



PATTON TOWNSHIP POLICE DEPARTMENT

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To: Behavioral Health Commission

From: Chief Tyler Jolley

I would like to thank the Behavioral Health Commission for the opportunity to provide input about how to best distribute funding to address the needs of our State related to behavioral health. I truly do believe that bringing about change is a challenging undertaking requiring coordinated leadership at national, state, and local levels, involving government, health care, law enforcement, mental health and social services, education, community organizations, and those individuals most impacted and their families. In Centre County, we continue to see an increased need for mental health services, programs, and providers.

Centre County residents are served by a crisis intervention system including a 24/7 walk-in center, a telephone crisis line, and a mobile response unit at the Center for Community Resources. Delegate services are provided through Service Access & Management, Inc. (SAM Inc). The six municipal police departments (Bellefonte Borough, Ferguson Township, Patton Township, Penn State, Spring Township, and State College Borough) and the Pennsylvania State Police are directly involved in responding to mental health calls, warrant services or any other needs.

In 2019 and 2020, Centre County assembled professionals from many different backgrounds and disciplines to form a Task Force on Mental Health Crisis Services. I enjoyed the privilege of serving on this Task Force. I learned a lot specifically about our mental health system in Centre County. The Task Force identified strengths within our system, gaps and opportunities within the system, and barriers within the system. Selfishly, I focused on Law Enforcement during my participation, but I feel this is an appropriate opportunity to outline some of the key recommendations that were made, many of which would require funding assistance to become a reality.

- Create a countywide co-responder model, involving a combination of law enforcement and mental health professionals or a fully civilian mental health response unit for crisis engagement
- Enhance communication with families in need during crisis, including connecting with groups that specifically serve marginalized populations to integrate research-based practices and processes that improve communication to and among marginalized groups and increasing accessibility to mental health crisis resources for families/supporters of those in crisis.
- Develop and implement a countywide transportation plan for those in mental health crisis to assist with transportation to receive crisis services.
- Identify and develop additional community resources available for those not held for mental health treatment, including those who refuse inpatient services.

- Build a data collection, repository, and sharing system to be used for evaluating the effectiveness of the current system, while observing required and ethical privacy practices.
- Identify limitations or barriers and advocate for updating of the PA Mental Health Procedures Act (MHPA, 1976).
- Work with 911/Emergency Communications to develop policies and a procedure, including specific criteria to aid 911 dispatchers to divert appropriate calls from police to mental health services for first response.

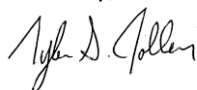
These are seven of the twenty-one recommendations that our Task Force published. We concluded that if implemented, the recommendations would serve to enhance and expand services provided through the mental health crisis delivery system in Centre County.

I believe that the lawmakers in our State need to review and revise Pennsylvania's Mental Health Procedures Act which became law in 1976. Clearly many things have changed over the past 46 years. We need a law that is contemporary and can address the issues that we are currently facing. Law Enforcement officers are forced to deal with individuals in crisis because the law directs us to deal with these situations. Police Officers admit that we are not certified to properly deal with people in crisis, but we rely on the training we receive to help individuals as best we can. Across the nation there is a push to come up with a co-responder response or a response that does not include Law Enforcement. I am supportive of either of these models. This way we ensure someone directly from the Mental Health field who is educated and trained to deal specifically with these types of situations is on scene.

I also think a major gap in our Mental Health System is our ability to provide services to individuals who don't qualify for in-patient and who refuse services offered to them. Often these individuals refuse to comply with their recommended medication dosages because they feel that they don't need them. In their mind they have a clean bill of mental health even though things are often deteriorating around them. Law Enforcement constantly deals with these people because there is no one else available to respond to their complaints and needs. Our agency recently dealt with an individual who believed their phones/internet were being hacked. There was clearly no basis for this, however in this persons mind they were convinced that was occurring. Officers provided them with guidance and offered suggestions to keep their personal information safe, but they continued to report these types of issues. Over the course of less than a year, our agency had 600 contacts (911 calls/email/voicemail) with this individual. Our officers never had enough to 302 this individual and the individual didn't think that they needed help or services. It was a very frustrating situation for our officers and a lot of time and resources were spent responding to this individuals calls for service. In my opinion, we really need help coming up with a system where we can assist these individuals who are kind of stuck in the middle of services that are available.

Again, I want to thank the Behavioral Health Commission for the opportunity to share my thoughts and experiences related to this topic.

Sincerely,



Tyler S. Jolley
Chief of Police

