



North Alabama Mental Health Coalition
January 11, 2022

Attendees (in person):

Annie Brasseale (VOP)	Laura Burdeshaw (Decatur Morgan Hospital)	Selena Carter (Huntsville Hospital)
Woodie Deleuil (NAMI)	Kelly Goff (ADMH)	Courtney Jeffreys (Amedisys Hospice)
Mandy Kilgore (Community of Hope)	Dr. Donald Klasing (Wellstone)	Olivia Kreydatus (NAMI)
Amanda Lackey (ADMH)	Katheryn Lang (Amedisys Hospice)	Tammy Leeth (Wellstone)
Pat Mayfield (Wellstone)	Diane McCrary (NACC)	Krista Moulton (Therapist)
Karen Petersen (Wellstone)	Mark Prescott (NAMI)	Jon Savage (Huntsville Police)
Paula Steele (Wellstone Emer. Services)	Kim Steigerwald (Amedisys Hospice)	Mack Yates (SVDP/VOP)

We also had attendees online via Zoom.

Welcome and Introductions

Children & Adolescent Crisis Center Proposal: Jeremy Blair

Mack mentioned that Jeremy (who was not present) has made a proposal to the legislature for adding beds at the crisis center for children and adolescents. This is just a proposal. Officer Savage brought up that they will have to separate the children and adolescents from the adults. Mack said that the proposal already includes provisions for this.

Additional Case Worker for AOT (Assisted Outpatient Treatment): Judge Barger

Mack also explained that Judge Barger (who was not present) is working on getting another case worker for the AOT program. This case worker will handle the family aspect of the program: for example, where to get assistance for their family member, make them aware of NAMI and their classes, how to work with attorneys, and all of the different phases of the situation.

House Bill 70 – Uniform Standard for Emergency Custody and Civil Commitment: Brian Stettin:

Brian Stettin is the Policy Director for the Treatment Advocacy Center in Washington, D.C. He attended the meeting remotely via Zoom. He gave a presentation that he had previously shared at a state NAMI meeting in August of 2021. His organization produces an annual report examining the civil commitment laws of each state. The goal is not to judge the quality of the states' mental health systems, but rather to identify issues related to state commitment laws. Alabama received a "D" rating for its civil commitment laws. He worked with Judge Barger and Rep. Rex Reynolds to use the information as a basis for a proposed house bill (#70).

Through his slides (attached to these minutes), Brian explained the current inpatient commitment process in Alabama and what the proposed bill would change. The current phrasing, which says an individual "poses a real and present threat of substantial harm to self and/or others" is not clearly defined in Alabama law, thereby leading to very subjective interpretations of the term "harm". Alabama is one of four states that does not have a clear definition for what it means to "be a harm to self and/or others". As a result, only people who are judged to be violent or actively suicidal are typically committed. The new bill will address situations where someone who cannot meet their daily survival needs or who does not acknowledge that they have a mental illness could still be considered a "real and present threat".

The bill also addresses AOT (Assisted Outpatient Commitment). The criteria is similar for AOT and inpatient commitment, but does not include the "harm" qualification. AOT is normally needed when a person is released from a hospital, at a time when they are typically stable and therefore may not qualify. AOT should be used as a crisis *prevention* tool and not just a crisis *response* tool. It should look at the history of the person to see if they will likely revert to a bad situation if left to their own devices. If the law passes and a person's history can be taken into account, AOT might be able to reduce the number of people repeatedly going in and out of the hospital (i.e., the so-called "revolving door").

This bill also defines the emergency pickup of a person by a CIT officer when they are having a crisis. Currently a person must be in "immediate danger" before they can be picked up and evaluated. This criteria should be similar to the civil commitment where the danger is "real and present" but not necessarily "immediate". Unfortunately this will only affect areas in the state that have CIT officers.

Mack feels like this bill is a common sense approach to getting treatment for individuals, especially ones that don't think they need treatment.

Woodie expressed concern about ADAP (Association for Disabled People) supporting the bill. Years ago when they tried to change the wording of the commitment bills, ADAP gave them lots of push back. Brian said he hoped they would understand that this bill supports the freedom of these individuals by giving them access to the care that they need rather than the "freedom" of allowing them not to have care when they need it.

Nikki Smith expressed concern about people coming from other counties trying to get AOT from Judge Barger in Madison County. Brian said that this bill does not address this kind of jurisdiction issue. The authority has to lie in the county where the person is residing and gets treatment. In many states the AOT order can be transferred to the county of residence. However, in Alabama there are not many counties with an AOT program.

Another question asked was whether this legislation would affect programs such as assertive community treatment ("ACT") teams and residential programs. Brian said this legislation would not directly affect them, but the issue that more people might receive AOTs would be a positive effect on access to ACT. When people are under a court ordered treatment, they are usually more compliant with other programs. If they have to report back to a judge who is concerned about them, the program is more likely to be successful.

Courtney asked whether there needed to be an "overt" act to get a person committed. For inpatient commitment, there is nothing in the law that requires an "overt" act. There is a case law that says an "overt" act must be committed to establish dangerousness. There are many courts that feel like they still need that "overt" act to commit. The legislation does not affect this idea, however an "overt" act could mean that someone can't meet their survival needs such as becoming homeless as a result of paranoia.

Another concern was brought up about AOT and the fact that it isn't available in all counties in Alabama. Brian said that we won't be able to transfer AOT orders to counties that don't have this program and we are going to have to spread the AOT model so that more people will have access to this treatment. Brian feels like AOT is the most effective tool we have to get this population the help they need.

Pam asked how private practitioners can get their clients to be linked with the AOT services. Brian said that if you have a client that is in need, you can call the local AOT office and refer them. The person will need to be evaluated and if they meet the criteria, a petition can then be filed allowing them to get into the AOT program. Once they are on the radar of the court, they are easier to monitor.

Someone asked if there were any other counties in North Alabama that have AOT besides Madison County and no one knew of any. Brian is hoping this new law will help change that.

Mack was concerned about autism being an exclusion of this law because it is considered a "developmental illness". Kelly explained this becomes a problem is when someone has a dual diagnosis of autism and mental illness. Brian said if they have a mental illness diagnosis they should have access to the programs even if they are also autistic.

A remark was made that it would be good to be able to allow judges to sentence people to drug rehab in order to better handle their mental illness issues. It would be good to offer substance abuse treatment, however most people will refuse treatment until they "hit rock bottom" and are determined to make a change. Otherwise it is a waste of resources because they probably won't comply.

Mark said he would send his power point slide presentation to the coalition. (It is attached to the minutes.)

Update on Pediatric Beds for SMI: Mack Yates

Mack is working with Mr. Samz to possibly change adult beds to pediatric/adolescent beds at Decatur West. Staffing shortages continue to be a big issue. There is a school requirement issue. The child must be going to school and because of HIPA the hospital is not allowed to contact the school, but rather it must be done by the child (and/or the parents). Amy Gillott spoke and said they currently have 8 beds that could become pediatric/adolescent beds and they have the schooling procedure worked out; however, they do not have the staff to support the beds. Mack asked if there is any way the coalition could help. Huntsville Hospital Foundation is looking into ways to get grant money for staffing and incentives.

Communication & Collaboration: Mack Yates

Mack reemphasized that the purpose of the coalition is to collaborate with each other helping to identify gaps and work towards solutions. This is what the coalition is all about.

The first Pediatric Beds subcommittee meeting was in December. It was a good meeting.

Open Floor

Kim Steigerwald of Amedisys Home Health explained that they provide behavioral nursing in the home. They have a psychiatric nurse that can give evaluations in the home. They are the only home health care that has a psychiatric nurse.

NAMI has put together a sheet with information about NAMI that police officers can hand out to those who might need it. Wellstone has already done this. Officer Savage agreed to take the sheets to the police department.

*Next Meeting
Tuesday February 8, 2022
11:00 am at Wellstone*