TRANSPORTATION OPTIONS**  
**MENTAL HEALTH COMMITMENT**

1. Private vehicle, family member or friend
2. County vehicle, Protective Service (not recommended without additional support)
3. Local Police Department
4. PA State Police
5. Venango County Sheriff's Department
6. Constable
7. Baker's Transit "Taxi" with support
8. Professional (Community) Ambulance, if a concurrent medical issue is suspected or with additional supports.
9. Volunteer Fire Department Ambulance, if a concurrent medical issue is suspected or with additional supports.
10. Treatment Provider vehicle (RCC, VTDC, FS&CAS, Residential MR or Aging Facility, and Turning Point) if consumer requires intensified services while in treatment. Additional Supports recommended.
11. Venango County Prison vehicle, if consumer is county prisoner, with additional supports.
12. Last Resort Option: Transportation through the prison ministry via contact with Warden Smith.
13. Clarion Cab Company

**From:** Major Smith  
**Sent:** Monday, November 24, 2008 5:49 PM  
**To:** Amy Johnston; Bernie Loll; Beth Gaw; Bruce Kahler; Cathy Lackatos; Dave Morris; Deb Martin; Doug Frankenburg; Jayne Romero; Jeff Storm (franklinpd201@franklin-pa.us); John Anderson; Oliver Braden; Paula Counselman; Robert Wenner; Steve Rembold; Tim Fletcher  
**Subject:** Transportation

I've discussed the transportation commitment once again with Pastor Don Boyer, Prison Ministry. His group is still willing to provide transportation for individuals in need of rides from UPMC to their place of residence. He is aware of the insurance liabilities and indicated that it is no different than the liability they assume when transporting church members and others in need of rides to various locations.

Pastor Boyer can be reached at 814 657-2213, but I would prefer that you contact me first and allow me to make the initial contact with him when rides are needed, until he becomes more familiar with the process. I may be reached at 814 657-3839.

As we also discussed in our last meeting, we don't want to give the individuals who are in need of rides the idea that they will be provided rides whenever they desire. They are adults and should be responsible enough to find their own rides.

We will use the Prison Ministry in cases whereby transportation is absolutely necessary.

Contact me, if you have any questions.

Warden Smith

**Disposition Options for Individuals who make a Serious Suicide Attempt  
And Require Medication Intervention/Stabilization  
Prior to Mental Health Treatment**

**Policy and Procedures**

**Policy**

The disposition of individuals who present at the UPMC-Northwest Emergency Department who have made a serious suicide attempt and require medical intervention prior to mental health treatment will include either: a) immediate completion of the Section 302 Involuntary Emergency Treatment Paperwork, or b) delayed completion of the 302 process pending stabilization and further psychiatric examination. The decision to complete or delay the 302 Involuntary Emergency Treatment process will rest with the Emergency Department (ED) attending physician. Based on the physician's decision, other professionals who are a party to the process will act, as outlined in the Procedures Section below, to ensure that legal time frames are met with regard to Involuntary Emergency Treatment and Extended Involuntary Emergency Treatment, if warranted, as outlined in the Mental Health Procedures Act, As Amended, 1978.

**Procedures**

A. Procedures in situations where the Section 302 Involuntary Emergency Treatment process is completed in the Emergency Department (ED) are as follows:

1. All 302 related paper work is completed in the E.D.
2. The Venango County Integrated Crisis Services (ICS) Unit worker who is serving in the Delegate role will notify the UPMC-NW Behavioral Health Unit that an individual under a 302 commitment has been hospitalized on a med-surge unit. The staff member receiving the call will complete a referral form and give the form to the designated physician extender. A copy of the referral form is attached.
3. The UPMC-NW Behavioral Health unit physician extender will notify the care manager/UPMC-NW social work department (at 676.7910) that the individual has been involuntarily hospitalized under Section 302 of the Mental Health Procedures Act, as amended, 1978.
4. The designated UPMC-NW care manager/social worker will assess the patient and identify the deadline date/time by which, if the individual *has not* transferred to the UPMC-NW Behavioral Health Unit, a petition for Extended

Involuntary Treatment under Section 303 of the Mental Health Procedures Act will need to be initiated.

5. The designated nursing unit staff member will routinely request a psychiatric consult as soon as possible after notification that a patient has been hospitalized under Section 302. The psychiatrist will determine if the patient is mentally ill and will require additional behavioral health treatment beyond the 120 hour 302 period.

a. If the individual is cooperative, the psychiatrist may offer the patient the option of signing him/herself in for mental health treatment voluntarily, after the 302 period elapses.

b. If the individual is not cooperative or there are other mitigating circumstances, the psychiatrist may decide to pursue the Section 303 Extended Emergency Involuntary Treatment commitment.

If the patient is determined *not* to be mentally ill the psychiatrist will sign the Notification of Mental Health Commitment (copy attached), under the section, "Notification of Physician's Determination That No Severe Mental Disability Exists." The Form will be forwarded to the Venango County ICS unit.

6. The patient who is subject to Emergency Involuntary Treatment under Section 302 will be transferred to the UPMC-NW Behavioral Health Unit at the earliest point possible.

7. In the event that the UPMC-NW social worker must facilitate a petition for Section 303 Extended Involuntary Treatment, the social worker will use procedures as outlined below.

a. The social worker will identify an individual to serve as petitioner. The petitioner will complete the 303 Part 1 –REQUEST FOR CERTIFICATION.

b. The social worker will provide patient with their Rights MH784-A under the 303 procedure.

c. The social worker will contact Integrated Crisis Services to schedule hearing date/time.

d. The social worker will oversee that the physician completes Part III – PHYSICIAN'S EXAMINATION

e. The social worker will oversee the filing of the 303 petition at the Prothonotary Office at the Courthouse.

f. The social worker will oversee faxing the 303 petition to the patient's attorney and/or confirm that the Prothonatary's Office faxes a copy to the patient's attorney.

g. At the time of the hearing, the social worker will provide to the Mental Health Review Officer the original 303 petition, a copy of the faxed "notice of confirmation of receipt" from the Prothonatary's Office if the 303 petition was filed by fax, and give the Mental Health Resource Officer and the patient attorney a copy of the 302 petition.

B. Procedures in situations where the Section 302 Involuntary Emergency Treatment process is delayed are as follows:

1. *None* of the Section 302 related paper work will be completed in the E.D., with the exception of the petitioner's statement.

2. The Venango County ICS Unit worker will notify the UPMC-NW Behavioral Health Unit that an individual who has made a serious suicide attempt has been hospitalized on a nursing unit, and the decision regarding a 302 commitment has been delayed. The staff member receiving the call will complete a referral form and give the form to the designated physician extender. Copy of the referral form is attached.

3. The UPMC-NW Behavioral Health unit will notify the care manager/UPMC-NW social work department of the situation.

4. The Care Manager will work with the patient's admitting Physician to ensure that a psychiatric consultation is requested. The psychiatrist will determine the disposition of the situation, as follows:

a. Patient is not mentally ill and is not in need of additional behavioral health treatment upon discharge from the nursing unit.

b. Patient is mentally ill and requires additional behavioral health treatment upon discharge from the nursing unit.

b.i. If the individual is cooperative, the psychiatrist may offer the patient the option of signing him/herself in for mental health treatment voluntarily.

b.ii. If the individual is not cooperative or there are other mitigating circumstances, the psychiatrist may decide to pursue the Section 302 Emergency Involuntary Treatment commitment. If the physician decides on this course of action, the Venango County ICS unit will be contacted by unit nursing staff to process the Section 302 paperwork. The ICS unit will follow routine procedures in processing the Section 302 commitment.

5. In situations where a person is admitted to a nursing unit without a 302 Commitment, and attempts to leave Against Medical Advice, the unit will immediately notify the Venango County Integrated Crisis Services (ICS) Unit.

a. The ICS worker will issue a verbal warrant for the individual to receive an evaluation for emergency involuntary mental health treatment. The patient must be evaluated within 2 hours.

b. The ICS worker will report to the hospital to facilitate completion of the Section 302 commitment process.

Attachments:

UPMC Referral form  
Notification of Mental Health Commitment Form  
303 Petition Procedures  
303 Patient Rights  
303 Hearing Checklist

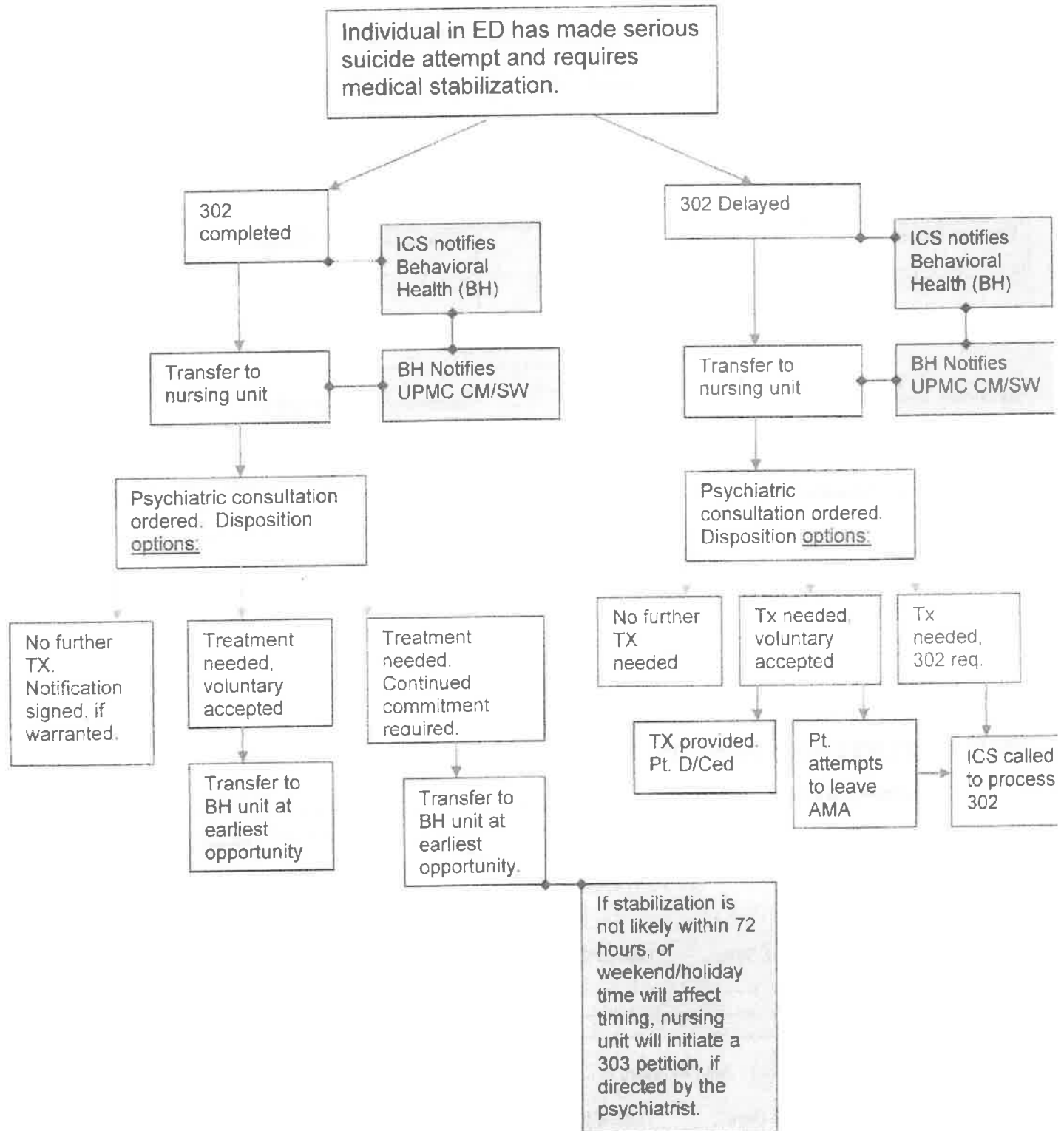
Date Implemented: 2/29/2008

Approved by:

Venango County MH/MR

**Disposition Options for Individuals who make a Serious Suicide Attempt  
And Require Medication Intervention/Stabilization  
Prior to Mental Health Treatment**

**Sequence Flow Chart**



Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Caller's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Referring Facility: \_\_\_\_\_ Person Receiving Call: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name:	Patient Unit Number:
Social Security Number:	Date of Birth:
Home/Permanent Address:	
Home Phone Number:	Alternate Phone Number:
Emergency Contact:	Relation to Patient:

**INSURANCE INFORMATION**

<b>Primary Insurance:</b>	Behavioral Phone Number:
Subscriber's Name/Social Security Number (if not the patient):	Relation to Patient:
Insurance Policy ID Number:	Group Number:

<b>Secondary Insurance:</b>	Behavioral Phone Number:
Subscriber's Name/Social Security Number (if not the patient):	Relation to Patient:
Insurance Policy ID Number:	Group Number:

**HOSPITALIZATIONS IN THE LAST 6 MONTHS**

Hospital:	Admit Date:	DC Date:
Hospital:	Admit Date:	DC Date:
Has Patient been admitted to UPMC Northwest Behavioral Health in last 30 days? Yes/No	Dates of stay:	Unit:

**PRIOR TO ACCEPTING AND ADMITTING PATIENT:**

Registration Clearance Done By: \_\_\_\_\_

<b>Primary Insurance:</b> _____	Phone: _____
(Circle One)      Clear      Auth Required      Notification      Denied at UPMC Northwest Behavioral Health	
Auth. #: _____ # of Days: _____ Date of Review: _____ LCD: _____ Contact Person: _____	

<b>Secondary Insurance:</b> _____	Phone: _____
(Circle One)      Clear      Auth Required      Notification      Denied at UPMC Northwest Behavioral Health	
Auth. #: _____ # of Days: _____ Date of Review: _____ LCD: _____ Contact Person: _____	



**COMMITMENT STATUS**

Legal Status: (Circle One) 201 302 303 304 Other: \_\_\_\_\_

Initiator: \_\_\_\_\_ Authorization Day: \_\_\_\_\_ Time: \_\_\_\_\_

Received and reviewed a fax copy of the commitment: Yes/No Problems? \_\_\_\_\_

**Clinical Presentation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Drug/ETOH Use: Yes/No Substance(s): \_\_\_\_\_ Frequency: \_\_\_\_\_ Last Use: \_\_\_\_\_

Active Medical Conditions/Special Treatments: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Other Issues (Administration Contact, Etc.): \_\_\_\_\_

Medical Clearance Call Completed: Yes/No

Any Issues? \_\_\_\_\_

Nursing Report Completed: Yes/No

Any Issues? \_\_\_\_\_

ETA: \_\_\_\_\_

**CL ONLY**

**Attending:** \_\_\_\_\_

Current Hospital/Unit: \_\_\_\_\_

Admission Date to Current Hospital: \_\_\_\_\_

UPMC Northwest Unit Requested: \_\_\_\_\_

Requested Transfer Date: \_\_\_\_\_

Planned Observation Level: \_\_\_\_\_ (Notify Unit if Pt. is to be C.O.) Case Manager: \_\_\_\_\_

Medical Clearance Call Completed: Yes/No

Who: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**DIRECT ADMISSIONS ONLY**

Requested Admit Date: \_\_\_\_\_

Date Cleared: \_\_\_\_\_

Care Management Review: \_\_\_\_\_

Physician Review: \_\_\_\_\_

Other Issues (Administration Contact Etc.): \_\_\_\_\_

**Community Ambulance Service, Inc.  
Policy/Procedure**

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Category: Operations  
Number: 320  
Title: Transferring Mental Health Patients -Voluntary / 302  
Date: July 1, 2007  
Last Revised: October 2009,

Approved:

John M. Anderson  
Executive Director

Tim Fletcher  
OD

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Purpose: To give direction to all employees when it comes to the transportation of mental health patients.

Policy:

1. **Voluntary patient with a medical problem from residence or location within our response area**
  - a. Voluntary patient with a medical problem will be transported to the nearest appropriate facility by our staff. *Ask all patients to declare any weapons.*
  - b. If a Voluntary patient with a medical problem shows signs of violence or aggression and is believed to be a threat to our crew:
    - i. Request law enforcement / corrections officer to ride with our crew or follow crew and transport patient to the nearest appropriate facility.
    - ii. Contact the on call supervisor if law enforcement is unable to ride with crew or follow crew to the nearest appropriate facility.
    - iii. Should a voluntary patient make the request to be left out of the unit:
      - a. Try to talk patient into going for evaluation if condition permits.
      - b. If condition does not permit pull the vehicle over at the earliest safe location and attempt to obtain refusal if patient is not aggressive towards crew.
      - c. If patient is aggressive towards the crew open the door and let patient exit. Do not put yourself at risk trying to obtain refusal.
      - d. Contact Law Enforcement
      - e. Contact the Hospital if they were already notified of patient

2. Voluntary patient with no signs of a medical problem from residence or location within our response area

- a. Request family member or a friend to transport. You may suggest Bakers transportation or Venango County Mental Health.
- b. Request law enforcement to transport.
- c. If law enforcement is unable to transport our crew should transport him/her to the nearest appropriate facility unless they show signs of violence or aggression and is believed to be a threat to our crew.
- d. If patient shows signs of violence or aggression and is believed to be a threat to our crew contact the on call supervisor if law enforcement is unable to transport.

3. Voluntary patient being transported Out of County

- a. Voluntary patient **will not** be transported from residence or location within our response area directly to an Out of County facility. An exception may be if the patient is in a medical or extended care facility...
- b. Voluntary patient will be transported Out of County using the following guidelines.
  - i. Patient is not violent or a threat to crew.
  - ii. Patient is not under the influence of drugs or alcohol.
  - iii. If patient has insurance:
    - Obtain insurance waiver
    - Secure self-pay information
  - iv. If agency accepts financial responsibility obtain agency name, authorizing persons name and title.
  - v. If **self pay**, payment must be received prior to transport.
    - Self-pay can be done by credit card or money order
      - i. Credit Card information needed:
        - a. Name on card
        - b. Type of card
        - c. Card #
        - d. Expiration date
        - e. 3 digit security code on back of card

All Voluntary MHMR transports to out of county facilities will be based on crew availability and staffing with supervisor approval.

If upon arriving at medical facility or extended care facility patient is deemed to be violent or aggressive towards the crew contact the on call supervisor about the patient condition.

**response area**

- a. Request law enforcement to transport
- b. If law enforcement is unable to transport our crew should transport him/her to the nearest appropriate facility unless they show signs of violence or aggression and is believed to be a threat to our crew.
- c. If patient shows signs of violence or aggression and is believed to be a threat to our crew contact the on call supervisor if law enforcement is unable to transport

**5. Court Ordered / 302 with a medical problem from residence or location within our response area**

- a. Court Ordered / 302 patient with a medical problem will be transported to the nearest appropriate facility.
- b. If a Court Ordered / 302 patient with a medical problem shows signs of violence or aggression and is believed to be a threat to our crew:
  - i. Request law enforcement to ride with our crew or follow crew and transport patient to the nearest appropriate facility.
  - ii. Contact the on call supervisor if law enforcement is unable to ride with crew or follow crew to the nearest appropriate facility.

**6. Court Ordered / (302) to a out of county facility**

**Patients from a medical or extended care facility to an out of county facility**

Community Ambulance Service, Inc. will transport court ordered/ (302) patients to an out of county facility using the following guidelines.

- a. When called to respond to UPMC Northwest or an extended care facility for an out of county transport, ask the demeanor of patient and have they shown any outward signs of aggression.
  - i. If the patient shows signs of aggression and is a threat to crew Contact the on call supervisor about the patient condition.
  - ii. Consider Restraint Policy (Operations 335). Review BLS protocol 801.
- b. If an out of county transport is requested authorization for payment must be obtained from an MHMR representative prior to transport.
  - i. Obtain MHMR representative's name and contact number.
  - ii. Contact MHMR representative and confirm authorization for payment.

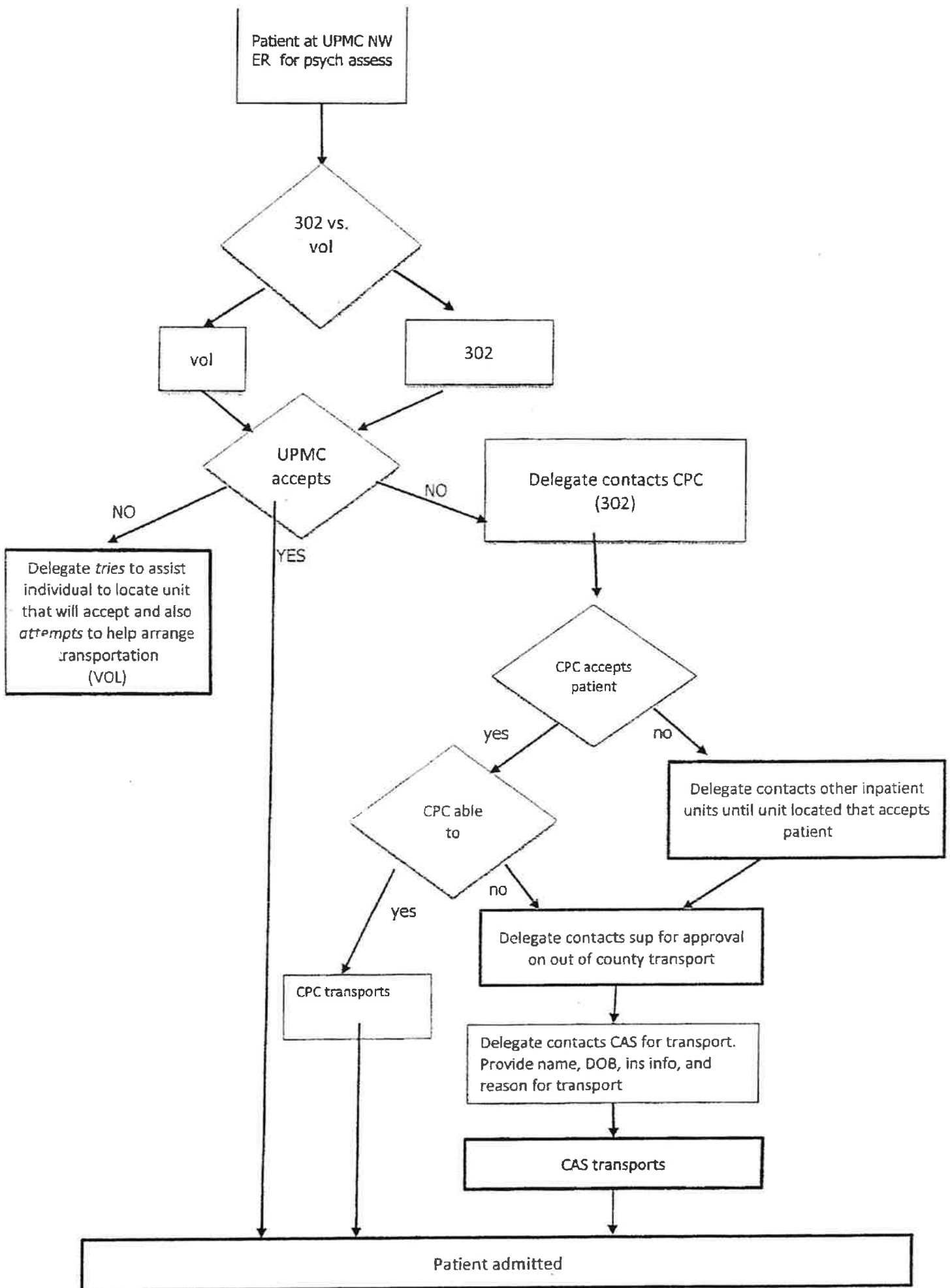
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- i. Have the agency or person requesting transport contact Clarion Psychiatric Center and see if they will provide transportation
  - ii. If Clarion cannot provide transportation and patient is voluntary see #3.
  - iii. If Clarion cannot provide transportation and patient is Court Ordered/302 see #5

8. Law Enforcement request ambulance to follow

- a. In some situations law enforcement may feel it is in the best interest of the patient for the ambulance to follow them to nearest appropriate facility.

All MHMR patients must be transported in an ambulance.

**\* Reminder: Emergency Call Sign (EMT 99 or Medic 99) \***



# Gent, Gent and Snyder

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HENRY W. GENT, III

RECEIVED

MAY 24 2010

VENANGO COUNTY  
MH/MR FRANKLIN

OF COUNSEL  
MICHAEL D. SNYDER

May 21, 2010

Venango County MH/MR  
1 Dale Avenue  
Franklin, PA 16323

Attention: Jayne Romero

Dear Jayne:

This is in follow-up to our conversation of May 20, 2010, regarding an incident in which a person who was under arrest acted out, threatened suicide, and was taken to the emergency room of UPMC Northwest for an assessment to determine if she should be admitted to the Behavioral Health Unit pursuant to Section 302 of the Mental Health Procedures Act, i.e., an involuntary commitment. It is my understanding that at the hospital, it was determined that the patient did not meet the standards for an involuntary commitment, however, at that point, instead of the person being taken back into custody pursuant to the arrest warrant, she voluntarily signed herself in to the Behavioral Health Unit and, in fact, was admitted.

Your question and the question of others involved in the incident is whether the person should have been able to avoid being taken to the jail by admitting herself voluntarily to the Behavioral Health Unit after she was determined not to be appropriate for an involuntary commitment.

It is my opinion that after the individual was assessed and determined not to be appropriate for involuntary commitment, she should have been returned to the custody of the arresting officer or officers for incarceration in the Venango County Jail. If this type of incident should occur in the future, the person subject to the arrest warrant should not be permitted to avoid arrest or avoid being taken to jail by voluntarily admitting himself or herself to the Behavioral Health Unit.

If you have any questions in regard to this opinion or wish to discuss in any further detail, please do not hesitate to give me a call.

Very truly yours,

Gent, Gent & Snyder



Henry W. Gent, III

HWG,III:vam

