

ALABAMA DEPARTMENT OF MENTAL HEALTH

Outlook

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Commissioner's Letter

I would like to open my first letter in *Outlook* by saying how thankful I am to Governor Bentley for the opportunity to serve as commissioner. I am confident that, as we work together, we can and we will make progress for the individuals we all serve throughout the state of Alabama, even in a very tough economic environment.

In my first 100 days we have been challenged by budgetary constraints of proration for 2011, a projected shortfall of \$20 million plus in 2012 and the knowledge that 2013 will carry even deeper cuts. We have begun the long anticipated closure of Partlow, announced the merger of the Division of Mental Illness Services with the Substance Abuse Services Division into one and are continuing with the downsizing of Bryce and Searcy hospitals. In addition to these challenges we experienced the first Level I disaster in our state's history. Difficult times present challenges and hold new opportunities. In a sense, they force us to think outside of the box, and we discover better ways to accomplish our mission. In this issue of *Outlook* you will see references to changes and improvements currently underway.

As of this writing, the devastation of the tornadoes and the impact on all of the people throughout our state have been foremost on my mind. The day after the storms, Governor Bentley sent me north to survey and report to him the damage in several counties while he toured many others, including his heavily damaged hometown, Tuscaloosa. On Friday, accompanied by COO David Jackson, we went to survey the damage to our Tuscaloosa facilities and to offer support to our employees. None of our consumers were injured, and our facilities received only minor damage. Sadly, one Partlow employee lost her life as the storm ravaged her home. My heart goes out to all of our employees who lost loved ones, friends and possessions. My gratitude is extended to all who so willingly worked extra hours when fellow employees were unable to work. I am also exceedingly gratified by the tremendous efforts of the mental health centers which implemented their disaster plans flawlessly. All over the region there are stories of extraordinary efforts, and I am most proud to be associated with such a committed group of people.

Just as the ravages of the tornadoes have forced people to provide extraordinary care in extraordinary times, so too is the current budget crisis forcing ALL state agencies to examine and implement extraordinary policy decisions. When I first started I asked ADMH employees to give me their ideas on how we could save money in the department and in what areas we as an agency need to improve. We have received numerous suggestions and many of the ideas have already been implemented. We must all work together to face the many challenges before us... our work goes on.



A handwritten signature in black ink that reads "Zelia Baugh". The signature is fluid and cursive, with a long, sweeping tail on the letter "h".

ADMH's New Psychiatric Hospital Takes Shape

Focuses on using evidence-based design principles

Design work for the new psychiatric hospital that will be built on 18 acres on the south portion of the W.D. Partlow Developmental Center property is well underway. Construction plans for the new hospital are in the first phase and continue to develop along the timeline the architects and the department expects. The floor plan of the hospital, down to even the most minute details, is focused on using evidence-based design principles that are state-of-the-art by national standards. The above rendering illustrates the hospital layout, which will provide



a less institutional feel and incorporate therapeutic design features that replicate life outside the facility. A treatment mall will include such things as barber and beauty

shops, a canteen, and fitness room and gym, as well as spaces for patient advocates and therapy areas. These areas are designed to help prepare patients to reenter community life.

Excavation and infrastructure work is expected to begin this fall. A new entrance and road will be created with access from Helen Keller Boulevard. The department, as previously announced, entered into an agreement with the University of Alabama for the

university to manage construction of the facility. ADMH's goal is for the hospital to be operational by 2013. 🟡

Alabama One of Eleven States Awarded Employment Grant

Recently, the department received a grant for approximately \$104,000 to develop an ADMH Statewide Employment Initiative for individuals with mental illness and substance use disorders. The grant was awarded by the National Association of State Mental Health Program Directors and is a one year grant. The first goal of the initiative is to conduct a cross-systems needs and resources assessment to examine current employment services and staff training programs provided in the community, and identify gaps in employment services and opportunities.

The second goal entails developing a statewide Employment Strategic Plan and an ADMH Employment Advisory Council that will include family and consumer representation as well as representation from many state agencies and advocacy organizations. The third goal of the initiative is to develop and implement a statewide employment training program for consumers and family members, Employment Advisory Council members, ADMH staff, community providers and other community stakeholders. This initiative will reinforce ADMH's commitment to addressing the employment needs of consumers throughout the state.

One Year Later: Project Rebound and the Response to the Oil Spill

Recovery efforts still extensively ongoing

One year after the Gulf Coast oil spill, Project Rebound is as active as ever. In March, calls to Project Rebound were four times the number for February. That month, Project Rebound received 192 calls. The March total was 795. “We have seen a significant increase in the intensity of cases coming through Project Rebound in the past few months,” stated Paige Rucker, Project Rebound director. Rucker says she believes this is a result of people holding out as long as possible before they ask for help. “They have been waiting for that BP claim, waiting for the tourism season to kick back in, waiting to get back into the water with oyster and shrimp boats. Now that things are finally picking up, they are somewhat hopeful but even more stressed because they are oftentimes digging their way out of a very deep hole,” she said.

Project Rebound is a federally-funded initiative that groups in Alabama have instituted when a natural disaster occurs. The initiative started with hurricanes Ivan and Katrina and returned when a tornado devastated the Enterprise community. After ADMH received a contribution of \$12 million from BP, Project Rebound was reactivated to provide help to victims of the oil spill. Outreach efforts and media

campaigns increased awareness about the Project Rebound Call Center that links people with resources and provides crisis counseling services.

Rucker says the call center gets up to 30 to 40 calls per day with key issues being rent, utility and mortgage assistance. While the number of calls coming in from individuals is large, the center also gets many calls from organizations, police departments, schools and churches who are referring people. According to Rucker, a typical week for a Project Rebound counselor consists of one or two events, canvassing neighborhoods and businesses and conducting more than 20 individual counseling sessions. Many times, these counselors are helping people with the same issues they too are facing.

Overall, more than 1,900 people with emotional issues have been helped by Project Rebound. Emotional issues include sadness, irritability, anxiousness, fear, despair and feelings of guilt, numbness or being disconnected. More than 1,100 people with physical reactions such as headaches, stomach problems, difficulty sleeping, eating problems and fatigue or exhaustion have also been assisted. Project Rebound has also provided assistance to more than 2,900 with behavioral reactions including drug and alcohol abuse.

Rucker said, “It’s important that the rest of the state know that the people Project Rebound deals with on a daily basis have always had the fortitude to pull themselves

I can't thank you enough for the willingness and effort to assist me in my time of need. You listened without judging and put me in contact with people who helped me. I have worked and supported myself since I was 17, and now at 48, I never dreamed I would be one paycheck from being homeless. With the assistance I received from Project Rebound and its resources, I now have the opportunity to succeed, get back on track and support myself. The world is certainly a better place with people like you – we need many more. I will pay this forward every chance I get and never forget the kindness and understanding you gave me!

From: Susan B.

A personal thank you to a Project Rebound counselor.

Stats About Project Rebound (From Oct. 1, 2010 – Apr. 7, 2011):

Total number of calls processed:
1,997

Total time in minutes:
5,493.3

Average length of call in minutes:
2.8

Average calls per day:
10.9

Average calls per weekday:
15.2

up by the boot straps. However, the reality is when a community is hit repeatedly by disasters like hurricanes, the poor economy and the oil spill, each time the community loses a bit of ground in the recovery process.” While the emotional impact of the oil spill is still unknown, Rucker stated, “The reality is that Project Rebound has provided hope for a lot of people.” 🌱



Update on ADMH's Tobacco-Free Environment

Workgroup focused on education and broadening initiative

On January 1, 2010, ADMH inpatient psychiatric facilities and grounds became tobacco free. New research showed that persons with serious mental illnesses live 25 years fewer than the general population, and the high rate of tobacco use among those with a mental illness is thought to contribute substantially to this lowered life expectancy. For this reason, ADMH leadership created the Tobacco Free Environment Implementation Planning Workgroup. Through careful planning and coordination, including a "step down" process, educational sessions and trainings, ADMH inpatient psychiatric facilities became tobacco-free.

Nearly a year and a half later, the TFEIPW is very proud of the success of the initiative. Led by Nedra Craig, chairperson for the TFEIPW, the workgroup reports a very low level of incidents since the initiative began. Discoveries of contraband and smoking violations, which were expected from the beginning, occur rarely with clients and have been addressed appropriately by treatment teams. Likewise, the TFEIPW has gone to great measure to ensure visitors, families and guests are aware of the tobacco-free environment through signs posted at front gates visible to everyone entering facility grounds and the posting of lists of prohibited items at sign-in desks. ADMH non-smoking staff has also expressed appreciation for the initiative as second hand smoke has been eliminated from their work environment.

To ensure the initiative's long term success, educational materials and sessions continue to be provided as part of the facilities' treatment services, along with medications and other cessation methods. Modifications made to policies have also been followed closely to ensure tobacco and other smoking paraphernalia remain off grounds. Since the initiative began, the TFEIPW has been busy providing education to clients, families, ADMH staff, providers and the mental health system in general. The workgroup presented an overview of the initiative to clients at the 2010 Alabama Recovery Conference and to the community mental health system at the 2010 Alabama Council of Community Mental Health Boards conference. A case study of the department's implementation of a tobacco-free environment was presented to professionals at the Alabama School of Alcohol and Other Drug Studies in March 2011. The workgroup has also met with the department's director of consumer relations to discuss the best options for helping clients remain tobacco free once they have been discharged from an ADMH facility.

The TFEIPW has ambitious plans for the future to broaden and enhance the success of the tobacco-free initiative. Craig stated, "We are discussing ways to gather data and life-changing stories from staff and clients to show the benefits and effectiveness of the initiative." Further plans include exploring ways to offer training and

assistance to community providers who would like to implement a tobacco-free environment. Craig said, "This initiative took a lot of coordination and planning, and I would like to thank everyone involved for all of their work." 🌱

Stories of Kicking the Habit

I started smoking at a very early age, sometime in my early teens. It looked cool, and I could see all my favorite actors on TV puffing on their favorite brands. Seeing people on TV smoking reinforced my habit as well as the nicotine and other carcinogens. As I got older and my lungs grew darker, I had to make a decision – quit or die. With a little help from my friends and the staff here, I kicked the habit and now every day I breathe a little easier!

~Michael J.

Since I have been here and had to stop smoking, I have more energy. I chew a gum to help curb my cravings and it really helps. I'm not wheezing anymore.

~Imani H.

Since I have stopped smoking, I don't feel as sluggish in the morning when I get up. I'm feeling good and feeling free from smoking!

~David M.

ADMH Service Divisions Merge

The national trend in recent years has been moving toward a more holistic approach in the treatment of many disorders, both physical and behavioral. Consistent with that philosophy, the department recently announced the newly combined Division of Mental Illness & Substance Abuse Services. Dr. Tammy Peacock, associate commissioner of the newly combined division, is currently forming a workgroup that will develop a timeline addressing different aspects of the merge, with a focus on creating greater efficiency. This organizational change will afford the department to break down service silos and provide better recovery-oriented services for those individuals with mental illnesses, substance use disorders and co-occurring disorders.

Department Announces Personnel Appointments

New faces join ADMH and familiar faces have new roles

Several new appointments were announced at ADMH during FY 11, 2nd quarter. Ann White-Spunner joined the department as the executive assistant to the commissioner. White-Spunner previously served as a case management specialist for Housing First in Mobile, where she developed the case management strategy and process for the implementation of the Homeless Prevention and Rapid Re-Housing Program for Baldwin and Mobile councils. White-Spunner brings an attention to detail to her duties as well as extensive knowledge of Medicaid regulations and federal programs serving the disability communities.

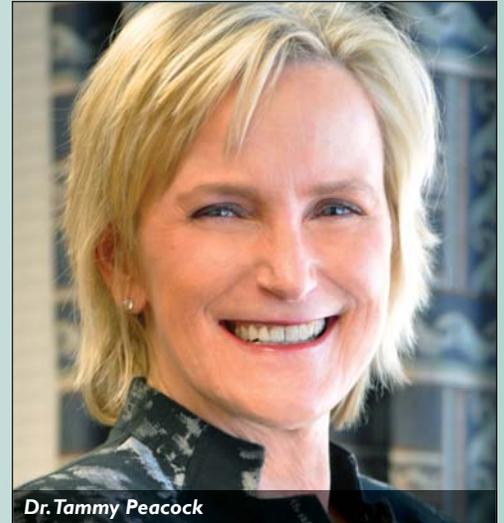
Dr. Tammy Peacock joined ADMH originally as the associate commissioner of the Substance Abuse Services Division. In March, Dr. Peacock was appointed the associate commissioner of the newly combined Division of Mental Illness & Substance Abuse Services (see page 5 for more information on the merge). Prior to joining ADMH, Dr. Peacock was the juvenile and family drug court coordinator with the Administrative Office of the Courts as well as the counselor/acting clinical director of the U.S. Army Substance Abuse Program at Fort Rucker. She had previously served as the coordinator for adolescent services for ADMH's Substance Abuse Services Division for several years. She brings to her position exceptional clinical and administrative skills, having extensive experience in program development and grant writing.

Susan Chambers was reassigned to the role of facility director at Greil Hospital in Montgomery. After years of serving ADMH in the role of associate commissioner for the Division of Mental Illness Services, Chambers has now rejoined Greil, where she previously served as facility director. She imparts leadership and guidance at the hospital which provides inpatient psychiatric services to adult citizens in the south central part of the state. Greil also operates a specialized psychiatric unit for persons

who are deaf or hard of hearing.

ADMH announced the combination of the positions of chief of staff and associate commissioner for the Division of Administration into one position – chief operating officer. Mr. David Jackson was appointed to the position and provides supervision for all offices that previously reported to each respective position. He also exercises decision-making authority for the department in the absence of Commissioner Baugh. Jackson became chief of staff in 2006 before additionally being appointed associate commissioner for the Division of Administration in 2008.

The appointment of the new director of mental illness community programs for the Division of Mental Illness & Substance Abuse Services, Cyrilla Beveridge, was announced in March. Beveridge was most recently the clinical director at East Alabama Mental Health Center where she had served for more than 20 years. She brings to the department a wealth of experience in community programs, best practices and effective leadership. Also announced in March was the appointment of Kathy Seifried as the executive assistant to Dr. Tammy Peacock in the Division of Mental Illness & Substance Abuse Services. Seifried previously served ADMH as the director of training and certification in the Substance Abuse Services Division. She has a broad base of experience and presents an attention to detail that will be extremely beneficial in her new role. 🌟



Dr. Tammy Peacock



Cyrilla Beveridge



Kathy Seifried

A Conversation with Commissioner Zelia Baugh

Shares both personal insights and vision for ADMH

On January 18, 2011, Zelia Baugh became commissioner of the Alabama Department of Mental Health. While she isn't one of those people who always knew what she wanted to do, she did always know she wanted to help people and had a strong belief in human rights. During the summers when she was in high school, Baugh worked with her father at his doctor's office. She recalled, "Several times we would see people who did not have the money for their prescriptions. My dad wouldn't ask them anything. He knew, and he would just go in his drug supply closet and give them what they needed. He gave it to them in a way that they didn't feel bad. That's really a gift, and I've learned a lot of things like that from my dad." Baugh's mother also worked at the doctor's office as the office manager. Likewise, she learned a lot of her business acumen from her mother.

That mix of business sense and human relations has served Baugh well throughout her professional career. Her first job out of college was as an activity director for a retirement community, which she says was a lot of fun. After going back to school and graduating from the University of Alabama with a master's degree in social work, Baugh went on to amass more than eight years of social

work and substance abuse counseling experience. In 2000, she was named director of psychiatry at Brookwood Medical Center in Birmingham where she was responsible for the administrative functions of a 109-bed acute inpatient adult psychiatric program, which was the largest hospital-based program in the state of Alabama. In 2010, she accepted the role as administrator of psychiatry for the University of Alabama at Birmingham's Center for Psychiatric Medicine.

Since joining ADMH, Baugh has quickly immersed herself in learning about the nature of the organization and its services, something that was greatly aided by her time as a governor-appointed member of ADMH's Board of Trustees from 2008-2011. When asked about the differences in coming from a private sector healthcare background, Baugh is candid about some of the

challenges. She said, "In the private sector, you know down to the minute and penny what you're spending. It's been a little different here in that ADMH has dealt with projections, and I deal in actuals." She has already made some changes within the finance bureau to get numbers that are real time. One of the other challenges she notes is the change of pace from the private sector where things happen more quickly. "I'm not going to be okay with the state time

frame. I'm not willing to compromise that in my role," she stated.

Even though there will always be challenges, Baugh knows she can make a difference. She took the job as ADMH commissioner because, "I have been in the arena of mental illnesses, intellectual disabilities and substance use disorders for nearly 20 years. I know the problems that are out there for consumers and families and as a previous provider. I truly feel like I can make a difference on a statewide level and improve our mental health delivery system."

Indeed, Baugh is already sharing her vision for the department with various groups of stakeholders. For the immediate future, she has announced that the department will be going through a realignment and conducting operation efficiency improvements with a heavy emphasis on customer service. Baugh stated, "When I say customer service, I mean consumers and their families. Also anyone outside the department that we do business with, as far I'm concerned, is our customer. I want to make sure our agency is responsive to their needs in a timely, expeditious manner with good follow through." She also hopes to start improving



Baugh addresses ADMH employees during a recent Commissioner's Town Hall meeting.



During the recent Recovery Conference, Baugh greets consumers waiting to hear her speak.

the service delivery system for people with co-occurring disorders. "If you look at our statistics, the majority of the individuals we treat have co-occurring disorders. We have some great opportunities for improvement in that area and breaking down barriers that prevent these folks from getting the help they need," she said.

To that end, Baugh announced in March the merger of the mental illness and substance abuse services divisions into the Division of Mental Illness & Substance Abuse Services. Baugh shares that Dr. Tammy Peacock, associate commissioner of the newly combined division, has already developed a committee consisting of mental illness and substance abuse providers and ADMH employees to examine what the integration model is going to be and the timelines that need to be met in order to achieve those goals. She envisions that there will be a change in the name of the division down the road and said, "I hope to have a lot of this wrapped up by the end of this fiscal year."

As far as her vision for the department one to three years down the road, Baugh highlights the closure of the W.D. Partlow Developmental Center. She is excited to see more individuals with intellectual disabilities living life in their communities. She also sees ADMH addressing the access issues that are happening in community mental health services so people can get the help they need in a timely manner in order to keep from having to go into a state institution or hospital.

She notes the various avenues available for communication with community mental health providers and says that there have already been wonderful discussions with

the providers centered on better meeting the needs of the people we serve. Baugh says, "I foresee our relationship as a partnership, and in this partnership, I see us giving clearer expectations than in the past in terms of the outcomes we want to occur. I also see us taking a better look at what we can do together to become a more user-friendly system for our consumers."

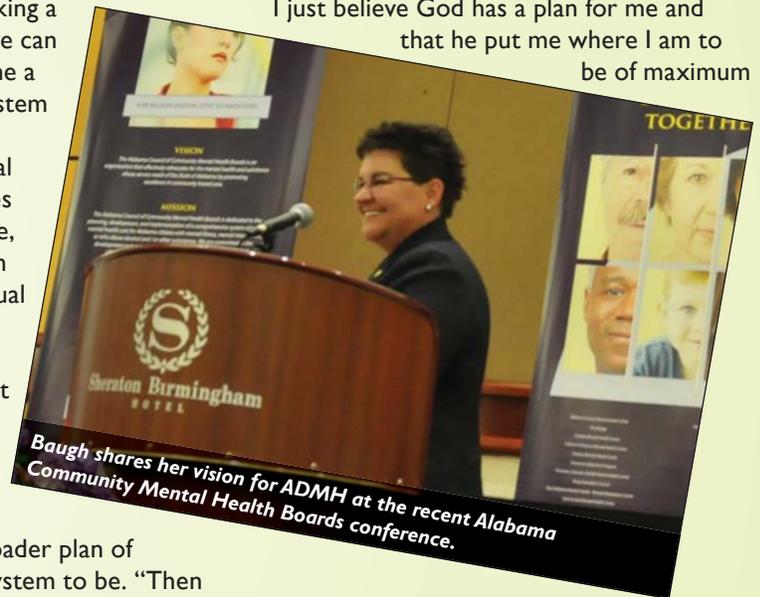
Baugh's ultimate goal is that if someone goes before a probate judge, that means the system has failed. "An individual should have had multiple interventions before they get to that point," she states. To help accomplish her goals, Baugh sees her role as a visionary with the broader plan of what she wants the system to be. "Then I see my executive team as the individuals in charge of making it happen," she says. It's this executive team and the employees around her that Baugh counts as the easiest part of her transition to the public mental health system. Her excitement for the future is evident when she states, "I've been getting to know the folks I'm working with, and I feel like I have a great executive team supporting me and great employees supporting our mission."

While there is no doubt Baugh's head and heart are fully submerged in all things ADMH, some may wonder what else makes this energetic and driven lady tick. She calls herself a full-time parent to three dogs and

owns an RV. She loves "RVing" and is also a member of a bowling league and enjoys going on bowling tournament trips.

When asked what inspires her on a daily basis, Baugh sums up her priorities best when she says, "I get up every morning and I just believe God has a plan for me and that he put me where I am to

be of maximum



service. Everyday I get up knowing that God is my employer and that I'm his foot soldier, and now I just have a few more lives that I'm trying to help." 🌟



ADMH and Troy University staff gather for a picture with Patty Duke at the 16th annual Helen Keller Lecture Series. Back row L to R: Troy University's Dean of the College of Education Lance Tatum, ADMH Associate Commissioner David Jackson, ADMH Director of the Office of Deaf Services Steve Hamerdinger, ADMH Associate Commissioner Cathy Crabtree, Troy University Chancellor Dr. Jack Hawkins, ADMH Administrative Assistant to the Commissioner Beth Sievers, ADMH Executive Assistant to the Commissioner Ann White-Spunner and Troy University Assistant Professor and Chair of the Helen Keller Lecture Committee Dr. Mary Anne Templeton. Front row L to R: ADMH Commissioner Zelia Baugh and Patty Duke.

Patty Duke Headlines Annual Helen Keller Lecture

Patty Duke was the featured speaker during the annual Helen Keller Lecture held recently at Troy University. The Oscar-winning actress discussed her battle with bipolar disorder and her continuing mission to raise awareness about the illness. Now in its 16th year, Troy's Helen Keller Lecture series is designed to promote awareness of people who excel in their chosen fields despite physical and/or mental limitations. The lecture is sponsored by Troy University, The Helen Keller Foundation for Research and Education, Alabama Department of Mental Health, Alabama Department of Education, Alabama Department of Rehabilitation Services and the Alabama Institute for the Deaf and Blind.

In Her Own Words: Q & A with Sister Lucindia Claghorn

Claghorn tells her story in hopes it will help others

Sister Lucindia Claghorn has been awarded numerous honors for her work in the community and as a consumer advocate. Here, she tells her story about mental illness, her treatment, her recovery and what is important to her.

Q: Would you start out by giving some background information about yourself – where you grew up and your early years?



Sister Lucindia accepts the Respect Award given by ADMH.

A: I have lived in Mobile since 1965. I did not have a good childhood – it was one of neglect and psychological abuse. I didn't have any friends in school because I did not have proper socialization skills. So I was a pariah throughout my school years and then abused at home.

Q: When did symptoms of a mental illness start?

A: My symptoms started appearing around age 13. I started having vivid hallucinations at school that terrified me, and I would become hysterical. I explained all of this to my mother but she just thought I was acting out and trying to get attention.

Q: What led you to get treatment for what was happening?

A: I was fortunate to have a German

teacher that was like a mother to me. When I was around age 17 she died, and the combination of my home life and losing her just made me lose it altogether. The school tried in the past to encourage my mother to get treatment for me, but she didn't pay attention. Finally my behavior became so disruptive, I was unable to attend school my senior year. I was taken to AltaPointe Health, diagnosed with paranoid schizophrenia and placed in a foster home because my mother didn't want me at home.

Q: What was your time in treatment like?

A: It took years to get my treatment on track. My mother knew I was terrified of mental health professionals because she told me they'd ship me off to a hospital to rot. So I really had to learn to trust AltaPointe and the people there. I also found a psychiatrist that I could really relate to. He saw potential in me and really worked with me.

Q: How did you ultimately reach recovery and how is your recovery these days?

A: Finding the right psychiatrist helped so much. But I have to say that it has been a work in progress and a slow evolution. I have had two short hospitalizations in my 40 years in treatment, and I'd say I really didn't start to recover until about 10 years ago. I have learned to trust, learned socialization skills, learned about my illness and learned that it's not my fault that I have this illness. These days, I'd say I'm doing quite well and taking it one day at a time.

Q: What aided you the most in recovery?

A: The biggest thing that has helped me has been my faith and my religion. My psychiatrist helped so much in encouraging

me to join the Secular Franciscan Order, to which I now belong. In my darkest days during hospitalization, I found that God still loved me no matter what. My psychiatrist also motivated me to go back to school, and I'm proud to say that I graduated through vocational rehab from the University of South Alabama with a degree in criminal justice administration and psychology. My recovery has given me an overall sense of serenity because I realize in many ways that my mental illness has been a gift. Because of it, I have learned to relate to people, learned to care about somebody besides myself and found fulfillment in volunteer work.

Q: Speaking of your volunteer work, what organizations or causes are you involved with?

A: I serve as the president of the board for Mental Health America in Southwest Alabama, president of the board for Wings Across Alabama and president emeritus of the Consumer Council at AltaPointe. I facilitate a group call Schizophrenics Anonymous – a support group for people with schizophrenia in Mobile. I serve on many other committees and also became a certified peer support specialist in 2007. I was a Red Cross volunteer for more than 32 years until I retired last year. There's only so much of me to go around! I'm also very active in my church.

Q: Why do you feel it is important to volunteer?

A: I have found that volunteerism is a great aid in my recovery. It's great in that it gets your mind off of yourself, improves socialization skills, and is a great way to meet new people and develop a support system. Since I don't have any family that I'm close to, my friends and community are my family.

Q: What do you enjoy most about volunteering?

A: I have found that when I am helping somebody with their own problems, that's when I find a solution to my own. I may not get paid monetarily, but I get paid in a way that is much more meaningful to me. I have found that you get out of life what you put in and if you don't put in much – you don't get much!

Q: Is that why you wrote “Angel of Love: Prayers for the Mentally Ill” – to help others?

A: Yes, I wrote that for myself and for others. I had just gotten out of Searcy Hospital after my last hospitalization and called the Catholic bookstore because I wanted a book of prayers for people with a mental illness. They have ones for people with cancer and other illnesses. After they searched for a while they told me they couldn't find anything and that I'd have to write one myself, so that's what I did! Writing the book was very therapeutic for me, and I hope it is therapeutic for others as well.

Q: Do you have any other hobbies you enjoy?

A: You'd probably never guess, but I am a

ham radio operator! I serve on a local board of trustees for that, and I also sing first soprano in the Mobile Community Chorus. I have a rich and full life that I enjoy very much!

Q: What is one thing you'd like people to know about mental illness?

A: I'd like them to know that people with a mental illness are human beings, the same as everyone else. We hurt in a very deep way. You can't always see our pain, but if there is a hell on earth – I believe it is untreated mental illness. But, mental illness is an illness like any other and it can be successfully treated with proper medication and psychosocial treatment.

Q: Is there anything else you'd like to mention before we wrap up the interview?

A: I would like to say that I am so grateful



Commissioner Baugh and Claghorn at the recent Recovery Conference at Shocco Springs.

for the many gifts God has given me and for my church, which has been an integral part of my recovery. I would also like to mention that I've been very fortunate in getting excellent treatment from the people at AltaPointe. You can pay a person to treat an illness, but you can't pay them to care, and they really do. Overall, I am a blessed individual! 🌟

Facility News

Harper Center Proves Commitment to Patient Safety

National Patient Safety Goals inspire healthy competition

The Mary Starke Harper Geriatric Psychiatric Center is highly committed to patient safety. During its last CMS survey, the center achieved the rare distinction of having zero deficiencies noted. The 96-bed hospital is designed to provide safe, effective, efficient and compassionate treatment with the goal of improving the patients' quality of life. This year, the center started off its National Patient Safety Goals training with a Kick-Off Contest that involved all departments.

National Patient Safety Goals were established in 2002 by The Joint Commission to help accredited organizations address specific areas that are identified as problematic for patient safety. The goals are revised

annually and updated by a panel of patient safety experts. Each month at the Harper Center, one of the National Patient Safety Goals for hospitals is being presented as an in-service training. Team members are encouraged to participate to be eligible for awards and prizes.

Throughout the year, teams with the

largest participation rates are being recognized in the center's monthly newsletter, *Harper Spirit*, and awarded prizes. The Restorative/Fall Team members were the winners of the Kick-Off Contest with a 92 percent participation rate. National Patient Safety Goals posters have been placed throughout the center to remind team members to keep patient safety the focus of all services. The teams' discussions of processes and areas of improvement have already resulted in several excellent recommendations for the center, and participation has been exceptional for the first three training sessions. 🌟



The Harper Center is responsible for the provision of inpatient psychiatric services to elderly citizens throughout the state.

A Life in the Community for Everyone

ADMH announces closure of W.D. Partlow Developmental Center

On March 4, 2011, ADMH announced the closing of the W.D. Partlow Developmental Center. The closure of Partlow is the culmination of advancements made in the community system of care for persons with intellectual disabilities since the 1970s. In announcing the closure, ADMH Commissioner Zelia Baugh stated, “Our first priority is to the people we serve – their health, safety and quality of life.”

Community-based living is the new standard of care and a nationwide trend that ADMH has been on for a number of years. Partlow is the only remaining state

by services designed to meet their specific needs and wants. These community-based homes are licensed and subject to regular inspections regarding the condition of the home as well as the treatment, educational and recreational program for each patient.

Although the department is facing a 15 percent cut this fiscal year because revenues have not met budget projections and will have a smaller budget next fiscal year, the decision to close Partlow is not led by financial motivation. “If I had all the money in the world and there was no proration or a fiscal crisis with state government, we’d still close Partlow,” said Baugh. “That plan has been in place for a long time and (community settings) are right for people with intellectual disabilities.”

However, along with the community-life opportunities for Partlow residents, the department does anticipate that by closing the facility it will be able to provide community services to additional consumers who are now on a waiting list. That list hovers around 2,500 people and grows by about 200 potential clients every four months.

As far as the plan to transition Partlow residents to community settings, each resident will have an individual placement plan that accommodates their specific needs. ADMH has a strong quality of care commitment and will monitor each individual’s success in the community. In 2003-04, the department closed three of its four developmental centers. Satisfaction surveys following the transition gave substantial evidence that clients and family members were very happy about the move to community life.

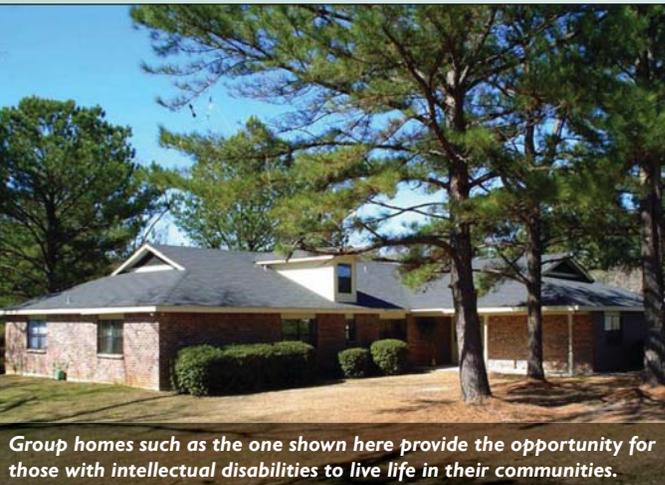
One of those family members was Becky Jackson, who has followed the news about the closing of Partlow closely. Her brother, James Bates, now lives near her in a group home structured for his particular intellectual disabilities. Bates moved to the home seven years ago from the Lurleen B. Wallace Developmental Center, one of the state’s other three residential institutions

that closed in 2004. Although at the time of closing Jackson strongly advocated that the Wallace Center remain open, she realized after the initial move it was the best decision for her brother. “The state did the right thing with Wallace’s closure and my hope for these families is that they do it again with Partlow. These people deserve to live a good life, and I’ve seen for myself that the better life is in this (community-based) setting,” she said.

For ADMH, job preservation for its Partlow employees is also a top priority. Approximately 407 Partlow employees will need replacement assistance. Baugh said, “ADMH is committed to assisting its dedicated staff in finding alternative employment.” ADMH anticipates that close to 400 jobs will be created in the private sector, many of those with certified providers, as Partlow residents transition into the community. “Partlow employees will have priority consideration for these opportunities,” stated Baugh.

Since the announcement of the Partlow closing, the news has drawn cheers and the full support of advocacy organizations across the state such as The Arc of Alabama and People First of Alabama. People First recently released the following statement in support of the closing: “There are now over 6,000 people with intellectual disabilities who live, work and play in communities all over Alabama. Not only do these people have a better quality of life, they do so at a substantial savings to the Alabama tax payer.”

Governor Robert Bentley also fully supports the closure. He has been quoted as saying, “We need to have mental health treatment that’s 21st century.” His communications director, Rebekah Mason, also released the following statement: “The governor’s top priority is what’s best for the clients of Partlow. He is in a unique position as a physician, to truly want what’s best for these (residents), and moving them into community care is what’s best.”



Group homes such as the one shown here provide the opportunity for those with intellectual disabilities to live life in their communities.

institution for people with intellectual disabilities. Eleven other states have closed all their public institutions for those with intellectual disabilities, and in closing Partlow, Alabama will become the first state in the south to reach this nationally regarded achievement.

When the announcement was made, Partlow served 151 residents with no new permanent admissions in the last two years. The facility has consistently downsized over that same period. By comparison, approximately 6,000 people with intellectual disabilities receive services through a network of more than 100 certified community providers across the state.

In the community setting, services are person-centered rather than group-oriented. Most people live in one-to-three-bed fully-staffed homes and are surrounded

The Latest News on Alabama's Children and Antipsychotic Drugs

Agencies caution appropriate use of medications for small children

Numerous news stories and scientific publications describe how the nation is struggling with a growing number of small children who are treated with powerful medications such as antipsychotic drugs. Alabama has hundreds of children under the age of five who receive these medications as part of their Medicaid coverage, and private insurance companies are paying for other individuals. None of these medications have FDA approved indications in children under the age of five. While there may be appropriate uses for these drugs in conditions like autism, clinicians must use great caution in prescribing these medications to vulnerable patients like children under the age of five.

The appropriate use of these medications in small children has been studied by a task force of specialists from the Alabama Department of Mental Health, the Alabama Medicaid Agency and leadership from the community of child and adolescent psychiatrists in the state. The Medicaid Agency has reached out to the doctors who prescribe these medications to small children in order to better understand their reasons for using these drugs and ways to limit potential problems associated with their prescription. These efforts have met with limited success.

This matter was further discussed

recently at a Grand Rounds conference held at UAB and attended by psychiatrists, psychologists and patient advocates. The leadership at Medicaid and ADMH believes that further efforts are essential to ensure the safety of these small children.

Extensive discussions with community clinicians indicate that small children receive these drugs for a variety of reasons and from a variety of doctors. Most prescriptions for antipsychotic medications for small children are not written by child and adolescent psychiatrists who specialize in this type of care. In many instances, reviewing doctors at Medicaid could not determine the reason for these medications.

A small number of young children may require the prescription of powerful drugs like antipsychotic medications, but several problems need careful consideration. These medications are often prescribed for schizophrenia and bipolar disorder, but this diagnosis is very difficult to make in young children. The brains of small children are developing and scientists do not know how these medications might alter that process. Antipsychotic medications can produce serious side effects like obesity or diabetes, and the long term effect of these medications in children is unknown. Finally, children cannot consent to this

treatment, and doctors must carefully explain the potential side effects as well as the uncertainties about these drugs to the parents so that the family can make an informed decision.

The leadership for ADMH and the Medicaid agency want to ensure that children who need these medications can get them through the Medicaid system. On the other hand, the leadership wants to be sure that all patients receive a proper evaluation and monitoring when the child is prescribed these drugs. Our solution to this dilemma is a program of prior authorization for antipsychotic medications that are prescribed to children under the age of five. The details of this system are being developed with input from all groups. We want all children to have a proper evaluation, careful monitoring for side-effects and protection by complete information given to the parents as part of informed consent.

Although the number of children is small, the impact on their lives could be immense. We owe these children all the protections and safety measures that can be afforded to these vulnerable individuals. 🌱

Our prayers and thoughts go out to the many ADMH employees affected by the devastating April tornadoes. We wish you and your families continued hope, courage, safety and well-being as you work to rebuild your lives and your communities. The ADMH family is also mourning the loss of Mrs. Yvonne Mayes, an employee at the W.D. Partlow Developmental Center in Tuscaloosa. Our condolences go out to her family and friends, and we wish them peace and healing as they grieve the loss of their loved one.



A retirement reception was held in February for former ADMH Commissioner John Houston. Many guests including mental health advocates, consumers, state agency heads and legislators presented tokens of appreciation to Houston in honor of his more than 30 years of exceptional service, including July 2005 until January 2011 as commissioner, to the department and the citizens it serves.

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