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Mental health: Working on logistics

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State mental health officials on Thursday said they are working on the logistics of treating those needing significant mental health treatment once most of the state's mental hospitals are closed.

Mental health officials gathered at PowerSouth to take questions from the South Alabama mental health community regarding the state's plan to close all but two of its psychiatric hospitals. Approximately 100 people attended the meeting.

Under the plan, there will be only one main state mental hospital open for operation by May 2013, which is the currently-under-construction replacement for Tuscaloosa's Bryce Hospital. This facility will hold only patients found not guilty because of insanity or mental defect or deemed incompetent to stand trial by the courts.

Another Tuscaloosa psychiatric hospital – Mary Strake Harper Geriatric Psychiatry Center – will stay open because it covers nearly all of its costs through Medicare.

Richard Moss, Coffee County Jail administrator, was an attendee at the day's meeting and asked about inmates who need psychiatric treatment, but who are rejected by the local hospital.

“I have to take the consumer to the jail,” he said. “Then, they are taken to another hospital for seven days and then to Searcy. Some are a success; others are not, and we have to take them back to jail. I think our state is trying to fix something that isn't broken.”

“I hear what you are saying,” said Dr. Tammy Peacock, associate commissioner for the state department of mental health. “We believe that, with a wraparound team, it will work.”

A wraparound team would ensure the patient continues on a productive path when returned to the community.

Moss said an assurance is needed from the state that there will be a facility that won't turn away patients who need the help.

“If you have visited Searcy, you will know that we cannot continue to operate much longer,” Peacock said, referring to the ailing building.

Another member of the audience wanted to know what the state plans to do with mental health consumers who are not compliant.

“Some are not compliant. We have had some experience with this in Jefferson County,” said Dr. Timothy Stone, state medical director for mental health. “They usually wind up hospitalized or in a group home. For the longest time, we’ve had a hard time taking responsibility for one person. They would be in an acute hospital, and then in the state hospital, with this, we plan to make care continuous. We are assuming responsibility and making sure we know where they are. The way it is now, we have no continuity of care. We are trying to fill in the gaps, and I can’t say it’s going to be perfect.”

Peacock reminded those in attendance that the department is “charged with caring for the seriously mental ill, and not everyone will wind up in Probate (court).”

Another audience member asked who would assume the liability when mental health consumers are back in the communities.

“There will be some liability,” said Courtney Tarver, the state’s deputy attorney general for mental health. “It would be whomever they are under care of – mental health, DMH or the local hospital. For this to work, there will have to be a lot more designation than in the past. A lot of hospitals want to do the psychiatric care. And everyone who wants to, we want them to come to the table.”

The general consensus among those in attendance is that the more details mental health professionals have, the less stress they will have.

“We just made this decision six weeks ago,” Peacock said of the decision to close the facilities.

Baldwin County Probate Judge Tim Russell asked Peacock if the state came up with the \$30 million shortfall, would the need remain to move to community-based care.

“That’s part of our challenge,” she said. “Even if we are level funded, there is no room for errors on the budgets. We are not going to be able to move one more dime to community services. It’s sort of a status quo – until one gives, another can’t. Yes, we want to do this; just not with the pressure to do it by Sept. 30.”

Russell asked if the move to community-based mental health is a national trend.

“States have been slow, and the Department of Justice has decided to help them along,” Tarver said. “The Olmstead case of 1999 is one of the primary reasons.”

Olmstead is a 1999 Supreme Court case in which the Supreme Court held that under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community rather than in institutions, if, “the state’s treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individuals, and the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with mental disabilities.”

Tarver said the Department of Justice has sued some states. “We are trying to get ahead,” he said.

Tarver said the idea is not to have to tie up any of the department’s money and come up with “plans of their own.”

Another audience member asked if there would be any specialized training for law enforcement for how to handle residents who are mentally ill.

Dr. Stone said that counties such as Etowah County in North Alabama have a community health officer, which goes to the scene and assesses the problem, and then takes the patient to the center rather than jail.