



ROBERT BENTLEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
WWW.MH.ALABAMA.GOV



ZELIA BAUGH
COMMISSIONER

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Contact: Office of Public Information
334.242.3417

**ALABAMA DEPARTMENT OF MENTAL HEALTH ANNOUNCES EXPANSION OF
COMMUNITY TREATMENT OPTIONS**

MONTGOMERY – For many years the Alabama Department of Mental Health has attempted to follow the national best practice trend of shifting resources for the treatment of those with mental illnesses and intellectual disabilities to community based care. This movement is not only based on advances in treatments that allow comprehensive care in community settings, but also on the principle that treatment in a person's community is far less isolating and much more conducive to recovery. If for no other reasons, following this trend is good public policy. From the public policy standpoint, the community treatment option allows us to close the large aging and dilapidated institutions that are far more expensive to operate. This will enhance our ability to access additional federal funds and provide better treatment in smaller programs.

In the state's current fiscal environment, the ADMH can either close its large aging institutions, or slash allocations to community programs. If funding for community programs is cut, many of these programs will be forced to dramatically reduce capacity or close, leaving individuals to be forced back into state institutions. This would be a tragic step backwards and would lead to an unavoidable cycle in which ever-increasing amounts of funding would need to be shifted from community treatment programs to fund the ever-increasing requirements for state institutions. By closing expensive state facilities and dedicating those limited dollars to additional community capacity, we can avoid this cycle, and at the same time, provide better recovery options for those in our care.

State institutions receive little federal funding and rely predominantly on state dollars to operate. By using community providers such as local mental health centers, local crisis care centers and local hospital psychiatric units the state can access additional federal dollars not available in the state institutional setting. Additionally, patients can be treated closer to their homes with better opportunities for recovery, and without the stigma associated with admission to a large institution. Counties will no longer have to transport committed patients long distances, sometimes over 100 miles, to the state hospitals. They will be able to commit patients locally when a bed is needed.

In order for the department to close a facility, appropriate community resources must first be in place. Since the 1990s, the department has worked with public and private mental health providers to develop community based mental health services. During this same time period, the department has closed or consolidated 10 facilities. Six now remain.

Bryce Hospital will transition to a forensic facility and remain open exclusively for that purpose until the new hospital, now under construction in Tuscaloosa, is completed in May 2013. When the new facility opens, the Taylor Hardin facility will also close and its patients will be transferred to the new facility as well. This facility will accept and treat all forensic patients sent to the department as criminal

commitments by the circuit courts. Finally, the Mary Starke Harper facility in Tuscaloosa will also remain open to treat geriatric patients. Closure dates for affected facilities will be announced in the near future.

Under the new structure, probate court civil commitments will be treated in psychiatric units at area hospitals or crisis stabilization units operated by community mental health providers across the state. Additionally, a number of in-home support teams and assertive community treatment (ACT) teams will be added to provide crisis response and treatment.

The department will maintain its vigilance as the state agency responsible for assuring that high standards of care are met by providers serving committed patients. Accordingly, the department will ensure that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and provision of services to support individuals at risk of institutionalization are achieved. Through its contract, utilization review and regulatory authority the ADMH will assure that excellent patient care and public safety is maintained.

As with past closures, the department will conduct job fairs and work in concert with private employers and other state agencies in assisting affected employees. Additionally, as new services are developed in the community there will be opportunities for mental health professionals to shift employment to local providers. Regarding state employees that may retire or move to other jobs, it should be acknowledged that their dedicated service to the state and to the people we serve cannot be overstated.

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RESOURCES

If you would like more information on this topic or would like to schedule an interview, please call Tony Thompson 334.242.3706 or email tony.thompson@mh.alabama.gov.