

Mental Health Commitment Laws and Procedures



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In Which We Will Learn...



- ❧ Historical Overview and Evolution of Mental Health Treatment and Involuntary Commitment in Alabama
- ❧ The role of ADMH & Community Mental Health Centers
- ❧ Commitment Law and Procedure
- ❧ Ongoing Efforts for Change

A Little History Lesson



State Hospitals, Lawsuits, and Reform

In the late 1700's, mental health patients were treated like animals, often chained to hospital basements and isolated. In the 1840's, reformer Dorothea Dix traveled the country, advocating for the mentally ill and creating hospitals and facilities to treat people more humanely.



She was involved in the creation of the first state facility, the Alabama Insane Hospital, in 1852. Alabama was the first state to appropriate funds for the construction of a mental hospital. Peter Bryce was its first superintendent (hence, its name change to "Bryce Hospital"). He emphasized treating patients with dignity and respect.

The original
Bryce Hospital



Peter Bryce

Over the years, the population of Bryce increased. Conditions began to decline. By 1970, Bryce had over 5,000 patients with one clinical psychologist, three medical doctors with limited psychiatric training, and two social workers .

Alabama was ranked 50th for expenditures of care for the mentally ill

WYATT VS. STICKNEY

The longest running
mental health cases in
U.S. history :
33 years, nine
governors, 14 state
mental health
commissioners, \$15
million in litigation
costs

It started with a decision to cut cigarette tax. Proceeds for that tax had been earmarked for mental health. Staff were laid off, including staff at Bryce. Those staff filed a lawsuit stating the services (already stretched thin) would suffer. One of those staff was a caretaker for a 15 year old patient, Ricky Wyatt. He was considered a juvenile delinquent and had no mental illness diagnosis. He became the plaintiff in the case.

Ricky Wyatt's guardian testified about the inhumane conditions and improper treatment. The case expanded to other inpatient facilities, and the focus shifted from the rights of the employees to the rights of the patients.

The federal court in Alabama ruled that people who are involuntarily committed to state institutions because of mental illness have a constitutional right to treatment that allows them a realistic return to society. Led to sweeping reforms in the nations' mental health systems

Standards have served as a model nationwide, with criteria for care that ensure humane treatment, qualified and sufficient staff, individualized treatment plans, and the minimum restriction for patient freedom.

In 1995, several state facilities in Alabama were released from supervision under Wyatt, and found ADMH in compliance with about a third of the mental illness and intellectual disability standards

Accordingly, the focus – and funding– has shifted away from hospital based, long term treatment, to community treatment.



Olmstead vs. LC



☞ Another landmark case. It played a major role in mental illness being considered a form of disability, and thus covered under the Americans with Disabilities Act



- ☞ Two Georgia women, Lois Curtis and Elaine Wilson- in and out of hospitals, never able to stay home for long. Their providers agreed they could manage independently if they had enough supports.
- ☞ They waited years for those community-based supports, until Atlanta Legal Aid filed a suit on their behalf. 'Olmstead' comes from the commissioner of Georgia's Dept. of Human Resources, Tommy Olmstead



The Supreme Court found that under the Americans with Disabilities Act, the state discriminated against Lois and Elaine by requiring them to remain in a mental health hospital.

The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following three part test is met:

1. The person's treatment professionals determine that community supports are appropriate;
2. The person does not object to living in the community; and
3. The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.

State Transformation



ADMH, 310 Boards, and the Transformation of the Commitment Process

Alabama Department of Mental Health (ADMH)



- Founded in 1965 to enhance the delivery of the state mental health services. This state agency is charged with providing care, treatment and support services to people with mental illness, intellectual disability, and substance use disorders.
- Headed by a Commissioner, appointed by the Governor, with three service areas: Division of Intellectual Disabilities Services, Division of Mental Illness Services, & Division of Substance Abuse Services

ACT 310

Legislation
in 1967
established
the '310
Boards'

Public corporations that contract with DMH to construct facilities and operate programs for mental health services. Each 310 Board has a specific catchment area.

Census Reduction



☞ To comply with Wyatt and Olmstead, the state and ADMH shifted treatment to the community. The state was found to be in compliance by 2003. By that time, Bryce hospital had only 325 patients, with more than 100,000 persons with mental illnesses being served in community settings via contract community providers- the 310 Boards.

From FY09-FY12, ADMH's budget was cut by nearly 40 million. In FY09, statewide average daily census for all state operated facilities totaled 1,054 (adult, geriatric, forensic, extended care, acute care). ADMH reduced daily census by nearly 52% statewide from FY09 to June 2015. Average daily census gradually decreased- FY12 nearly 24%, FY13 by 44%, FY14, by 50%.

There had to be a transformation of the system to deal with these cuts. ADMH focused on how to provide post-commitment care to those consumers committed through probate (civil commitment). This was a transformation that has been taking place over the course of years.

More Hospital Closures



Greil Memorial
Montgomery

76 beds

Closed on August 31, 2012

Searcy Hospital

Mt. Vernon (near Mobile)

240 beds

Closed on October 31, 2012

North Alabama Regional

Decatur

96 beds

Closed April 1, 2015

And What Remains...



Bryce

268 Beds

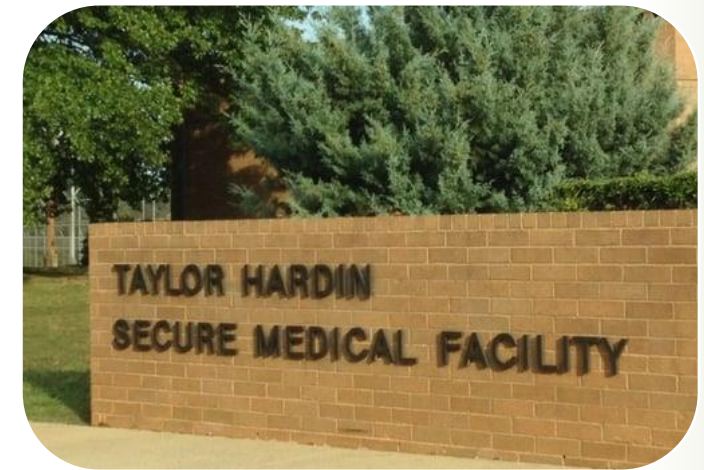
Civil, Forensic, Medically complicated



Mary Starke Harper

96 Beds

Geriatric



Taylor Hardin

140 Beds

Forensic Male

Transforming the System



- ☞ Committed individuals are no longer housed in long-term state hospitals
- ☞ The majority are treated in ‘**designated mental health facilities**’ (DMHF) through the community mental health centers
- ☞ Community Mental Health Centers work closely with probate, families, ADMH, and other agencies to divert commitments, reduce length of stay, and ensure treatment is provided in the **LEAST RESTRICTIVE LEVEL OF CARE** possible
- ☞ In 2011, with hospitals about to close, ADMH began restructuring the civil commitment process as outlined in **EXISTING** law.

The Commitment Process




Commitment Laws



- ☞ Every state has civil commitment laws that establish criteria for the involuntary treatment of individuals with serious mental illness
- ☞ In Alabama, you can refer to Code Title 22. 22. Health, Mental Health, and Environmental Control § 22-52-10.4

For a person to be committed to
inpatient treatment,
the following must be proven:



They must be Mentally Ill

As a result of the mental illness, they must pose a real and present threat of substantial harm to self and/or others

Without treatment, they will continue to suffer mental distress and deterioration of ability to function independently, and

Be unable to make a rational and informed decision concerning treatment

For a person to be committed to **outpatient** treatment:



They must be Mentally Ill

Without treatment, they will continue to suffer mental distress and deterioration of ability to function independently, and

Be unable to make a rational and informed decision concerning treatment

Same Law, Different Process

In the past, providers didn't have much to do with the process, until after they were committed and placed.

Community providers are now actively involved with care at the time of the petition being filed

Providers are directly involved with the courts, and there is a coordinated system of care with the consumer, the family, private inpatient acute hospitals, jails, detention facilities, nursing homes, etc.

Coordinated & Centralized through ADMH



- ☞ Centralized admission to State Hospitals- beds are limited, need to be reserved for the greatest NEED.
- ☞ The ADMH Admission Coordinator (DAC) works out of the central office. They monitor and link the movement of committed patients, secure the necessary paperwork, manage the renewal of commitments, and the release from commitment process
- ☞ ADMH also developed the gateway system, which tracks the commitment process.
- ☞ This system shifted who was responsible for the committed individual. It used to be the county of commitment, now it changed to county of residence.

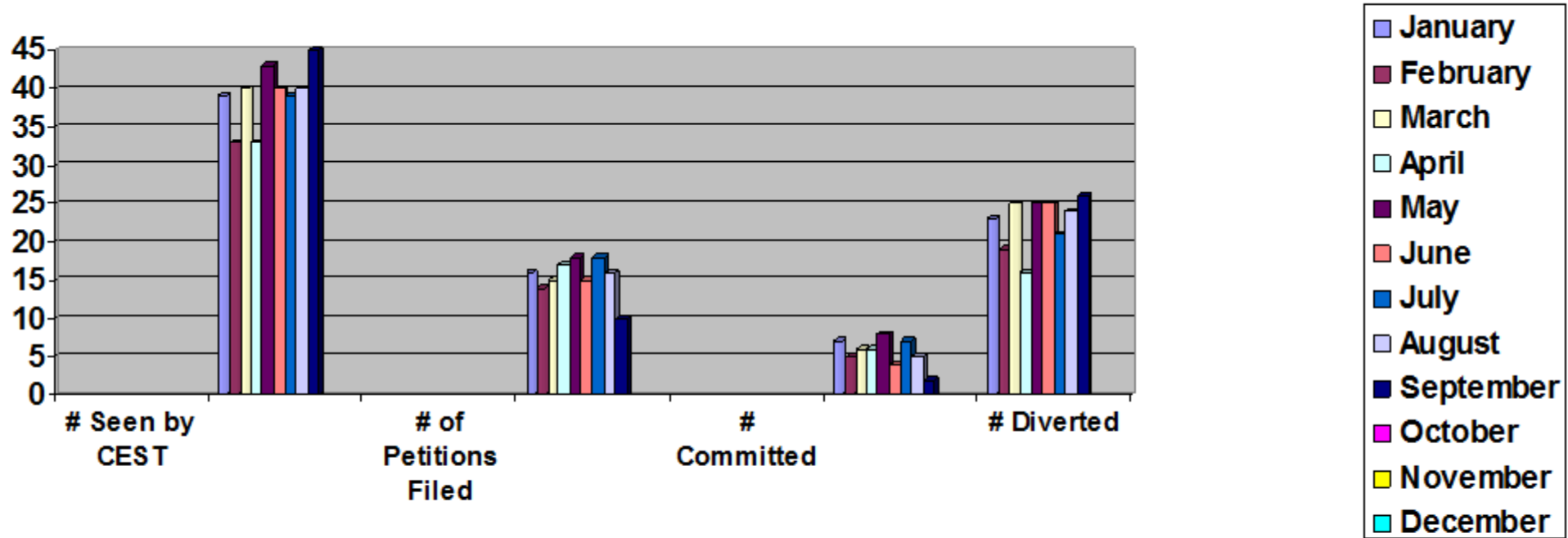
PROCESS BEGINS

Petition & Diversion



- ☞ The individual comes to the attention of the probate court.
- ☞ The probate court contacts the staff of the CMHC first, to attempt to divert the petition
- ☞ **Diversion-** If there is a less RESTRICTIVE way to go than commitment, we try to avoid the petition. I.e.— the person might go to treatment voluntarily. They might not be appropriate for commitment
- ☞ The CMHC works with the family to link to appropriate services, which could include placement of any point in their continuum of care (acute care facility, group home, housing, outpatient, etc.)

EXAMPLE OF DIVERSION
Montgomery County CEST team report



Montgomery Area Mental Health Authority
 Crisis, Evaluation and Support Team (CEST)
 2017

Probable Cause and Final Hearing



- ☞ If petition is filed, this doesn't mean automatic commitment. The probate Judge may order Temporary treatment or admission to hospital, or other DMHF. This can be ordered for any consumer who has an emergency need, in a **probable cause hearing**
- ☞ Determination of commitment is decided in the **Final hearing-** Hearing includes testimony from the petitioner, the provider, anyone else needed.
- ☞ Attorney meets with consumer prior to the final hearing and advocates on their behalf. An attorney also advocates for the petition.

Outcomes of the Final Hearing



❧ INPATIENT COMMITMENT

❧ DISMISSAL

❧ OUTPATIENT COMMITMENT

❧ If the case is CONTINUED, then the final hearing is held 30 days later. The consumer will be evaluated until that hearing, and may be discharged as the physician deems appropriate

Commitment Orders



Inpatient treatment will be provided in a facility and in a manner deemed appropriate by the ADMH. Order shall not exceed 150 days for either inpatient or outpatient commitment

Inpatient treatment is coordinated with staff for CMHC who determine appropriate placement and coordinates with the DAC

RECOMMITTMENT

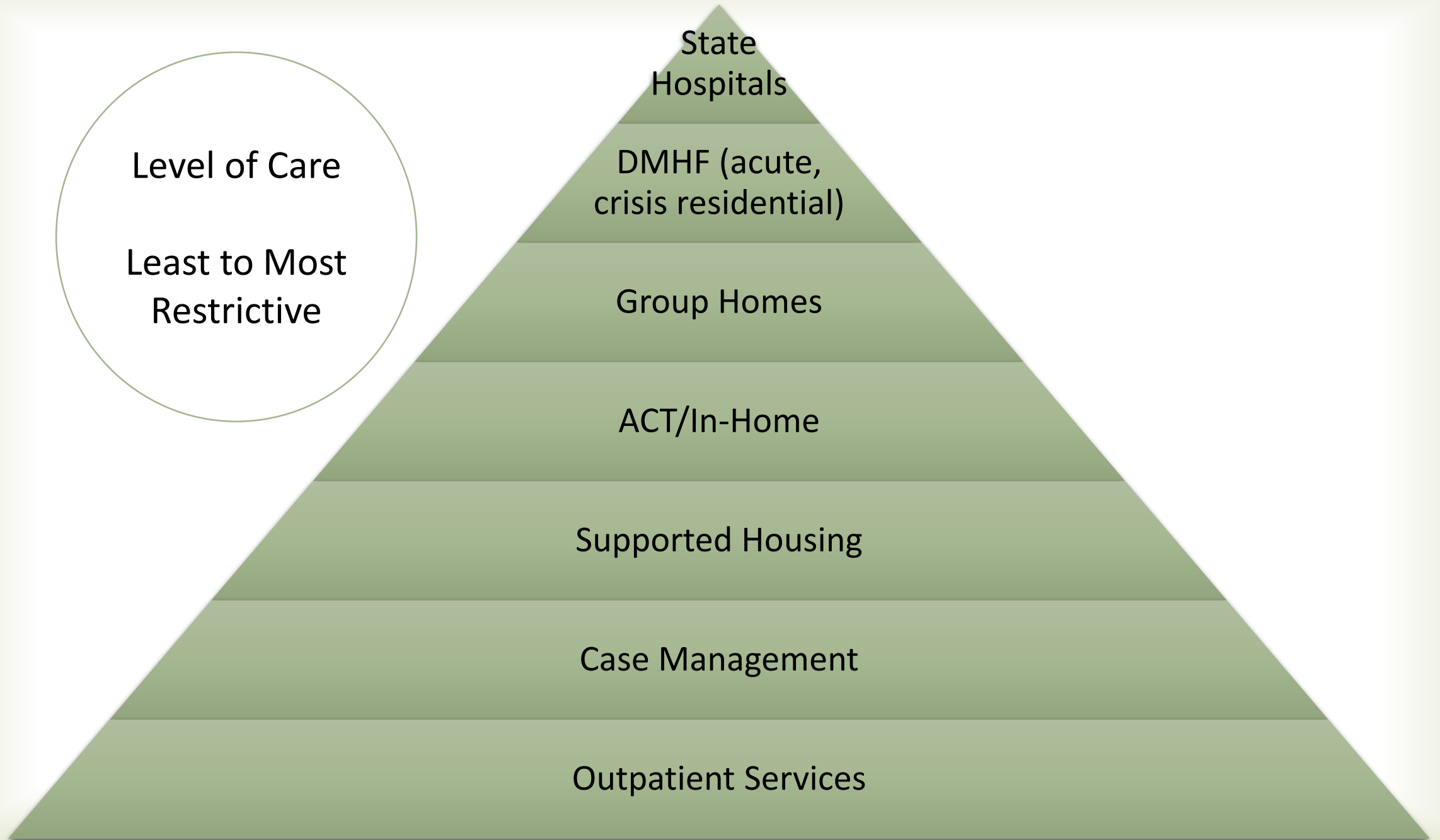
If the person does not meet the criteria for less restrictive level of care, they can petition for a renewal of the commitment. This must happen within 30 days of expiration of the final order. Recommitment hearing is held in a facility in the county where consumer is located. Treating physician must be present to provide testimony, consumer is present unless attorney waives their presence

Release from Commitment



- Once consumer has reached maximum benefit from commitment and deemed to be psychiatrically stable and appropriate for discharge, they are transitioned back to the community
- Again, we transition them to the **LEAST RESTRICTIVE LEVEL OF CARE.**
- A good discharge plan is **CRITICAL!!!!!!**





State
Hospitals

DMHF (acute,
crisis residential)

Group Homes

ACT/In-Home

Supported Housing

Case Management

Outpatient Services

Level of Care

Least to Most
Restrictive

Coordination of Care: Stop the Revolving Door



- ☞ Efforts are constant to reduce length of stay and prevent the ‘revolving door’
- ☞ This is done through coordination of care, wrap-around services, follow-through
- ☞ In December 2016, ADMH began a monthly statewide staffing process, centered on committed patients in Bryce. The patient’s social worker staffs the case with the whole state, representatives from each CMHC.



ANY
QUESTIONS
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