

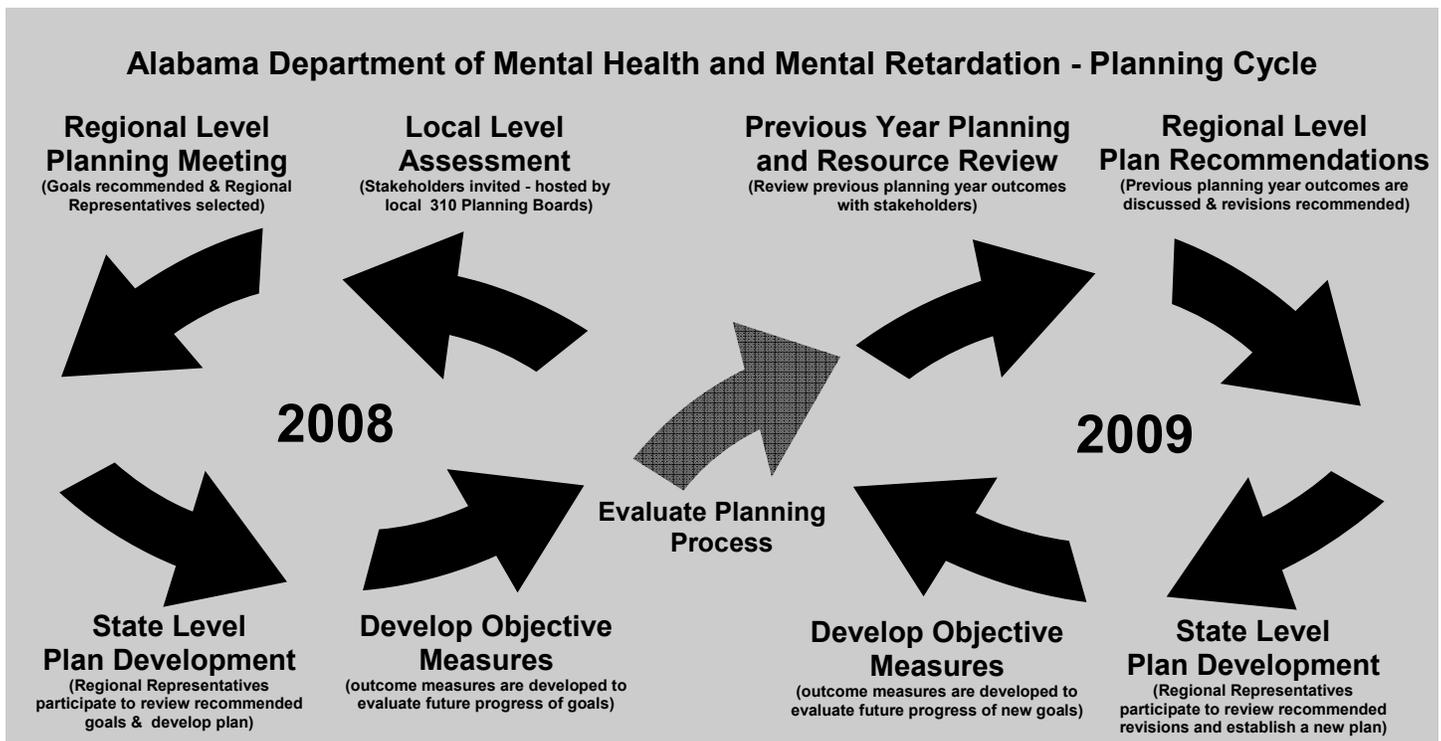
Alabama Department of Mental Health and Mental Retardation

Fiscal Year 2010 Planning Cycle

Mental Illness Division - Outcome Report

Overview of the Department Planning Process

During 2008 the Department of Mental Health adopted a new planning process. Effort was made to involve more families and consumers than ever before. Participants identified needs, recommended potential solutions to the needs, and helped decide what priorities would be the focus during the coming years. This report is an overview of the Mental Illness Division planning process that occurred during 2008 and the plan that was recommended for fiscal year 2010.



Mental Illness Planning in 2008

Local Level Assessment - Local level assessment meetings were held in communities for consumers and families to identify mental illness needs. 24 meetings were conducted, 1003 needs statements were collected, and 117 people were recommended to represent their community at regional planning meetings.

Regional Level Planning - Regional level planning meetings allowed representatives to review the mental illness needs that were identified at the local assessments and recommend possible ways to resolve the needs. 8 regional level meetings were conducted with an average of 21 representatives participating at each meeting. 20 goals and 70 strategies were recommended for the Department to consider. Representatives were selected at the regional level to serve on the Mental Illness Coordinating Subcommittee to discuss the goals and strategies that were recommended from each region.

State Level Plan Development - A State Plan was developed with input from Regional Representatives that were selected to serve on Coordinating Subcommittees. The Mental Illness Division submitted their top three priorities to the Governor's Office.

Fiscal Year 2010 Mental Illness Division Plan

The Mental Illness Division plan was developed through a planning process that included family and consumer input at the local, regional, and state levels. The top three goals for the Mental Illness Division were included in a report to the Governor's Office to help monitor progress for: acute care services, extended care services, and child and adolescent services. (see goals on this and the following page)

Goal for Acute Care Services- *Where We Want to Go...*

By 2012, 25% of acute care services (the first 90 days of involuntary commitment) will transition from state hospitals to community-based services.

Strategies for Acute Care Services - *How We Want to Get There...*

- Expand access to local inpatient, crisis residential, and other treatment, support and housing resources.
- Assist community providers in recruiting and retaining sufficient staff to provide increased community services while maintaining quality standards.

Objectives for Acute Care Services - *How We Know When We Get There...*

- Decrease the number of probate admissions to state hospitals for individuals with involuntary commitment by 15%.
 - Increase the number of contracted community programs that achieve a 2 year certification status by 20%.
 - Decrease the average daily census of acute care units by 10%.
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Goal for Extended Care Services- *Where We Want to Go...*

By 2012, state-operated psychiatric hospital extended care units (units providing care over 180 days) will increase the number of patients discharged by 40% and decrease the number of in house patient days by 40%.

Strategies for Extended Care Services - *How We Want to Get There...*

- Conduct assessments with patients in extended care to determine needed community treatment and supports to sustain discharge.
- Increase community treatment and supports consistent with assessment indicated needs.
- Assist community providers with recruiting and retaining sufficient staff to provide increased community services while maintaining quality standards.

Objectives for Extended Care Services - *How We Know When We Get There...*

- Increase the number of patients discharged from extended care into local services by 20%
 - Decrease the number of patient days (days spent receiving care in an extended care unit) by 20%.
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Goal for Child and Adolescent Services - *Where We Want to Go...*

By 2012, the number of children and adolescents served will increase by 10% over the FY 2008 level by expanding the continuum of care.

Strategies for Child and Adolescent Services - *How We Want to Get There...*

- Identify gaps in the continuum of care with emphasis on: psychiatric care and tele-psychiatry, outpatient services, school based services, evidence-based practices, in-home intervention, case management, transitional age services, and respite care services.
- Collaborate with other child-service agencies to jointly fund interagency services.
- Provide specialized training to professionals as needed to develop and support provision of evidence-based and best practices.

Objectives for Child and Adolescent Services - *How We Know When We Get There...*

- Increase the number of children/adolescents served by 3%.
- Increase the number of days of residential and in-home services for children/adolescents by 3%.
- Increase the number of hourly units in outpatient and case management for children and adolescents by 3%.

From Planning to Practice

During mental illness regional planning for fiscal year 2010, six key areas were identified as priorities. Including the three key areas that became goals for the Mental Illness Division, the six identified priorities are: acute care services, extended care services, child and adolescent services, housing, quality care, and the mental health professional workforce.

Working towards positive outcomes for these priority areas will take collaboration within communities, across regions and between state agencies. It will require advocacy at the local, regional, state, and federal levels to secure dollars to support the priorities. Within the new planning process, the Department of Mental Health is working toward that end.

The Division of Mental Illness provides treatment and support services through seven state operated facilities and contractual agreements with community mental health centers across the state. Over 4,000 individuals are served annually in the state-operated facilities, while over 100,000 receive services in certified community-based programs.

Current Mental Illness Practices

Alabama Institute of Mental Health Services (AIMHS) is a center for excellence operated by UAB Department of Psychiatry and Behavioral Neurobiology. An Illness Management and Recovery toolkit was developed in 2008.

Peer Support Specialists are trained individuals who have experienced mental illness themselves and work to assist other individuals recovering from their mental illness. 14 Certified Peer Specialists have been trained and employed in community settings as of November 2008.

Permanent Supportive Housing is a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. 78 Permanent Supportive Housing units are being utilized as of December 2008.

Assertive Community Treatment (ACT) is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.

Deaf Services are available because deafness or hearing loss poses unique challenges in coping with stresses of daily life and with accessing and receiving treatment services.

Integrating Physical and Mental Health has become a desirable component in a recovery-oriented mental health system. The integration of physical and mental health has shown to improve the provision of seamless services and more comprehensive / appropriate treatment.

Telemedicine refers to the use of communications and information technologies for the delivery of clinical care. This is a growing area of technology that creates efficient use of a professional workforce and increases access to services in rural areas.

Psychiatric Telemedicine Expansion Workgroup explores opportunities to utilize telemedicine as an option for treatment of children and adolescents with mental health concerns.

Respite Care Task Force addresses the respite needs of families with children that have mental health concerns.

Mental Health Professional Training provides continuing education and technical knowledge for Mental Health professionals working with children and adolescents.

Transitional Age Services includes a residential facility that serves individuals transitioning from the youth to the adult population.
