



Testimony before Senate Majority Policy Committee  
on June 11, 2024,  
submitted by Brian Sinnett, PDAA President  
District Attorney, Adams County

Good morning, I am Brian Sinnett, the District Attorney of Adams County, and the President of the Pennsylvania District Attorneys Association. I thank the Chairman, Senator Dan Laughlin, for the opportunity to appear today before the Senate Majority Policy Committee and take part in this important panel discussion on mental health services.

District attorneys throughout the state are struggling day-to-day trying to obtain mental health services for individuals who encounter the criminal justice system, including victims, children, adjudicated youth, and adult defendants. A shortage of providers and long waiting lists for assessments and treatment have created backlogs that often extend periods of incarceration.

Certain behavioral health conditions, such as medication not being taken as directed or treatment plans not being followed, can lead to psychiatric symptoms like delusions and paranoia, increasing a person's risk of committing crimes or acting out violently. Many times, incarceration is the only option available to stabilize the individual who is a risk to himself or others and start the process of assessing the person's condition, medication, and treatment needs. It is not uncommon to see dual diagnoses of mental health and substance use disorders when alcohol or illicit drugs are being used, further complicating the assessment process and creating health risks in the jail setting.

No one wants to see non-violent offenders in jail when what they really need is mental health treatment, especially if being incarcerated may further aggravate their condition. But there are several impediments to release; most notably lack of housing, provider shortages and delayed wait times for assessments and treatment.

Time and again, there are no housing options available for release even when community-based treatment is warranted and the courts wish to place a person on pre-trial supervision, in a diversionary program or on probation after a conviction. When no family support system or adequate housing exists to assure the person will not be at risk to themselves or within the community, it delays the process of moving from prison to community-based treatment.

Homelessness is also a real problem for those suffering from behavioral health problems. Lack of stable housing makes it even more difficult to keep track of medical appointments, follow treatment plans and maintain access to medication. It contributes to declining health conditions and is often a factor leading to arrest. It can also prevent a timely community-based treatment plan from being implemented until adequate housing and support are obtained.

We know providers, whether in-patient or out-patient, are at full capacity and suffering from staffing shortages and workforce turnover. This leads to waiting lists and significant delay times for assessments to be completed and treatment to begin. This is especially problematic in cases where legal competency to stand trial must be addressed. Our state

hospitals, where inmates are referred for in-patient competency evaluations, are also lacking bed space, resulting in long waiting periods for transfer.

While this is a statewide issue, it is particularly felt in rural counties like Adams County where there are serious shortages of providers. In its January 2022 report, the Center for Rural Pennsylvania identified several challenges facing rural residents, especially the young and elderly, including lack of transportation to service providers; health insurance as an access issue, and the stigma of mental health problems.

These shortcomings often lead to incarceration in rural county jails, which were never built to manage large populations of people experiencing mental health issues.

It is not solely incarcerated individuals who encounter delayed services, it is also our youthful offenders that appear in juvenile court. Juvenile detention and treatment beds are in short supply with many counties competing for these services. Counties without juvenile detention centers sometimes have no choice but to look for contracts out of state, further straining a child's ability to visit and communicate with family members. Even fewer options exist for placing females in need of detention. Judges are forced to contemplate alternative, less restrictive options for release even when there is a high risk to the community due to a lack of beds or long wait times for entry into treatment programs. This poses an increased risk to public safety.

Also, victims of crime and their families need access to mental health services like trauma therapy, especially children who suffer abuse.

Despite the challenges, Adams County worked to develop a co-responder program that has been successful. A behavioral health specialist rides with first responders on calls that appear to involve individuals experiencing mental health issues and uses their training to communicate with the individual and de-escalate the situation. Success can be measured in the number of calls that are diverted from criminal charges for mental health assessment, treatment, and medication adjustments.

We currently have only one co-responder available to a limited number of police departments due to time and geographic constraints. The co-responder program remains dependent on grant funding that may end, leaving the county to find ways to sustain funding in an already stretched budget. I encourage you to provide increased funding to counties dealing with growing mental health needs that work with local stakeholders to develop and implement evidence-based solutions.

In February, PDAA sent a letter to Governor Shapiro outlining our concerns on mental health issues. We pledged our willingness to help the governor and state lawmakers find solutions for this problem.

We appreciate your time in considering what county DAs and PDAA deem a mental health crisis. I thank you for exploring ways to improve the availability of mental health services and access to treatment for those in need.