

Submitting a Request for Emergency Mental Health Examination & Treatment:

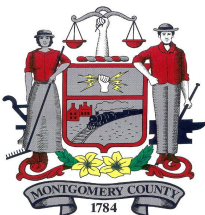
Information for Petitioners

A service of the

**MONTGOMERY COUNTY
COMMITMENT OFFICE**

610-279-6102

Located at Montgomery County
Emergency Service:
50 Beech Dr
Norristown PA, 19403



In partnership with the Montgomery County
Office of Mental Health/
Developmental Disabilities/
Early Intervention
610-278-3642

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GENERAL INFORMATION

Location:	Montgomery County Emergency Service (MCES) 50 Beech Drive Norristown, PA 19403 <i>The MCCO* is located within the Crisis Office at MCES.</i>
Phone Number:	610-279-6102 <i>This number also serves as a Crisis/Suicide Prevention Hotline</i>
Fax:	610-292-0441 (<i>Please call prior to faxing</i>)
Hours:	24 hours a day, including weekends and holidays
Services:	Education and assistance with understanding and utilizing legal options available via the Mental Health Procedures Act for emergency evaluation and treatment. This guidance is available for individuals, families, concerned citizens, service providers and law enforcement.

*MCCO = Montgomery County Commitment Office

MENTAL HEALTH PROCEDURES ACT

The full text of the MHPA is available at: www.legis.state.pa.gov

When psychiatric emergencies escalate into a serious and potentially life-threatening situation, Pennsylvania law empowers the Office of Mental Health to authorize evaluation and treatment without an individual's consent if necessary. This is called **involuntary commitment**, sometimes referred to as a "302". Montgomery County has delegated authority over this process to the Mental Health Delegates in the Montgomery County Commitment Office (MCCO) located at MCES.

One of the most important clinical, legal and ethical underpinnings of Pennsylvania Law in terms of mental health treatment is the concept of the **Least Restrictive Alternative**, which recognizes that individuals thrive in environments that least restrict their freedoms.

When community treatment options have been exhausted or unsuccessful, and an individual is believed to be in need of inpatient treatment, it is **always** preferable for that treatment to be provided on a voluntary basis.

Involuntary commitment is a serious step, that temporarily suspends a person's rights in favor of safety. It should be viewed as a last resort and only pursued after other options have been unsuccessful. **Mental Health Delegates and Crisis Workers are available 24/7 at 610-279-6102 to offer guidance and assistance.**

Even though the MHPA is the same throughout the Commonwealth of Pennsylvania, each County Mental Health Administrator is individually charged with implementation of the Act in their county. As a result, procedures and processes may vary by county. **This pamphlet will discuss Montgomery County procedures only.**

MENTAL HEALTH PROCEDURES ACT PENNSYLVANIA INSTANT CHECK SYSTEM (PICS)

ACT 77, approved July 2, 1996, amends the Mental Health Procedures Act to require Judges, Mental Health Review Officers and County Behavioral Health Administrators to notify the Pennsylvania State Police when an individual has been involuntarily committed to a psychiatric facility for inpatient care and treatment under Sections 302, 303, 304 or when a person has been adjudicated incompetent (a separate legal procedure not discussed in this document). Information identifying the individual and the admission, (but not the clinical details) is supplied to the Pennsylvania State Police for inclusion into the Pennsylvania Instant Check System (PICS).

PICS has been operational since July 1, 1998. Persons who have been involuntarily treated or adjudicated incompetent are prohibited by 19 pa CS 6105(c)(4) from purchasing, possessing, using, manufacturing, controlling, selling or transferring firearms (except as permitted under 6106(a)(2) to allow selling or transferring of firearms to comply with relinquishing weapons already owned).

If a person is subject to an involuntary psychiatric examination via a 302 and inpatient treatment is indicated, their information will be submitted to the PICS via the Pennsylvania State Police, and this will prohibit them from purchasing firearms in the future. Additionally, in some jurisdictions, it is considered permissible for local authorities to remove currently owned firearms in addition to 6106(a)(2) relinquishing of currently owned firearms.

The MCCO recognizes the potential impact of Act 77 on future employment, protection, and leisure options for individuals and encourages you to talk with a Delegate or Crisis Worker for more information by calling 610-279-6102 or by presenting in person.

Types of Mental Health Commitments 201 (Voluntary), 302, 303, 304, 305, 306

Section 201

Voluntary Admission/Consent to Inpatient Treatment

Voluntary admission means that a person enters an inpatient treatment facility of their own free will. When a person is in a hospital voluntarily, that hospital may request that the person provide written notification up to 72-hours prior to discharge. This allows for the treatment facility to conduct an evaluation, determine the appropriate follow-up level of care, and engage in appropriate discharge planning with the person. Requiring notice also allows the hospital 72 hours to file for an involuntary commitment if the treatment team determines that the person's mental illness will result in imminent harm if they are discharged.

Younger than 14 years old - A parent, guardian, or person standing in *Loco Parentis* may make an application for treatment to an appropriate facility that treats children. Most facilities require a parent or duly court appointed guardian to exercise this process and consent to mental health treatment for the minor.

14 years or older - Anyone 14 years or older may consent to inpatient mental health treatment. A parent, guardian, or person standing in *Loco Parentis* of an individual 14 years or older may not consent to mental health treatment for that individual but may utilize involuntary commitment procedures if necessary.

14 to 18 years old – If a child older than 14 years but younger than 18 years does not consent to mental health treatment, a parent may consent to admission for that child ONLY UPON the recommendation of a psychiatrist. There are significant challenges to utilizing this procedure. Please discuss with a Crisis Case Worker or Mental Health Delegate or your child's treatment team.

18 years or older– Most adults may consent to their own mental health inpatient treatment. If an adult has an appointed guardian or has been adjudicated incompetent, contact the MCCO for guidance.

For more information about local hospitals and options for voluntary, inpatient mental health treatment, contact the MCCO at 610-279-6102 or call the Montgomery County Mobile Crisis Team at 1-855-634-4673.

Section 302

Petition for Involuntary Examination & Treatment

The “302” is a request to perform a psychiatric examination for an individual believed to be severely mentally ill **AND** solely as a result of that mental illness, a threat to cause serious physical injury to themselves or others **AND** who is refusing treatment **AND** the threat is significant enough that without immediate intervention it is thought that the untreated mental illness could be causative or contributory to infliction of serious physical injury.

When a petitioner “files a 302” they are requesting an emergency psychiatric evaluation to determine if inpatient hospitalization is appropriate. The “302 commitment” does not happen until a physician completes the 302 evaluation and indicates that inpatient treatment is necessary and likely to help reduce dangerousness. Any questions or discussion about the process or variability of potential outcomes should be directed to a Mental Health Delegate at the MCCO.

Timeline of the 302 Process:

- Petitioner files a petition with the MCCO, detailing behavior **within the last 30 days**, that took place within the geographic **borders of Montgomery County Pennsylvania**.
- A Mental Health Delegate at the MCCO reviews the petition and ensures that it **satisfies the requirements of the MHPA**
- If the requirements of the law are satisfied, the Mental Health Delegate issues a **warrant** for an emergency psychiatric evaluation.
- The individual is evaluated at a **designated Evaluating Facility** (contact the MCCO for information on location of facilities and transportation options for a person who is not already sitting in an appropriate facility).
- If a physician at the Evaluating Facility completes the 302 evaluation and determines that inpatient treatment is necessary, the individual is **committed to an appropriate treatment facility** for a period **up to but not to exceed 120 hours** (5 consecutive days). This initial detention period may last anywhere from as little as a few hours to up to the full 5 days. The person may be released **at any time** within that period if the treatment team determines that they no longer meet criteria for that level of care.

Note about parents/children: A properly executed 302 may temporarily usurp the parental right to make decisions regarding placement or release from a psychiatric setting for their child or adolescent. The 302 process has its own process procedures to review and uphold the individual’s rights.

Section 302 Continued

Who can be a petitioner?

302A: Any responsible party may petition for an emergency involuntary evaluation by contacting the MCCO at MCES, and presenting facts that are the basis of that request. The behavior described must have been **personally witnessed by the petitioner** and occurred **within Montgomery County within the last 30 days**. The Mental Health Delegate **may or may not** issue a warrant depending if the behaviors are determined to meet the criteria described in law.

302B: Police officers or physicians, upon personal observation of conduct that indicates that the person could be severely mentally disabled and posing a clear and present danger to self or others, may take that person to any approved facility without a warrant for an evaluation. Upon arrival, the officer or physician who directly observed the behavior or the individual's condition, must make a brief written statement of the conduct which indicates that the person may be **severely mentally disabled, poses a clear and present danger of harm to self and/or others**, and is **in need of an immediate evaluation**. Upon approval of the Mental Health Delegate, an Officer or Physician may file from their current location and request MCES Ambulance or other appropriate EMS services provide transport for to a designated facility for evaluation.

Persons who are incarcerated and/or subject to legal detention may also be involuntarily emergency evaluated if they meet the criteria as stated above, the above stated procedures are followed and if appropriate level of detention is available.

Remember, the 302 petition is a request for an evaluation. The ultimate authority for deciding clinical and legal **justification** for admission and emergency treatment rests with the examining physician. The mental health warrant (or the request of an officer or physician) **ONLY** secures an evaluation. That evaluation may or may not result in admission. There may be circumstances where an individual would appear to benefit from inpatient mental health treatment but does **NOT** meet the criteria for Involuntary Treatment. In those circumstances the individual may be offered, but is not required to accept, inpatient treatment.

Section 303

Extended Commitment for Involuntary Treatment

A 303 commitment follows an initial 302 if the treatment team believes that an individual requires **AND** legally qualifies for additional involuntary treatment. This treatment may be continued inpatient, community-based, or a combination. The treatment team petitions the Mental Health Civil Commitment Court (an extension of the Court of Common Pleas) to review the original 302 petition, as well as evidence gathered by the treatment team that extended involuntary treatment is clinically and legally warranted. Not all individuals admitted on a 302 will have a 303 Court Conference (see page 17) . If approved, an extension of involuntary treatment may be ordered for **up to 20 days** of court-ordered treatment (inpatient, partial, outpatient, or combination).

The primary purpose of the 303 Conference is to protect a person's right to liberty.

Sections 304 B&C

Extended Commitment for Involuntary Treatment

304B (For a person ALREADY subject to involuntary treatment under Sec. 303): A person can be committed for **up to 90 days** of treatment (inpatient and/or outpatient) if the treatment team can show that the conduct originally established to subject the person to involuntary treatment did in fact occur and the person's condition continues to signify a clear and present danger to themselves or others.

304C (For a person NOT already subject to involuntary treatment under Sec. 303): This procedure may be used for an individual who is in the community or in inpatient treatment via a voluntary admission (201). The individual must be considered dangerous as defined for the 302 process but does not present with same immediacy of need, i.e., the person has sufficient supports to be maintained adequately while awaiting a hearing. Any reasonable party who has observed the dangerous behavior **AND** believes the person to be severely mentally disabled **AND** in need of treatment can file a petition with the Court of Common Pleas requesting court-ordered, mandated treatment **not to exceed 90 days**.

Section 305

Extended Commitment for Involuntary Treatment

A person already subject to involuntary treatment under section 304 (b), who has demonstrated a clear and present danger to themselves or others during the preceding period of hospitalization, and who continues to present new behaviors requiring further treatment, may be court-ordered to receive involuntary treatment (inpatient or outpatient) for additional periods **not to exceed 180 days**.

Section 306

Amending a Court Order for Involuntary Treatment

Section 306 is not an original court order, rather a process for transferring from one order to another. A 306 may convert an order from more restrictive to less restrictive treatment **OR** less restrictive to more restrictive. A 306 transfers an individual from either inpatient to outpatient **OR** outpatient to inpatient.

Example: An individual subject to a 303, 304, or 305 who is currently in inpatient treatment but no longer meets the ongoing criteria for continued inpatient treatment. There is significant clinical concern that the individual will not engage with recommended ongoing outpatient treatment upon release. The treatment team may ask the Court to have the individual released on an outpatient commitment, transferring the remaining time on the current commitment to the outpatient order. If the individual becomes non-adherent to the agreement for outpatient treatment **AND** begins to decompensate, there is the *possibility* to hold a Court Conference to determine appropriateness of re-hospitalization. An individual cannot be brought back to a hospital setting on an emergency basis via the 306. The 302 process is the only vehicle for emergency treatment.

Contact the MCCO for guidance on the 306 process, including contact information for the Montgomery County Court Coordinator.

Types of Mental Health Commitments SUMMARY

As stated previously, **diversion from a hospital setting and support in the community should always be thoroughly explored before pursuing an inpatient commitment.** If community support options have been exhausted, the Mental Health Procedures Act allows for the following commitments:

- **201-** A person voluntarily signs in to a hospital. The hospital may require that voluntary patients give 72 hours notice before meaning that a person may not be able to leave whenever they choose, even during a voluntary stay.
- **302-** An emergency psychiatric evaluation and **up to 120 hours** in an inpatient facility for observation and treatment on an **involuntary** basis. A 302 commitment is usually precipitated by a warrant issued by the Montgomery County Commitment Office. If a facility believes that a person requires more than 120 hours of treatment, the individual must be notified no later than 72 hours into their stay that a hearing will be held to determine whether or not the involuntary commitment can be extended.
- **303-** An **extension of an involuntary commitment for up to 20 days.** The treating hospital must file a petition for a hearing. The original 302 petitioner testifies at the hearing, the hospital presents information re: why they believe an extended commitment is necessary, and the individual is entitled to legal counsel. The petition must be approved by a Mental Health Hearing Officer.
- **304-** Extended **involuntary** commitment, **not to exceed 90 days.**
- **305-** Extended **involuntary** commitment, **not to exceed 180 days.**
- **306-** **Involuntary** commitment to **transfer treatment** from one level of care to another (ie outpatient to inpatient).

CRITERIA FOR AN INVOLUNTARY COMMITMENT

The following behavioral criteria for an involuntary evaluation are set forth in the Mental Health Procedures Act and **MUST have occurred in the last thirty (30) days** and within the borders of Montgomery County. **A petitioner must have personally observed this behavior. The behavior must be due to mental illness, and cannot be due PRIMARILY to drug and alcohol issues, senility or an intellectual disability.**

- The person inflicted or attempted to inflict serious bodily harm on another and there is a reasonable probability that such conduct will be repeated unless treatment is afforded, or the person has made threats of harm and has committed acts in furtherance of the threat to commit harm.
- The person has attempted suicide and there is reasonable probability of another attempt at suicide unless treatment is afforded, or has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide.
- The person has substantially mutilated him/herself or attempted to mutilate him/herself and there is a reasonable probability of self-mutilation unless treatment is afforded, or has made threats to commit self-mutilation and has committed acts which are in furtherance of the threat to commit self-mutilation.
- The person has acted in such a manner as to evidence that they would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury, or serious physical debilitation would ensure within thirty (30) days unless treatment is afforded.

CLARIFICATION OF TERMS

Danger to others – An individual either did, or attempted to do, something to cause serious physical injury. A 302 is not possible in situations where the individual is threatening *only*. To secure a warrant and involuntary commitment if a person did not actually cause or attempt to cause injury, the threat must have occurred simultaneously with *an act in furtherance* (ie steps were taken towards completing the threatening act). A threat in and of itself is not reason for a 302, but a threat with a plan, access to that plan, and stated intent to follow through with that plan - is often sufficient to move forward.

Danger to self – This category includes both suicide and self-mutilation. As above, in the absence of an actual attempt, a threat is not sufficient. However, a threat with a plan, access to that plan, and stated intent to follow through with that plan - is often sufficient to move forward.

Inability to care – Many believe that the MHPA purposefully leaves this definition vague to encompass dangerous behaviors that don't fit into one of the other three definitions (danger to others, suicide attempt, self-mutilation). This definition is **NOT** for individuals who are unable to care for themselves directly due to substance use or dependency, or senility or intellectual disability. **Two examples of inability to care:** *An individual is depressed (but not voicing suicidality) and as a result of that depression is no longer eating. They are losing weight significant enough to cause injury if continued. Or, an individual is catatonic and stays in one position for hours at a time and is not caring for activities of daily living.*

FILING A PETITION

Although involuntary guidelines are based on the same law throughout the Commonwealth of Pennsylvania (MHPA), each County is charged with developing their own procedures to implement that law. Below is a summary of Montgomery County Procedures for Part A Petitioners (ie petitioners who are NOT police officers or physicians):

1. Call Mobile Crisis at **1-855-634-4673** to explore community support options. If community support options have been exhausted, call the Montgomery County Commitment Office at **610-279-6102**.
2. A Crisis Worker will first speak with you and answer any questions you may have before you write your statement. They will explain the requirements the law (MHPA) has for a petition to be approved and a warrant to be issued (see pages 12 & 13)
3. You may also include a description of other behaviors or psychiatric history. If this information is more than 30 days old, it will be regarded as *historical data*, which cannot be considered for the current petition or for the purposes of involuntary treatment, but may be helpful for the psychiatrist or Court Team to know.
4. Do not include opinions or speculations. Write legibly, but do not worry about grammar and spelling. Simply describe what you saw the individual do (or not do) or say that is dangerous to themselves or others that may indicate that the individual is mentally ill. Accurate details are the most effective way of presenting the need for evaluation
5. **Your petition must be truthful. Any person who knowingly provides false information when completing a legal petition may be subject to criminal penalties including a misdemeanor conviction and up to two years imprisonment and a \$2000 fine for “FALSE SWEARING TO AUTHORITIES.”**
6. **As this is a legal process, have a valid ID ready. If you did not bring it with you, you may be required to obtain your ID prior to initiating the process.**

WHAT HAPPENS NEXT?

Upon completion the petition is submitted to and immediately reviewed by a Mental Health Delegate at the Montgomery County Commitment Office (an extension of the Montgomery County Office of Mental Health), who will make an initial determination whether or not your statement meets the legal criteria to issue a civil warrant and have the individual brought to MCES (or other designated facility) by ambulance or police for an immediate evaluation, provided there are no outstanding medical or care issues.

Note: The MCES ambulance is not an instant response emergency vehicle. Your local police (911) should be called in the event that an immediate response for safety is needed.

If a warrant is issued, the individual will be picked up as soon as possible following either verification of whereabouts or if the person is in a local emergency room following mutual medical clearance between the emergency room and designated evaluating facility. You may request to withdraw the petition only prior to pick-up and only for a cause acceptable to the Delegate. Note that the Delegate has no obligation to withdraw the warrant. If a warrant is issued and the individual is brought to the designated facility for an evaluation to assess involuntary inpatient admission, the examining physician must find the individual to be:

- **Severely mentally disabled and**
- **A clear and present danger to self and/or others and**
- **In need of immediate treatment to prevent continuing dangerous conduct**

The criteria above is needed to commit the person for psychiatric treatment for a period of up to five (5) days. Individuals found to be in need of an emergency psychiatric hospitalization may be admitted to MCES or another designated facility.

If the physician, after evaluating the individual, does not find these criteria present, the law states that the individual must be released and returned to a place of their choosing (within Montgomery County). Therefore, an involuntary evaluation may not result in commitment (admission) to MCES or other designated treatment facility.

If the individual is admitted, they may be admitted for up to five (5) calendar days for an emergency evaluation period. **If admitted, the individual will be placed on a list that will prohibit them from owning or using firearms in the future. Please see Page 5 of this booklet or ask staff for a more detailed explanation.**

The Commitment Office and Crisis staff recognize that is a difficult decision to file a petition for a loved one or friend. Most petitioners have concerns regarding this process. Please feel free to call the Commitment Office at anytime to address any questions, concerns, or reservations with a Crisis Worker or Mental Health Delegate at 610-279-6102.

COURT CONFERENCE (AKA 303 HEARING)

If during the initial involuntary hospitalization period, further involuntary treatment is believed appropriate, the treatment team will file for an informal conference to take place at MCES or other designated facility. This conference must occur within that first 5-day period, but due to weekends, holidays and other circumstances, this may result in a stay of less than five (5) days before the hearing occurs. Under some circumstances the hearing could occur the next day or even the very same day (although this is rare). At this hearing, the individual may be committed for further treatment by the Court for a period of up to twenty (20) days, either as an inpatient, at a partial program, or on an outpatient basis (or a combination of those treatment modalities).

NOTE: As the petitioner, you MUST appear at this hearing. If you cannot attend, this may result in the individual being released from treatment despite obvious clinical need.

CONFIDENTIALITY

The amount and type of information an evaluating or treating facility can provide about individuals in their care is determined by law. An individual must sign a consent to share information. Even if permission to speak with others is given, the individual will determine what information may/may not be given. It is important for the treatment team to have as much information as possible about the individual that may assist with treatment. If a confidential release form is not signed by the individual and the treating hospital is not able to provide you with information about how treatment is going, you remain free to provide the Treatment Team with any collateral information you feel is pertinent.

The primary contact between the Treatment team at the hospital is typically a Caseworker, Social Worker, or Social Services Worker. Medical staff and/or designated nursing staff may provide information on a case by case basis, but typically a caseworker is assigned to each individual the first business day (Monday through Friday) following his/her admission and should be viewed as the primary point of contact.

FREQUENTLY ASKED QUESTIONS

Filing A Petition:

Do I have enough to file a petition?

As it is a legal document, a decision about whether any particular situation is “enough” for a 302 is not made until that document is in writing. A Mental Health Delegate will discuss with you the behavior you have observed, attempt to discern any additional conduct that may not be obvious to others, and have in depth discussions about the legal definitions of dangerous conduct and mental illness.

Why can't someone else be the petitioner?

Even though the 302 process is attempting to protect safety and provide necessary treatment, the process by its very nature takes away the individual's most basic human right, the right of self-determination. Given the emergency nature of the behavior resulting in the vast majority of 302 requests, Pennsylvania Law allows this deprivation of liberty to occur, but ONLY when the due process procedures discussed within this document, including that the petitioner be an individual who has directly witnessed the behavior, are followed.

Do I have to write this all down? It is very hard to put this into words.

Those of us who have not had to contemplate engaging in these procedures can never truly know how difficult and emotionally traumatic this process must be. However, as we are making decisions for people, depriving liberty, potentially changing the path of future aspirations, and to protect to the greatest extent possible a positive outcome in treatment and at Court, the details really do matter. Leaving out information or being too brief/vague, may hinder Court, where they are ONLY permitted to look at the details within the four corners of the pages of your petition.

FREQUENTLY ASKED QUESTIONS

Court Conference:

What is the Court Conference looking for?

The Conference seeks to clarify any information in the petition and is not a venue for new information or a time for family or petitioners to present additional behavior or reasons for treatment. The Conference is determining whether the reasons stated in the petition were sufficient, in the Court's view, to have proceeded in the first place. Essentially, the Court may ONLY look at what is written in the original 302 petition to determine if the individual was subject to involuntary treatment appropriately as viewed from their legal perspective.

Can you explain the court process?

If admitted to a hospital, the 302 only permits up to 5 days of hospitalization, it does not guarantee that a Court Conference will take place. The 303 Court Conference is only held if the treatment team believes that additional involuntary treatment is required and legally permissible. At that conference, the treating physician will make a recommendation for further inpatient, partial or outpatient treatment or a combination of those treatment modalities. The individual in treatment will speak with a Public Defender (or personally hired/financed private representation) on the day of the Conference, who will inform the individual of the physician's recommendation and they can choose to agree, compromise, or disagree. If the patient agrees or compromises (stipulates), it will be put on the record and you (the petitioner) will not have to testify and will be released. If the patient disagrees with the recommendation (contests), then you will have to testify to the behaviors you witnessed (what you wrote in the petition).

What if I do not agree with the compromise?

A compromise assures at least some level of treatment, but a full Court Conference in certain circumstances may result in the Court ordering the release of individual from a hospital without a commitment for treatment, even if there is a clinical need. Treatment Teams base these decisions, including the details of a compromise, very thoughtfully and carefully on clinical assessment and legal precedent.

FREQUENTLY ASKED QUESTIONS

Why didn't we have a Court Conference?

The individual in treatment has the right to either **stipulate** or **contest** the Court Conference.

Stipulate - If they stipulate, the individual essentially has come to an agreement with their Treatment Team and an abbreviated Court Conference is held with just the Court Team. Often families are disconcerted that they don't get their "day in Court" to convince the Court about need for treatment, but it is important to remember that this is a legal process between the individual in treatment and the treatment team only and is finalized without additional input if those participants agree to an outcome.

Contest - If the individual in treatment contests the hearing they are essentially stating they request release immediately with no legal oversight. This requires the full, more formalized Conference with Court Team, Physician, and the Petitioner of record. As mentioned elsewhere, if the petitioner is not present for a Contested Conference it will most likely lead to release despite level of need.

FREQUENTLY ASKED QUESTIONS

What if I do not come to the hearing?

If the individual and doctor cannot come to an agreement, and the individual chooses to contest the Conference (see previous page) the individual in treatment could be released by the court from the hospital without a commitment despite.

How long will the hearing take?

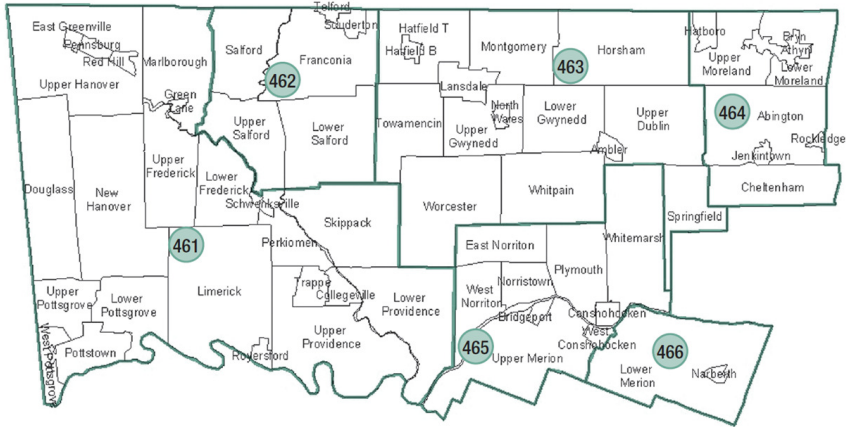
Court (which consists of back-to-back 15-20 minute hearings) generally takes two hours, but could be longer or shorter depending on the number of hearings scheduled for that day. If the individual in treatment agrees or compromises with the doctor and you are not needed to testify, MCCO staff will let you know as soon as possible so that you can be released.

Can I meet with someone from the treatment team and/or see the patient?

The individual in treatment has the right to attend the conference. Should they decide to do so, then you will see them in court. If the Conference is held at MCES, the individual in treatment and their public defender (or private attorney) will be seated across from the fairly large board room style table with you and the County Solicitor (County Lawyer) and possibly the assigned physician. It is not guaranteed that you will interact with the individual other than through the Conference proceedings, as there are usually multiple Conferences scheduled. It is also not guaranteed that you will speak with a member of the treatment team due to their schedule. There will be a NAMI volunteer and/or an MCES Hospital Community Liaison available to meet with you and answer your questions during the court conference.

MCCO: Information for Petitioners

Community Behavioral Health Centers (CBHCs) are local community mental health agencies. There are six (6) in Montgomery County which offer an array of behavioral health services including: assessment, recovery coaching, administrative/service case management, treatment, and medication management. Connection to community supports and services is essential to help prevent psychiatric crises and to plan for a successful transition home after an emergency passes.



**461: Western Area
Children & Adults**
Creative Health Services
11 Robinson St,
Pottstown, PA 19464
(610) 326-2767

**463: Lansdale Area
Children & Adults**
NHS Human Services
400 N. Broad St,
Lansdale, PA 19446
(215) 368-2022

**464: Abington Area
Adults ONLY**
Central Behavioral Health
2500 Maryland Rd, Suite 130
Willow Grove PA 19090
(610)-308-4372

**462: Franconia/Salford Area
Children & Adults**
Penn Foundation
807 Lawn Ave,
Sellersville, PA 18960
(215) 257-6551

**464: Abington Area
Children ONLY**
Child and Family Focus
2935 Byberry Road
Hatboro PA 19040
(215)-957-9771

**465: Norristown Area
Children & Adults**
Central Behavioral Health
1100 Powell St,
Norristown, PA 19401
(610) 277-9420

**466: Lower Merion Area
Children & Adults**
Lower Merion Counseling Services
850 W Lancaster Ave,
Bryn Mawr, PA 19010
(610) 520-1510

OTHER HELPFUL CONTACT NUMBERS

Montgomery County Mobile Crisis
1-855-634-4673
Available 24/7

Montgomery County Community Connections
610-278-3522
For any social services need

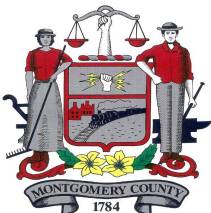
Your Way Home
877-646-6306
For anyone experiencing, or at risk of, homelessness

National Suicide Prevention Lifeline
1-800-273-TALK
Available 24/7

A service of the

MONTGOMERY COUNTY
COMMITMENT OFFICE
610-279-6102

Located at Montgomery County
Emergency Service:
50 Beech Dr
Norristown PA, 19403



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