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### OUR VIEW: Drastic mental health changes

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Drastic times call for drastic measures, but the sheer scope of what state Mental Health Commissioner Zelia Baugh proposes to do to the system she leads is jarring.

Baugh on Wednesday announced that four of the state's six mental health hospitals will be closed, eliminating 60 percent of the system's jobs, and all non-court-committed patients would by Sept. 30 be transferred to community-based care.

She said she had no alternative, given the certainty of cuts to the state's General Fund that provides the system's money, and the potential loss of federal funding if the department had to keep the hospitals open and let community-based programs suffer.

Gov. Robert Bentley has proposed a roughly 11 percent cut to the department's budget for Fiscal Year 2012-13, but there's talk of the General Fund being slashed by as much as 25 percent.

Either way, Baugh said, there won't be enough money to continue operations as-is.

Facilities in Decatur, Montgomery and Mount Vernon will close.

A new Bryce Hospital, which will carry another name after it opens, is being built in Tuscaloosa and ultimately will house court-committed or criminal patients. A geriatric mental health center in Tuscaloosa will remain open and will be the only other state facility.

Baugh said the state could strategically place smaller, crisis mental health centers throughout the state. However, community facilities under the auspices of local 310 Boards will become the primary mental health providers for a lot of patients who previously were viewed as needing hospital care.

That's been the national trend for a while, touted by patient and human rights advocates as a more inclusive and less stigmatizing way of treating the mentally ill.

There's also an economic advantage. According to Baugh, it costs less than half as much to fund community-based care as it does hospital care, the hope being her department's expenditures will accomplish more if they are aimed in that direction.

However, some legislators and medical officials are questioning Baugh's plan, as to whether it can be implemented in time to adequately serve patients. One said it could be "a colossal failure."

Bentley, who supports the plan, on Thursday indicated the Sept. 30 date was flexible and could be pushed back if necessary.

We think that's a good idea. We understand the necessity of cutting costs — and this isn't likely to be the last set of major, budget-driven changes for a state agency — but these patients' needs must come first.

This plan shouldn't be implemented until an actual system is completely in place and has sufficient oversight from Baugh's department to ensure those needs are met.

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