a. Minors 14 Years and Older (recent change)
(1) By Consent of the Minor
A minor who is 14 years or older who believes that s/he is in need of treatment and substantially understands the nature of treatment may consent to voluntary inpatient mental health examination and treatment. … The consent of the minor's parent or legal guardian is not necessary; neither can a parent or legal guardian abrogate consent given by a minor on his or her own behalf.
Act 147 does not change the ability of a parent or legal guardian to object to a minor’s inpatient mental health treatment provided pursuant to a minor's consent on his or her own behalf.
…
(2) By Consent of the Parent or Legal Guardian
Prior to the enactment of Act 147, with respect to voluntary inpatient treatment, the consent of a parent or legal guardian was not valid for a minor 14 years or older. With the enactment of Act 147, which amends the Minor’s Consent Act and not the MHPA, a parent or legal guardian can consent to inpatient mental health treatment for minors 14-17 years of age on the recommendation of a physician who has examined the minor, and over the objections of the minor. A minor may not abrogate the consent provided by a parent or legal guardian on the minor’s behalf. A parent or legal guardian who has provided consent to inpatient mental health treatment may revoke that consent, unless the minor 14-17 years of age has provided consent for continued inpatient mental health treatment.
Under Act 147, when a minor has given consent on his or her own behalf and then revoked that consent, the revocation is not effective if the parent or legal guardian has consented to continued treatment on the recommendation of a physician who has examined the minor.
…

b. Minors under the age of 14
The parent or legal guardian of a minor who is younger than 14 years of age may consent to voluntary inpatient mental health examination and treatment for the minor. In such cases, the parent/guardian shall be deemed as acting for the minor. The consent must be voluntary and in writing, and obtained after the parent or legal guardian is given an explanation of the prospective treatment and his/her rights. The parent or legal guardian of a minor who is younger than 14 years of age may effect the release of the minor from a voluntary inpatient mental health facility. If the parent/guardian did not agree at admission to a delayed release provision, the parent/guardian may immediately withdraw the minor from the facility. If the parent/guardian did agree at admission to a delayed release, the same rules as described in the preceding section apply to the parent/guardian. Similarly, the parent/guardian of a minor younger than 14 years of age must consent to any transfers.

Pennsylvania Code Title 50 - Mental Health
This chapter became law as part of the Act of July 9, 1976
CHAPTER 15. MENTAL HEALTH PROCEDURES
ARTICLE I. GENERAL PROVISIONS.
7102. Statement of policy.
… Treatment on a voluntary basis shall be preferred to involuntary treatment; and in every case, the least restrictions consistent with adequate treatment shall be employed. Persons who are mentally retarded, senile, alcoholic, or drug dependent shall receive mental health treatment only if they are also diagnosed as mentally ill, but these conditions of themselves shall not be deemed to constitute mental illness: …

7105. Treatment facilities.
Involuntary treatment and voluntary treatment funded in whole or in part by public moneys shall be available at a facility approved for such purposes by the county administrator …

7114. Immunity from civil and criminal liability.
(a) In the absence of willful misconduct or gross negligence, a county administrator, a director of a facility, a physician, a peace officer or any other authorized person …, shall not be civilly or criminally liable for such decision or for any of its consequences.

…

ARTICLE II. VOLUNTARY EXAMINATION AND TREATMENT.
7203. Explanation and consent.
… Consent shall be given in writing upon a form adopted by the department. … that he consents to such admission voluntarily, without coercion or duress; and, if applicable, that he has voluntarily agreed to remain in treatment for it specified period of no longer than 72 hours after having given written notice of his intent to withdraw front treatment.
…

7206. Withdrawal from voluntary inpatient treatment
(a) A person in voluntary inpatient treatment may withdraw at any time by giving written notice unless, as stated in section 203, he has agreed in writing at the time of his admission that his release can be delayed following such notice for a period to be specified in its agreement, provided that such period shall not exceed 72 hours. …

ARTICLE III. INVOLUNTARY EXAMINATION AND TREATMENT.
7301. Persons who may be subject to involuntary emergency examination and treatment
(a) Persons Subject. – Whenever a person is severely mentally ill and in need of immediate treatment, he may be made subject to involuntary emergency examination and treatment. A person is severely mentally disabled when, as a result of mental illness, his capacity to exercise self-control, judgment and discretion in the conduct of his affairs and social relations or to care for his own personal needs is so lessened that he poses a clear and present danger of harm to others or to himself.
(b) Determination of Clear and Present Danger. –
(1) Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is a reasonable probability that such conduct will be repeated. … For the purpose of this section, a clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm.
(2) Clear and present danger to himself shall be shown by establishing that within the past 30 days:
(i) the person has acted in such manner as to evidence that he would be unable, without care, supervision and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under this act; or
(ii) the person has attempted suicide and that there is a reasonable probability of suicide unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present
danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

(iii) the person has substantially mutilated himself or attempted to mutilate himself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

Pennsylvania Code, Title 55 - Public Welfare
Part VII - Mental Health Manual [Regulations]
Chapter 5100 - Mental Health Procedures
IN Voluntary TREATMENT
5100.84. Persons who may be subject to involuntary emergency examination and treatment.

(a) Persons 14 through 17 years of age may be subject to involuntary emergency examination and treatment only in an approved mental health facility capable of providing a treatment program appropriate to the person. Persons 5 through 13 years of age may be subject to involuntary emergency examination and treatment only in an approved mental health facility capable of providing a treatment program appropriate to the child. Persons from birth through 4 years of age may be subject to involuntary emergency examination and treatment only in a mental health facility capable of providing a treatment program appropriate to the child. …

(b) Persons 18 years of age and older may be subject to involuntary emergency examination at an approved facility designated for such purpose by the administrator. Involuntary emergency treatment may be provided at the examining facility or any other designated and approved facility appropriate to the person’s needs. Travel arrangements between the examining facility and the treating facility shall be arranged as needed as soon as possible to permit transportation appropriate to the person’s needs.

(c) The determination of whether the standards of clear and present danger are met should always include a consideration of the person’s probable behavior if adequate treatment is not provided on either an emergency or subsequent basis.

(d) The standards of clear and present danger may be met when a person has made a threat of harm to self or others; has made a threat to commit suicide; or has made a threat to commit an act of mutilation and has committed acts in furtherance of any such threats.

(e) Examining physicians should consider the probability that the person would be unable without care, supervision, and the continued assistance of others, to satisfy his need for nourishment, personal or medical care, shelter or self-protection, and safety in accordance with section 301(b)(2)(i) of the act (50 P.S. 7301(b)(2)(i)).

(f) When the petition for commitment filed under section 301(b)(2)(i) alleges that a person poses a clear and present danger to himself, clinical or other testimony may be considered which demonstrates that the person’s judgment and insight is so severely impaired that he or she is engaging in uncontrollable behavior which is so grossly irrational or grossly inappropriate to the situation that such behavior prevents him from satisfying his need for reasonable nourishment, personal care, medical care, shelter or self-protection and safety, and that serious physical debilitation, serious bodily injury or death may occur within 30 days unless adequate treatment is provided on an involuntary basis.

The writing of suicide notes can be considered an overt act in furtherance of a suicide. Mertz v. Temple University Hospital, 29 Phila. 467 (1995).

…

5100.85. Standards.
The standards of section 301 of the act (50 P. S. 7301), for determination of severe mental disability and present danger are to be applied as so to determine whether emergency commitment is necessary under section 302 of the act (50 P.S. 302), or whether a court-ordered commitment under section 304(c) of the act (50 P.S. 7304(c)), is appropriate:

(1) The application of the standards in section 301 of the act, for emergency commitment, including the requirement of overt behavior, shall be based at least upon the following factors:

(i) There is a definite need for mental health intervention without delay to assist a person on an emergency basis;

(ii) The clear and present danger is so imminent that mental health intervention without delay is required to prevent injury or harm from occurring;

(iii) There is reasonable probability that if intervention is unduly delayed the severity of the clear and present danger will increase; or

(iv) There is reasonable probability that the person, with his presently available supports, cannot continue to adequately meet his own needs if mental health intervention is unduly delayed.

…

5100.86. Involuntary emergency examination and treatment not to exceed 120 hours.

…

(c) Any person authorized under section 302 of the act to take a person to a treatment facility for involuntary emergency examination and treatment shall explain to the person in need of such examination and treatment the nature and purpose of the action to be undertaken.

(d) The escorting individual shall make every effort to use the least force necessary and shall act to the extent possible in a courteous manner toward such individual giving attention to the dignity of the person. Transportation to and from a facility remains the ultimate responsibility of the administrator.

…

(1) The examining physician shall make certain that the person has received a copy of forms MH-782, Bill of Rights, and MH-783-A, Explanation of Rights Under Involuntary Emergency Commitment.

…

(3) When the examining facility recommends emergency involuntary treatment and has no bed available, the administrator in designating a facility for treatment, shall also authorize transportation between facilities.

(b) The administrator shall designate an appropriate treatment facility which may be the examining facility or, if no bed is available there, the nearest appropriate facility which is capable of immediately providing such treatment. If county OMH funding is not involved, the patient’s choice of facilities is to be respected whenever an appropriate bed is available.

Additional notes, specific to Allegheny County, PA (June, 2012)
Allegheny County Department of Human Services, Office of Behavioral Health Bureau of Adult Mental Health Services has issued a statement clarifying the role of the mental health delegates and
changes in the involuntary civil commitment process in Allegheny County that took effect immediately. These changes will affect all physicians and hospitals that treat patient on involuntary civil commitment in Allegheny County only.

First Change: Two physicians are no longer required when pursuing a 302 without Allegheny County’s authorization.

When a physician seeks to initiate a 302 by authorizing an involuntary examination without authorization from Allegheny County Office of Behavioral Health, a second physician is no longer necessary. One physician having firsthand knowledge of dangerous conduct and severe mental illness may authorize the involuntary examination without Allegheny County’s approval. Historically Allegheny County has required two distinct physicians to authorize an involuntary 302 examination without Allegheny County’s approval. One physician could not authorize an involuntary 302 examination without seeking authorization from Allegheny County regardless of whether it is an approved facility or a non-approved facility.

Second Change: Only approved facilities may provide the physician’s examination to certify a 302

Allegheny County has reiterated that only those facilities approved by the County may conduct the emergency examination necessary to complete a 302. An “approved facility” is a facility that has an inpatient psychiatric unit. Allegheny County does recognize UPMC Presbyterian, Shadyside, Montefiore and WPIC as the same “approved facility” hospital due to one hospital license and provider number for all such operational programs. Therefore all facilities under the UPMC Presbyterian Shadyside hospital license are “approved facilities” as are UPMC McKeensport and UPMC Mercy in Allegheny County. Hospitals such as Magee-Womens Hospital of UPMC, UPMC St. Margaret, UPMC East, Children’s Hospital of Pittsburgh of UPMC or UPMC Passavant would not be approved facilities because they do not have inpatient psychiatric units. Patients being processed on 302s in a non-approved hospital must be transferred to an approved facility for the physician examination and completion of the 302.

How does this affect the process of initiating a 302 in Allegheny County?

1. These changes are limited to facilities in Allegheny County only.

2. Facilities with an inpatient psychiatric unit will not be affected except that a second physician will no longer be required to authorize a 302 examination without Allegheny County’s authorization.

3. Once the 302 examination has been completed, even where a physician or police officer has authorized the examination without Allegheny County’s authorization, Allegheny County must be notified and the Act 77 weapon form must be faxed to Allegheny County Office of Behavioral Health, Bureau of Adult Mental Health Services at (412) 350-5477 and Allegheny County Court of Common Pleas, Orphans’ Court Division at (412) 350-3929.

4. Facilities lacking an inpatient psychiatric unit will need to arrange for the transfer of any 302 patient, once medically stabilized, to an approved facility for completion of the 302 by physician examination.

5. An approved facility must still follow all time restrictions as necessary under the Mental Health Procedures Act.

If issues arise that cannot be handled at the delegate level or their supervisor, the UPMC management reporting system should be followed with consultation and assistance as necessary from the UPMC Legal Department.

Frequently Asked Questions

As a non-approved facility, what do we do with patients that come to the hospital by ambulance or police that are on a 302?

A patient on a 302 that is brought to a non-approved facility for medical stabilization prior to the 302 physician examination, must be transferred to an approved facility for completion of the 302 once medically stabilized. The non-approved facility may not provide the certifying physician examination that completes the 302.

Can a non-approved facility still initiate a 302 on a patient in the hospital?

Yes, non-approved facilities may initiate a 302 on a patient in their facility when the grounds for a 302 exist (firsthand knowledge of dangerous conduct and severe mental illness). Any staff member having firsthand knowledge of 302 grounds may petition for a 302 from Allegheny County. If Allegheny County agrees with the grounds you have submitted they will issue a warrant for the patient to be transferred once medically stable to an approved facility for examination.

If the petitioner is a physician or police officer who has firsthand knowledge, then authorization from Allegheny County is not necessary. A physician or police officer may, without an Allegheny County warrant, transport a patient to an approved facility for the 302 examination. The physician at a non-approved facility may not conduct the examination that completes the 302.

As a physician at a non-approved facility how do I transport a patient for a involuntary 302 examination?

A physician that initiates a 302 without Allegheny County’s authorization may call Allegheny County and request transportation. If the Allegheny County delegate agrees with your 302 grounds, they will provide transportation for the patient to go to an approved facility for the examination.

At approved facilities that complete a 302 that has not been authorized by Allegheny County, do we have to contact Allegheny County regarding the 302?

Yes, you must notify Allegheny County of the 302 and immediately fax to Allegheny County OBH and Orphans’ Court, a completed Act 77 weapon form. Allegheny County cannot overturn your 302 but they do keep track of the 302’s for scheduling purposes and have limited time to submit the Act 77 weapon form to the state police.

Can a physician at a non-approved facility overturn a 302?

No. A non-approved facility cannot conduct the physician examination required to complete the 302; therefore no determination as to the need for involuntary inpatient treatment can be made until a patient has been examined at an approved facility.

Even more notes, specific to Allegheny County (circa 2007):

• From Patty Neumeyer, MSW, Psychiatric Coordinator, MH Page #1444
  • Psych nurses are paid to attend 302 hearings and are preferred as a petitioner to the emergency physician
  • If psych nurse refuses to petition then page Patty
  • Can’t redo a 302 on same information as this is double jeopardy
  • petitioner must either be a witness, or in the ED it’s acceptable if the patient relates to the emergency physician evidence of suicidality furtherance
  • 302 act provides protection against civil or criminal liability for those involved in the decision-making process, whether committing or discharging, provided no gross or wilful negligence.
  • family members can authorize by phone to county, but have to appear to make the 302 valid.
  • For 302 commitment, must be 18 years of age and must have, within the past 30 days, has shown likelihood that within the next 30 days will harm self or others as shown by:
    • suicidal ideation _and_ furtherance of this (i.e., plan)
    • evidence of bodily injury to others
    • has mutilated self
    • debilitated to the point of possible death within 30 days