DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

<table>
<thead>
<tr>
<th>Department</th>
<th>MH</th>
<th>Policy No. 91-07</th>
<th>Page 1 of 4</th>
</tr>
</thead>
<tbody>
<tr>
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<td>MR</td>
<td>Effective Date</td>
<td>July 1, 1998</td>
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<td>Admin</td>
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Policy: Hospitals, Crisis Intervention and Case Management will be responsible for implementing Act 77 in accordance to the Pennsylvania Uniform Firearms Act of 1995, Title 18, Chapter 61 regarding the reporting of all emergent involuntary commitments to the Pennsylvania State Police.

Procedure: In accordance with the Pennsylvania Uniform Firearms Act of 1995, Title 18, Chapter 61 and Act 77 which amends the Mental Health Procedures Act, the County Mental Health and Mental Retardation Administrator is given charge to report all involuntary emergency commitments under the Mental Health Procedures Act. To implement this responsibility, the following procedures must be implemented effective July 1, 1998.

1. All persons who are found to be a danger to themselves or others due to a mental illness and are involuntarily committed under Section 302 of the Mental Health Procedures Act must be reported to the Pennsylvania State Police using Form SP 4-131 (see attached).

2. The form must be completed by either Crisis Intervention staff, Case Management staff, or the evaluating physician. The responsible party shall be defined as follows:

   Crisis Intervention: When Crisis Intervention is actively involved in facilitating the involuntary commitment and corresponding paper work, the Crisis Intervention staff shall be responsible for completing and submitting Form SP 4-131.
Case Management: When Case Management is actively involved in facilitating the involuntary commitment and corresponding paper work, the Case Management staff shall be responsible for completing and submitting Form SP 4-131.

Evaluating Physician: When a citizen, law enforcement or a physician petitions for an involuntary examination and a physician completes the examination and subsequent involuntary emergency commitment without the involvement of Crisis Intervention or Case Management, it is the responsibility of the evaluating physician to complete and submit Form SP 4-131.

3. Form SP 4-131 must be completed and mailed by first class mail within seven (7) days of the commitment to the following address: State Police, Attention: Firearm Unit, 1800 Elmerton Avenue, Harrisburg, Pennsylvania 17110. The envelope must be marked “CONFIDENTIAL”.

4. When Form SP 4-131 is completed by the evaluating physician, a copy must also be sent to Dauphin County MH/MR Program, Attention: Deputy MH Administrator, Human Services Building, 25 South Front Street, Harrisburg, Pennsylvania 17101-2025. The envelope must be marked “CONFIDENTIAL”.

5. A copy of Form SP 4-131 must be retained on file by the submitting agency as documentation that the requirements of the Pennsylvania Uniform Firearms Act of 1995, Title 18, Chapter 61 have been met.

6. All costs associated with completing Form SP 4-131 by the submitting agency shall be the responsibility of said agency.
7. The bottom section of Form SP 4-131 entitled “Notification of Physician’s Determination That No Severe Mental Disability Exists” must be completed by the determining physician with the following understanding:

a. Upon the completion of an involuntary emergent commitment under the Mental Health Procedures Act, Section 302 it is determined that the person does not have a severe mental disability and should not be committed for involuntary treatment, the physician shall submit Form SP 4-131 completing the Involuntary Commitment section, the Date of Involuntary Commitment section, the Individual Information section (Last Name, First, Middle; Date of Birth; Social Security Number information only) and the Notification of Physician’s Determination That No Severe Mental Disability Exists.

b. The completed and signed Form SP 4-131 must be mailed to Dauphin County MH/MR Program, attention: Deputy MH Administrator, Human Services Building, 25 South Front Street, Harrisburg, Pennsylvania, 17101-2025. The envelope must be marked “CONFIDENTIAL”.

c. The Deputy MH Administrator will be responsible for transmitting the Form SP 4-131 to the Pennsylvania State Police to have the corresponding record of notice expunged.

d. It is imperative to understand that completion of this section of Form SP 4-131 by a physician is only to be used when after the initial commitment is completed and the person is involuntarily admitted to an approved treatment facility for their mental illness, that the physician releases the person based on the lack of a severe mental illness. This section is not to be used when a person is treated for their presenting severe mental illness as found in the initial examination and the symptoms have been alleviated to the extent that they no longer require involuntary psychiatric treatment.
8. Although not required under the Patient’s Rights of the Mental Health Procedures Act, it is recommended, when clinically appropriate, to explain to the person being considered for an involuntary emergent commitment that they will lose their ability to own a firearm in Pennsylvania if involuntarily committed. This may allow the person to reconsider the option of signing a voluntary commitment to seek treatment for their severe mental illness and thus not be reported to the Pennsylvania State Police. It should also be explained that a person has the right to petition the court to have their Pennsylvania State Police Firearm Unit record expunged, thus reinstating their ability to own a firearm.
COMMONWEALTH OF PENNSYLVANIA

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Pennsylvania Uniform Firearms Act, 18 Pa.C.S. 6106(c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures act of July 9, 1976 (P.L. 517, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa.C.S.A. 5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 108, notification shall be transmitted to the Pennsylvania State Police by the judge, mental health review officer, or county mental health and mental retardation administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: PICS Unit, 1800 Eimerton Avenue, Harrisburg, PA 17110. A copy of this form must also be forwarded to the sheriff of the county in which this person resides in accordance with 18 Pa.C.S. § 5109(l)(1)(2). The envelope should be marked “CONFIDENTIAL – ATTENTION FIREARMS.”

Place an “X” on either Involuntary Commitment and Indicate 302, 303, 304, or Adjudicated Incompetent

PRINT CLEARLY OR TYPE 302 303 304 OTHER

IN VOLUNTARY COMMITMENT ☐ ☐ ☐ ☐ ADJUDICATED INCOMPETENT ☐

DATE OF COMMITMENT OR ADJUDICATED INCOMPETENT

COUNTY OF COMMITMENT Dauphin

INDIVIDUAL INFORMATION - INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT

LAST NAME ___________________________ FIRST ___________________________ MIDDLE ___________________________

JR., ETC. ___________________________ MAIDEN NAME ___________________________ Alias ___________________________

DATE OF BIRTH ___________________________ SOCIAL SECURITY NUMBER ___________________________ (Optional, but will help prevent misidentification)

SEX _____ RACE _____ HEIGHT ______" _____ WEIGHT _______ _____ HAIR _______ _____ EYES _______ ______

ADDRESS ___________________________

302 Commitment Requires Physician's Certification

Physician Certifying Necessity of Involuntary Commitment

(Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act) Please Print Name and Provide Signature

Hospital / Facility Providing Treatment / Address

NOTIFICATION BY (Please print name, address, area code, and telephone number of agency or county court.)

MH/MR Administrator/Review Officer Daniel E. Eisenhauer Telephone 717-780-7050

303-304 Commitment requires the Judge/Review Officer name authorizing the commitment, case number, & order date

Judge/Review Officer ___________________________ Date of Court Order ___________________________

Court Case Number ___________________________ Date of Court Order ___________________________

SIGNATURE OF NOTIFYING OFFICIAL ___________________________ Date ___________________________

NOTIFICATION OF PHYSICIAN’S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Pennsylvania Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by physician to the Pennsylvania State Police through the county Mental Health and Mental Retardation Administrator or Mental Health Review Officer.

Name - Physician (Please print) ___________________________ Date ___________________________

Signature – Physician ___________________________ Date ___________________________

PRIVACY ACT NOTICE: Solicitation of this information is authorized under Title 50 Pa.C.S. § 7109. Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.

Original: Pennsylvania State Police
Copy: County Sheriff’s Office (see website: www.pasheriffs.org for current sheriff information)
NOTIFICATION OF MENTAL HEALTH COMMITMENT.

(1) Preparation:

(i) The form shall be completed by the Judges of the Courts of Common
Pleas, Mental Health Review Officers, and County Mental Health and Mental Retardation
Administrators to notify the Pennsylvania State Police of the identity of any individual who
has been adjudicated incompetent, to include adjudication of incapacity pursuant to
20 Pa.C.S.A. §5501, or who has been involuntarily committed to a mental institution for
inpatient care and treatment, as required by the Uniform Firearms Act and the Mental
Health Procedures Act.

(ii) Pursuant to the Uniform Firearms Act, Section 6111.1 (g)(3), the form
shall also be used by physicians when they determine that no severe mental disability
exists following the initial examination under Section 302(b) of the Mental Health
Procedures Act. Upon receiving the form, the Pennsylvania State Police shall expunge all
records of the involuntary commitment.

(iii) The form shall be completed in its entirety. It can either be typewritten,
computer generated, or printed in blue or black ink with a ballpoint pen.

(2) Special instructions:

(i) If a mistake is made during completion of the form and it can be legibly
corrected, the initials of the person making the correction shall be placed next to the
correction. If the mistake cannot be legibly corrected, the form shall be destroyed and
another shall be prepared.

(ii) The form shall be completed as follows:

(A) INVOLUNTARY COMMITMENT / ADJUDICATED INCOMPETENT: Self-explanatory.

(B) Date of Involuntary Commitment or Adjudicated Incompetent:

Self-explanatory.

INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY
COMMITTED OR ADJUDICATED INCOMPETENT)

(C) LAST NAME: Self-explanatory.

(D) FIRST: Self-explanatory.

(E) MIDDLE: Self-explanatory.

(F) JR., ETC.: Self-explanatory.
(G) MAIDEN NAME: Self-explanatory.

(H) ALIAS: Self-explanatory.

(I) DATE OF BIRTH: Enter date of birth in an eight-digit month/day/year format, e.g., 12/07/1965, 08/11/1966.

(J) SOCIAL SECURITY NUMBER: Enter the Social Security Number if known.

(K) SEX: i.e., M - Male, and F - Female.

(L) RACE: i.e., W - White, B - Black, I - American Indian, or A - Asian.

(M) HEIGHT: Enter three-digit height in feet and inches, e.g., 508, 600.

(N) WEIGHT: Enter three-digit weight in pounds, e.g., 096, 185.

(O) HAIR: Enter hair color, i.e., Black, Blonde, Brown, Gray, Red, Sandy, White, or Bald.

(P) EYES: Enter eye color, i.e., Black, Blue, Brown, Gray, Green, Hazel, Maroon, or Pink.

(Q) ADDRESS: Self explanatory.

NOTIFICATION BY (Please print name, address, area code, and phone number of agency or county court.)

(R) COUNTY SUBMITTING NOTIFICATION: Self Explanatory.

(S) County Mental Health and Mental Retardation Administrator/County Mental Health Review Officer/Judge: The agency or county court making the notification to PSP shall print the name address, area code, and phone number of their agency or county court.

(T) PHYSICIAN: Provide name, address, area code, and phone number.

(U) HOSPITAL/FACILITY PROVIDING TREATMENT: Provide name, address, area code, and phone number.

(V) SIGNATURE OF NOTIFYING OFFICIAL/DATE: The individual making the notification shall sign their name and place the date the form is sent to PSP.
(W) Court Case Number: Self-explanatory.

(X) Date of Court Order: Self-explanatory.

NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

(Y) Name of Physician (please print): The physician making the determination of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Uniform Firearms Act, Section 6111.1(g)(3), shall print his or her name.

(Z) Signature of Physician/Date: The physician whose name is printed above shall sign their name and indicate that day's date.