



Can outpatient commitment help the mentally ill? One county thinks so

Amy Yurkanin | ayurkanin@al.com By Amy Yurkanin | ayurkanin@al.com

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I'm the only one left. Everyone else has given up. Without help, she will become homeless and a bag lady.

HUNTSVILLE

Marla Pope's daughter wanted a scarf, to shut out the world. Pope clutched a small stack of them in one hand as she entered the behavioral health unit at Huntsville Hospital. In her other hand, she held a statement to read at her daughter's commitment hearing.

The young woman wrapped a scarf around her head.

"I'd like you to know I'm a kabbalistic rabbi and I've been committed three times because of a misdiagnosis," she declared.

Pope and her daughter have been here before, in this narrow hallway at the foot of a staircase, waiting to enter a makeshift courtroom barely big enough for a conference table and a half-dozen people. Her daughter has been in and out of psychiatric hospitals nine times in the nine years since her diagnosis with bipolar schizoaffective disorder. That revolving door has lately picked up speed: She's been committed and released three times in the last eight months.

The previous weekend, workers at her daughter's apartment complex found her naked and incoherent. They called the police.

Pope filed a petition to have her committed. But she came to the hearing to ask the judge to consider something different -- a program called outpatient commitment that offers court-ordered treatment in the home.

Left on her own, Pope's daughter stops taking her medications and begins to break down. Pope's hope is to keep her stable at home for several months, perhaps giving her a shot at holding things together and then moving forward.

"I'm the only one left," Pope said in an interview. "Everyone else has given up."

'Leap of faith'

Judges' use of outpatient commitment varies widely across the state.

In Madison County, probate courts sent 13 percent of patients to outpatient commitment last year. Jefferson

County's rate was 14 percent; Montgomery County's rate was 18 percent. On the coast, however, Mobile County's rate was 57 percent.

The rest of the patients, for the most part, went to a crisis intervention unit or a psychiatric hospital.

Alabama enacted outpatient commitment in 1991. In the following decade, many states followed suit, notably New York. There, Kendra's Law was named for a woman killed by a paranoid schizophrenic who had quit taking his medications and shoved her in front on an oncoming train.

Under Alabama's law, a probate judge can order 150 days of outpatient care for those incapable of making rational decisions about needing mental health treatment or following through on it. Social workers visit to ensure that they're taking their medication, and attending therapy sessions and doctors' appointments.

A patient who resists or takes wrong turns gets hauled back in front of the judge.

Pope has become something of an advocate for outpatient commitment, joining several others who signed a recent letter to Attorney General Luther Strange. They are concerned that the treatment option struggles to overcome confusion, fear and skepticism.

Indeed, said Brian Davis, CEO of WellStone Behavioral Health, formerly the Mental Health Center of Madison County, "It's a big leap of faith."

Good candidates, he said, are patients who have family support, reliable living situations and histories of successful treatment.

But another issue at play is money: Who's going to foot the bills?

Madison County picks up the tab for patients confined for mental evaluation at Huntsville Hospital. The evaluation periods can last up to 30 days. The state then pays the tab for those who committed to inpatient or outpatient treatment. Those commitment periods typically last 150 days.

According to Davis, there's pressure from county leaders to quickly steer patients into treatment, often before they are stable enough for home care. Commitment hearings, he said, can occur with just one or two days of evaluation.

The state, meanwhile, continues to squeeze government and agency budgets. Mental health funding has fallen 35 percent in the past five years, standing now at \$105 million. Gov. Robert Bentley hopes to dramatically boost the amount, by 50 percent, but his plan relies on tax increases that may falter in the Legislature.

Outpatient commitment has been controversial from the start. Relatives of people suffering from mental illness often champion the program. But some civil liberties groups worry that it infringes on the rights of those with mental illness. The criteria for outpatient commitment do not require that a person be a danger to themselves or others, yet it still forces a person into legal supervision.

"There are people who see this as an easier way to lower the bar," said John Head, spokesman for the Bazelon

Center for Mental Health Law. "Simply because a person won't accept treatment, they see this as a way to make them do it."

Kathryn Cohen, legislative and policy counsel for the Treatment Advocacy Center, said outpatient commitment works not because it forces patients to accept treatment, but because it forces the state to provide it.

"You're not just committing the patient to the plan, but also committing the state to the patient," Cohen said.

However, Cohen said there are flaws in the Alabama law. The maximum term of outpatient commitment is 150 days, just five months, and it can't be renewed. Patients who are committed to inpatient treatment cannot be discharged to outpatient commitment, as they can in other states. Instead, many end up in the same cycle as Pope's daughter - stabilized in the hospital, then released with no supervision, to an almost certain descent back into madness.

Bridging the gap

Mobile County's outpatient commitment rate far exceeds that of other larger counties. It's been a source of controversy, too.

In recent years, for example, AltaPointe Health Systems, the local mental health services provider, has **clashed** with Probate Judge Don Davis on whether outpatients were receiving appropriate oversight.

One key tool for AltaPointe is its Bridge team, unique in the state. The team of social workers makes twice-a-week visits to patients, who also must attend weekly therapy sessions and monthly doctor's appointments.

Karenda Nelson is one of those who've benefitted from Altapointe's approach.

She spoke to a reporter while visiting her therapist on a recent day. She said that she'd suffered a nervous breakdown three months earlier, after drugs that kept her bipolar disorder at bay stopped working.

Delusions swept in, she said. "I thought I was God," Nelson said. "My nephew said, 'There's nothing wrong with her. She's got the Holy Ghost.'"

The rest of her family disagreed, and carried her to AltaPointe to find help. Eventually committed to outpatient treatment, she's returned home.

Nelson said she was grateful for the chance to get back to her community, and to be around her teen-age son again.

Agaratha Kaye Hickbottom is one of the Bridge team social workers. She said she typically drives more than 200 miles a week visiting patients in their homes.

On a warm afternoon in March, she and Kara Biggs, AltaPointe's adult outpatient services coordinator, rolled to Irvington to check in on Stephanie Schnadelbach.

Schnadelbach suffers from psychosis that can be treated with a prescription regimen that required a monthly shot.

She worked for years, until her illness got the better of her, and she began having hallucinations that a strange woman was lurking around.

For years, her mother, Linda Smith, took her to treatment at AltaPointe, but late last summer, she suffered a debilitating fall.

At their Irvington house is a hospital bed in the living room for Smith.

Hockbottom's visits typically last an hour. Schnadelbach will talk about movies and music, and the social worker will make sure that she is well.

"It's important to establish rapport," Hickbottom said. She also eyed Schnadelbach's prescription bottle, to ensure that she was taking her pills.

"I sing a song and I hug my mom," Schnadelbach said of her coping techniques for times of stress.

Soon, Schnadelbach's outpatient commitment will end, and she will shift to voluntary treatment. At that point, Hickbottom won't be reaching out as often.

"One of our goals is to make Stephanie not so dependent on us," Biggs said. "What we would like to do is get them comfortable with other services so she can be successful without us."

'Edge of your chair'

in Huntsville, Marla Pope never got to read the statement that she'd prepared for her daughter's hearing. The evaluation team at WellStone Behavioral Health recommended that her daughter undergo inpatient treatment, so she stayed at Huntsville Hospital.

In another month, or month and a half, she will be released again, Pope said. Inside the hospital, she is safe. But once back outside, who knows?

Pope's daughter exists in a kind of limbo - not quite sick enough for long-term institutional care, but too sick to take care of herself.

"Without help, she will become homeless and a bag lady," Pope said.

She said, "It's sitting on the edge of your chair, waiting for your kid to die."

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