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Details scarce for switch to community care

By Lydia Seabol Avant, Staff Writer

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TUSCALOOSA | The Alabama Department of Mental Health plans to move 470 patients from the state's mental health institutions into community-based care by Sept. 30.

But many of the logistical details on how to accomplish that, including determining how many beds in the community will be needed or which kind of services the move will require, have not been answered.

"At this time, we do not have an estimate of the needs for the state or particular communities," said Anthony Thompson, spokesman for the mental health department. "We are currently assessing both individuals and services to determine the needs around the state."

It's something that must be addressed before anyone can be moved from a mental health institution into the community, said James Tucker, associate director of the Alabama Disabilities Advocacy Program.

ADAP, an advocacy group for people with disabilities, will assist the state in ensuring the appropriate supports are available for a person before they are moved, something that the organization also did when the W.D. Partlow Developmental Center was closed last year.

"It's clear there will be a need for additional acute and crisis care in the community, a subject we've known has been needed for some time," Tucker said. "It's an issue that will have to be addressed successfully over the next six months if they are going to make the transition they've described."

Zelia Baugh, mental health department commissioner, in February surprised state legislators and local officials when she announced a plan to close four of the state's six mental health hospitals by Sept. 30. Gov. Robert Bentley later amended that date, saying it was not a firm deadline.

Bryce Hospital and the Mary Starke Harper Geriatric Psychiatry Center in Tuscaloosa will remain open, but Bryce will be repurposed to house court-committed criminal, or forensic, patients. Those patients are now held at Taylor Hardin Secure Medical Facility in Tuscaloosa.

Now, people with a mental illness that requires emergency care — meaning they are a danger to themselves or to others — they are sent to Bryce or sometimes North Harbor at Northport Medical Center and placed in an acute-care bed.

Once they are stabilized, they may go to a less-secure facility. But when Bryce closes, those beds will have to be found in community-based care.

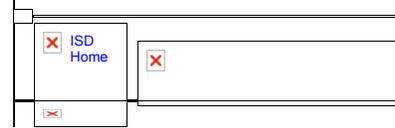
"If you take away the state hospitals, then there needs to be something that can take its place at that level," said Jim Reddoch, the new executive director for Indian Rivers Community Mental Health Center, and a former director at Bryce and Taylor Hardin.



Dusty Compton | The Tuscaloosa News

This is a look at a room at North Harbor in Northport on Thursday. The Alabama Department of Mental Health plans to shift more than 450 people with mental illness from institutions to the community care by Sept. 30, but it has no idea how many inpatient beds will be needed or what community supports are required.

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"It doesn't necessarily mean that many beds or as long stays, but there needs to be aggressive treatment and care for those newly committed individuals who need that level of help."

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The mental health department's plan calls for laying off 948 of 1,555 mental health department employees statewide, including 273 at Bryce. The 607 employees who will be retained will work in Tuscaloosa, either at Bryce, an inpatient psychiatric facility for adults, or the Harper Center, an inpatient psychiatric facility for the elderly.

Taylor Hardin, which now houses court-ordered or criminal patients, will be offered to the state corrections department for a possible prison.

The shift will mean the state will have no mental health institutions for the general population.

Some acute care for people with mental illness is already provided in the community.

There are now 2,522 residential beds for people with mental illness statewide, which includes everything from group homes that offer semi-independent living to short-term, acute care beds.

Of those beds in the community, there are 155 acute care public inpatient beds statewide, and only 18 in West Alabama, all in Jasper. There are an additional 54 private acute care beds at North Harbor, 20 private acute care beds in Pickens County and 10 in Marengo County.

Ideally, the state will contract for acute care beds through local hospitals throughout the state, Reddoch said.

"All newly committed patients aren't necessarily violent or suicidal or a threat to themselves or others," Reddoch said. "With the new system, maybe we can divert them to something else."

When a person with mental illness is admitted to North Harbor, the average stay is between two to seven days, said Nancy Sandy, director of North Harbor. The center, which offers both shared and private rooms in a secure hospital environment, often has about 10 empty beds at any given time.

North Harbor may be able to help alleviate the increased demand on community care, Sandy said, but not by much.

Because patients stay at North Harbor for a relatively short amount of time, the facility is able to serve as many people as it does, Sandy said. If there are more people in the community with more long-term needs, that could be a problem, she said.

Indian Rivers has a 10-bed crisis stabilization unit, which is considered a step down from acute care. Statewide, Alabama has a total of only 40 crisis residential beds, Thompson said.

Additional beds will be needed, Tucker said.

The problem community mental health agencies are facing is trying to figure out what the needs are in the community and how to fund those supports, Reddoch said.

"We could develop the whole system in a week on paper, determine the commitment rates and design a system of programs and services that would meet the need," he said.

But the problem is funding.

"You can design systems that are perfect in every way, but the only thing that holds

those systems back is if the money isn't there," he said.