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## After mental hospital closures, funding and space concern advocates

By Mary Sell Montgomery Bureau Nov 5, 2017



Townsend  
DANIEL GILES

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MONTGOMERY — When state officials proposed closing several mental health hospitals five years ago, including one in Decatur, organizations like The Arc of the Shoals supported the idea.

The Arc officials believe people are better treated at smaller facilities and thought the millions of dollars saved from closing the large institutions would mean more funding for The Arc, which provides services for people with intellectual disabilities.

“It was our impression that we’d get more adequate funding in the community for everyone because the (Alabama Department of Mental Health) would save a lot of money, and that just hasn’t happened,” said Murray Townsend, development and community resource director for The Arc.



Cain

The Arc serves a different population than the mental hospitals, but both receive funding from the Department of Mental Health. The Arc’s state funding has increased a total of 4 percent in the last 18 years, Townsend said.

Three mental health hospitals have closed since 2012, including North Alabama Regional Hospital in Decatur. When plans were announced, officials pledged the patient beds and support services would be replaced in community-based centers, which could provide better care for less money.



In August, this newspaper asked the department for information about the number of state-funded beds available to those needing psychiatric treatment today compared to previous years. More than two weeks ago, a public records request for the same data



Woodroof

was sent to the department. A spokeswoman said Friday DMH is in the process of filling the request.

There are 504 beds available in the state's remaining three mental health hospitals, but information about the number of beds in community-based centers wasn't yet available from DMH as of Friday.

In a letter to lawmakers early this year, Jim Dill, executive director of the Alabama Council of Community Mental Health Boards, said 500 beds have been lost at state hospitals since 2012, but only 370 have been created within community-based centers.

Several small, short-term crisis intervention units have been created for the 20-county area previously served by North Alabama Regional, and the state still has a shortage of long-term beds.

"When the hospitals were closed, the state replaced those with crisis stabilization units," said Bill Giguere, development officer at the Mental Health Center of North Central Alabama in Decatur. "But there is a challenge for long-term beds.

"We do not have the same capacity in this state for long-term care for people with a serious mental illness."

Dill said at least 400 additional beds are needed statewide to meet current needs. An estimate last year put the cost of those beds and support services at about \$54 million.

Dill said a 2009, \$35 million cut in General Fund appropriations for Mental Health is part of the problem and has asked lawmakers for funding for the 400 new beds.

Mental Health's total funding, including federal and local money, appears to have increased recently, according to Executive Budget Office records. It was \$864 million in fiscal 2008 and down to \$851 million in 2013 but increased to \$916.8 million in 2016.

According to DHM's annual reports, it spent a total of \$785 million

on community programs in 2016: \$225 million for mental illness treatment — down from \$231 million in 2012; \$484.5 million for developmental disabilities — up from \$412 million in 2012; and \$45 million for substance abuse disorders, down from \$46 million in 2012.

It spent \$94.1 million on the remaining state mental health hospitals in 2016.

### **Local need**

In 2012, DHM officials, who are no longer with the department, said no one who needed ADMH service would be turned away because of the hospital closures. And patients hospitalized by court order still would be sent to DMH facilities.

Limestone County Probate Judge Charles Woodroof last week said he's seen an increased wait time between a patient's involuntary commitment order and his or her placement in one of the state's crisis stabilization units in north Alabama.

"What we've seen without a doubt that the court faces, and families who are seeking assistance face, is the availability of beds," Woodroof said.

In July, Morgan County Commission Chairman Ray Long said the closure of the state hospitals was creating an unfunded mandate on the county and increasing its mental health costs.

Morgan County Probate Judge Greg Cain agreed, saying if no state bed is available, the county has to send involuntary commitments to Decatur Morgan Hospital West until a state bed is available.

If the patient doesn't have health insurance, Medicare or Medicaid, the county picks up the bill, paying the hospital Medicaid rates, Cain said.

Meanwhile, the new crisis stabilization units created when the hospitals closed are not meant for long-term care.

“The goal, as I understand it, is to reach stabilization as soon as possible with medication and therapy and get the individual back to their home or to a group home or another setting,” Woodroof said.

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mary.sell@decaturdaily.com. Twitter @DD\_MarySell.