

ACT 53 OVERVIEW

Allegheny County has multiple systems in place to offer help and guidance to teens, their families and friends. The health and welfare of children and teens has always been a top priority in Allegheny County. The implementation of ACT 53 in 1998 was a new way to offer help to parents of teens who are struggling with drug and alcohol problems. ACT 53 of 1997 addresses the involuntary commitment of minors into drug and alcohol treatment against their will.

ACT 53 is a groundbreaking law in the state of Pennsylvania. Previous to the enactment of ACT 53 in 1998, there was no method for parents to convince teenagers to receive help for drug and alcohol problems, unless the teens were willing to attend treatment. Only teenagers who had been declared either delinquent or dependent through Juvenile Court could be ordered to receive drug and alcohol treatment against their will. Luckily the legislators in Pennsylvania recognized this “gap” in our system and offered parents an alternative to delinquency or dependency for their teenagers. ACT 53 has bridged this “gap” in our systems and is providing treatment services to many teenagers who would have previously fallen through the proverbial crack.

Each county was assigned the task of setting up its own policy and procedures to implement ACT 53. Allegheny County established a very successful ACT 53 procedure due to an excellent collaboration between Allegheny County Juvenile Court and Allegheny County Department of Human Services, Drug and Alcohol Services Unit. If a parent/legal guardian feels that their child has a drug or alcohol problem, and the child is unwilling to participate in a treatment program, the parent/legal guardian is to contact the County Drug and Alcohol Services Unit. The parent/legal guardian must be a resident of Allegheny County and the child must be between the ages of 12 and 17. An adolescent care manager will screen the case for its appropriateness and then guide the parent/legal guardian through the ACT 53 process.

The ACT 53 process takes anywhere from two weeks to four weeks to complete. The parent/legal guardian will be responsible to attend two court hearings. The first one will be to petition the judge to hear their case and the second court hearing will be the presentation of the parents’ case and the placement decision for the minor.

A drug and alcohol professional before the second hearing will complete a comprehensive assessment. The assessment, the parents/legal guardian's case, and the child's "side of the story" will all be presented to the court at the second hearing. The child will be assigned legal representation by the court. The parents/legal guardians are permitted to have legal representation, but the law does not require it. The judge will hear both sides of the case, and the drug and alcohol assessment and recommendation. He/She will render a decision for treatment or not based on the evidence presented to the court.

If the child is found in need of treatment, a court order will be written and arrangements will be made for the child's treatment to begin as soon as possible. The law states that the parent/legal guardian is financially responsible to find funding for this child's treatment, whether it is public or private funds. The court accepts no financial liability or custody for this child.

The success of this program is evident in three unique areas. First, we are able to offer treatment services to teenagers who are unable or unwilling to ask for help. Second, the majority of these teens are headed for "the system", becoming either delinquent or dependent. Using the ACT 53 process allows parents and professionals to help these kids before they reach that point. Third, Allegheny County has implemented one of the only successful ACT 53 processes in the state of Pennsylvania. The staffs involved are very committed to the process and the goals with which it was put into place. The parental relief found when they know their children are safe in treatment and the success of the teens themselves reflect why this law was enacted, why it is important, and why we must continue to support its processes.

If you would like more information concerning the ACT 53 law, policies or procedures, please contact the Allegheny County Drug and Alcohol Services Unit at 412-350-3952.



**Service Coordination Referral for
Allegheny County Provider
Child / Adolescent**

Consumer Name:		Date of Referral:	
DOB:	SSN:	Age:	Male Female
Race/Ethnicity:	Primary Language:	Grade: School: Special Ed. (If so, what level?):	
Current Address:			
Phone Number:		Best time to call:	
Financial Information/Source of Income			
Monthly Income Amount:	Employment	SSI	SSDI Public Assistance
If applied for and not yet receiving potential source of income, please describe and give date of application:			
Do you currently have a Representative Payee:	Yes No	If Yes, Please Provide Name and contact Information:	
Health Insurance Information			
Medical Assistance:	Yes No	Medicare:	Yes No Other: (please describe)
Emergency Contact Information (Include Family, Educational / Medical Guardian, CYF Caseworker, and/or JPO)			
Name:		Relationship:	
Address:			
Phone Number:			
Name:		Relationship:	
Address:			
Phone Number:			
Name:		Relationship:	
Address:			
Phone:			
Does child have a guardian (i.e. medical / educational guardian, guardian ad litem, permanent legal custodian):			Yes No
If yes, Please provide Name and contact information:			
Referral Source			
Person making Referral (Name and Title):			
Representing which Agency/committee:			
Address:			
Phone:	Fax:	Email:	
Relationship to Consumer:			
Is Service Participant in Agreement with Referral:		Yes	No (If no please explain)

**Service Coordination Referral for
Allegheny County Provider
Child / Adolescent**

Mental Health Information	
DSM IV Diagnosis	
Diagnosed by:	Date:
Axis I:	
Axis II:	
Axis III (Medical Condition/problem):	
Axis IV (Stresses):	
Axis V: GAF Current	GAF Highest level in past 12 months
Please attach a recent Psych Eval or Doctor's Signature to verify Diagnosis	

Risk Factors: (Explain Below as necessary)	Unknown	Yes	No
Suicidal (Ideation, Attempt)			
Homicidal (Ideation, Attempt)			
Aggression / Physical Harm to Others			
Victimization of Others			
Destruction of Property			
Fire Setting			
Sexual Acting Out (Specify as abusive or sexually reactive behaviors)			
Impulsivity			
Reckless Behavior possibly leading to physical harm to self or others			
School Refusal			
Unavailable Caretaker			
Other: (Explain)			

Reason for Referral – Please indicate how Service Participant could benefit from Service Coordination:
Eligibility Criteria
I. Diagnosis (Diagnosis of Schizophrenia or Mood Disorder or any other Axis I diagnosis in the DSM IV excluding MR or Psychoactive Substance Abuse, Organic Brain Syndrome or V Code):
II Treatment History: Must have one of the following At risk for out-of-home placement without services Returning from community inpatient or other out-of-home placement Provide Dates: Age 6 yrs. or younger and require or enrolled in Early Intervention Services Provide Dates: Receiving, with their family, services from 3 or more publicly funded programs Recommended as needing MH Services by local interagency team Transfer from another Blended Service Coordination Provider
III. GAF (must have a GAF of 60 or Below)
Referral Source Signature/Date:
Service Participant Signature/Date: