



Alabama mental health commissioner defends plan to close hospitals

Published: Monday, March 05, 2012, 6:00 AM



By **Hannah Wolfson -- The Birmingham News**



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Zelia Baugh. (Special)

Closing three of Alabama's four largest psychiatric hospitals would provide an extra \$30 million in state funding -- and up to twice as many federal dollars -- to boost community mental health services to take their place, the head of the Alabama Department of Mental Health said.

On the other hand, keeping the hospitals open would require such drastic cuts to local programs that the number of institutionalized patients could double in two to three weeks, 359 developmentally disabled people would lose their homes and the W.D. Partlow Developmental Center might have to reopen.

"This year is a perfect-storm scenario," ADMH Commissioner Zelia Baugh said.

"And the reason we came up with this plan is because the alternative was much

worse."

Baugh announced last month that the department would lay off about 950 employees and close Greil Memorial Psychiatric Hospital in Montgomery, North Alabama Regional Hospital in Decatur and Searcy Hospital in Mount Vernon by Sept. 30. Taylor-Hardin Secure Medical Facility in Tuscaloosa would follow next spring.

Those deadlines could move back if budget cuts aren't as deep as expected and if the patients housed at the hospitals don't have appropriate placement, Baugh said. But she's not backing away from her proposal, saying it has been the agency's long-range goal -- and in line with national trends -- to phase out its mental institutions in favor of small group homes and other forms of local care.

The plan has been met with some trepidation from advocates who are concerned whether the support network will be sturdy enough to function with the hospitals gone.

"If adequate funds are not dedicated to the plan, it will not succeed," James Tucker of the Alabama Disabilities Advocacy Program and Jimmy Walsh, president of the Alabama chapter of the National Alliance

on Mental Illness, wrote in an op-ed column in The Birmingham News. "Despite the best intentions, the plan should not proceed unless it is funded to succeed."

More critics

Some people have been more critical, including leaders in Tuscaloosa who argue it would be bad for their city. Under Baugh's proposal, a hospital being built to replace Bryce Hospital in Tuscaloosa would eventually house only patients sent there by the criminal courts.

Baugh said most of the hospitals now hold such criminal patients as they progress in their treatment, and that although there would be some tweaks indoors to the admissions unit, the outside of the hospital won't change from its original plan.

"These patients are already there in Tuscaloosa on the Bryce campus, and they're freely walking the grounds now," Baugh said.

She said closing the hospitals, which cost the department about \$106 million a year to run, is the best response to the Legislature's proposed 25 percent budget cut for the agency. But she also said that phasing out the institutions has been a long-term goal for the agency, and that the budget crisis just sped up the timeline.

"We could have very easily said we're going to cut the communities," she said. "That would have been a whole lot easier in theory, except the repercussions of it are unacceptable."

The plan provides flat funding for the community services the agency contracts, restores \$6.5 million cut last year from intellectual disabilities programs, and leaves an additional \$30 million ADMH can target throughout the state. That can in turn be used to draw as much as \$60 million in federal matching money, she said -- all of which can go to fixing cracks in the underfunded community health network.

Just where the dollars would go will be determined in the coming weeks, Baugh said. The department plans to hold public meetings to get ideas, possibly starting this week.

She said priorities include: 16-bed crisis stabilization units where probate judges could send people they decide need to be hospitalized; psychiatric teams that would ride along with police on mental health calls to intervene; and the department buying some psychiatric beds from private hospitals to hold for committed patients, who often aren't covered by insurance.

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