ADMH

Annual Report Fiscal Year 2009

lifting life's possibilities

Commissioner John M. Houston

Dear Governor Riley,

It is my pleasure to present the Alabama Department of Mental Health FY09 Annual Report. In my more than 30 years with the state, I cannot remember more challenging times from both a budgetary and resource perspective. With respect to these challenges, I am delighted to report that the department and our stakeholder partners pulled together to sustain an excellent array of services for our citizens. Many of those services are highlighted in this report. Additionally, through adaptation, innovation and collaboration we were able to improve services in some arenas.

In harmony with both national trends and the department's systems reconfiguration plan, the Alice M. Kidd Nursing Facility was closed; the remaining 28 clients moved to community-based care or to the Mary Starke Harper Geriatric Psychiatry Center. **This is a success story.** A decade ago ADMH operated more than 500 nursing home beds. As more resources were developed in the community, clients could be served in more appropriate settings closer to home and family. We will continue to focus on enhancing community resources and steering away from a large institutionally-based system of care. In that regard, you were instrumental in helping the department in developing plans to build a new smaller state-of-the-art psychiatric hospital to replace the aging structures on the Bryce Hospital campus. Numerous planning groups contributed to this process. Consumers and families served by the department will benefit from these efforts and your leadership for decades to come. Additionally, I wish to extend my gratitude to the Bryce Historical Preservation Committee for its work in bringing the historical importance of Bryce to the forefront and in setting plans to preserve its history for future generations to come.

As with most large state agencies, excellent operations of the day-to-day business must be attributed to our dedicated employees. I join with you in giving them our appreciation for a job well done. Through innovative and collaborative efforts in our facilities, central office and community providers, thousands of Alabamians received assistance in mental illness services, intellectual disabilities services, and substance use disorder treatment and prevention services. In this report you will see innovations and cost cutting measures that improved efficiencies in our system. By working together with stakeholders we were able to accomplish remarkable things in difficult times.

Sincerely,

John M. Houston

John M. Houston, Commissioner

Alabama
A D M H
Department of Mental Health
lifting life's possibilities

A new law changed the name of the department to simply the Alabama Department of Mental Health, dropping the "R" word. The new term replacing the "retardation" is "intellectual disability." Thank you for helping the department play a leading role in promoting respect for those we serve.

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Year in Review

Adaptation

a·dapt: [*uh*-dapt]

To adjust oneself to different conditions, environment, etc.

These days, we all know that if organizations are successful, they accept that change is inevitable and adapt readily and willingly. Economic challenges, cultural advancements and the need for greater efficiency affect all types of organizations, including ADMH. In addition, trends in both physical and mental health care, as well as opportunities for those receiving mental health services, resulted in positive changes made in and around the department in FY09.

Department drops offensive "R" word from name

Over time, some words and terminology transform into slang or negative contexts that are offensive. The phrase *mental retardation* is a prime example of negative word evolution. Use of the "R" word is being dropped across the nation, on the state level and by advocacy groups; it is most commonly replaced with the term *intellectual disability*. As expected, momentum from FY08 to eliminate stigma associated with the "R" word carried over into FY09 **as the department officially changed its name to Alabama Department of Mental Health** from the Alabama Department of Mental Health and Mental Retardation. Representatives Randy Davis and Joe Faust, and Senator Vivian Figures co-sponsored a bill to eliminate the "R" word from the department's name, which had unanimous legislative support. This bill passed on May 14, 2009, and the Governor signed it into law soon after. Commissioner John Houston said at the time, *"The department is thrilled to see the Alabama Legislature and the Governor take another major step in supporting the use of appropriate language for people with intellectual disabilities."*

Work begins on tobacco cessation initiative for MI facilities

Studies show that persons with serious mental illness live, on average, 25 fewer years than the general population, mostly because of common health problems such as heart disease, diabetes and hypertension. Many of these health problems can be avoided or managed with a combination of medication and healthy lifestyle choices. As a health care organization, ADMH is committed to the health and safety of our patients and employees. Therefore, a comprehensive health initiative was developed that focuses on reducing this excess burden of chronic health diseases. **Part of this comprehensive health initiative is a tobacco-free policy that was implemented at all inpatient psychiatric facilities.** A workgroup began meeting in FY09 on a monthly basis to plan, coordinate and implement the tobacco-free initiative. Their objectives were to establish a timeline and policies; provide training on systems, roles and responsibilities; communicate the tobacco-free message; provide systematic assistance with cessation; and support ongoing implementation. The workgroup includes representatives from ADMH and its Mental Illness facilities, Alabama State Employees Association, Alabama Department of Public Health, advocacy groups and several other stakeholder representatives.

Darren Morris

Since moving to Tuscaloosa from Chicago in 1999, Darren Morris has enjoyed working at a number of places over the years, including Ability Alliance, a case management organization. During this time, he became involved with People First of Alabama (an advocacy organization), and soon ran for and won the vice president position. He then became the assistant state coordinator and stayed in that position for a year before accepting a job at the University of Alabama, where he works today. Morris is proud to have his own place and is working toward obtaining his driver's license. He also enjoys playing video games, dating and spending time with friends and family.

Waiting List lawsuit settled

The state and ADMH settled a lawsuit over the waiting list for services for individuals with intellectual disabilities. The settlement agreement does not require the state to spend more money on services for those waiting to be served. However, it does require other actions regarding notice and appeal relative to decisions made regarding eligibility for service and the status of service availability. The agreement requires that the state provide a centralized telephone number for people to call about receiving services, quick notification if they have been deemed eligible for services, and an appeals process for families who have been denied services. As of September 2009, there were about 2,100 individuals on the waiting list.

State's first ever autism coordinator joins ADMH

On March 20, 2007, State Representative Cam Ward and Lt. Governor Jim Folsom, Jr. announced the formation of the Alabama Autism Task Force. Comprised of 27 appointees and many volunteers, the task force seeks to improve the treatment for autism in the state. Members reviewed the Statewide Autism Needs Assessment and made recommendations in January 2009. The task force's findings led to the creation of the Alabama Interagency Autism Coordinating Council, which was created when the Riley Ward Alabama Autism Support Act was signed into law in April 2009. The goal of the bill was to meet the urgent need

The first "Deaf Coffee Night" took place in FY09 and grew from Office of Deaf Services staff discussions that the community lacked activities that could help draw deaf people together. On the first Friday night of every month at a local Starbucks, it is not unusual to now see 50 or more people in attendance. In addition to making the community a more welcoming place for consumers who are both deaf and mentally ill, the events also serve to make hearing people aware there is a population of deaf consumers who are fully functioning members of the community.

for a statewide comprehensive, coordinated, multidisciplinary, interagency system of care for individuals with autism and their families. **Dr. Caroline Gomez soon joined ADMH, the Governor-appointed lead agency for the AIACC, as the state's first autism coordinator.** Gomez directs the work of the AIACC and other stakeholders and constituents to meet the recommendations set forth by the task force. During FY09, the council began working to establish regional autism centers to meet the identified urgent need for a system of care.

Strides made in supported employment efforts

Several strides were made in the area of supported employment for consumers. **Byron White was hired as a consumer employment specialist, based in the department's Office of Policy and Planning, to coordinate employment services so more individuals can achieve employment and move toward greater self-sufficiency.** White's first area of focus was the Division of Intellectual Disabilities Services. During FY09, the department received grant funding to pilot customized employment over a 12-month period. Customized employment goes a step further than traditional supported employment; rather than reacting to labor market needs that occur with traditional job placement, more time is spent getting to know the consumer and then creating a job to match each person's skills and abilities. In addition, the Division of Intellectual Disabilities Services co-hosted a successful conference, along with ADMH's Alabama Council on Developmental Disabilities and The Alabama Association for Persons in Supported Employment, attended by more than 300 people. The conference focused on employment for those with disabilities and included a specialized track addressing mental illnesses. As a result of these efforts, the department has also experienced a great increase in collaboration with groups such as the state Department of Rehabilitation Services, state Department of Education and community providers.

Office of Deaf Services restructure

In an effort to become more efficient and accountable, the Office of Deaf Services underwent a major restructuring in FY09. Regional coordinator positions were redefined. This provided an opportunity to create two distinct positions. Regional therapists report administratively to the director of DS as well as the clinical directors of each center where the work is done. This makes them in effect a clinical branch of the office that is part of the Division of Mental Illness Services. The therapists are now contracted to mental health centers to provide those services as requested. The centers may "opt-in" to the Regional Office program by contracting with DS. The contracts spell out the responsibilities of both the regional therapists and the centers. A second position, Deaf Services Coordinator, was created. DS veteran Shannon Reese took over the position that acts as the first point of contact for deaf people looking for services from ADMH. She is also a liaison between in-patient and community services, works with the Office of Certification to ensure centers understand and comply with standards for working with deaf consumers, and is available for technical assistance and consultation.

Alice Kidd Nursing Facility Closed

The Alice Kidd Nursing Facility, on the campus of Bryce Hospital in Tuscaloosa, was closed on July 31, 2009. The decision to close the facility was based on recommendations of the Systems Reconfiguration Task Force and a workgroup at Kidd. Both groups were comprised of staff, consumers, families, advocates and community providers. In 2000, there were 216 patients at Kidd. At the time of its closure, there were fewer than 30 patients. The decision to close Kidd was part of the department's continued commitment to offer people the opportunity to receive services closer to their home communities. ADMH

worked with remaining patients and their families to locate appropriate community nursing facilities to provide services. In addition, a transition team was developed to provide follow-up visits to the patients in their new locations to ensure the best possible outcomes. The department also worked to assist employees at Kidd during the transition. Employment preferences of each employee were followed as closely as possible. Some of the Kidd employees filled vacancies at facilities in the Tuscaloosa area as well as at other facilities owned by ADMH.

Renovations and improvements made at facilities

Several capital improvement projects began or ended during FY09. The Mary Starke Harper Geriatric Psychiatry Center was re-roofed, as well as some of the buildings at the W.D. Partlow Developmental Center. The main building (dome) at Bryce Hospital received touch-ups in the way of pressure washing, painting, the installation of new dome windows and repairing of balconies. A warehouse on the Partlow campus that serves all Tuscaloosa facilities was expanded, increasing its storage space by 1,250 square feet. Ground was also broken on the new Food Service building at Partlow, which also serves all Tuscaloosa facilities. Additionally, work began on a new kitchen on the campus of North Alabama Regional Hospital in Decatur.

Consumer Frank Calloway's art was featured in the exhibition "The Marriage of Art, Science & Philosophy" at the American Visionary Art Museum in Baltimore. Soon after his work was chosen, Calloway, who is 113 years old and has been a resident of Bryce Hospital since 1952, was taking his first trip on an airplane, leaving Alabama for the first time and attending the exhibit opening. Before the opening party, a special Frank Calloway Welcome and Press Conference was held. Calloway was treated as a celebrity as Baltimore media interviewed him in front of a massive curved wall that displayed 18 of his drawings.

Intellectual Disabilities Services

Top 10

provided services and supports

All inclusive (both waivers summed, similar services combined).

01. **Case Management**
02. **Day Habilitation**
03. **Residential Habilitation (Group Homes)**
04. **Medical Supplies**
05. **Personal Assistance of several types**
06. **Behavioral Therapy**
07. **Supported Employment**
08. **Nursing, both LPN & RN**
09. **Respite, both in & out-of-home**
10. **Physical, Speech and Occupational Therapies**

Any person seeking intellectual disabilities services can now contact the Division of Intellectual Disabilities Call Center at 800-361-4491 for a referral to the local intellectual disability planning board (also known as a 310 Board.)

The 310 board will assist with completing an application for services and discuss the applicant's needs and preferences.

Some information will be required to complete the application, such as the following: a documented IQ range below 70, assessment of the individual's adaptive function (there is a tool called an ICAP that can be used), and documentation that the applicant's functioning level was impaired prior to the age of 18.

When the application is completed, it will be submitted to regional community services. A decision will be made within 30 days of receiving a completed application. If an application is approved, the individual will be placed on the waiting list for waiver services.

Waiver services are a cluster of support services that are provided through Medicaid to eligible individuals: *www.mh.alabama.gov/downloads/IDCP/IDCP090831_mrw_svc_catalog_v9_01_09.pdf.*

Year in Review

Innovation

in·no·vate: [in-*uh*-veyt]

To begin or introduce something new

While adaptation is a process of responding to outside changes and trends, innovation can be thought of as a process of forward-thinking and actively looking for new opportunities and better ways of doing things. Examples of innovation at ADMH included taking advantage of technological advancements that resulted in a new way for employees to communicate and a "greener" more efficient operation at one of the department's facilities, as well as a breakthrough in training people to provide services to deaf consumers.

Videoconferencing makes its debut

Department employees took advantage of a new videoconferencing system that became operational in FY 09. **All ADMH offices and facilities have access to this videoconferencing system.** Videoconferencing reduces travel expenses and the time that staff members spend going to and from meetings. Since ADMH's facilities and regional offices are spread throughout the state, videoconferencing provides an invaluable alternative to traveling and loss of time spent traveling. A series of trainings were held statewide for all department employees who were interested in the system and its benefits. In addition, the department's videoconferencing system can be used to communicate with external organizations having compatible systems. During the period of January 1, 2009 through September 31, 2009, the videoconferencing system was used 61 times at central office by more than 17 different groups. Groups such as the Bryce Hospital Historic Preservation Committee, Office of Deaf Services, Facility Directors, Personnel Directors, Policy Committee and Pharmacy Committee regularly took advantage of the new alternative to travelling.

Interpreters participate in breakthrough training

Nationally known trainer and author Carole Lazorisak returned to Alabama to conduct **the state's first training on how deaf and hearing interpreters can work together.** Nearly 50 participants attended the training, which was sponsored by ADMH's Office of Deaf Services, the Janice Capilouto Center for the Deaf, and the Gallaudet University Regional Center. This was Lazorisak's third training here in Alabama, but previous sessions focused only on deaf interpreters. A deaf interpreter may be needed when the communication mode of a deaf consumer is so unique that it cannot be adequately understood by interpreters who are hearing. The primary focus of the training was on learning how to build effective partnerships within a team interpreting situation. Deaf interpreters usually do not work solo, and the content of the day's training reflected the heavy emphasis on collaboration. Workshop attendees were generally experienced interpreters so little time was spent on interpreting mechanics. Instead, time was used to set up a framework for how responsibilities should be divided. The training was a success as both hearing and deaf interpreters in attendance admitted they were surprised at the complexity of the other's tasks.

Telemedicine

Consumers living in rural areas and receiving services from AltaPointe Health Systems are now getting the psychiatric care they need without leaving their communities, thanks to telemedicine technology. Shakeel Raza, MD, has discovered advantages to treating children and adolescents via TeleHealth. "Children are often nervous during a face-to-face visit," Raza, a psychiatrist at BayPointe Hospital & Children's Residential Services in Mobile, said. "They actually open up when they see themselves on a television screen. The system has a way of keeping therapeutic lines open." AltaPointe first installed TeleHealth in 2007, and is now participating in an ADMH telemedicine pilot project.

Greil energy conservation

Work continued on an Energy Conservation Project at Greil Hospital, the pilot facility for the project. Numerous updates and changes were made to conserve energy including retrofitting lighting fixtures with new ballasts and energy efficient tubes, replacing an outdated steam boiler with four smaller rapid heating boilers, and replacing the piping in a large portion of the facility. A second steam boiler was converted to a hot water boiler with dual fuel capability designed to function as a back-up in the event of loss of utilities. In addition, electrical systems that run the functioning of the heating and cooling system were replaced. Outdated pneumatic thermostats were replaced with computer-linked thermostats and a computer-based master control system located in the Maintenance Department. Thirteen months of work was completed in February 2009, and, beginning with that month, billing was monitored on a monthly basis. ADMH was guaranteed a savings of $65,000 in the first eleven months, but the department actually saved more than $105,000.

Searcy Hospital offers wellness and home management programs

In FY09, the staff at Searcy Hospital's Office of Rehabilitative Services expanded a successful Home Management Program that began in FY08 and developed and implemented a Wellness Program. The Home Management Program assists consumers in living

Mark McClellan is a well-known leader across the state for his efforts on behalf of people with intellectual disabilities. Through his membership in the advocacy organization People First of Alabama, he has served in many roles including regional coordinator, self-advocacy coordinator and vice president. McClellan was also a longtime member of the Vocational Rehabilitation Advisory Council and ADMH's Intellectual Disabilities Coordinating Subcommittee. McClellan has recently taken time away from his advocacy work but is always willing to help when asked. In his spare time, he likes to travel, attend football games where he especially enjoys listening to the bands, and attend church.

more independently once they are in the community. A variety of topics are covered including money management, personal hygiene and domestic chores. One of the most valuable aspects of the program is the skills development portion, which provides step-by-step procedures in order to prepare consumers to use skills needed in their community environment. This portion of the Home Management Program was greatly expanded in FY09. More intensive interventions in the specific areas of cooking, dining and laundry skills were developed, and clients received individualized training to allow for the retention of acquired skills. Trips to shopping centers, restaurants and group homes, as well as hands-on demonstrations in cooking, personal hygiene, menu planning and bed making, assisted in comforting consumers in making their transition to the community. Searcy's Wellness Program made its debut in February with the focus of educating clients on making healthy lifestyle choices. Consumers were educated on diet and nutrition to help them maintain a balanced diet. They also learned about the physical and psychological benefits of regular physical activity. A smoking cessation module called *Healthy Lifestyles* is another component of the Wellness Program and is an educational and motivational based intervention useful for all smokers with mental health disorders. Consumers enrolled in the Wellness Program also had opportunities to participate in a variety of events and activities to promote a positive outlook on adhering to a healthy lifestyle.

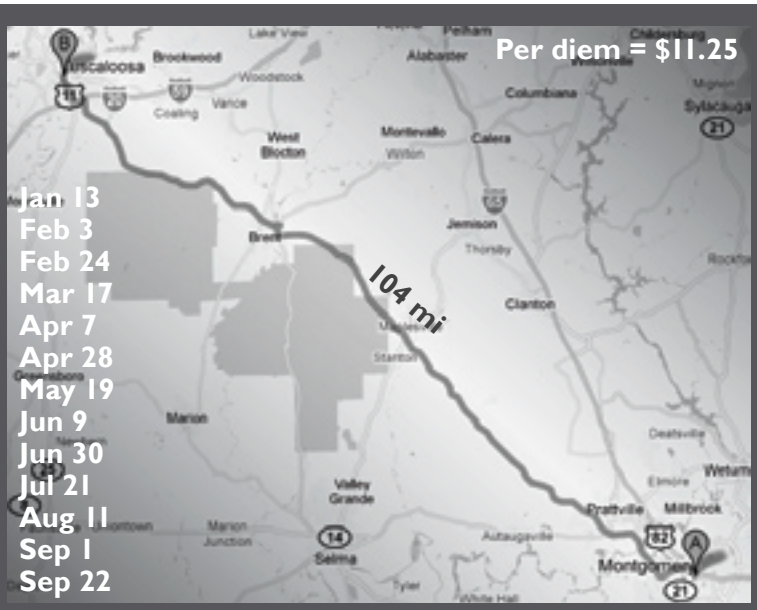
New consumer empowerment resources offered

The Office of Consumer Empowerment, located in the Division of Intellectual Disabilities Services, **instituted an effort to ease the transition to community living for individuals moving from W.D. Partlow Developmental Center.** A pamphlet entitled "Things to Know Before You Move" was developed and included tips on packing, learning about the local community, organizing a new living space, where to call for assistance with utilities and much more. In addition, staff organized visits to individuals who had recently moved to ensure a smooth transition and assist in any difficulties that arose. Regular lunch meetings with groups of individuals who recently moved to the community has also improved communication between ADMH, individuals, support staff and family members.

Alabama Advancing Recovery

During FY09, the Substance Abuse Services Division continued work on the Alabama Advancing Recovery Program, funded by a two-year grant from the Robert Wood Johnson Foundation. The overall aim of the program was to maintain treatment gains as youth reintegrated into their communities following residential treatment and to increase the retention rate of clients in continuing care. First year goals were to increase adolescent access to and retention in continuing care following residential substance abuse treatment, to increase utilization of clinically appropriate levels of care, and utilize advocates to ensure the program was consumer-oriented. Second year (FY09) goals were to produce beneficial change in substance use related functioning with improved outcomes for adolescents following residential treatment and to increase the youth's protective factors and decrease their risk factors from admission to residential treatment to discharge from continuing care. During FY09, case managers took a proactive approach in beginning formal engagement with the client, the client's parents and the juvenile probation officer (if applicable). They established initial contact with these audiences prior to the client's discharge from residential treatment. This initial contact enabled the client and the case manager to begin working on a continuing care plan and to build an important relationship. Another aspect added in FY09 was Motivational Interviewing training. This training was given specifically to juvenile probation officers and created an

opportunity for them to become educated on the importance of continuing care.



The Home Management Program at Searcy Hospital is getting rave reviews from not only employees, but consumers as well. Donald says that the classes have provided him with, "a number of good things to know for returning home." He says the classes have helped him with kitchen tasks such as cooking and cleaning and that he has also picked up tips on how to avoid the sometimes dull humdrum of daily life. Oscar agreed with Donald and said, "The program has helped me a whole lot." In addition to learning how to cook, Oscar has also learned how to wash his own clothes.

Cost Saved Word Problem

New Ideas

that spawn department efficiency

One real life example.

John, who works in central office, has a reoccurring meeting with the Bryce Hospital Historic Preservation Committee every 3 weeks in Tuscaloosa. It costs the department $15/day + .35/mile for John to rent a sedan from the state motor pool. If he was able to attend these meetings via videoconferencing starting January 13, 2009, **how much did the department save in FY09 by not having John physically attend these meetings in Tuscaloosa?**

Cost Saved = $1,287.65 *(meetings (car rental + per diem))*
This may not seem like much, however, keep in mind that John attends many other reoccurring meetings weekly.

There are three additional (of our 2,800) ADMH employees also based at central office that attend these meetings.
Additional Cost Saved = $3,862.95 *(they should carpool!)*

In addition there is also time saved. This three hour (+ lunch break) meeting used to take John away from his desk for a day, now he is able to spend his time working before and after the meeting rather than driving.
Time Saved = 5 hours

Subtotal:

Cost Saved = $5,150.60 *(4 employees x car rental x 13 meetings)*

Time Saved = 260 hours *(4 employees x 5 hours x 13 meetings)*

Let's take it a step further and see what that time save really adds up to for the department. The combined hourly rate of the four employees *(monthly salaries/160 hours)* comes to $183.38. Being salaried employees, they are paid for their time regardless of where they are. So because of videoconferencing, these employees were paid for working at their desks rather than driving cars.
Wages = $11,919.70 *(hourly rate x 5 hours x 13 meetings)*

Total:

Had they carpooled *((wages + per diems + car rental) x 13 meetings)*
Cost Better Spent = $13,646.10

or driven separately *((wages + per diems + car rentals) x 13 meetings)*
Cost Better Spent = $17,070.30

Year in Review

Collaboration

col·lab·o·rate: [k*uh*-lab-*uh*-reyt]

To work together toward a common vision

Commissioner Houston often speaks about what he calls the "collaboration multiplier effect" that occurs when the department works with other organizations, thereby resulting in greater achievements than would be attained by one group working alone. FY09 saw ADMH working with state and federal agencies, advocacy groups and community mental health centers to pool together resources and manpower. These partnerships accomplished many things, including increasing awareness and education about mental health as well as improving the quality of and access to mental health services.

Comedy serves as stigma-buster

College students across the state were the target for a unique set of events hosted by Contact: Wings Across Alabama, and co-sponsored by ADMH, the Alabama Minority Consumer Council, and the Substance Abuse and Mental Health Services Administration. More than 130 students at Alabama State University attended "Comedy for a Cause" and heard consumers share their stories about recovering from a mental illness. They were also treated to a comedy show featuring Ced Delaney of Birmingham and Pat Brown of the BET show "Somebodies." This event was the kickoff to the Campaign for Mental Health Recovery, which was the result of an anti-stigma grant Wings received from SAMHSA's ADS Center. A similar event, also funded through this grant, "The Stand Up for Mental Health Comedy Tour," was held at the University of Alabama at Birmingham, the University of Alabama, and Troy University. These events featured the duo of Kim and Alex, consumers who completed a Stand Up For Mental Health course that teaches people with mental illnesses to enhance their recovery through stand-up comedy.

Recovery Month efforts educate and increase awareness

In Alabama alone, there are an estimated 300,000 people with some form of a substance use disorder. **To help alleviate this disparity and overcome barriers to long-term recovery, ADMH partnered with several advocacy and community groups** to host events throughout the month of September as part of National Alcohol and Drug Addiction Recovery Month's 20th anniversary. Recovery Month is sponsored annually by Substance Abuse and Mental Health Services Administration and celebrates people in recovery from addiction and the treatment providers who help them. The observance also serves to educate the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible. Alabama's Recovery Month events consisted of a Recovery Breakfast to kick-off the observance co-sponsored by Mobile's Drug Education Council; a Recovery Rally in Birmingham co-sponsored by Alabama Voices of Recovery, Birmingham Fellowship House, and FORMLL; Celebrate Recovery Sunday, an event in collaboration with Freewill Missionary Baptist Church and the aforementioned advocacy groups, which featured national and local guest speakers in addition to special worship performances coordinated with the faith-based community to encourage individuals seeking recovery; and last but not least, 5K Sobriety Runs held in Montgomery and Birmingham.

Mike Adams

Mike Adams has been an enthusiastic participant in the Substance Abuse Services Division's Advocacy Task Force for more than two years, and even served as chair of the 2009 Recovery Month efforts in Alabama. He says, "It is difficult to say no to helping with advocacy efforts when recovery has given me the only good life I have ever known." Recovery Month is filled with activities that promote the message that substance abuse recovery is possible. Adams was on the forefront of making arrangements for the many rallies, runs and other activities held statewide throughout the month.

Office of Deaf Services provides expertise to Troy University

Interpreter training is a critical part of any deaf services program. **In FY09, the Office of Deaf Services partnered with the Alabama Department of Rehabilitative Services and the Alabama Institute for the Deaf and Blind to lend their expertise to Troy University.** While various agencies have sign language proficiency requirements for staff working with deaf consumers, DS has codified those requirements in terms of Sign Language Proficiency Interview scores for several years. As a result, DS has developed a well-respected evaluation process and has long trained SLPI evaluators for other agencies. So when the ADRS and the AIDB received calls from a Troy University professor about getting SLPI evaluations, which are required for students majoring in interpreting, it made perfect sense to them to ask DS to coordinate the evaluations. Just as interpreter training itself is a joint effort of several state agencies, the Troy University SLPI evaluation process draws from the resources of ADRS, AIDB, and DS. Each team has evaluators from the various agencies, making this a true interagency partnership.

Beth Olive has been a beloved employee at Edgar's Bakery in Hoover since she began working there in 2004. Beth was born with Down syndrome and started working at Edgar's through her school's Transition in Action program. It is funded by a grant from the Alabama Council for Developmental Disabilities and helps prepare transition students in Shelby County for the workplace. Olive says, "It's fun to have friends and work in a fun place." The feeling is mutual says Edgar's VP Steve Callahan. "Our customers look for Beth when they come in. We don't shy away from anything because Beth has a disability, but we don't overanalyze it. Beth has a special talent and great attitude. When we see Beth, we just see her abilities."

Computer training for people with developmental disabilities

The Alabama Council of Developmental Disabilities awarded funding in FY 09 to several partners for a new project that will help people with developmental disabilities learn to use the computer. People First of Alabama, TheArcLink, Volunteers of America Southeast and the Arc of Alabama are partners in the new initiative called **"An Accessible On-Ramp to the Information Highway: A Basic Computer/Internet Training Program for People with Developmental Disabilities."** The purpose of the initiative is to teach people to use the internet, e-mail and participate in social networking. Partners in the grant will participate in the planning process, conduct surveys to find out how people with developmental disabilities are already using their computers and what else they would like to be able to do, design classes and teaching materials, test the program, host trainings, and collect donated computers. Once the classes are developed, field testing will take place. When classes are finalized through this field testing process, trainers and mentors will be visiting schools, libraries, homes and other venues to conduct the trainings. All training materials will also be made available to any agencies who serve people with developmental disabilities. Once a participant completes the training, he or she will receive a computer and hopefully have a better understanding of how to use the computer to further connect with the world.

One-of-a-kind transitional home opens in Mobile

An emerging issue for child and adolescent mental health services is the unique unmet needs of adolescents transitioning from the children's mental health system into the adult mental health system. In an effort to better address these needs, a work group was developed by the Child and Adolescent Task Force. Recommendations from this group were made involving several transitional age services. **In FY 09, AltaPointe Health Systems opened a Transitional Age Group Home in Mobile.** This home is designed for consumers ages 17-22 who have been discharged from a state hospital. The home is co-ed and licensed for up to ten consumers. This pilot project between ADMH and AltaPointe is the only group home of its kind in Alabama. The goal is to assess the functioning level of each consumer upon arrival and help him or her achieve independence. Program staff members include a full-time LPN, therapist and case manager.

Veteran's Reintegration Plan

The Veteran's Reintegration Action Plan had its formal unveiling in FY09 when Governor Riley signed his opening letter introducing the resource to returning troops. The RAP was a collaborative effort of ADMH, Operation Grateful Heart, the Alabama Psychological Association, Still Serving Veterans, the Veterans Administration and several other organizations. It is designed to ease the transition of veterans and family members from active duty to civilian life, and began out of sessions ADMH Commissioner Houston attended at a National Association of State Mental Health Program Directors meeting. The finished RAP is a collection of strategies designed to facilitate successful transition, as well as a resource guide for obtaining professional assistance. Chapters on topics such as readjustment, re-experiencing events, triggers, relationships, and developing a buddy list provide a wealth of information to returning soldiers. The group also developed a comprehensive list of additional local and national resources included in the RAP.

Strengthening services for women with Substance Use Disorders

Sarah Harkless of the Substance Abuse Services Division **accepted an invitation from the Substance Abuse and Mental Health Services Administration to serve as a**

coach for the inaugural Women's Addiction Services Leadership Institute. SAMHSA developed WASLI as one of several initiatives to strengthen the capacity to serve women with substance use disorders. The goal of WASLI is to develop a cadre of leaders who are able to advocate for, develop and spear-head initiatives that provide for the needs of women with substance use disorders, their families and communities. WASLI utilizes volunteer coaches to support selected associates as they develop their leadership skills. In her role as a coach, Harkless received preliminary and ongoing training; assisted associates in developing action plans to improve specific leadership skills; held weekly check-in sessions with associates to provide accountability, feedback and resources; modeled leadership qualities for associates; provided assistance in program evaluation and helped further expand WASLI. Ultimately, her role as a coach resulted in a six-month coaching relationship with two women's program directors, one from California and the other in Kentucky.

ADMH works collaboratively with community providers to assist in the creation of programs that will help consumers sustain recovery and live productive lives. Sophia Dowdell is a client of the Lighthouse Counseling Center, an outpatient substance abuse treatment facility in Montgomery, Alabama. She endured many years through the cycle of addiction recovery and relapse before going through programs at the "Lighthouse" that enabled her to sustain recovery, live in supportive housing and go to college. After graduation, she plans to earn a master's degree in addiction counseling. Her ultimate goal is to open her own substance abuse treatment facility.

Consumer Story

Recovery Month
Partners
entities that contributed in 09

In alphabetical order (we apologize if we fail to mention you).

Alabama Substance Abuse Advocacy Task Force

Alabama Voices for Recovery

Alcohol and Drug Abuse Treatment Center

Birmingham Fellowship House, Inc.

Cheaha Mental Health Center

Drug Education Council, Inc.

Faces and Voices of Recovery

Freewill Missionary Baptist Church

FORMLL (*Friends of Recovery, Morgan, Madison, Lawrence, Limestone, Cullman and Randolph counties*)

Gadsden Treatment Center

Judge Tracy McCooey

Northwest Alabama Mental Health Center

Quest Recovery Center

River Region Runners Club

SpectraCare Health Systems

SAMHSA (*Substance Abuse & Mental Health Services Administration*)

This listing is just one example of one month long event where one of our divisions partnered with 16 various entities. The department collaborates with many other agencies and organizations throughout the year. From the local level to the national level, partnerships allow us to combine resources and expertise to serve the more than 200,000 Alabamians we could not serve alone.

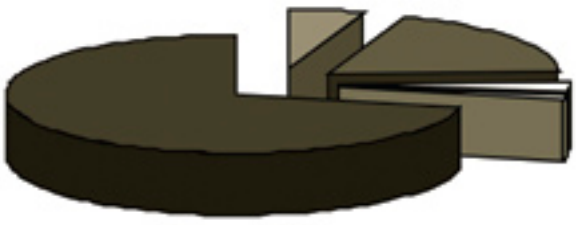
To get involved with Recovery Month 2010 efforts in Alabama, contact the Substance Abuse Services Division, Office of Advocacy and Outreach Services at 334-242-3961. Information about national Recovery Month can be found at *www.recoverymonth.gov*.

Expenditures & Encumbrances

for FY09 as of September 30, 2009

	Budget	Actual	Difference	Percent
Mental Illness Services Facilities				
Alice Kidd Nursing Facility	5,788,109	5,012,578	(775,531)	86.60%
Bryce Hospital	55,634,399	54,024,814	(1,609,585)	97.11%
Greil Memorial Psychiatric Hospital	13,892,901	13,453,193	(439,708)	96.84%
Harper Geriatric Psychiatry Center	16,684,989	16,367,167	(317,822)	98.10%
North Alabama Regional Hospital	13,857,514	13,569,995	(287,519)	97.93%
Searcy Hospital	50,954,887	47,838,267	(3,116,620)	93.88%
Taylor Hardin Secure Medical Facility	14,728,522	14,630,465	(98,057)	99.33%
Total	**171,541,321**	**164,896,479**	**(6,644,842)**	**96.13%**
Intellectual Disability Services Facility				
W.D. Partlow Developmental Center	51,695,594	46,047,830	(5,647,764)	89.07%
Total	**51,695,594**	**46,047,830**	**(5,647,764)**	**89.07%**
Community Programs				
Intellectual Disability Services	417,292,252	380,118,960	(37,173,292)	91.09%
Mental Illness Services	207,095,815	190,782,086	(16,313,729)	92.12%
Substance Use Disorder Services	53,852,503	40,228,135	(13,624,368)	74.70%
Total	**678,240,570**	**611,129,181**	**(67,111,389)**	**90.11%**
Administration				
Central Office	24,928,814	22,176,076	(2,752,738)	88.96%
Special Services	21,373,744	16,137,850	(5,235,894)	75.50%
Total	**46,302,558**	**38,313,926**	**(7,988,632)**	**82.75%**
Grand Total	**947,780,043**	**860,387,416**	**(87,392,627)**	**90.78%**

Expenditures & Encumbrances by Major Category



Intellectually Disability Services Facility 5%

Mental Illness Services Facilities 19%

Administration 3%

Special Services 2%

Community Programs 71%

General Operating Revenue

for FY09 as of September 30, 2009

	Budget	Actual	Difference	Percent
State Revenues				
Cigarette Tax	5,011,610	5,399,307	387,697	107.74%
Tobacco Settlement	4,638,697	3,258,718	(1,379,979)	70.25%
Special Education Trust Fund	29,504,532	29,504,532	0	100.00%
Special Mental Health Fund	208,023,340	200,711,388	(7,311,952)	96.49%
State General Fund	105,929,868	91,444,028	(14,485,840)	86.33%
Indigent Offenders Treatment	200,000	199,998	(2)	100.00%
State Match Funds - DHR	576,969	300,779	(276,190)	52.13%
Judicial Fines	0	53	53	
Total	**353,885,016**	**330,818,803**	**(23,066,213)**	**93.48%**
Federal, Local, Miscellaneous Revenues				
Other Income	10,644,247	10,176,990	(467,257)	95.61%
Restricted Funds (Donated)	13,174,869	10,434,683	(2,740,186)	79.20%
Medicaid, Title XIX Facilities	57,287,037	49,582,742	(7,704,295)	86.55%
Medicaid, Title XIX ID Community	323,386,136	285,398,947	(37,987,189)	88.25%
Medicaid, Title XIX MI Community	103,904,629	92,281,153	(11,623,476)	88.81%
Medicaid, Title XIX SA Community	3,387,317	1,958,064	(1,429,253)	57.81%
Medicaid, PL 100-203-Obra	844,583	731,505	(113,078)	86.61%
Medicare	18,723,292	16,880,306	(1,842,986)	90.16%
Federal Block Grants	40,714,381	30,242,793	(10,471,588)	74.28%
Other Federal Grants	21,468,661	17,167,104	(4,301,557)	79.96%
Total	**593,535,152**	**514,854,287**	**(78,680,865)**	**86.74%**
Other Items				
Departmental Receipts	1,500,000	1,500,000	0	100.00%
Funds Carry Forward	13,647,974	13,647,974	0	100.00%
Total	**15,147,974**	**15,147,974**	**0**	**100.00%**
Grand Total	**962,568,142**	**860,821,064**	**(101,747,078)**	**89.43%**

Revenues by Major Source

Cigarette Tax 1%
Special Mental Health Fund 24%
Special Education Trust Fund 3%
State General Fund 11%
Federal, Local, Miscellaneous 61%

About ADMH

How the Alabama mental health system works

The Alabama Department of Mental Health serves more than 200,000 Alabama citizens with intellectual disabilities, mental illnesses and/or substance use disorders each year through its state facilities or contract community providers. The department was formally established by ACT 881 in 1965 and is managed by a commissioner appointed by the governor. For many years, prior to 1965, it was a division of the Department of Public Health. Bryce Hospital in Tuscaloosa opened in 1861 and is nationally significant for its architectural design and progressive treatment innovations. Because of the *Wyatt V. Stickney* litigation begun in the early 1970's, Bryce Hospital stands as the birthplace for the civil rights movement for people with mental illness. To learn more about the rich history of mental health care in Alabama go to our Web site, *www.mh.alabama.gov/brycehospitalproject/default.aspx*.

To understand the mental health system and how the department operates, it is helpful to begin with the consumer and look at the way services are provided to assist the individual through a crisis and into recovery. Because ADMH serves populations with three very different illnesses, disorders and challenges, it is helpful to consider these populations one at a time.

Mental Illness

Mental illnesses are diseases of the brain that are both physiologically and psychologically based. Common mental illnesses include major depression, bipolar disorder, schizophrenia and anxiety disorders. Mental illnesses have a higher success rate of recovery than all other major illnesses combined. Although mental illnesses are highly treatable, in most cases, there is no cure. Symptoms of mental illness usually begin to manifest themselves slowly. For that reason, persons with mental illnesses may attempt to deal with the symptoms themselves without seeking professional help. Unfortunately, stigma often promotes fear and adds to the hesitancy of individuals seeking medical assistance in the early stages of the illness. If left untreated, a mental illness may become severe, resulting in a psychiatric crisis. Primary care physicians or hospital emergency rooms often become the first responders for people who find themselves in such a crisis. If the crisis has reached a level where the individual is a danger to himself or others, the local probate court may become involved and, following a medical evaluation and hearing, commit the person to the care of ADMH. The department has four acute care hospitals and contracts for short term crisis beds in the community. The goal of acute care treatment is stabilization and recovery. Upon discharge, most patients return home and are referred for continuing care through a community mental health provider. ADMH serves approximately 4,000 patients a year in state operated psychiatric hospitals and more than 100,000 people per year through community mental health providers.

Intellectual Disability

Individuals with intellectual disabilities usually participate in public school special education programs until age 21. As adults, they may qualify for ADMH community services. For many years, most Alabama citizens with intellectual disabilities were in one of the state's residential developmental centers. Gradually, more services were developed in the community and ADMH's residential developmental centers were downsized, consolidated and closed. In FY09 only one developmental center remained, the W. D. Partlow Developmental Center in Tuscaloosa. There are approximately 175 residents at the center, and there are plans to help as many of these individuals as possible live in the community. Although the department serves more than 6,000 individuals with intellectual disabilities through community contract providers, many families are on a waiting list for certain services as resources are unavailable to serve all individuals in need. As individuals "age out" of the public school system, families are faced with the challenge of helping their dependent at home or finding assistance through community programs. The lack of resources is a national problem, but each year progress is made to serve people off the waiting list based on criticality evaluations.

Substance Use Disorder

Federal studies indicate that more than 300,000 Alabama citizens are in need of intensive outpatient substance use disorder treatment every year. With the available resources, the department is able to provide services for approximately 25,000 per year. On any given day, there are more than 600 people who have been assessed to need treatment who are on a waiting list for services. Despite the overwhelming challenges, the Substance Abuse Services Division of the department has helped to establish 13 drug courts serving 19 counties and has plans to help establish treatment support for drug courts in all 67 counties. A Drug Court is an evidence-based practice that diverts non-violent offenders into treatment rather than incarceration. If the offender

is not compliant with treatment, the court has the option of sentencing the individual to incarceration. SASD also contracts with community providers across the state for prevention programs that, aim to keep people away from addictive substances and dependency.

Administration

Each of the three service divisions (Intellectual Disabilities, Mental Illness and Substance Abuse) within the department are supported by the Division of Administration and the Commissioner's Office executive staff. AD provides financial services and information technology support for all divisions, manages contracts and certification with providers and performs numerous other functions critical to providing services and ensuring accountability. The offices and bureaus under the Commissioner's Office assist the commissioner and provide essential support to constituents through advocacy, planning and other supportive activities. There also are numerous links to credible sources through the department's Web site that delve deeper into the particulars of mental health care on a national basis.

By working together with community providers and public-private partnerships, ADMH operates a complex healthcare system effectively and compassionately. The key thing to remember about ADMH is that it is all about people. From a high-level view, the department and the mental health system can be perceived as simply a bureaucracy. But a closer view reveals the human element with people helping other people who have been affected by an illness or disability reach their full potential. The department's slogan, *lifting life's possibilities*, summarizes this essential mission.

Mission

Lifting life's possibilities for Alabamians with intellectual disabilities, mental illnesses, and/or substance use disorders.

Vision

Lifting life's possibilities through a system of care and support that is consumer-driven, evidence-based, recovery-focused, outcome-oriented and easily accessible, with a life in the community for everyone.

Values

Respect, Collaboration, Professional Competency, Diversity, Accountability, Inclusion, Hope, Accessibility, Choice & Compassion.

Organizational Structure

- Governor
  - Commissioner
    - Division of Administration
    - Division of Intellectual Disabilities Services
    - Division of Mental Illness Services
    - Substance Abuse Services Division
    - Legal Services
    - Chief of Staff
    - Legislative & Constituent Affairs

The Alabama mental health system is comprised of services provided through state-operated facilities and a network of contract community service providers. The first few tiers of our organizational structure are depicted above. There are four divisions, each with an associate commissioner appointed by the commissioner. The commissioner is appointed by the governor. There are a total of 36 bureaus and offices as well as seven facilities.

Extensive information on how the department is set-up can be found on our Wikipedia page: *en.wikipedia.org/wiki/Alabama_Department_of_Mental_Health.*

ID Intellectual Disabilities

The Division of Intellectual Disabilities Services provides a comprehensive array of services to individuals and their families in the state through one state-operated residential developmental center, contractual arrangements with community agencies, five regional community services offices, and three comprehensive support services teams. The division's central office staff provide oversight and support in planning, service coordination, service delivery, fiscal operations, contracts, eligibility determination, monitoring quality enhancement of services, and the monitoring and certification of all community agencies that provide services to individuals with intellectual disabilities.

Administrative & Fiscal Operations

Most services provided by the ID division are funded, in part, through Medicaid. The Office of Administrative & Fiscal Operations is responsible for providing fiscal and technical assistance to the division in matters such as budgeting, revenue projections, contracts and purchasing. Because of the complex regulations and need for accountability, the assistance provided by AFO is invaluable to individuals, family members and the department.

Consumer Empowerment

For a number of years, the department has emphasized the importance of consumer-driven services. That is the reason consumers sit on major boards and committees, and are a vital part of the planning process. Additionally, the Office of Consumer Empowerment is directed by a consumer who is able to provide leadership and support in self-advocacy and self-determination initiatives statewide. CE also encourages individuals to participate in civic activities and thus become contributing citizens in their communities.

Psychological & Behavioral Services

When ADMH closed three of its four residential developmental centers, the Office of Psychological & Behavioral Services was established to provide professional support to community providers faced with the responsibility of assisting people who had benefited from institutional services. Three regionally-based comprehensive support services teams help provide medical and psychological care for individuals who need a particular level of care. PBS coordinates the implementation, training and monitoring of behavioral and psychological services in the state-operated developmental center and community agencies.

Quality & Planning

More than 98% of individuals with intellectual disabilities now receive services in the community. The Office of Quality & Planning is responsible for ensuring that optimally safe, efficient and effective care is provided by community agencies. QP certification teams require that program standards are maintained.

Systems Management

The Office of Systems Management was established to oversee and promote the development and use of the Alabama Division of Intellectual Disabilities Services Information System (ADIDIS) within the division and with community providers. The system provides more efficient tracking of billing, ensuring compliance with contracts and standards. The system also provides valuable data for future planning. SM also provides technical assistance to support division action on a wide range of topics including the waiting list, outcomes measurement and supportive employment for consumers. In addition, SM manages the coordination of child and adolescent services.

Waiver Services & Case Management

The Office of Waiver Services & Case Management handles the state Medicaid waiver programs that provide financial support for services to persons with intellectual disabilities. The office also manages intake, information and referral services, and the supervision of five regional community services offices that develop and coordinate services and supports in each area of the state.

MI

Mental Illness

The Division of Mental Illness Services partners with community contract providers to provide a comprehensive array of treatment, rehabilitative and support services across the state. More than 4,000 individuals are served annually in state-operated hospitals, while more than 100,000 receive services in certified community-based programs. The division promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.

Certification

When services are widely dispersed rather than centralized in large institutions, it is important to ensure that consumers have the opportunity for quality, evidence-based programs that meet professional standards. The Office of Certification conducts reviews on community providers to ensure that compliance with standards of operation and treatment are met. In addition to conducting on-site reviews, the staff provides technical assistance to providers to enhance compliance with the standards. This office also provides input for the planning and development of new services.

Community Programs

Most consumers are served in the community. Interacting with community providers is essential to a smooth continuum of care, particularly for individuals moving from a hospital setting into community services. The Office of Community Programs serves as the primary liaison between the department and community mental health providers. This office works to ensure that quality standards are met, the flow of funds and services are efficient, and that requirements attached to federal funds are in place.

Consumer Relations

The Office of Consumer Relations is managed by a consumer and provides information, technical support, and assistance to consumers and consumer organizations throughout the state. This office ensures that consumers have a voice in the ADMH planning process, management and service delivery system. Each year more than 900 consumers attend the Consumer Relations spring conference to learn about relevant issues, consumer empowerment and self-advocacy.

Deaf Services

Clear communication between doctor and patient, case management and client, and all relationships in mental health care is essential. The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of consumers who are deaf or hard of hearing. DS works to ensure that communication barriers are eliminated. Services are designed to be affirmative and supportive for those who traditionally have not been able to benefit from department services.

Facility Operations

In FY09, ADMH operated seven state psychiatric facilities. The Office of Facility Operations has administrative management responsibilities for all state-operated MI facilities. The office assists the Associate Commissioner for MI in monitoring and reporting operations efficiencies and serves as a central office point of contact for all ADMH facility directors.

Performance Improvement

The Office of Performance Improvement collects input from stakeholders, and coordinates activities for performance improvement efforts across the facilities and certified community programs. PI measures indicators related to standards of care and consumer satisfaction in facilities and community programs to identify trends, problems or opportunities for improvement.

SA Substance Abuse

Studies indicate that more than 300,000 Alabama citizens are in need of intensive outpatient substance use disorder treatment each year. With the available resources, ADMH serves approximately 25,000 individuals per year. The Substance Abuse Services Division provides development, coordination and certification of a comprehensive system of treatment and prevention services. The services are offered through community contract providers for substance use disorders. Responsibilities encompass contracting for services, monitoring service contracts, evaluating and certifying service programs according to departmental standards, and developing models for a continuum of treatment and prevention services.

Advocacy & Outreach Services

Empowering and assisting citizens in their own advocacy efforts has proven more effective than bureaucratically driven advocacy. The Office of Advocacy & Outreach Services serves as the liaison for community advocacy groups and ADMH's office of Public Information & Community Relations. Responsibilities include overseeing the Substance Abuse Advocacy Task Force and coordinating workshops statewide that advocate for prevention, treatment and recovery for all.

Billing & Contracts

Because ADMH does not have substance use disorder treatment facilities, all of our programs are contracted. The Office of Billing & Contracts manages all aspects of these processes. This includes client enrollment, contract utilization, claims adjudication, provider reimbursement, and the assembling of fiscal and statistical data for use in budgetary and program evaluations.

Certification & Training

All treatment programs must be certified by ADMH. This process assures that standards are met and quality services are provided as per the provisions of our contractual agreements. The Office of Certification & Training manages the community program certification process and provides technical assistance to providers as needed. This office also provides a comprehensive statewide training and workforce development program for all community programs.

Information Services

One goal of an efficient healthcare service delivery system is that it be outcome based and data driven. The Office of Information Services is responsible for data collection, dissemination and reporting for the division. Responsibilities also include managing the Alabama Substance Abuse Information System, reporting for the Treatment Episode Data Set and National Outcome Measures, and maintaining the waiting list and client profile summaries.

Prevention Services

When students hear a special presentation in school about the dangers of drugs, it is most likely presented by a contract provider of ADMH. The Office of Prevention Services manages all aspects of substance use disorder prevention, including services for people of all ages, Strategic Prevention Framework, Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco Sales to Minors Program), state incentive grant, regional information clearinghouses, and coalition development/support.

Treatment Services

The goal of treatment is sustained recovery for individuals whose lives have been sidelined by a substance use disorder. The Office of Treatment Services manages all aspects of substance use disorder treatment by interacting with the providers who perform services in the community. Coordination of services includes ensuring quality programs exist for distinct populations such as adolescents and adults, persons with co-occurring disorders (mental illness and substance use disorders), opiate placement therapy, and prescribed Medicaid services.

AD Administration

Although less than three percent of the ADMH budget is allocated to administrative functions, the services provided by the department must be delivered in a professional manner with a high degree of accountability. The Division of Administration provides support to the department's facilities and central office staff via several sections that specialize in finance, personnel, administrative support, information technology, contracts, professional development, asset management and nursing home screening services.

Administrative Support Services

It is imperative that accurate records and inventory be kept of equipment and property. Additionally important is the quick and accurate flow of documents and information. Administrative Support Services coordinates departmental printing, mail, property inventory, and distribution of office supplies. It includes the Document Services Center, Printing, Mailroom and Property Management.

Contracts

With more than 98% of consumers being served by contract providers, the role of the Contracts Office is paramount. Contracts issues Requests for Proposals required for professional services contracts and issues all contracts and amendments to contractors after appropriate reviews and approvals. This office expedites the contracting process and saves time and money by electronically sending/receiving information on contracts.

Data Management

Each service division is heavily dependent on the support of the Bureau of Data Management. Data Management provides technical support for ADMH information systems, including computer equipment, computer software, voice communication systems, data communication systems and video surveillance systems. The focus of the bureau is to utilize available resources to facilitate the implementation of cost-effective and efficient IT solutions.

Finance

The ADMH budget tops 900 million in state and federal dollars. The Bureau of Finance provides centralized accounting, financial reporting, budgeting, purchasing, vendor payments, and contract and grant financial management. The bureau includes Accounting Operations, Budgets and Analysis, Accounts Payable, Contracts and Grants Accounting, Purchasing, Special Projects, and Compensation Services (Payroll).

Human Resources Management

Without quality personnel, the ADMH mission would be severely compromised. With a national shortage of psychiatrists and nurses, recruitment becomes even more difficult and essential. The Bureau of Human Resources Management provides centralized personnel services, including coordinating the implementation of the recruitment plan, personnel policies and procedures, wage and class studies and much more. HR assesses personnel needs and actively recruits the most qualified and professional workforce available in order to provide quality patient care to consumers using department services.

Land & Asset Management

Most of the upkeep of the physical plant of state facilities is funded through land management revenue. The Office of Land & Asset Management manages the department's diverse range of real estate holdings throughout Alabama, oversees renovations/construction at its facilities, and attempts to maximize the use of these resources.

Life Safety & Technical Services

More than 100,000 consumers served by ADMH live in group homes operated by contract providers across the state. The Office of Life Safety & Technical Services is responsible for inspecting and certifying all community facilities and providing technical assistance for code compliance for all renovations or new construction projects for facilities that are already certified or will be seeking certification from ADMH. The goal is for consumers to have a safe, clean environment that is in compliance with ADMH standards, state building codes and the American Disabilities Act requirements.

Pre-Admission Screening

All applicants for nursing home placement in Alabama must be screened for mental illness and/or intellectual disability. The Office of Pre-Admission Screening is responsible for maintaining a system to regulate the screening of prospective nursing home residents and to ensure the appropriate placement of those individuals who have a serious mental illness and/or intellectual disability.

Staff Development

The Office of Staff Development coordinates, offers and supports a wide range of organized training and educational activities, programs, workshops, conferences and continuing education programs.

Many of the more than 2,800 ADMH employees require continuing education credits to maintain their licenses or certifications in a particular field. The office also facilitates compliance training for community programs and prospective community providers.

CO

Commissioner's Office

The commissioner of the department is appointed by the governor and has the statutory responsibility to direct all functions of the department. Various bureaus or offices that assist the commissioner or serve the overall department are assigned to the Commissioner's Office rather than a particular service division.

Chief of Staff

The Chief of Staff assists the commissioner in managing and monitoring several key areas of the department regarding major policies or issues facing the department. Often engaged in special assignments, the COS serves as one of the main advisors to the commissioner. The COS supervises the activities of the eight areas listed on the next page.

Legal Services

This office represents the department in litigation, plans legal strategies and protects the department's interests in its efforts to provide services. Staff is available to advise departmental staff on situations with legal implications and to answer questions and develop appropriate responses to the public, the news media and others.

Legislative & Constituent Affairs

The Office of Legislative & Constituent Affairs is responsible for developing, negotiating and monitoring legislation that may impact department operations and/or services. This office also serves to keep staff and constituents up-to-date on legislative developments and responds to inquiries across the state as they relate to mental illness, intellectual disabilities, and substance use disorder matters.

Alabama Council for Developmental Disabilities

The department serves as the designated state agency for the Alabama Council for Developmental Disabilities. The council was established by the governor through an Executive Order to meet the requirements of the Federal Developmental Disabilities Assistance and Bill of Rights Act. ACDD's function is to increase the independence, productivity, inclusion and community integration of people with developmental disabilities. Learn more about ACDD at: *www.acdd.org*.

Certification Administration

The Office of Certification Administration is responsible for certification of all community facilities providing services to ADMH consumers. The office processes certification applications and provider plans of action, coordinates and schedules comprehensive site visits, compiles site visit reports and certificates for distribution, and maintains a database of all community programs.

Children's Services

The Office of Children's Services is responsible for the coordination of service delivery to children and adolescents whose needs cross the three service divisions. It works closely with each division in the development of new initiatives that enable the department to move toward a more comprehensive system of care for children and adolescents with mental illnesses, intellectual disabilities and substance use disorders.

Nurse Delegation Program

This office provides direction and oversight to the Nurse Delegation Program that was developed in response to regulatory changes implemented in the Nurse Practice Act of December 2005. The nurse practice regulations now allow trained nurses to delegate medication administration to trained unlicensed persons employed in department-certified community programs. The office is responsible for coordinating and/or conducting training for nurses, agency administrators and department site certification teams.

Policy & Planning

Planning begins with grassroots meetings at the local level. These meetings are designed to include consumers, family members, providers, public officials and the public at large. Local suggestions are then incorporated into regional plans, which are essential to the development and implementation of departmental policies, strategic plans and special projects. The Office of Policy & Planning coordinates these meetings and other elements of the ADMH plan. This office also monitors policy compliance, develops and monitors grant activities, and coordinates activities of the department's management steering committee and coordinating subcommittees.

Public Information & Community Relations

The Office of Public Information & Community Relations strives to create awareness and educate the public about the department's mission and initiatives, as well as other mental health related issues through printed materials, the web and audio/visual presentations. PICR develops public education media campaigns (much the same as an ad agency) designed to overcome stigmas often faced by consumers. In addition, when there are issues of interest to the media, the staff drafts responses on behalf of the department. Often PICR works in partnership with other agencies or stakeholders in developing and disseminating educational materials.

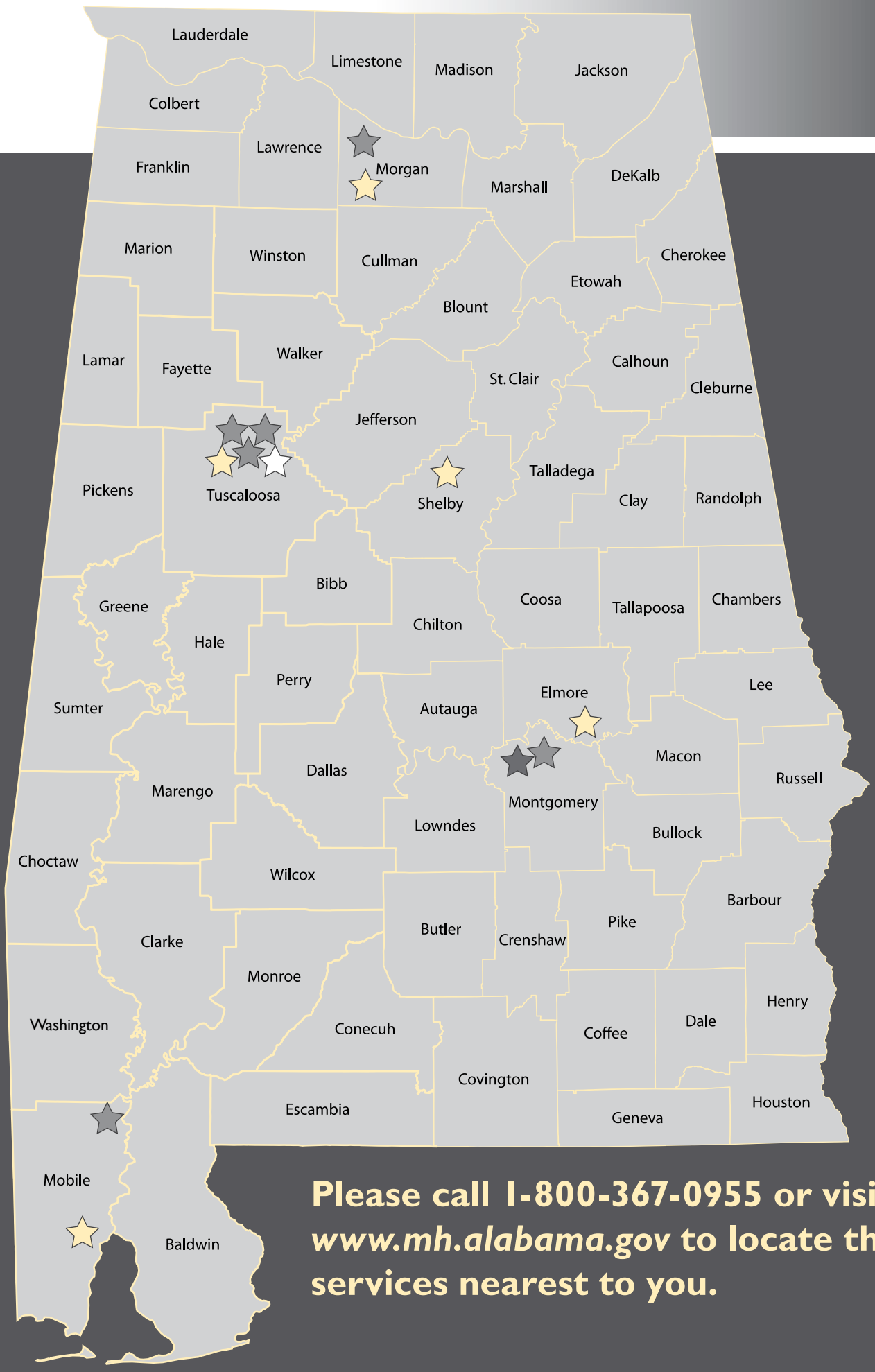
Rights Protection & Advocacy

The internal advocacy program, working out of five service area offices around the state and in ADMH central office, provides a non-adversarial system of rights protection and advocacy that focuses on rights awareness and prevention of rights violations for consumers. Advocates provide services such as information and referral, rights complaint investigations and resolutions, state facility compliance monitoring, community program certification services, and rights education and training programs.

Special Investigations

By statute, the department has its own internal investigative law enforcement agency with jurisdiction on the department's properties. The Bureau of Special Investigations is also responsible for advising and assisting facility police during investigations, conducting training seminars, and conducting background investigations on persons seeking to provide services for consumers placed in the community.

1-800-367-0955



Please call 1-800-367-0955 or visit *www.mh.alabama.gov* to locate the services nearest to you.

ADMH Services Information

Central Administration

Central Office, located in Montgomery, is comprised of management and support personnel that facilitate all of the mental health services statewide that are provided through either state-operated facilities or community mental health centers. Budget management, planning, legal representation, advocacy, consumer empowerment, information technology, and certification are but a few of the functions conducted by the 36 offices and/or bureaus operating in central office.

Fewer than 200 of the 2,800 Alabama Department of Mental Health employees are housed at central office; included are the Commissioner and his staff, as well as the Associate Commissioners for each division. Most ADMH employees are medical and direct care staff who work in our facilities.

Intellectual Disabilities Services

W. D. Partlow Developmental Center

capacity: 240 | served: 192 | admissions: 11 | discharges: 32

Tuscaloosa | only state-operated residential center for individuals with intellectual disabilities

Region I

served: 1,433

Decatur | provides community services for citizens in the northern part of the state; serving 13 counties

Region II

served: 1,040

Tuscaloosa | provides community services for citizens in the west central part of the state; serving 13 counties

Region III

served: 1,103

Mobile | provides community services for citizens in the southwestern part of the state; serving 10 counties

Region IV

served: 1,393

Wetumpka | provides community services for citizens in the southeastern part of the state; serving 20 counties

Region V

served: 1,294

Birmingham | provides community services for citizens in the east central part of the state; serving 11 counties

Regional offices help connect families with appropriate community contract providers, as well as an array of clinical services through comprehensive support services teams.

Mental Illness Services

Alice M. Kidd Nursing Facility

capacity: 30 | served: 35 | admissions: 5 | discharges: 33*

Tuscaloosa | nursing home care for elderly citizens throughout the state (placed by inpatient state psychiatric hospitals)

Bryce Hospital

capacity: 318 | served: 934 | admissions: 587 | discharges: 581

Tuscaloosa | regional inpatient psychiatric services for adult citizens in the north central part of the state; for adolescents throughout the state

Greil Memorial Psychiatric Hospital

capacity: 76 | served: 409 | admissions: 325 | discharges: 321

Montgomery | inpatient psychiatric services for adult citizens in the south central part of the state; deaf or hard of hearing specialized psychiatric unit

Mary Starke Harper Geriatric Psychiatry Center

capacity: 96 | served: 418 | admissions: 311 | discharges: 292

Tuscaloosa | inpatient psychiatric services for elderly citizens throughout the state

North Alabama Regional Hospital

capacity: 74 | served: 665 | admissions: 565 | discharges: 596

Decatur | regional inpatient psychiatric services for adult citizens in the northern part of the state

Searcy Hospital

capacity: 325 | served: 1,071 | admissions: 717 | discharges: 691

Mt. Vernon | regional inpatient psychiatric services for adult citizens in the southern part of the state

Taylor Hardin Secure Medical Facility

capacity: 115 | served: 218 | admissions: 101 | discharges: 83

Tuscaloosa | comprehensive psychiatric evaluation/treatment for criminally committed citizens throughout the state; forensic evaluations

Substance Use Disorder Services

The department has the responsibility of funding and certifying substance use disorder treatment and prevention services statewide. All substance use disorder programs must adhere to minimum standards of care prescribed by ADMH. Substance use disorder services are not offered at our state-operated facilities; all substance use disorder services are provided through contracts with community providers. Through these community partnerships, ADMH assists thousands of Alabamians each year.

**Alice M. Kidd Nursing Facility closed during FY09. It was in operation until 07/31/09.*

Directory

Division of Intellectual Disabilities Services 334-242-3701 | Fax: 334-242-0542

334-242-3766 Administrative & Fiscal Operations
334-353-7032 Consumer Empowerment
334-242-3783 Psychological & Behavioral Services
334-353-7045 Quality & Planning
334-242-3719 Systems Management
334-242-3737 Waiver Services & Case Management
205-553-4550 W.D. Partlow Developmental Center
256-552-3720 Region I Community Services
205-554-4155 Region II Community Services
251-478-2760 Region III Community Services
334-514-4300 Region IV Community Services
205-916-0400 Region V Community Services

Division of Mental Illness Services 334-242-3642 | Fax: 334-242-3025 / 242-0796

334-242-3732 Certification
334-242-3200 Community Programs
334-242-3456 Consumer Relations
334-353-4703 Deaf Services
334-242-3643 Facility Operations
334-242-3208 Performance Improvement
205-759-0682 Bryce Hospital
334-262-0363 Greil Memorial Psychiatric Hospital
205-759-0900 Mary Starke Harper Geriatric Psychiatry Center
256-560-2200 North Alabama Regional Hospital
251-662-6700 Searcy Hospital
205-556-7060 Taylor Hardin Secure Medical Facility

Substance Abuse Services Division 334-242-3961 | Fax: 334-242-0759

334-353-4362 Advocacy & Outreach Services
334-242-3959 Billing & Contracts
334-242-3967 Certification & Training
334-242-3969 Information Services
334-242-3954 Prevention Services
334-242-3956 Treatment Services

Division of Administration 334-353-3895 | Fax: 334-353-9165

334-242-3931 / 242-3934 Administrative Support Services
334-353-7440 Contracts
334-242-3305 Data Management
334-242-3992 Finance
334-242-3112 Human Resources Management
334-353-7215 Land & Asset Management
334-353-7601 Life Safety & Technical Services
334-242-3946 Pre-Admission Screening
334-242-3177 Staff Development

Commissioner's Office 334-242-3107 | Fax: 334-242-0684

334-242-3973 / 800-232-2158 Alabama Council for Developmental Disabilities
334-353-2069 Certification Administration
334-353-7110 Children's Services
334-242-3038 Legal Services
334-242-3107 Legislative & Constituent Affairs
334-242-3217 Nurse Delegation Program
334-353-9244 Policy & Planning
334-242-3417 Public Information & Community Relations
334-242-3454 / 800-367-0955 Rights Protection & Advocacy
334-242-3274 Special Investigations

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