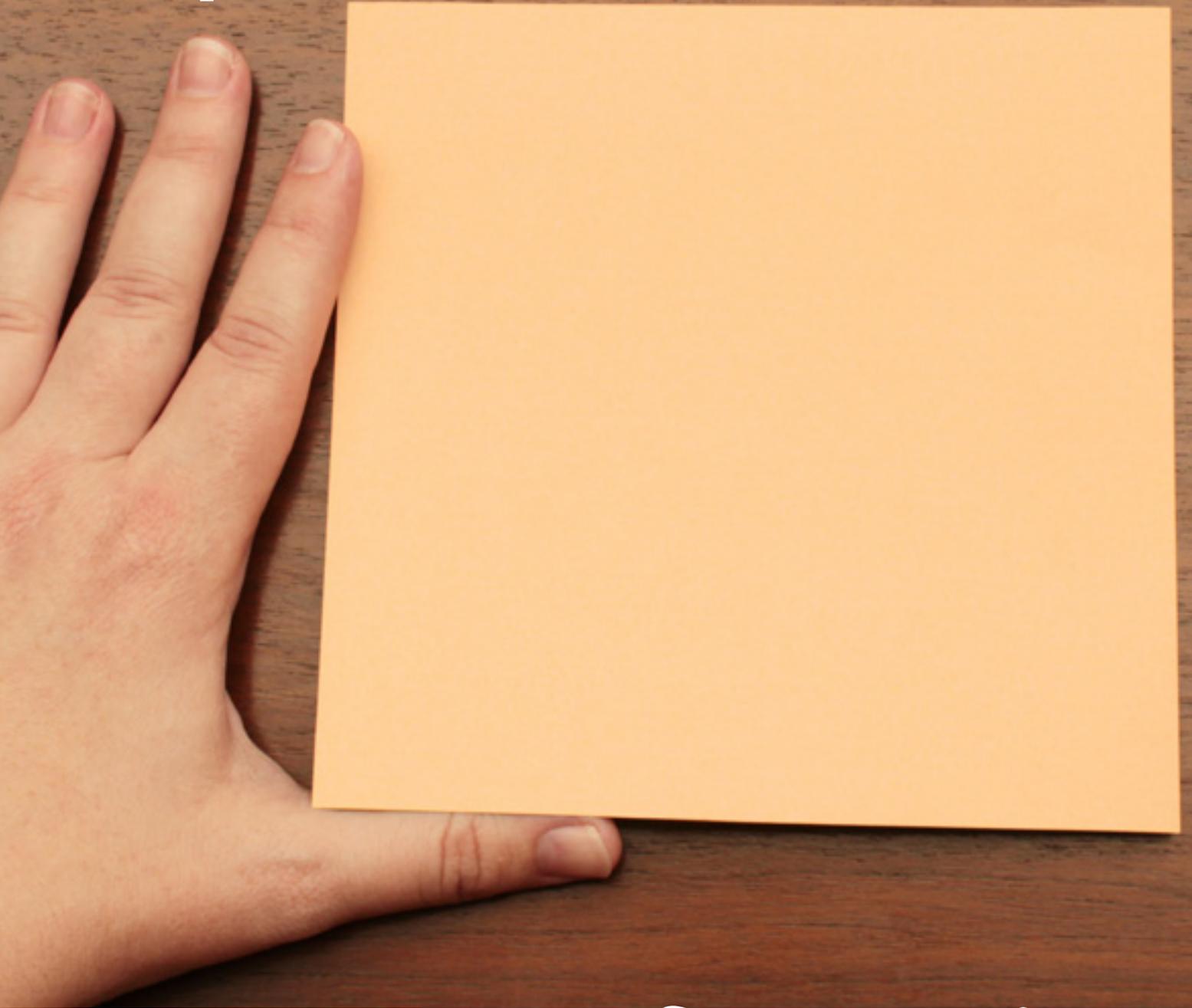


Annual Report



Transformation

FY10

Alabama Department of Mental Health
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800-367-0955 / 334-242-3454 | www.mh.alabama.gov



Dear Governor Riley,

The Alabama Department of Mental Health has on hand a copy of every Annual Report presented to governors since the inception of Bryce Hospital in 1861. In that tradition, it is my honor to present to you our Annual Report for fiscal year 2010 (FY 10). To a great extent, the accomplishments of the year may be summarized in one word – transformation. To be fair, it could be said that the system has been in transformation since its inception. However, we have made significant progress during your administration. With your support, we were able to launch what I believe to be the most ambitious and well-researched systems transformation plan in the modern history of the department. Essentially, we have begun to reconfigure the delivery of public mental health care services across the state. The planning process for this initiative took place over several years with many stakeholders, advocates and mental health professionals involved. The bottom line for consumers and family members will be more availability of acute services in the community and a reduction of acute care beds in our facilities.

Paramount to the success of our systems transformation plan was the issue of the sale of Bryce Hospital in Tuscaloosa to the University of Alabama. You helped us work with University officials on terms and timing that benefited both state institutions. The University needed space to grow, and ADMH needed adequate resources to build a new state-of-the art facility and increase community services. Since Bryce Hospital served more than 20 counties, its future impacted any significant attempt at systems transformation. You understood the importance of that, and through your leadership we were able to achieve a win-win outcome for both the University and ADMH. The mental health system is complex, and many people, including some public officials, do not understand the reasoning for downsizing facilities and increasing community services. The answer is not complex. With today's advanced treatment, more people are able to experience a high level of recovery in the community than ever before. This Annual Report has personal stories of individuals that we serve as well as departmental reports of our achievements. In transforming our system, we are making significant strides in transforming lives.

Sincerely,



John M. Houston
Commissioner

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- 20 ID: Administrative + Fiscal Operations, Consumer Empowerment, Psychological + Behavioral Services, Quality + Planning, Systems Management, Waiver Service + Case Management
- 21 MI: Certification, Community Programs, Consumer Relations, Deaf Services, Facility Operations, Performance Improvement
- 22 SA: Advocacy + Outreach Services, Billing + Contracts, Certification & Training, Information Services, Prevention Services, Treatment Services
- 23 AD: Administrative Support Services, Contracts, Data Management, Human Resources Management, Land + Asset Management, Life Safety + Technical Services, Pre-Admission Screening, Staff Development
- 24 CO: Finance, Legal Services, Legislative + Constituent Affairs, Alabama Council for Developmental Disabilities, Chief of Staff, Certification Administration, Children's Services, Nurse Delegation, Policy + Planning, Public Information + Community Relations, Rights Protection + Advocacy, Special Investigations

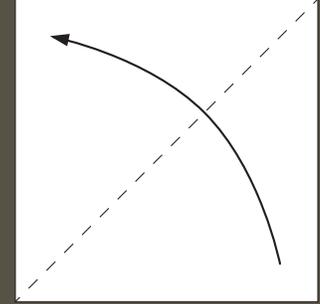
In Every Edition

Financial Report, Office/Bureau
Descriptions + Phone Directory

Phone Directory

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Intellectual Disabilities Services



A new ADMH Call Center for Intellectual Disabilities services was developed as a result of an FY 09 waiting list lawsuit settlement. In February 2010, the Call Center began operations. Its primary purpose is to serve as the initial point of contact throughout the state for people requesting ID services for the first time. This allows ADMH to have an efficient avenue to capture and track calls from all people requesting ID services. Throughout FY 10, the Call Center averaged 50-55 calls per week.

Several employees in the Division of Intellectual Disabilities Services traveled throughout the state to explain the new process and its purpose. Invitations to these trainings went out to 310 boards (the actual case management agencies), community service providers, school system personnel, the Department of Human Resources and family members. In order to continue promoting the Call Center, brochures were developed and distributed, and information about the Call Center was prominently added to the ADMH Web site.

In addition to serving as an initial

ADMH Call Center

point of contact for ID services, Call Center staff also determine if services are being requested for the first time, send an initial contact form to the appropriate 310 agency and ADMH Regional Office, and send a letter to the person or family informing them of the steps taken and the process to come, as well as a brochure detailing the application process and Administrative Review Options. As a final step, staff follows up with the 310 agencies to track referrals. ADMH expects that a complete application be submitted to the appropriate Regional Office within 30 to 45 days from the date the referral is sent to the 310 agency.

Overall, the establishment of the Call Center makes the application process smoother and easier for the families applying for services.



Quinten Baugh

was born March 15, 1977. He was always a loving child with lots of energy and enthusiasm. He loved to play basketball, ride four wheelers and play video games. However, Quinten found academics to be challenging due to developmental delays and an intellectual disability. As a result he participated in special education classes. He began school at Woodville Elementary, but later transferred to private school for more one-on-one attention. Quinten's parents always made sure that he was able to participate in church socials, take church trips and enjoy the same school activities as other kids his age. Even after aging out of youth programs, Quinten continued to participate in the church youth trips and activities because he was so popular. At the age of 18, Quinten obtained his Certificate of Completion from the Word of Truth Academy in north Alabama.

Following his exit from school, Quinten's parents contacted the Arc of Jackson County in Scottsboro. He was approved for waiver services and began participating in day habilitation. Quinten's typical day at the Arc consisted of contract work activities, academic

remediation and independent living skills training. Even though he put forth a lot of effort in the Arc program, his desire was to obtain a real job in the community.

Thanks to grant funding from ADMH and the Alabama Council for Developmental Disabilities as well as the support of state Vocational Rehabilitation Services, that opportunity came in April 2010. Grant funding allowed the Arc the time and resources needed to make a good job match and offer the support that Quinten required for success. Quinten preferred a job with a clean environment, a set schedule, repetitive tasks and one that offered a work uniform so he could easily be identified as an employee of the company. Such a position was developed at Sanoh America, Inc. in Scottsboro. Sanoh is an industry-leading supplier for tubular products for automotive applications. Specifically, Quinten is a production associate and works in the Sumi Department where he aids in the assembly of brake and fuel lines. The plant manager, David Holder, stated, "Quinten is a great guy and loved by all the other employees. He does a great job, and the company is happy to have him as an employee."

Quinten and his family credit the Arc of Jackson County and services through ADMH for much of his success. While attending the Arc, Quinten acquired work skills that prepared him for his opportunity with Sanoh. Quinten's success has inspired others to reach for their dreams. He says, "There is something out there for everyone regardless of disability; you just have to find it."

Supported Employment Efforts

Two successful supported employment initiatives were coordinated in FY 10. ADMH was awarded a grant to establish supported employment in five counties that previously offered no supported employment services. Services were established in Sumter, Hale and Greene counties through West Alabama Mental Health Center, and in Bibb and Pickens counties through the Ability Alliance of West Alabama. ADMH partnered with Alabama Association for Persons in Supported Employment to plan and host an “Employment First” training. The purpose of the training was to ensure that all service providers had the necessary skills to provide quality supported employment for individuals with intellectual disabilities. The training covered the basics of supported employment and offered training for job coaches to equip them with skills to do their jobs effectively.

Intellectual Disabilities Services

W.D. Partlow Developmental Center

capacity: 175 | served: 166

Tuscaloosa | only state-operated residential center for individuals with intellectual disabilities

Region I Community Services

served: 1,486

Decatur | provides community services for citizens in the northern part of the state; serving 13 counties

Region II Community Services

served: 1,024

Tuscaloosa | provides community services for citizens in the west central part of the state; serving 13 counties

Region III Community Services

served: 1,068

Mobile | provides community services for citizens in the southwestern part of the state; serving 10 counties

Region IV Community Services

served: 1,367

Wetumpka | provides community services for citizens in the southeastern part of the state; serving 20 counties

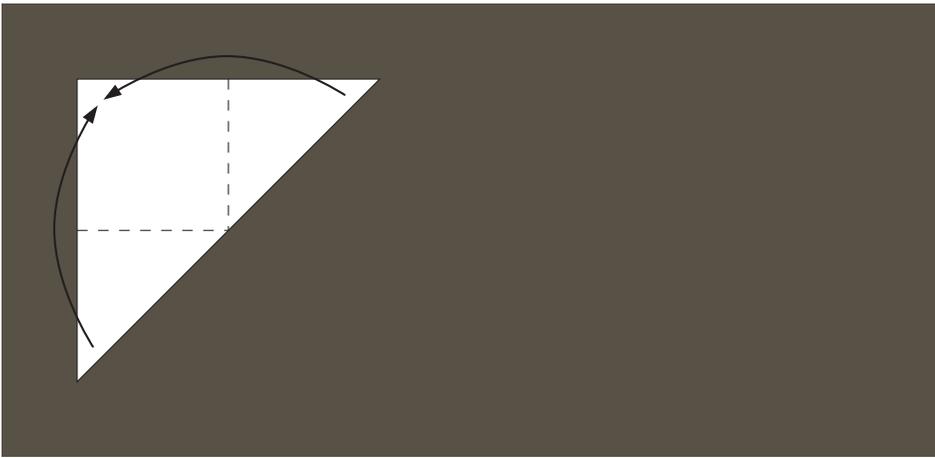
Region V Community Services

served: 1,308

Birmingham | provides community services for citizens in the east central part of the state; serving 11 counties

Regional offices help connect families with appropriate community contract providers, as well as an array of clinical services through comprehensive support services teams.

A second employment initiative entitled “Jobs for All Utilizing Customized Employment” was a 12-month collaborative project between ADMH, Alabama APSE, and ADRS that sought to pilot customized supported employment statewide. Customized employment takes supported employment a step further. Rather than reacting to labor market needs that occur with traditional job placement, more time is spent getting to know the consumer and then creating a job to match each person’s skills and abilities. This pilot initiative created a new service delivery system made up of teams of various partners throughout the community that provide a wrap-around delivery approach using customized employment tools such as discovery, facilitated job-development planning and negotiated job placement. Four pilot agencies were selected and trained on the basics of customized employment and offered technical assistance as well as other continuing education opportunities. The ultimate goal of the initiative was to take the lessons learned from piloting this new service delivery system and share them with all supported employment providers throughout the state in hopes that the efforts will be duplicated.



Case Management Training

Case management is a crucial support that helps persons with an intellectual disability and their families navigate the assortment of mental health services. The Division of Intellectual Disabilities' Office of Waiver & Case Management Services offers an online case management certification training course that is designed to provide a blueprint of supports for case managers that serve persons with an intellectual disability. The strategies and perspectives presented in the training course were compiled and developed to assist case managers bring about measurable progress in real lives.

In FY 10, a committee revised and updated the online case management course to reflect changes in the services provided to people with an intellectual disability. The words "mental retardation" were deleted throughout the training and replaced with "intellectual

disability" in order to be on par with today's more appropriate terminology. The training was also enhanced to reflect changes to required Medicaid forms and county single points of entry.

A total of 30 in-service trainings were delivered to case management agencies around the state to inform them about revisions and updates to the online case management course. Training topics included an overview of supported employment in Alabama, People First Language, an overview and description of services, special needs planning, eligibility determination, waiting list criticality information, new enrollment process, and home and community-based waiver services. Follow-up trainings are also offered by the division to review and reinforce the online training course and to keep case managers abreast of best practices in case management delivery.

Highlights

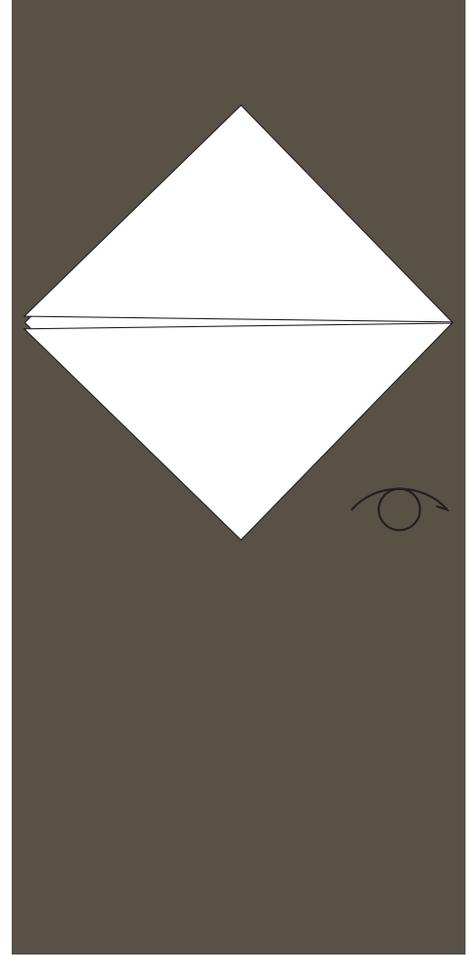
Completed, submitted and received approval for the Living at Home Waiver renewal for five years. This enables thousands of individuals with intellectual disabilities to live at home and receive services in the community.

Began participation with various state agencies in submitting the Money Follows the Person grant from CMS, which will enhance self-determination of services and assist with the downsizing of Partlow.

Began Crisis Stabilization Services in two regions. Teams assist private providers with challenges and stabilization so that an individual in crisis will not have to be sent to Partlow.

Filled the ID waiver and the Living at Home waivers to capacity for the first time since the inception of the waiver programs.

Mental Illness Services



Part of the department's mission is to help anyone who is able to live a fully-integrated life in the community. In FY 10, work continued on an extended care transition initiative that allowed patients at Bryce and Searcy Hospital to move into the community.

In FY 09, the department partnered with several mental health centers to develop community-based services that were appropriate to serve patients from the Bryce and Searcy extended (long-term) care units. Also in FY 09, patients were evaluated by assessment teams consisting of hospital staff, participating community mental health care clinical staff and an advocate. After these assessments, many patients were deemed eligible for transition into the community. In FY 10, contracts were signed with mental health centers that would provide appropriate community services and supports. Based

Extended Care Transition

on coordinated assessments from the facilities and providers, consumers began transitioning into community services in June 2010. This initiative will span into FY 11.

The extended care transition initiative has provided many success stories such as one about an individual who had been institutionalized for more than 20 years. Once he transitioned into the community, he made his first visit ever to a Wal-Mart and had his first taco at a local Taco Bell. Another individual was able to move to a supported care group home closer to his mother. After being out of the hospital for several months, he was able to go on a weekend pass to stay with his mother for the first time in many years.



Lynda Bice

is one of a growing number of Alabama peer support specialists. Peer support specialists reflect the positive trend in mental health treatment that substantiates the fact that no one can understand what a person with a mental illness is going through like someone who has already been there. And Lynda has seen her share of hard times. She suffered through an abusive childhood that no one should have to endure. Her family members fed her alcohol when she was just a baby. “My whole family was into alcohol and drugs, and they thought it was funny to get me drunk,” she says. After her father left when she was eight years old, she was sexually abused until she was 14. Lynda soon made her first suicide attempt.

Although Lynda was taken to a mental health center and diagnosed with schizophrenia and bipolar disorder, she was able to return to school where she was often in trouble. She says, “I was so confused and just wanted to be normal. I started drinking heavily and doing drugs when I could get them. That way I felt normal.” After running away at the age of 16, Lynda was committed to Bryce Hospital. She stayed there about six months and then went to live with her father. Soon Lynda was hearing voices even louder than before and

began acting out more, believing the voices inside her head that said no one cared about her.

Lynda would spend the following years of her life experiencing some ups such as becoming successful in work endeavors and starting new relationships, but she also experienced many downs including time in and out of mandated mental health care, more suicide attempts and continued substance abuse. It wasn’t until about three years ago that her life changed. Lynda finally got the help that she needed. She found a doctor she trusted and he found the right combination of medicine and social activities that worked for her. Lynda says, “I connected with a group of people that really understood me, believed in me, and devoted time to me and my recovery.”

These days, Lynda says she takes her recovery one day at a time and surrounds herself with supportive friends. Another thing that aids in her recovery is her role as a peer support specialist. Lynda was approached a couple of years ago about becoming a peer support specialist and now can’t imagine not doing it. She says, “I felt like I had something to give back, and I wanted to help others get to where I’m at today.” Lynda also runs group meetings for a local advocacy organization and has a part-time job at ADMH working in the Office of Advocacy & Rights Protection. Lynda feels like this is a way she can truly make a difference. She says, “I answer the hot line and sometimes talk to people who are having a crisis. I know how that is because I’ve been there a hundred times over. But now I really believe my life is just starting, and that’s a wonderful feeling to have.”

Project Rebound

After the explosion of the Deepwater Horizon well in the Gulf of Mexico, ADMH anticipated that there would be a growing need for mental health services and immediately began working with Baldwin County Mental Health Authority in Fairhope and AltaPointe Health Systems in Mobile to reach out to affected communities. Within a short time, BCMHA had counselors visiting the docks and marinas to hold group and personal counseling sessions with boat captains and crew members. In Bayou La Batre, AltaPointe added counselors and crisis response teams at the community resource center and at their satellite clinic. BCMHA did the same at the Gulf Shores community resource center.

Additionally, a team of ADMH officials began working with local providers immediately to assess needs and formulate plans for a departmental supported response that would serve as a template for a grant proposal to BP. In the process of applying for the grant, the ADMH team worked closely with similar disaster response teams in the sister states along the coast. Eventually, their efforts prevailed, and the state was given a contribution of \$12 million from BP to assist with mental health needs related to the aftermath of the oil spill.

Partnering with other state agencies along with local advisory groups from Baldwin and Mobile counties, ADMH set forth a strategic plan to help people along the coast with psychological, behavioral health and social service needs. This strategic plan and initiative would be known as Project Rebound. The Project Rebound model was used following Hurricanes Ivan and Katrina when a tornado devastated the Enterprise community.

Plans for Project Rebound included outreach teams; training sessions for staff hired to provide crisis counseling and treatment services; a clinical facility in the Gulf Shores area similar to a AltaPointe satellite center in south Mobile County; a Call Center to link people with resources, provide crisis counseling, and assist callers who hear about Project Rebound through media announcements or from the outreach teams; and a media campaign advertising the Call Center. Overall, between the months of June – October 2010, crisis counselors at BCMHA and AltaPointe provided support to 125 people in individual counseling sessions and another 682 people in group counseling sessions.

Mental Illness Services

Bryce Hospital

capacity: 298 | served: 968 | admissions: 627 | discharges: 669

Tuscaloosa | regional inpatient psychiatric services for adult citizens in the north central part of the state; for adolescents throughout the state

Greil Memorial Psychiatric Hospital

capacity: 76 | served: 413 | admissions: 333 | discharges: 331

Montgomery | inpatient psychiatric services for adult citizens in the south central part of the state; deaf or hard of hearing specialized psychiatric unit

Mary Starke Harper Geriatric Psychiatry Center

capacity: 96 | served: 401 | admissions: 292 | discharges: 313

Tuscaloosa | inpatient psychiatric services for elderly citizens throughout the state

North Alabama Regional Hospital

capacity: 74 | served: 778 | admissions: 710 | discharges: 702

Decatur | regional inpatient psychiatric services for adult citizens in the northern part of the state

Searcy Hospital

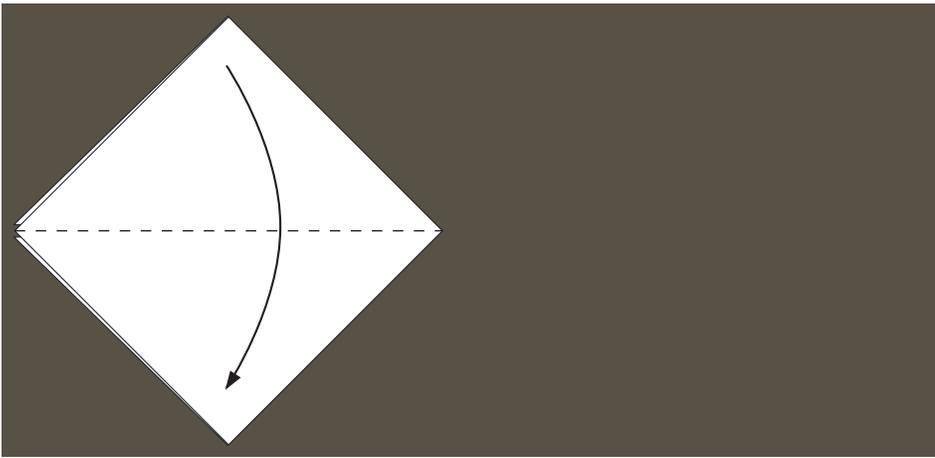
capacity: 325 | served: 1,081 | admissions: 706 | discharges: 781

Mt. Vernon | regional inpatient psychiatric services for adult citizens in the southern part of the state

Taylor Hardin Secure Medical Facility

capacity: 115 | served: 222 | admissions: 107 | discharges: 107

Tuscaloosa | comprehensive psychiatric evaluation/treatment for criminally committed citizens throughout the state; forensic evaluations



Systems of Care Grant

When a child develops

symptoms of a serious emotional disorder, parents are often unsure of where to go for help. In FY 10, ADMH received a grant from the Substance Abuse and Mental Health Services Administration that will help transform mental health services for children in Bullock, Macon and Pike counties. The grant, in the amount of up to \$9 million over the next six years, will be used to fund the ECCHCO Project, which stands for the East Central Children's Health Collaborative Project. The goal of ECCHCO is to develop a collaborative, community-based system of care responsive to the mental health needs of children and youth with serious emotional disturbances and their families.

ECCHCO will address the comprehensive needs of children and adolescents by creating a family-focused and youth-driven system of care that transcends traditional mental health boundaries by integrating social services, education, and juvenile justice resources with mental health services for children in

a community-based outreach setting. It will seek to transform the current way communities provide mental health services to a more family-friendly system. When a child presents symptoms the family will have a team of professionals to guide them through what may seem to be a disconnected maze of services. The goal is to build bridges between agencies and providers through these teams and help simplify the process for the family.

The department is contracting with East Central Mental Health Center, which will work with community partners, to implement the ECCHCO project. Although the first year of the grant was a planning year focusing on training and learning about the core elements of systems of care, the next steps towards implementing ECCHCO will be to hire key staff, including a project director, and to develop an advisory council which will include consumers, family members and representatives of advocacy groups.

Highlights

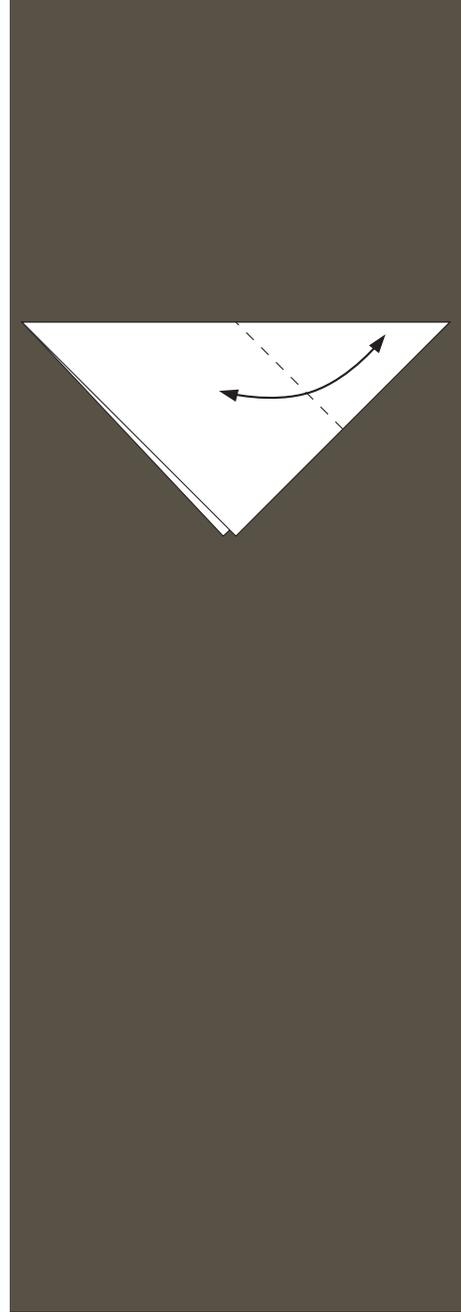
Began process of closing ADMH Psychiatric Adolescent Unit at Bryce Hospital and contracting services to UAB. Preparations included negotiating and signing the contract, UAB staff visiting Bryce to see how services were provided, and various meetings between ADMH and UAB staff.

Through the Transformation Transfer Initiative Grant, work continued on the integration of primary and mental health care. More than 60 physicians attended the 2010 Child and Adolescent Psychiatric Institute, which focused on better integration of primary and mental health care.

As part of a comprehensive health initiative, ADMH became tobacco-free at all inpatient psychiatric facilities and grounds. Tobacco products are not allowed on campus by patients, visitors, staff, vendors, students or any other individuals.

Charlene Crump, statewide mental health interpreter coordinator in the Office of Deaf Services, was named Executive Branch Employee of the Year for all state agencies.

Substance Use Disorder Services



A \$10 million grant over the next five years to ensure a structured approach to substance abuse prevention planning was awarded to the department. The Alabama Building Capacity Strategic Prevention Framework - State Incentive Grant was awarded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention. It is designed to prevent the onset and reduce the progression of substance abuse, including underage drinking; reduce substance abuse related problems in communities; and build prevention capacity and infrastructure at the state and community level.



A large part of the grant will include utilizing epidemiological profiles facilitated by a workgroup that will give a clear overview of where opportunities lie statewide. From this information, service gaps and target populations can

SPF-SIG from SAMHSA

be identified. Workgroups will incorporate the information about opportunities, service gaps and target populations into a state plan. Upon completion, most of the funding will be dispersed to community providers and groups to carry out the resulting prevention services and strategies. Based on information from other states that have been awarded this grant, ADMH hopes to complete this process within nine to 18 months.



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for me. All I had was my AA book and Bible.” He soon became involved in another drug treatment program, and this time it worked! As he was in recovery, he began working as an intern at Limestone Correctional Facility’s HIV unit.

After being released from prison, David continued his progress and earned degrees in general education and sociology. He then heard about a program that allowed former athletes to finish their education at Auburn. David enrolled and graduated with a bachelor’s in psychology. While in school, David worked as a prevention specialist at a local mental health center and realized working with people was his passion. He went on to work as a counselor in the HIV unit at Limestone, the very facility where he served time.

David Battle

As a talented high school football player entertaining close to 50 scholarship offers from colleges throughout the nation, David Battle was excited about his future. However, events that occurred over the next several years not only kept him from ever playing college football, but also sent him spiraling down a path of drug abuse and ultimately to jail.

David drank all through high school and college. Shortly after arriving at Auburn University he got in a fight and sustained injuries that prevented him from playing. He was red-shirted. While working to recover, he injured his knee so badly that it required reconstructive surgery, and he was released from the team. David tried to return to Auburn, but found himself in a financial hole when friends charged a huge telephone bill to his name. Finding it hard to get money, he started selling drugs with his brother. Unfortunately, he also started using drugs. He says, “From the first time I used, I was gone.” Soon he was also stealing cigarettes and money from businesses.

Consequently, David spent many of his next years in and out of jail on robbery and drug charges. He enrolled in a drug treatment program in one prison, but relapsed soon after release. After several other stints in and out of prison, David was again arrested, but this time was put in a drunk tank for an extended period of time. He says, “That was a blessing

David has come full circle, and believes he is, “Blessed to be able to give back and to be an example, giving others hope.” Currently, David is working for Aids Action Coalition where he is a prevention counselor and has won accolades for his work mentoring others. Additionally, David enjoys mentoring with the GreenDream Reintegration Program of the Huntsville-Madison County Community Collaborative for Re-entry and playing noseguard for the Rocket City Titans football team in Huntsville, where he is recognized as a leader on and off the field. But most of all, he enjoys spending time with his three sons and says that, “They are my lifeline, and I’m so blessed to be able to be in their lives.”

Project Rebound

A representative from SASD worked with other ADMH officials on the department's response to the oil spill disaster – Project Rebound. Different roles included providing technical assistance and expertise in applying for a grant from BP, giving projected substance abuse needs, as well as preparing the crisis counseling training for all crisis workers hired.

The training gave crisis workers all of the skills they needed to hit the ground running and for use in door-to-door efforts in their communities and affected areas. The program modified FEMA's crisis counseling training to address specific concerns and issues relating to the oil spill. In addition, the Typical Phases of Disaster chart from FEMA's training was modified and rewritten to create the Phases of the Oil Spill Disaster. The training centered around crisis intervention skills and understanding the public's response to a disaster. Additional plans were developed and coordinated to provide the crisis counseling training to community social service agencies in the area.

Synar Checks

Because tobacco is widely considered a gateway drug, much attention has been given to discouraging underage use of tobacco. The Synar Amendment, passed in 1992, requires states to enact rules and laws that prohibit tobacco sales to minors. Each year, Synar checks are done statewide. The department works with the ABC Board and Alabama Department of Public Health as the inspection agencies.

Last year, Alabama had the lowest Synar rate in history. Under the established law, no state can have a sell rate of more than 20 percent. A sample methodology is used to calculate how many Synar checks

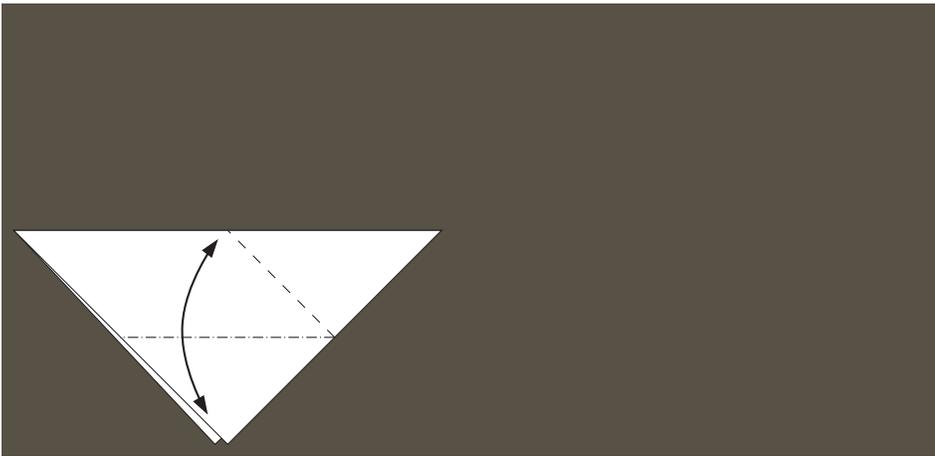
are required each year from a list of licensed vendors that sell tobacco in the state. After this baseline is established, a specific number (percentage) of Synar checks are completed. For example, if 100 inspections were done and there were 25 violations that would result in a Synar rate of 25 percent.

In FY 10, Alabama's rate was 7.6 percent. The Substance Abuse and Mental Health Services Administration recommended approximately one year ago that all states strive to have their rates below 10 percent. Alabama's FY 09 rate was 11.6 percent. This four percent drop shows that the department, communities, providers and the ABC Board are working diligently together to ensure that underage individuals are not sold tobacco.

Substance Use Disorder Services

The department has the responsibility of funding and certifying substance use disorder treatment and prevention services statewide. All substance use disorder programs must adhere to minimum standards of care prescribed by ADMH. Substance use disorder services are not offered at our state-operated facilities; all substance use disorder services are provided through contracts with community providers. Through these community partnerships, ADMH assists thousands of Alabamians each year.

served: 24,672



SBIRT Reaches New Population

Screening, Brief Intervention, and Referral to Treatment is a highly effective strategy used to provide early detection of an alcohol or drug use problem, before the problem escalates to the level of abuse or dependency. SBIRT is typically implemented in locations where individuals routinely receive other health care services, such as doctors' offices, medical clinics and emergency rooms. This approach significantly expands access to care for individuals who are not likely to seek help at a substance abuse treatment facility.

During FY 09, the department worked with the Alabama Medicaid Agency to provide SBIRT services to pregnant women participating in the Medicaid Maternity Waiver program. This population previously would not likely access these services through the traditional substance

abuse provider network, where the vast majority of clients served are alcohol and/or drug dependent.

In FY 10, this process began implementation as the Alabama Medicaid Agency began coverage of procedure codes H0049 screening for substance use and H0050 brief intervention and referral to treatment for pregnant women in conjunction with antepartum care provided by physicians, physician-employed nurse practitioners, nurse midwives, physician-employed physician assistants and federally qualified health centers. Prior to offering these services, providers are required to successfully complete an online tutorial developed by ADMH in FY 10 and hosted on its Web site. This tutorial prepares health care professionals to screen and refer Medicaid recipients to treatment for substance use disorders.

Highlights

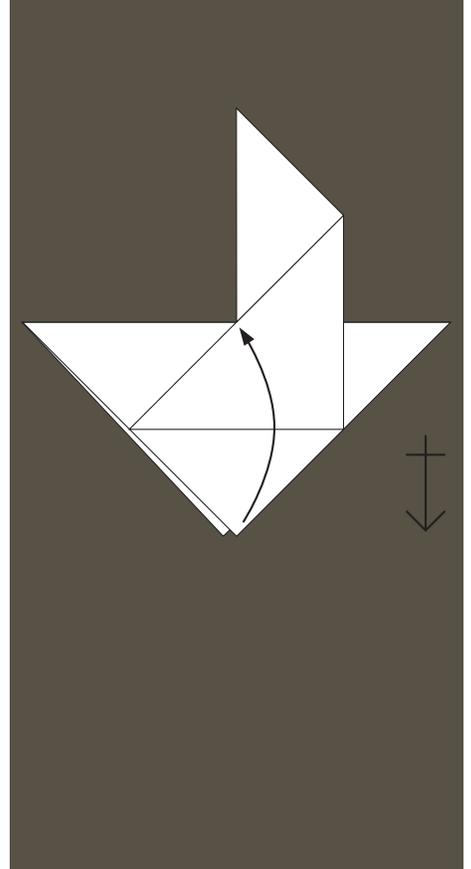
More than 16 events were held statewide throughout September in observance of National Alcohol and Drug Addiction Recovery Month. Approximately 2,000 people participated in these events, which were coordinated by the department and a host of both local and statewide advocacy groups.

Completed a cost study to establish provider reimbursement rates reflective of the cost of providing high quality care in a reasonably efficient manner and to establish a standard rate-setting methodology to address the division's future rate-setting needs.

The Substance Abuse Services Division's waiting list process was strengthened by providers and the department to ensure that special populations (pregnant women, IV drug users and women with dependent children) were tracked more closely and that they were able to access treatment in a timely manner.

Substance abuse providers conducted approximately 23,500 screenings, and approximately 17,000 clients were enrolled in treatment. Those screened and enrolled are assigned a unique state ID that the department uses to track any client who has received services, whether it's through multiple providers or for multiple years.

Department Administration



In an historic agreement, the Alabama Department of Mental Health sold the 150-year-old Bryce Hospital campus to the University of Alabama for \$87.75 million. The sale, which was officially completed on May 27, 2010, ultimately enables the department to build a new, smaller, state-of-the-art facility to replace the outdated hospital, and allows the university to grow into the valuable, central location presently occupied by the Bryce campus.

Of the \$87.75 million, \$10 million will be allocated by the University of Alabama as follows: \$6.5 million for preservation of the historic main building, which will house a mental health museum, and \$3.5 million for continuation of environmental remediation and monitoring. The remaining \$77.75 million purchase price was for

168.29 acres. Included in that price is the Mary Starke Harper Geriatric Psychiatric Center, of which \$5.75 million went to purchase the 8.16 acre property.

The Alabama Department of Mental Health will continue its current operations on the property. The university will lease the land and structures back to the department for \$1.00 per year for a period of three years, with an optional one year extension, while the new hospital is being constructed. The Mary Starke Harper Geriatric Psychiatry Center will also be leased back to the department, but for an indefinite period, understood to mean as long as it is needed by the department to provide mental health services.

John Houston, commissioner of ADMH said at the time of the sale, "I am pleased that the department has the opportunity to move forward with its plans to build a new hospital and provide more services in communities across the state. I am grateful to our

Central Administration

Central Office, located in Montgomery, is comprised of management and support personnel that facilitate all of the mental health services statewide, which are provided through either state-operated facilities or community mental health providers. Budget management, planning, legal representation, advocacy, consumer empowerment, information technology, and certification are but a few of the functions conducted by the 36 offices and/or bureaus operating in central office.

Fewer than 200 of the 2,800 Alabama Department of Mental Health employees are housed at central office; included are the Commissioner and his staff, as well as the Associate Commissioners for each division. Most ADMH employees are medical and direct care staff who work in our facilities.

served: 230,000



An aerial shot of the Bryce Hospital campus taken in 2010.

ADMH Sells Bryce Hospital to University of Alabama

staff, former commissioner Kathy Sawyer, and all of the people who worked diligently to bring this historic event to fruition. Our goal has always been to put patient care first and provide for the future needs of the system with respect to advancing the quality and quantity of services now provided at Bryce through a new hospital and expanded community services. Governor Riley has been a strong advocate for that. It is reassuring to see the university's commitment to respect the rich history of Bryce Hospital and incorporate aspects of that history into its future use of the property. We have been neighbors since 1861, and over the years the university and Bryce Hospital have interacted culturally, educationally and at times programmatically. Many of the schools of the university, such as Social Work, Nursing, Psychology and Law teach subject matter related to the mission of the department. Hopefully, with the acquisition of Bryce, these relationships can be strengthened and future partnerships will become even stronger."

The department estimates that the process of constructing the new hospital will take between two and three years. During that period, as community services are developed, the current hospital will be downsized from its current 325-bed capacity. The new hospital is projected to be a 268-bed facility.





Highlights

The Bryce Hospital Historic Preservation Committee held a Cemetery Memorial Dedication Ceremony at the chapel on the Bryce campus. More than 300 people attended the event, which served to honor those buried at Bryce and raise awareness of the need to preserve the hospital's four cemeteries.

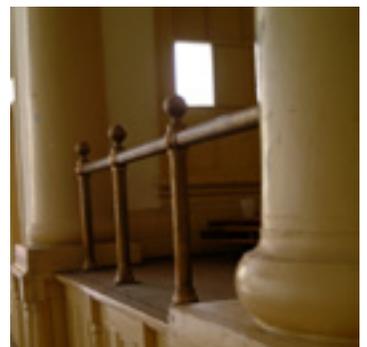
After training facility HR staff, the Bureau of Human Resources Management began implementation of a new background check system. New reports include more searches and are less expensive per report.

A workgroup assessed and reported on the requirements necessary for the new psychiatric hospital to support the Electronic Health Records systems as well as other IT systems.

Four Prospective Community Provider Orientation sessions were held for those interested in becoming certified to offer services to persons with intellectual disabilities, mental illnesses and/or substance use disorders. A total of 338 participants from across the state attended these sessions.



Rendering of the layout of the new, smaller, state-of-the-art psychiatric hospital.



A Web site was created for the Alabama Interagency Autism Coordinating Council which includes local, state and national autism resources as well as information about the council. It is intended to serve as a hub for the process of unifying a statewide system of care for autism.

An internal Branding Tool Kit was created and distributed throughout ADMH to provide guidance in explaining and using all of the identity elements of the department.

The Offices of Children’s Services and Policy and Planning partnered with the Administrative Office of Courts to implement the Justice and Mental Health Collaboration Program Grant (\$250,000). The two-year grant will provide education and cross training opportunities, resources, technical assistance and outcome evaluations of mental health courts.

Purchased “Capital Impact,” a legislative software that will enable the department, advocates and other stakeholders to monitor and follow legislation that may impact the mental health system.

Expenditures And Encumbrances

for FY 10 as of September 30, 2010

	Budget	Actual	Difference	Percent
Mental Illness Services Facilities				
Alice Kidd Nursing Facility	15,248	15,247	(1)	99.99%
Bryce Hospital	53,835,735	53,710,589	(125,146)	99.77%
Greil Memorial Psychiatric Hospital	12,880,384	12,807,084	(73,300)	99.43%
Harper Geriatric Psychiatry Center	18,327,191	18,081,680	(245,511)	99.60%
North Alabama Regional Hospital	13,540,800	13,486,231	(54,569)	97.93%
Searcy Hospital	48,175,954	48,058,400	(117,554)	99.76%
Taylor Hardin Secure Medical Facility	14,669,315	14,644,212	(25,103)	99.83%
Total	161,444,627	160,803,443	(641,184)	99.60%
Intellectual Disabilities Services Facility				
W.D. Partlow Developmental Center	47,371,961	44,118,276	(3,253,685)	93.13%
Total	47,371,961	44,118,276	(3,253,685)	93.13%
Community Programs				
Intellectual Disabilities Services	387,176,878	376,554,233	(10,622,645)	97.26%
Mental Illness Services	227,279,905	205,733,970	(21,545,935)	90.52%
Substance Use Disorder Services	48,399,794	41,371,244	(7,028,550)	85.48%
Total	662,856,577	623,659,447	(39,197,130)	94.09%
Administration				
Central Office	22,958,302	20,991,950	(1,966,352)	91.44%
Special Services	18,504,458	16,027,870	(2,476,588)	86.62%
Total	41,462,760	37,019,820	(4,442,940)	89.28%
Unallocated Amounts*	15,052,303	0	(15,052,303)	
Grand Total	928,188,228	865,600,986	(47,534,939)	93.26%

*The unallocated amounts were State General Fund dollars that were allocated to the department at the end of the fiscal year to be carried over into FY 11.

General Operating Revenue

for FY 10 as of September 30, 2010

	Budget	Actual	Difference	Percent
State Revenues				
Cigarette Tax	5,011,610	5,436,061	424,451	108.47%
Tobacco Settlement	2,770,740	2,754,591	(16,149)	99.42%
Special Education Trust Fund	26,636,738	26,636,738	0	100.00%
Special Mental Health Fund	204,533,856	204,533,856	0	100.00%
State General Fund*	103,714,375	103,714,375	0	100.00%
Indigent Offenders Treatment	200,000	200,000	0	100.00%
State Match Funds - DHR	2,119,476	2,016,714	(102,762)	95.15%
Judicial Fines	0	52	52	
Total	344,986,795	345,292,387	305,592	100.09%
Federal, Local, Miscellaneous Revenues				
Other Income	9,678,518	9,939,816	261,298	102.70%
Restricted Funds (Donated)	10,249,317	20,406,686	10,157,369	199.10%
Medicaid, Title XIX Facilities	48,584,855	44,126,674	(4,458,181)	90.82%
Medicaid, Title XIX ID Community	293,694,274	286,896,937	(6,797,337)	97.69%
Medicaid, Title XIX MI Community	126,858,978	110,879,082	(15,979,896)	87.40%
Medicaid, Title XIX SA Community	3,219,802	2,521,944	(697,858)	78.33%
Medicaid, PL 100-203-Obra	946,446	806,921	(139,525)	85.26%
Medicare	17,747,283	18,805,541	1,058,258	105.96%
Federal Block Grants	40,388,862	31,722,814	(8,666,048)	78.54%
Other Federal Grants	22,045,692	17,304,920	(4,740,772)	78.50%
Total	573,414,027	543,411,335	(30,002,692)	94.77%
Other Items				
Departmental Receipts	1,500,000	1,500,000	0	100.00%
Funds Carry Forward	8,287,406	0	(8,287,406)	
Total	9,787,406	1,500,000	(8,287,406)	15.00%
Grand Total	928,188,228	890,203,722	(37,984,506)	95.91%

*103,714,375 included amounts that were allocated to the department at the end of the fiscal year to be carried over into FY 11.



The Division of Intellectual Disabilities Services provides a comprehensive array of services to individuals and their families in the state through one state-operated residential developmental center, contractual arrangements with community agencies, five regional community services offices, and three comprehensive support services teams. The division's central office staff provide oversight and support in planning, service coordination, service delivery, fiscal operations, contracts, eligibility determination, monitoring quality enhancement of services, and the monitoring and certification of all community agencies that provide services to individuals with intellectual disabilities.

Administrative + Fiscal Operations

Most services provided by the ID division are funded, in part, through Medicaid. The Office of Administrative and Fiscal Operations is responsible for providing fiscal and technical assistance to the division in matters such as budgeting, revenue projections, contracts and purchasing. Because of the complex regulations and need for accountability, the assistance provided by AFO is invaluable to individuals, family members and the department.

Consumer Empowerment

For a number of years, the department has emphasized the importance of consumer-driven services. That is the reason consumers sit on major boards and committees and are a vital part of the planning process. Additionally, the Office of Consumer Empowerment is directed by a consumer who is able to provide leadership and support in self-advocacy and self-determination initiatives statewide. CE also encourages individuals to participate in civic activities and thus become contributing citizens in their communities.

Psychological + Behavioral Services

When ADMH closed three of its four residential developmental centers, the Office of Psychological and Behavioral Services was established to provide professional support to community providers faced with the responsibility of assisting people who had benefited from institutional services. Three regionally-based comprehensive support services teams help provide medical and psychological care for individuals who need a particular level of care. PBS coordinates the implementation, training and monitoring of behavioral and psychological services in the state-operated developmental center and community agencies.

Quality + Planning

More than 98% of individuals with intellectual disabilities now receive services in the community. The Office of Quality and Planning is responsible for ensuring that

optimally safe, efficient and effective care is provided by community agencies. QP certification teams require that program standards are maintained.

Systems Management

The Office of Systems Management was established to oversee and promote the development and use of the Alabama Division of Intellectual Disabilities Services Information System within the division and with community providers. ADIDIS provides more efficient tracking of billing, ensuring compliance with contracts and standards, and valuable data for future planning. ADIDIS also provides technical assistance to support division action on a wide range of topics including the waiting list, outcomes measurement and supportive employment for consumers. In addition, ADIDIS manages the coordination of child and adolescent services.

Waiver Services + Case Management

The Office of Waiver Services and Case Management oversees the state Medicaid waiver programs that provide financial support for services to persons with intellectual disabilities. The office also manages the call center, intake, information and referral services, and the supervision of five regional community services offices that develop and coordinate services and supports in each area of the state.

MI

The Division of Mental Illness Services partners with community contract providers to provide a comprehensive array of treatment, rehabilitative and support services across the state. More than 4,000 individuals are served annually in state-operated hospitals, while more than 100,000 receive services in certified community-based programs. The division promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.

Certification

When services are widely dispersed rather than centralized in large institutions, it is important to ensure that consumers have the opportunity for quality, evidence-based programs that meet professional standards. The Office of Certification conducts reviews of community providers to ensure that compliance with standards of operation and treatment are met. In addition to conducting on-site reviews, the staff provides technical assistance to providers to enhance compliance with the standards. This office also provides input for the planning and development of new services.

Community Programs

Most consumers are served in the community. Interacting with community providers is essential to a smooth continuum of care, particularly for individuals moving from a hospital setting into community services. The Office of Community Programs serves as the primary liaison between the department and community mental health providers. This office works to ensure that quality standards are met, the flow of funds and services are efficient, and that requirements attached to federal funds are in place.

Consumer Relations

The Office of Consumer Relations is managed by a consumer and provides information, technical support, and assistance to consumers and consumer organizations throughout the state. This office ensures that consumers have a voice in the ADMH planning process, management and service delivery system. Each year more than 900 consumers attend the Consumer Relations Recovery Conference to learn about relevant issues, consumer empowerment and self-advocacy.

Deaf Services

Clear communication between doctors and patients, case managers and clients, and all other relationships in mental health care is essential. The Office of Deaf Services is responsible for developing and

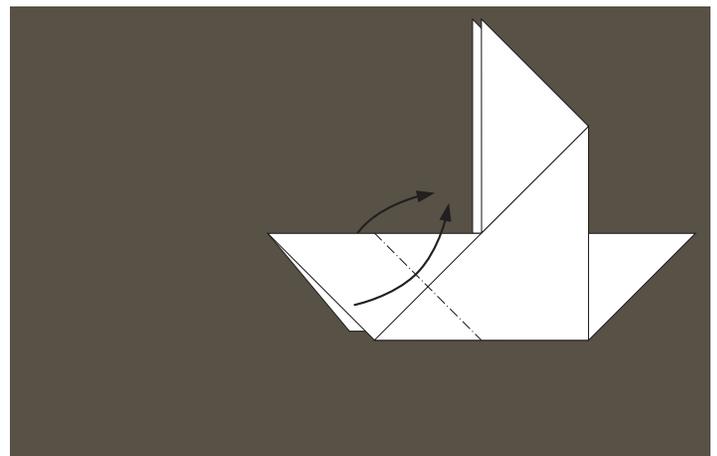
implementing programs that meet the linguistic and cultural needs of consumers who are deaf or hard of hearing. DS works to ensure that communication barriers are eliminated. Services are designed to be affirmative, supportive and culturally competent.

Facility Operations

In FY 10, ADMH operated six state psychiatric hospitals. The Office of Facility Operations has administrative management responsibilities for all state-operated MI facilities. The office assists the associate commissioner for MI in monitoring the quality of patient care and reporting operations efficiencies, and serves as a central office point of contact for all ADMH facility directors.

Performance Improvement

The Office of Performance Improvement collects input related to patient care and outcomes from stakeholders, and coordinates activities for performance improvement efforts across the facilities and certified community programs. PI measures indicators related to standards of care and consumer satisfaction in facilities and community programs to identify trends, problems or opportunities for improvement.



SA

The Substance Abuse Services Division provides development, coordination and certification of a comprehensive system of treatment and prevention services. The services are offered through community contract providers for substance use disorders. Responsibilities encompass contracting for services, monitoring service contracts, and evaluating and certifying service programs according to departmental standards.

Advocacy + Outreach Services

Empowering and assisting individuals in recovery in their own advocacy efforts has proven more effective than bureaucratically driven advocacy. The Office of Advocacy and Outreach Services serves as the liaison for community advocacy groups and ADMH's office of Public Information and Community Relations. Responsibilities include overseeing the Substance Abuse Advocacy Task Force and coordinating workshops statewide that advocate for prevention, treatment and recovery for all.

Billing + Contracts

Because ADMH does not have substance use disorder treatment facilities, all of our programs are contracted. The Office of Billing and Contracts manages all aspects of these processes. This includes client enrollment, contract utilization, claims adjudication, provider reimbursement, and the assembling of fiscal and statistical data for use in budgetary and program evaluations.

Certification + Training

All treatment programs must be certified by ADMH. This process assures that standards are met and quality services are provided as per the provisions of our contractual agreements. The Office of Certification and Training manages the community program certification process and provides technical assistance to providers as needed. This office also provides a comprehensive statewide training and workforce development program for all community programs.

Information Services

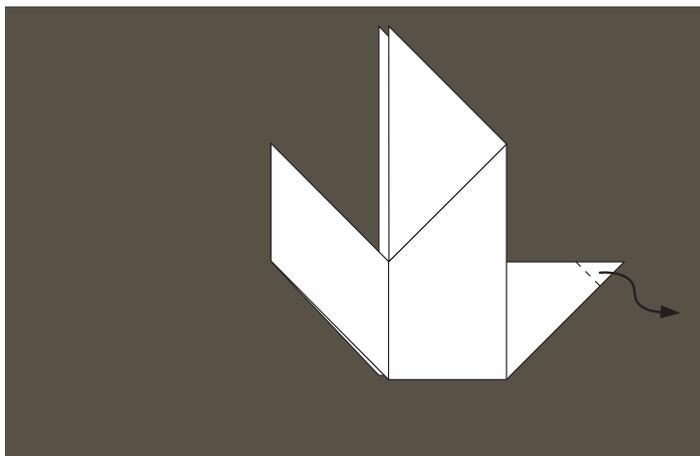
An efficient healthcare service delivery system must be outcome based and data driven. The Office of Information Services is responsible for data collection, dissemination and reporting for the division. Responsibilities also include managing the Alabama Substance Abuse Information System, reporting for the Treatment Episode Data Set and National Outcome Measures, and maintaining the waiting list and client profile summaries.

Prevention Services

When students hear a special presentation in school about the dangers of drugs, it is most likely presented by a contract provider of ADMH. The Office of Prevention Services manages all aspects of substance use disorder prevention including services for people of all ages, the Strategic Prevention Framework, the Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco Sales to Minors Program), state incentive grant, regional information clearinghouses, and coalition development/support.

Treatment Services

The goal of treatment is sustained recovery for individuals whose lives have been sidelined by a substance use disorder. The Office of Treatment Services manages all aspects of substance use disorder treatment by interacting with the providers who perform services in the community. Coordination of services includes ensuring quality programs exist for distinct populations such as adolescents and adults, persons with co-occurring disorders (mental illness and substance use disorders), opiate replacement therapy, and prescribed Medicaid services.



AD

Although less than three percent of the ADMH budget is allocated to administrative functions, the services provided by the department must be delivered in a professional manner with a high degree of accountability. The Division of Administration provides support to the department's facilities and central office staff via several sections that specialize in finance, personnel, administrative support, information technology, contracts, professional development, asset management and nursing home screening services.

Administrative Support Services

It is imperative that accurate records and inventory of equipment and inventory be maintained. Also important is the quick and accurate flow of documents and information. Administrative Support Services coordinates departmental printing, mail, property inventory, and distribution of office supplies. It includes the Document Services Center, Printing, Mailroom and Property Management.

Contracts

With more than 98% of consumers being served by contract providers, the role of the Contracts Office is paramount. Contracts issues Requests for Proposals required for professional services contracts and issues all contracts and amendments to contractors after appropriate reviews and approvals. This office expedites the contracting process and saves time and money by electronically sending/receiving information on contracts.

Data Management

Each service division is heavily dependent on the support of the Bureau of Data Management. Data Management provides technical support for ADMH information systems, including computer equipment, computer software, voice communication systems, data communication systems and video surveillance. The focus of the bureau is to utilize available resources to facilitate the implementation of cost-effective and efficient IT solutions.

Human Resources Management

Without quality personnel, the ADMH mission would be severely compromised. With a national shortage of psychiatrists and nurses, recruitment becomes even more difficult and essential. The Bureau of Human Resources Management provides centralized personnel services, including coordinating the implementation of the recruitment plan, personnel policies and procedures, wage and class studies and much more. HR assesses personnel needs and actively recruits the most qualified and professional workforce available in order to provide quality patient care to consumers using department services.

Land + Asset Management

Most of the maintenance of the physical plant of state facilities is funded through land management revenue. The Office of Land and Asset Management manages the department's diverse range of real estate holdings throughout Alabama, oversees renovations/construction at its facilities, and attempts to maximize the use of these resources.

Life Safety + Technical Services

More than 100,000 consumers served by ADMH live in the community. Many live in group homes operated by contract providers across the state. The Office of Life Safety and Technical Services is responsible for inspecting and certifying all community facilities and providing technical assistance for life safety and code compliance for all renovations or new construction projects for providers. The goal is for consumers to have a safe, clean environment that is in compliance with ADMH standards, state building codes and American with Disabilities Act requirements.

Pre-Admission Screening

All applicants for nursing home placement in Alabama must be screened for mental illnesses and/or an intellectual disability. The Office of Pre-Admission Screening is responsible for maintaining a system to regulate the screening of prospective nursing home residents and to ensure the appropriate placement of those individuals who have serious mental illnesses and/or intellectual disabilities.

Staff Development

The Office of Staff Development coordinates, offers and supports a wide range of organized training and educational activities, programs, workshops, conferences and continuing education programs. Many of the more than 2,800 ADMH employees require continuing education credits to maintain their licenses or certifications in particular fields. The office also facilitates compliance training for community programs and prospective community providers.



The commissioner of the department is appointed by the governor and has the statutory responsibility to direct all functions of the department. Various bureaus or offices that assist the commissioner or serve the overall department are assigned to the Commissioner's Office rather than a particular service division.

Finance

The ADMH budget tops \$900 million in state and federal dollars. The Bureau of Finance provides centralized accounting, financial reporting, budgeting, purchasing, vendor payments, and contract and grant financial management. The bureau includes Accounting Operations, Budgets and Analysis, Accounts Payable, Contracts and Grants Accounting, Purchasing, Special Projects, and Compensation Services (Payroll).

Legal Services

This office represents the department in litigation, plans legal strategies and protects the department's interests in its efforts to provide services. Staff is available to advise departmental staff on situations with legal implications and to answer questions and develop appropriate responses to the public, the news media and others.

Legislative + Constituent Affairs

The Office of Legislative and Constituent Affairs is responsible for developing, negotiating and monitoring legislation that may impact department operations and/or services. This office also serves to keep staff and constituents up-to-date on legislative developments and responds to inquiries across the state as they relate to mental illness, intellectual disabilities, and substance use disorder matters.

Alabama Department of Mental Health

Extensive information on how the department is set-up can be found on our Wikipedia page: en.wikipedia.org/wiki/Alabama_Department_of_Mental_Health.

Alabama Council for Developmental Disabilities

The department serves as the designated state agency for the Alabama Council for Developmental Disabilities. The council was established by the governor through an Executive Order to meet the requirements of the Federal Developmental Disabilities Assistance and Bill of Rights Act. ACDD's function is to increase the independence, productivity, inclusion and community integration of people with developmental disabilities. Learn more about ACDD at: www.acdd.org.

Chief of Staff

The Chief of Staff assists the commissioner in managing and monitoring several key areas of the department regarding major policies or issues facing the department. Often engaged in special assignments, the COS serves as one of the main advisors to the commissioner. The COS supervises the activities of the following seven areas:

Certification Administration

The Office of Certification Administration is responsible for certification of all community facilities providing services to ADMH consumers. The office processes certification applications and provider plans of action, coordinates and schedules comprehensive site visits, compiles site visit reports and certificates for distribution, and maintains a database of all community programs.

Children's Services

The Office of Children's Services is responsible for the coordination of service delivery to children and adolescents whose needs cross the three service divisions. It works closely with each division in the development of new initiatives that enable the department to move toward a more comprehensive system of care for children and adolescents with mental illnesses, intellectual disabilities and/or substance use disorders.

Nurse Delegation

This office provides direction and oversight to the Nurse Delegation Program that was developed in response to regulatory changes implemented in the Nurse Practice Act of December 2005. The nurse practice regulations now allow trained nurses to delegate medication administration to trained unlicensed persons employed in department-certified community programs. The office is responsible for coordinating and/or conducting training for nurses, agency administrators and department site certification teams.

Policy + Planning

Planning begins with grassroots meetings at the local level. These meetings are designed to include consumers, family members, providers, public officials and the public at large. Local suggestions are then incorporated into regional plans, which are essential to the development and implementation of departmental policies, strategic plans and special projects. The Office of Policy and Planning coordinates these meetings and other elements of the ADMH plan. This office also monitors policy compliance, develops and monitors grant activities, and coordinates activities of the department's management steering committee and coordinating subcommittees.

Public Information + Community Relations

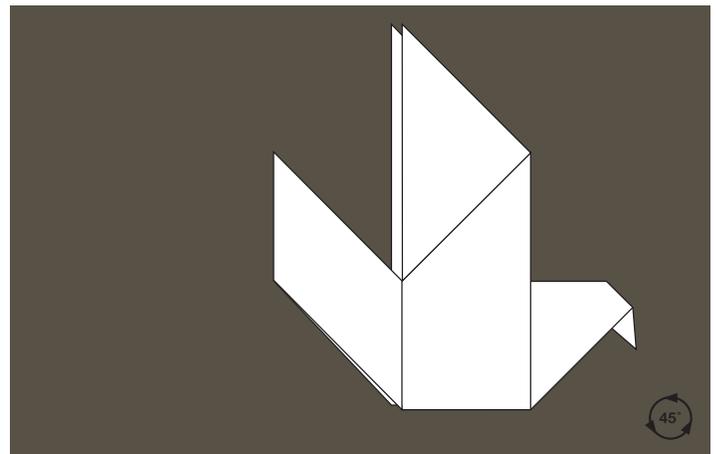
The Office of Public Information and Community Relations strives to create awareness and educate the public about the department's mission and initiatives, as well as other mental health related issues through printed materials, the web and audio/visual presentations. PICR develops public education media campaigns (much the same as an ad agency) designed to overcome stigmas often faced by consumers. In addition, when there are issues of interest to the media, the staff drafts responses on behalf of the department. Often PICR works in partnership with other agencies or stakeholders in developing and disseminating educational materials.

Rights Protection + Advocacy

The internal advocacy program, working out of five service area offices around the state and in ADMH central office, provides a non-adversarial system of rights protection and advocacy that focuses on rights awareness and prevention of rights violations for consumers. Advocates provide services such as information and referral, rights complaint investigations and resolutions, state facility compliance monitoring, community program certification services, and rights education and training programs.

Special Investigations

By statute, the department has its own internal investigative law enforcement agency with jurisdiction on the department's properties. The Bureau of Special Investigations is also responsible for advising and assisting facility police during investigations, conducting training seminars, and conducting background investigations on persons seeking to provide services for consumers placed in the community.



Phone Directory

Division of Intellectual Disabilities Services 334-242-3701 | Fax: 334-242-0542

334-242-3766 Administrative + Fiscal Operations	205-553-4550 W.D. Partlow Developmental Center
334-353-7032 Consumer Empowerment	256-552-3720 Region I Community Services
334-242-3783 Psychological + Behavioral Services	205-554-4155 Region II Community Services
334-353-7045 Quality + Planning	251-478-2760 Region III Community Services
334-242-3719 Systems Management	334-514-4300 Region IV Community Services
334-242-3737 Waiver Services + Case Management	205-916-0400 Region V Community Services

Division of Mental Illness Services 334-242-3200 | Fax: 334-242-3025 / -0796

334-242-3969 Certification	205-759-0682 Bryce Hospital
334-242-3200 Community Programs	334-262-0363 Greil Memorial Psychiatric Hospital
334-242-3456 Consumer Relations	205-759-0900 Mary Starke Harper Geriatric Psychiatry Center
334-353-4703 Deaf Services	256-560-2200 North Alabama Regional Hospital
334-242-3962 Facility Operations	251-662-6700 Searcy Hospital
334-242-3208 Performance Improvement	205-556-7060 Taylor Hardin Secure Medical Facility

Substance Abuse Services Division 334-242-3961 | Fax: 334-242-0759

- 334-242-3959 Contracts + Reimbursement
- 334-242-3969 Certification
- 334-243-7445 Information Technology
- 334-243-8969 Prevention
- 334-242-3956 Treatment + Recovery Services

Division of Administration 334-353-3895 | Fax: 334-353-9165

- 334-242-3931 / -3934 Administrative Support Services
- 334-353-7440 Contracts
- 334-242-3305 Data Management
- 334-242-3992 Finance
- 334-242-3112 Human Resources Management
- 334-353-7215 Land + Asset Management
- 334-353-7601 Life Safety + Technical Services
- 334-242-3946 Pre-Admission Screening
- 334-242-3177 Staff Development

Commissioner's Office 334-242-3107 | Fax: 334-242-0684

- 334-242-3973 / 800-232-2158 Alabama Council for Developmental Disabilities
- 334-353-2069 Certification Administration
- 334-353-7110 Children's Services
- 334-242-3038 Legal Services
- 334-242-3107 Legislative + Constituent Affairs
- 334-242-3217 Nurse Delegation
- 334-353-9244 Policy + Planning
- 334-242-3417 Public Information + Community Relations
- 334-242-3454 / 800-367-0955 Rights Protection + Advocacy
- 334-242-3274 Special Investigations