

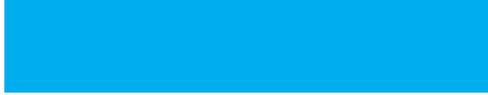


Bridging the Gap



Annual Report FY11

Alabama Department of Mental Health
RSA Union Building | Post Office Box 301410 | Montgomery, Alabama 36130-1410
1-800-367-0955 / 334-242-3454 | www.mh.alabama.gov





FY11

Bridging the Gap

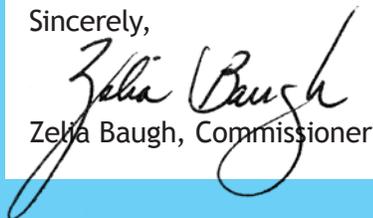
Dear Governor Bentley,

It is my privilege to present the Alabama Department of Mental Health's Annual Report for FY11. We were able to turn many challenges into opportunities as we continued our mission of providing services for Alabama citizens with mental illnesses, intellectual disabilities and/or substance use disorders. In my first weeks as commissioner, I shared a new vision for the department and set upon implementing various changes to the way the department functioned. I inherited a \$49 million projected shortfall in the mental health budget at the time of my appointment in January 2011. Much of that shortfall was associated with the operation of our six psychiatric hospitals and the W. D. Partlow Developmental Center. Immediately, our team went to work to identify operational savings that would not impact patient care. By late summer we had significantly reduced the deficit by more than half.

In addition to achieving savings through operational efficiencies, the department needed to move forward in achieving its mission of providing a life in the community for everyone. For many years, ADMH has attempted to follow the national best practice trend of shifting resources for the treatment of those with mental illnesses and intellectual disabilities to community-based care. This movement is not only based on advances in treatments that allow comprehensive care in community settings, but also on the principle that treatment in a person's community is far less isolating and much more conducive to recovery than institutional care. It is the right thing to do for consumers, and it is good public policy.

Near the end of FY11, I announced plans to hold town-hall style Meet and Greets across the state during the first part of FY12. My goal is to link consumers and family members with their local officials and legislators. Nothing is better than open discussion with people receiving services to gauge how well we are doing as a system. I hope these meetings will contribute significantly to our work in FY12.

Sincerely,



Zelia Baugh, Commissioner

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Challenge: Life in the Community

FY11

Opportunities

- 1 *Follow National Trends*
- 2 *Provide Assistance*
- 3 *Increase Awareness*

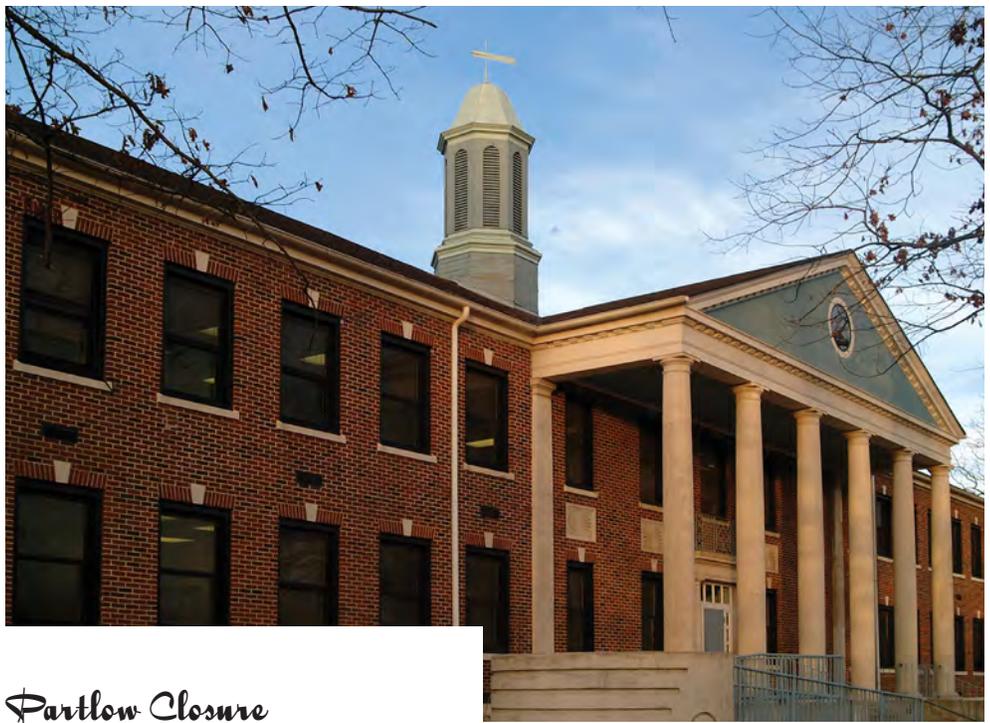
Inclusion. Acceptance. A sense of being a valued member of a community. These are things people from all walks of life want, especially people the department serves. Many times individuals with mental illnesses and/or substance use disorders struggle to regain these aspects of their lives in their recovery journeys. Unfortunately, those with intellectual disabilities sometimes have to prove that they deserve these rights in the first place.

Throughout FY11, ADMH demonstrated the benefits of a life in the community. Much of this stemmed from the closing of the W.D. Partlow Developmental Center. Other opportunities to promote this message came out of extended care transition efforts and an expansion in substance abuse peer support services. Supporting and promoting different advocacy efforts across the state and across service populations also gave the department and the people it serves the opportunity to show the importance of an inclusive life in the community.

On March 4, 2011, the department announced the closure of the W.D. Partlow Developmental Center in Tuscaloosa. The closure announcement represented the culmination of advancements made since the 70s in the community system of care for persons with intellectual disabilities. It was also the final step in a long-sought-after goal of enabling all persons with intellectual disabilities to live in their communities.

The W.D. Partlow Developmental Center had been in operation since 1923. For many years, residential facilities were a viable alternative for individuals who could not be cared for by their families. For others who were indigent or who had no family, institutions were the only option. Apart from an era when institutions across the country became overcrowded, developmental centers had their place in the evolution of care for persons with intellectual disabilities.

However, as community services were developed, institutions downsized and many have closed. At the time of the closure announcement, 11 other states had closed all their public institutions for



Partlow Closure

persons with intellectual disabilities. Alabama would go on to become the first state in the South to achieve this milestone.

While stewardship of individual care took precedence over any other factors related to the closure, the department also had fiscal responsibility to the taxpayers to administer the highest level of services in the most cost-efficient manner possible. The cost per year to serve individuals at Partlow

was more than twice the cost of providing the same services in the community. In 2010, the department spent approximately \$280,000 per person at Partlow compared to an average annual cost of approximately \$110,000 per year for equivalent community services. The majority of persons living in the community are served in ADMH-certified homes that are fully staffed with services designed to meet each client's unique needs.

*"Our first priority is to the people we serve: their health, safety and quality of life."
Commissioner Baugh*

Extended Care Transition

In FY11, the Extended Care Transition Initiative continued to provide a life in the community to persons with mental illnesses. This initiative started in FY09 and continued into FY10. It began with the department partnering with several mental health centers to develop community-based services appropriate to serve patients from Bryce and Searcy Hospitals' extended care (long-term) units.

Much of FY11's work on this initiative involved the actual transitioning of patients to community care. By July 2011, Region 4, transitioning Searcy Hospital's patients, had met its target average daily census. Region 2, transitioning Bryce Hospital's patients, was close to its target.



SA Peer Support

In FY11, efforts were made to expand substance abuse peer support services statewide. The department included peer support services in its updated standards for the operation of substance abuse treatment programs in the state. (More about standards can be found in the “Providing Best Services” section further in this report). This action established requirements and instructions for providers to utilize peer support specialists as part of their services.

In addition, ADMH provided \$50,000 in funding to FORMLL: Friends of Recovery, Morgan, Madison, Lawrence, Limestone, Cullman and Randolph counties, to advance peer support services. FORMLL held a number of trainings throughout the year, and cultivated a host of new peer support specialists in their areas.

Substance abuse peer support services are non-clinical, strength-based, self-directed services designed and delivered by peers in recovery. Peer support specialists assist individuals and/or their family

members, significant others, and allies to initiate and/or sustain recovery from alcohol and other drug use and improve one’s wellness. Peer support services enhance the use and effectiveness of treatment across the continuum of care from professional services to mutual aid/recovery support groups and the recovery community.

Peers can be a guide and role model for long-term recovery. Peer support specialists have experienced similar trials and understand the realities of living with a chronic health condition, but are inspirational and provide hope because of their own recovery. They provide caring services individually and/or in small groups. Specific services vary based on one’s interests, strengths and abilities.

Fundamentally, peer support specialists help others choose their own recovery goals and associated steps, access culturally-appropriate resources and continue a recovery community-supported, yet self-directed, wellness process. Peer support specialists may set

up and run mutual-help groups, meet with people in their homes or other community setting, or interact via the telephone or internet.

Research shows that integrating this unique peer role into services significantly improves treatment efficiencies and outcomes, enhances recovery communities, and strengthens individuals’ sustainable recovery and progressive wellness.





Advocacy Efforts

ADMH prides itself in its support of advocacy efforts statewide, and FY11 was no exception. For more than 20 years, September had been recognized as National Alcohol and Drug Addiction Recovery Month to celebrate the accomplishments of individuals in recovery from substance use disorders. In 2011, the observance evolved to include all aspects of behavioral health and became known as National Recovery Month. Recovery Month spreads the positive messages that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover from substance use disorders, mental health issues and co-occurring disorders.

Governor Robert Bentley proclaimed September as Recovery Month in Alabama. ADMH's Division of Mental Health and Substance Abuse Services, along with many advocacy groups and community partners, coordinated more than 14 rallies, runs, luncheons and other events statewide to celebrate.

Another highlight of the year for many consumers across the state is the Alabama Recovery Conference. In FY11, the 19th annual conference did not disappoint as it featured three days of education and fellowship for consumers in recovery from mental illnesses.

More than 800 consumers attended and heard nationally-known speakers. They also participated in a host of workshops on consumer issues and interests, many of which focused on empowerment. Social events, including a talent show and dance, were also a big hit.

Finally, in October 2010, People First of Alabama and The Arc of Alabama came together to host the 2010 Disability Conference with the theme "Forging a New Civil Rights Movement: Declarations of Independence." The event, which counted ADMH among its many co-sponsors, invited persons with disabilities, family members and caregivers, certified mental health professionals, social workers, counselors and rehabilitation professionals to participate in workshops focusing on self-advocacy efforts for people with disabilities.

More than 300 people attended and in addition to the valuable workshops, heard Samuel R. Bagenstos with the Civil Rights Division of the U.S. Department of Justice present the event's first keynote speech, "A New Civil Rights Movement." Chester Finn, president of the national organization Self Advocates Becoming Empowered gave the closing speech, "The State of Self Advocacy."





Challenge: Providing Best Services

FY11

In times of great budget constraints and uncertainty, sometimes the focus on quality can be overlooked. That was definitely not the case at ADMH during FY11. Central to ADMH's work was its mission of lifting life's possibilities for the Alabamians it serves, in addition to aspects of the department's vision such as providing evidence-based, outcome-oriented and easily-accessible services.

FY11 saw many positive enhancements for the department's consumers and stakeholders, including the implementation of several best practices in each of the department's service divisions. With a renewed emphasis on customer service, ADMH proved its commitment to offering its stakeholders the best possible services.

Opportunities

- 1 *Apply Evidence-Based Methods*
- 2 *Emphasize Quality*
- 3 *Implement Operational Efficiencies*



Merger of Mental Illness and Substance Abuse Divisions

The integration of mental health and substance abuse treatment is at the forefront of a national trend toward a more holistic approach to wellness. Studies have shown that between 40 and 60 percent of people with serious and persistent mental illnesses also have substance use disorders. Advances in understanding mental illnesses and substance use disorders have led to a clear understanding that, while these diseases are strongly interactive and inter-related, systems of care have historically treated them separately.

This fragmented approach often results in missed opportunities to provide behavioral health services for the overarching needs of individuals. For people with co-occurring mental illnesses and substance use disorders, access to effective treatment can be the difference between a sustained recovery and a prolonged struggle.

In a strategic move to more effectively meet those needs, ADMH instituted the merger of the Division of Mental Illness Services and the Division of Substance Abuse Services into one division in March 2011. This merger allowed the department to break down service silos that tend to develop between divisions. It also allowed for a cross-trained, shared workforce that provides best practice treatments for individuals with co-occurring disorders.

Additionally, the merger more

closely aligned ADMH's departmental structure with federal priorities and funding streams designed to promote holistic, sustained recovery. The separate federal block grants to states for substance abuse and mental illness services will soon be submitted and funded as one grant that delivers services to individuals to promote recovery, mental health and wellness.

Several steps were taken throughout FY11 towards completing the merger. A task force of stakeholders including providers and consumers was developed and charged with generating a comprehensive plan for systems integration. Through a rigorous process of establishing a common vision and mission, developing unified policies and procedures, and realigning staff roles and responsibilities, systems integration will continue to be a work in progress throughout FY12 and FY13.

A second step involved numerous consumers, stakeholder group representatives, and providers attending a Vision Day meeting in August 2011 to give input on the vision for the newly-merged division. The event was the first in a series of discussions about specific actions that could be implemented immediately, but also focused on where the division should be in five years. Attendees commented that the event elicited good discussion, and opened the door to begin

thinking about goals and processes to achieve those goals.

A final step towards the merger began as an internal "Name the Division" challenge, which was soon opened up to all stakeholders statewide in August 2011. Ballots were sent to stakeholders to vote for some suggested names of the merged division or suggest one of their own. Votes were compiled, and the top three names were presented for a final vote. Out of this process came a consensus for the "Division of Mental Health and Substance Abuse Services."



Substance Abuse Standards

Substance abuse standards are formal rules issued by the department that set forth minimum requirements for the operation of substance abuse treatment and prevention programs in the state. ADMH standards are published in the Alabama Administrative Code and serve as the reference guide for program certification. The process of certification protects public welfare, and signifies that a program is safe, staffed appropriately, and provides services based upon generally accepted procedures for prevention and treatment of substance use disorders.

In FY11, the department's Division of Mental Health and Substance Abuse Services continued efforts to update treatment standards and prepare them for implementation. These standards apply to programs

that provide services for individuals with diagnosed substance use disorders. The programs strive to lessen debilitation resulting from alcohol abuse and addiction.

Work on ADMH's new standards for substance abuse programs began in 2007 and focused on incorporating the criteria and levels of care from *The American Society of Addiction Medicine Patient Placement Criteria (PPC) 2R*. ADMH adopted ASAM to establish a common language among treatment providers, comply with block grant funding requirements, promote individualized treatment matching for clients, and improve not only the quality of assessments and treatments, but also the quality of treatment planning.

Adopting the ASAM criteria also allowed ADMH to move from a diagnosis and program-driven

treatment approach to a person-centered and self-directed approach. This approach builds on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems. Through the work of many dedicated substance abuse stakeholders, the updated treatment standards went out for public comment during the latter part of FY11, with implementation scheduled for FY12.



New Hospital

A groundbreaking ceremony for the state's new psychiatric hospital, to be located on 18 acres of the south portion of the W.D. Partlow Developmental Center property in Tuscaloosa, was held in October 2010. The floor plan of this new hospital was developed using evidence-based design principles that are state-of-the-art by national standards. Evidence-based design is a field of study that emphasizes the importance of using credible

data in order to influence the design process. Evidence-based design inherently lends itself to the provision of quality services. The approach has become popular in healthcare architecture in an effort to improve patient and staff well-being, treatment processes, stress reduction and safety.

The layout of the hospital provides a less institutional feel and incorporates therapeutic design features that replicate life outside

the facility. A treatment mall will include barber and beauty shops, a canteen, fitness room and gym, as well as spaces for patient advocates and therapy areas. These areas were designed to help prepare patients to re-enter community life.

Excavation and infrastructure work on the site began in FY11. A new entrance and road with access from Helen Keller Boulevard were first to be completed. The department, as previously announced, entered into an agreement with the University of Alabama for the university to manage construction of the facility. ADMH's goal is for the hospital to be operational by 2013.



Emphasis on Customer Service

In addition to creating a more efficient organization, another of Commissioner Baugh's main goals is to deliver a higher quality of customer service to all ADMH stakeholders. In FY11, the organization was challenged to deliver quick responses to emails, phone calls and requests. Facilities placed a renewed emphasis on respectful and friendly service to patients and family members. Community providers were asked

to do the same so that the entire continuum of care would share this customer service focus.

Better customer service also came in the form of providing easier access to information. Historically, community service provider certification scores for services to people with mental illnesses, intellectual disabilities and substance use disorders have been made available by the department upon request, as they are public

information. In an effort to make these scores more accessible, ADMH posted the list of the most current community service provider site visit scores on its website. Now scores can easily be found online by type of service, county, city, center name or any combination of those choices.

We will continue to strive for excellence and develop a more streamlined system to provide better access to care with measurable outcomes that are recovery-based and data-driven.

Commissioner Baugh

Best Practices

Best practices are methods or techniques that have consistently shown results superior to those achieved through other means, and they are often used as benchmarks. The Division of Mental Health and Substance Abuse Services' Child and Adolescent Needs and Strengths (CANS) Functional Assessment Tool is a perfect example of a best practice. This tool, which the division began using in October 2010, is a validated instrument that

further strength-based, person-centered treatment planning by focusing on the strengths and needs of the family and child. It also allows for the collection and use of measurable performance-based National Outcome Measures.

The first step in implementing CANS involved training community mental health centers on how to use the tool. A "train the trainer" program was established, and more than 100 "super users" across the

state and every community mental health center were certified to train other staff. Within months, all provider staff members were trained and certified to use CANS. During this time, a web-based application was developed by the department's Bureau of Information Technology Services to allow providers to administer CANS and capture

[Continued on Page 10 >](#)

Best Practices (cont.)

data. This application also allowed providers to enter data online and directly submit it to ADMH.

Once staff members were trained and began using the CANS tool, they were able to take advantage of outcome measures. Providers began receiving reports that displayed the results of each consumer's CANS and change over time, which therapists used to monitor individual progress. Quarterly meetings were held with CANS super users to review use of this data and provide quality improvement. Future plans for the CANS tool include one-year anniversary data reporting and the development of a training website so certification and recertification processes can be completed online through ADMH's website.

People with intellectual disabilities, their families and advocates often make the case that employment opportunities are best practices in terms of enhancing life in the community. The Division of Developmental Disabilities continued identifying and providing employment opportunities in FY11. Two grants funded through the Alabama Department of Rehabilitation Services came to an end, but established a wealth of educational and grassroots efforts.

ADMH received stimulus funds to start supported employment in five

unserved rural areas of Alabama. The West Alabama Mental Health Center and Ability Alliance of West Alabama began services in Sumter, Hale, Green, Bibb and Pickens counties. Consumers participated in community-based assessments, and received job development and placement services, as well as job coaching services.

A second grant funded through ADRS allowed for an Employment First training. Consultants from Virginia Commonwealth University presented comprehensive training to individuals interested in improving and expanding supported employment in Alabama. In addition, a Supported Employment Resource Guide for self-advocates, family members and professionals was developed and distributed throughout the state.

While some job development activities were wrapping up, others were just getting underway. A grant from The National Association of State Mental Health Program Directors enabled ADMH to conduct a cross-systems needs and resource assessment with provider agencies, consumers and families. The results of the assessment were utilized to develop an Employment Advisory Committee. NASMHPD's grant also funded a statewide training program for consumers and family members, EAC members, ADMH staff, community providers and other stakeholders. Finally, ADMH received a grant through the Alabama Council for Developmental Disabilities for the development of an Employment First initiative to begin in FY12.

The success of statewide drug courts presented an opportunity for ADMH's Division of Mental Health and Substance Abuse Services to implement a best practice by providing additional treatment services. A drug court is a special court given responsibility to handle cases involving substance-abusing offenders through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives. Drug courts offer individuals facing criminal charges for drug use and possession an opportunity to enter a substance abuse recovery program in lieu of straight jail time.

ADMH realized the importance of having treatment support in every county where there is a drug court. After studying each county's services, the department found there were fifteen counties with no intensive outpatient treatment services. ADMH sent out RFPs to set up treatment services in these counties by providing \$50,000 in funding for each county's services. By the end of FY11, all counties that operated drug courts had the support of intensive outpatient treatment services in their area.



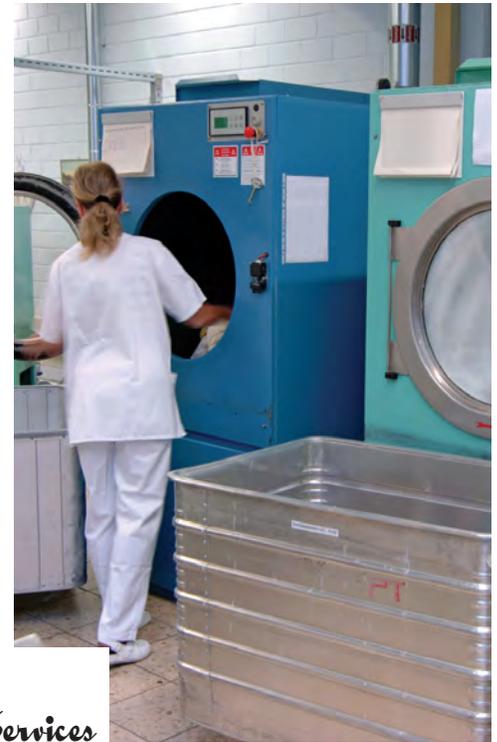
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Streamlining Services

Within weeks of Commissioner Baugh's arrival, an electronic suggestion "box" was launched on the department's website. Employees could send in suggestions and remain completely anonymous. Many suggested eliminating unnecessary steps and rules that had developed over the years. Some suggested discarding unnecessary vehicles and equipment, and others had ideas regarding staffing and facility maintenance. In a matter of weeks, many of these ideas were implemented in addition to others identified by ADMH leadership.

A number of contract clinical staff accepted offers to become full-time state employees. Through this action and the fine-tuning of schedules, the cost of personnel was drastically reduced by virtually eliminating overtime costs for the department's hourly employees.

Old vehicles and equipment were sent to the state salvage warehouse for sale, and analysis confirmed that purchasing necessary vehicles was more cost efficient over time than lease agreements. The size of forms and documents were reduced to save printing costs and time. Travel expenses were also reduced, and more meetings were held via conference calls and videoconferencing technology.



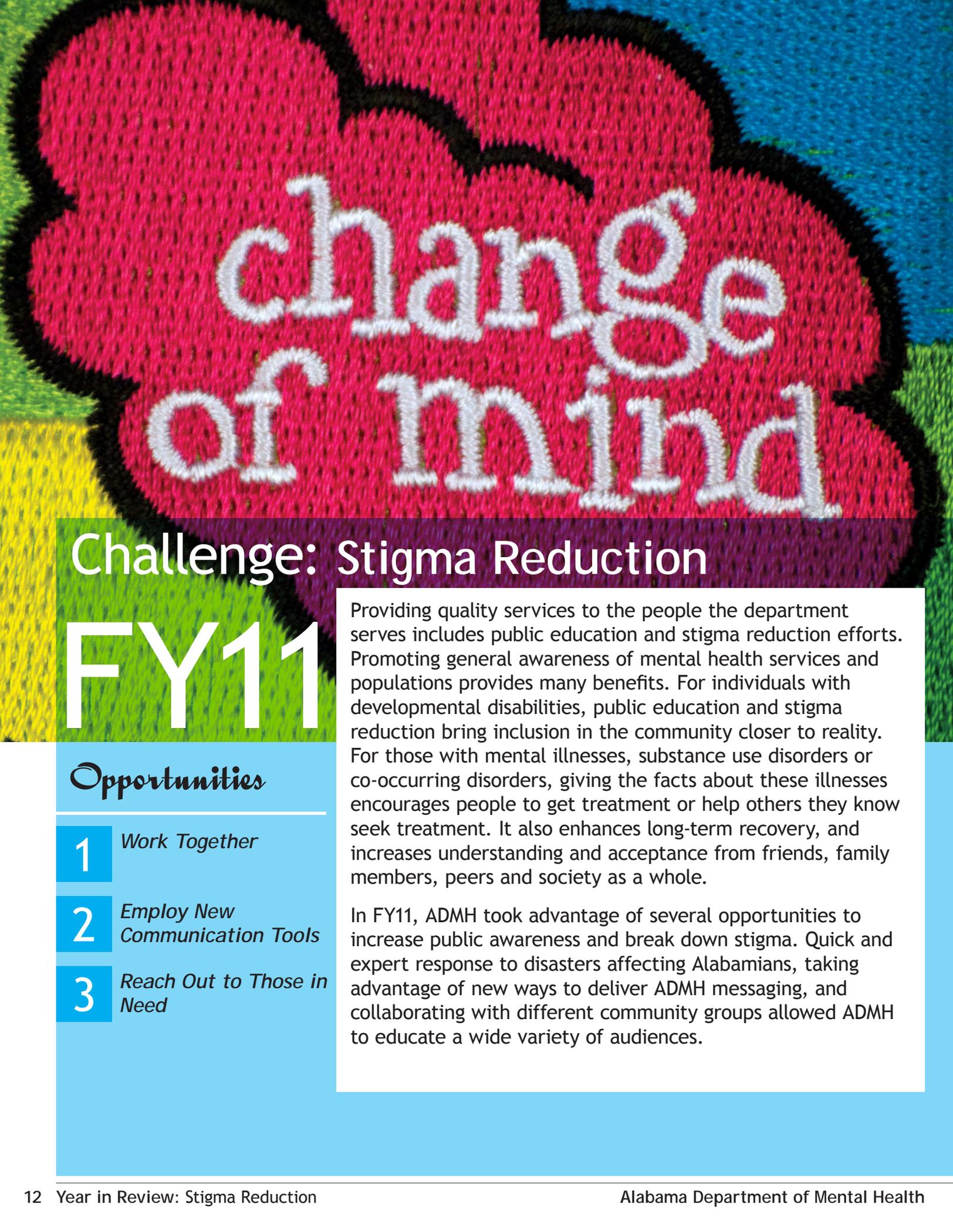
Consolidation of Non-medical Services

Categorically, many of ADMH's budget woes were due to facility deficits. Admittedly, when the number of admissions to a state psychiatric hospital is uncertain from week-to-week, it is difficult to project operational expenses for a hospital. However, the department had to find ways to cut facility costs without reducing the quality of patient care.

By analyzing the costs of non-clinical operations, the department found that consolidating vendor contracts would produce considerable savings. The department issued an invitation to bid for a comprehensive environmental support and support services contract. By consolidating laundry, grounds maintenance, housekeeping and food services into one contract, ADMH was in a position to negotiate a better overall rate for these services and reduce facility expenses. Current trending data shows the department can expect a \$1.4 million savings in FY12.

"My staff and I have been working diligently to absorb this deficit and through tough management decisions, have been able to reduce the deficit."

Commissioner Baugh



change
of mind

Challenge: Stigma Reduction

FY11

Opportunities

- 1 *Work Together*
- 2 *Employ New Communication Tools*
- 3 *Reach Out to Those in Need*

Providing quality services to the people the department serves includes public education and stigma reduction efforts. Promoting general awareness of mental health services and populations provides many benefits. For individuals with developmental disabilities, public education and stigma reduction bring inclusion in the community closer to reality. For those with mental illnesses, substance use disorders or co-occurring disorders, giving the facts about these illnesses encourages people to get treatment or help others they know seek treatment. It also enhances long-term recovery, and increases understanding and acceptance from friends, family members, peers and society as a whole.

In FY11, ADMH took advantage of several opportunities to increase public awareness and break down stigma. Quick and expert response to disasters affecting Alabamians, taking advantage of new ways to deliver ADMH messaging, and collaborating with different community groups allowed ADMH to educate a wide variety of audiences.

Community Partnerships

In the battle to decrease stigma, youth is a key audience. The first symptoms of severe, chronic forms of mental illnesses generally appear between the ages of 15 and 24. Additionally, an estimated two-thirds of all young people with mental health issues are not receiving the help they need. With these facts in mind, ADMH developed the *Change of Mind* Girl Scout patch program to educate girls and leaders about mental illnesses. The program was approved and is offered to troops and girls by Girl Scouts of Southern Alabama. *Change of Mind* provides reliable information on mental illness at a crucial time for this audience. Even if these girls do not experience a mental illness, it is likely they know someone who has or will.

Change of Mind kits include easy-to-follow activities complete with material lists and discussion questions. Girl Scout troops or individual Girl Scouts can check these kits out from their council. Activities include The Brain Game, devising a stigma-busting ad campaign and watching a video about the brain and mental illness. When troops or girls complete the required number of activities for their age level, they can turn in an evaluation and receive a *Change of Mind* silicone bracelet and a *Change of Mind* patch in the council shop. Future plans for *Change of Mind* include presenting it to other Girl Scout councils and, with some modifications, Boy Scout councils.

Although *Change of Mind* is aimed at Girl Scouts, a new educational resource developed as part of this program was also made available to all ages. “Understanding the Biology of Mental Illness” is a nine-minute presentation relevant for people who want to learn more

about mental illnesses. The focus is on explaining what mental illnesses are, the six functions of the brain and how mental illnesses affect the brain, as well as causes and treatments of mental illnesses. It can be viewed or downloaded at the department’s website at www.mh.alabama.gov, viewed on the department’s YouTube page, or a DVD can be requested by contacting ADMH’s PICR Office.

Further efforts to increase awareness of mental health were accomplished through work to preserve the history of Alabama’s mental health system. The Bryce Hospital Historical Preservation Committee (formed in 2008) devoted much of its work in FY11 to the preservation of the four cemeteries at Bryce Hospital. The committee was honored in November 2010 at the Tuscaloosa County Preservation Society’s Awards Banquet with the Preservation Advocacy Award.

In February 2011, the group received more accolades when Governor Bentley praised the private fundraising efforts of the committee for a cemetery memorial garden project. The project seeks to honor the patients who lived, died and were interred at Bryce Hospital from the 1860s until the present. Literally thousands of unmarked graves had been largely neglected or vandalized for decades. After nine months of hard work, the committee raised nearly \$150,000 through appeals to corporate entities and foundations.

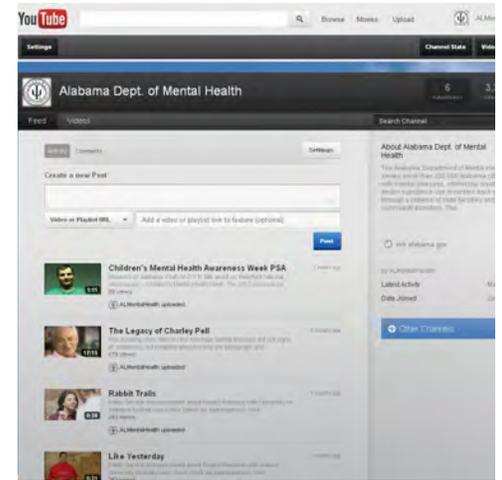
In September 2011, BHHPC’s efforts received another boost when the Alabama Historical Commission voted to support Bryce’s preservation through a grant of more than \$15,000. Specifically, the grant will enable ADMH to conduct an intensive survey and mapping project of several hundred

marked and unmarked graves. ADMH will work with the University of Alabama’s Office of Archaeological Research to conduct the Old Bryce Cemetery survey and mapping project. The survey will include photographic documentation of identified gravesites, historical research on individual graves, the use of ground penetrating radar identification and 3D mapping of the cemetery, preparation of a computer inventory of all identified gravesites, and the development of a plan for marking and maintaining currently unmarked graves and the cemetery as a whole.

These efforts, along with the committee’s work to preserve the Kirkbride/Sloane original white-domed building and laying the groundwork for the eventual establishment of a mental health museum, represent progress toward preservation and educating citizens about the history of Alabama’s mental health system.



2



Social Media

In July 2011, ADMH announced its presence on Facebook, Twitter and YouTube. In addition, ADMH managed a Facebook page for Project Rebound’s tornado response. Realizing the importance of social media, ADMH Commissioner Zelia Baugh played a lead role in launching ADMH’s entrance into social media. These outlets have given ADMH incredible opportunities to share information about the department and the people it serves more quickly and with a broader, more diverse audience.

Press releases, news about ADMH events and conferences, media reports, links to recent newsletters and other new resources and publications, educational videos and PSAs, consumer stories, links to state and national mental health news, and the most up-to-date news about ADMH initiatives have all been shared through social media. As of September 2011, ADMH had 103 Facebook likes, 44 Twitter followers and its videos on YouTube had 1,044 views. In addition, Project Rebound’s tornado response Facebook page had 175 likes. News and resources were shared on a regular basis.



Memorial

We remember with affection those consumers and department employees who passed on during FY11. In addition, our prayers and thoughts go out to the many Alabamians and ADMH employees affected by the devastating April 2011 tornadoes. The ADMH family mourned the loss of Mrs. Yvonne Mayes, an employee at the W.D. Partlow Developmental Center in Tuscaloosa. Our condolences went out to her family and friends, and

we continue to wish them peace and healing as they grieve the loss of their loved one.

3

Disaster Response

ADMH continued its active response to the Gulf Coast Oil Spill of June 2010 through Project Rebound. ADMH initiated Project Rebound to provide relief and assistance in the aftermath of a disaster in partnership with community organizations. Project Rebound began after Hurricane Ivan, returned after hurricanes Katrina and Rita, and also returned after a tornado devastated the Enterprise community. Through June 2011, 82,034 crisis counseling contacts were made throughout Baldwin and Mobile counties. These contacts included individual and group counseling sessions as well as educational and outreach services.

In the span of thirteen days in April 2011, Alabama was hit by two devastating tornado outbreaks. In the days after those tornadoes, ADMH was busy activating another Project Rebound response. To assist those directly or indirectly affected by the April tornadoes, Project Rebound dispatched nearly 200 trained crisis counselors into affected communities. In addition,

a 24/7 call center was established at 1-800-639-REBOUND with trained crisis counselors on the line. The range of free and confidential services included individual assistance, classroom presentations, public education and community support opportunities. Project Rebound seeks to help survivors understand their situations, adjust to life after a disaster and regain a sense of control.

In August 2011, Governor Robert Bentley held a press conference to announce the participation of Alabama coach Nick Saban and Auburn coach Gene Chizik as spokespersons for Project Rebound's tornado response. Bentley said, "Project Rebound is a great program to help those having trouble moving on from the tornadoes of April. The emotional toll of the natural disaster is one that must be addressed in order for individuals to fully recover." A media campaign featuring public service announcements with the two coaches began airing in early September, with TV and radio

PSAs running through April 2012. In addition, their message, "We're All in This Together," was featured on various printed materials distributed in affected communities.

Through September 2011, the call center provided assistance to more than 3,000 people. Project Rebound teams counseled more than 12,000 people in affected communities and made more than 8,000 referrals. In addition, educational and referral materials were distributed to more than 85,000 people. Project Rebound team members made presentations to more than 700 schools and community groups. Lisa Turley, program director for Project Rebound's tornado response, said, "By providing an opportunity for people to share their stories, linking them to resources or providing education about recovery, team members make the recovery process less intimidating and empower each survivor to move forward."



We're all in this together! — Coaches

Straight talk, no runarounds - local people and real help.

It's also free and confidential.

1-800-639-REBOUND

3,000+
people assisted by call center

12,000+
people counseled by teams

8,000+
community referrals made

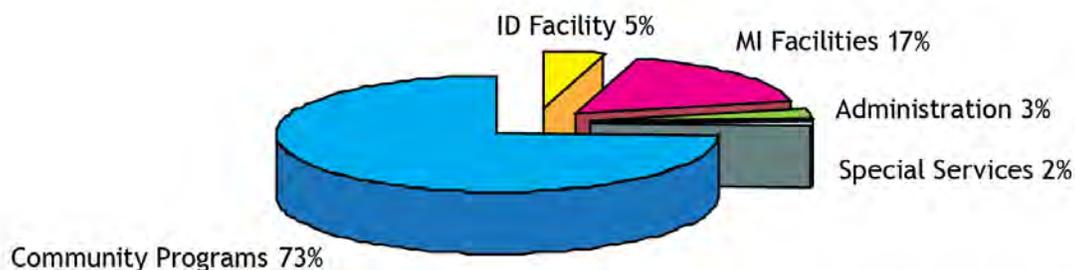
85,000+
educational and referral materials given

700+
presentations to schools and community groups

Expenditures and Encumbrances

for FY11 as of September 30, 2011

	Budget	Actual	Difference	Percent
Mental Illness Facilities				
Bryce Hospital	47,233,565	46,258,892	(974,673)	97.94%
Greil Memorial Psychiatric Hospital	13,688,804	13,454,668	(234,136)	98.29%
Harper Geriatric Psychiatry Center	19,826,590	19,121,969	(704,621)	96.45%
North Alabama Regional Hospital	13,387,259	13,454,668	(112,903)	99.16%
Searcy Hospital	42,978,124	41,575,985	(1,402,139)	96.74%
Taylor Hardin Secure Medical Facility	14,985,452	14,546,708	(438,744)	97.07%
UAB Adolescent Unit	2,915,944	2,415,944	(500,000)	82.85%
Total	155,015,738	150,648,522	(4,367,216)	97.18%
Intellectual Disabilities Facility				
W.D. Partlow Developmental Center	41,282,029	40,897,911	(384,118)	99.07%
Total	41,282,029	40,897,911	(384,118)	99.07%
Community Programs				
Intellectual Disabilities Services	408,073,006	399,977,543	(8,095,463)	98.02%
Mental Illness Services	241,378,556	224,679,820	(16,698,736)	93.08%
Substance Use Disorder Services	50,776,205	40,143,299	(10,632,906)	79.06%
Total	700,227,767	664,800,662	(35,427,105)	94.94%
Administration				
Central Office	32,644,259	24,521,792	(8,142,467)	75.07%
Special Services	19,170,818	16,957,605	(2,213,213)	88.46%
Total	51,835,077	41,479,397	(10,355,680)	80.02%
Unallocated Amounts*	0	0	0	0.00%
Grand Total	948,360,611	897,826,492	(50,534,119)	94.67%

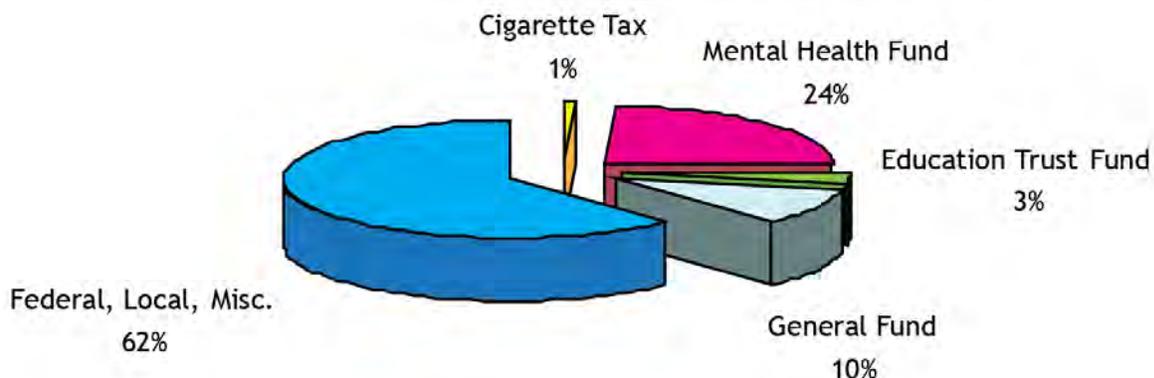


*The unallocated amounts were state General Fund dollars allocated to the department at the end of the fiscal year to be carried over into FY11.

General Operating Revenue

for FY11 as of September 30, 2011

	Budget	Actual	Difference	Percent
State Revenues				
Cigarette Tax	5,011,610	6,801,102	1,789,492	135.71%
Indigent Offenders Treatment	200,000	200,000	0	100.00%
Judicial Fines	0	3	3	0.00%
Special Education Trust Fund	26,748,133	26,748,133	0	100.00%
Special Mental Health Fund	211,933,071	211,933,071	0	100.00%
State General Fund*	90,510,388	90,510,388	0	100.00%
State Match Funds - DHR	2,446,956	2,139,099	(307,857)	87.42%
Tobacco Settlement	2,770,740	2,770,740	0	100.00%
Total	339,620,848	341,102,486	1,481,638	100.44%
Federal, Local, Miscellaneous Revenues				
Federal Block Grants	41,456,976	31,061,100	(10,395,876)	74.92%
Insurance Recoveries	0	17,581	17,581	0.00%
Medicaid, PL 100-203-Obra	954,154	753,582	(200,572)	78.98%
Medicaid, Title XIX Facilities	41,917,577	39,321,534	(2,596,043)	93.81%
Medicaid, Title XIX ID Community	299,362,942	297,242,563	(2,120,379)	99.29%
Medicaid, Title XIX MI Community	126,472,613	112,430,727	(14,041,886)	88.90%
Medicaid, Title XIX SA Community	4,242,237	3,564,102	(678,135)	84.01%
Medicare	20,149,814	13,543,360	(6,606,454)	67.21%
Other Federal Grants	23,190,280	20,432,107	(2,758,173)	88.11%
Other Income	13,357,256	12,918,343	(438,913)	96.71%
Restricted Funds (Donated)	21,089,022	8,459,372	(12,629,650)	40.11%
Total	592,192,871	539,744,371	(52,448,500)	91.14%
Other Items				
Departmental Receipts	1,500,000	1,500,000	0	100.00%
Funds Carry Forward	15,046,892	0	(15,046,892)	0.00%
Total	16,546,892	1,500,000	(15,046,892)	9.00%
Grand Total	948,360,611	882,346,857	(66,013,754)	93.04%



*Cigarette Tax Actual Revenue in the amount of \$1,789,492 was carried over to FY12, and \$424,451 FY10 amounts were not included.

Administration

Although less than three percent of the ADMH budget is allocated to administrative functions, these services 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 personnel, administrative support, contracts, professional development, asset management and nursing home screening services.

Administrative Support Services

It is imperative that accurate records and inventory of equipment be maintained. Also 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 and Purchasing

Since more than 98 percent of consumers are being served by contract providers, and ADMH is one of only a few state agencies that has its own purchasing office, the role of the Office of Contracts and Purchasing is paramount. This office issues Requests for Proposals required for professional services contracts, as well as all contracts and amendments to contractors after appropriate reviews and approvals. In addition, it issues all goods and non-professional services contracts through the competitive bid process, as well as purchase orders and purchase order changes. The office also expedites the contracting and purchasing process, and saves time and money by electronically sending/receiving information on contracts and purchase orders.

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 care to consumers.

Land and Asset Management

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

Life Safety and Technical Services

More than 100,000 consumers served by ADMH live in the community. Many live in group homes operated by contract providers across the state. The Office of Life Safety and Technical Services is responsible for inspecting and certifying all community facilities. It also provides technical assistance for life safety and code compliance for all renovations or new construction projects for providers. The goal is for consumers to have a safe, clean environment that is in compliance with ADMH standards, state building codes and American with Disabilities Act requirements.

Pre-Admission Screening

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

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 1,800 ADMH employees require continuing education credits to maintain their licenses or certifications in particular fields. The office also facilitates compliance training for community programs and prospective community providers.

Central Administration

Central office, located in Montgomery, is comprised of management and support personnel that facilitate all of the mental health services statewide, which are provided through either state-operated facilities or community providers. 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, as well as five Developmental Disabilities Regional Offices, operating as central office.

Fewer than 200 of the 1,800 Alabama Department of Mental Health employees are housed at central office; included are the Commissioner and her staff, as well as the Associate Commissioners for each division. Most ADMH employees are medical and direct care staff who work in our facilities.

Commissioner's Offices

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.

Finance

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

Information Technology Services

IT Services provides technical support for ADMH information systems, including consumer information systems for the state hospitals and community programs for mental health, substance abuse and intellectual disabilities. It also manages all IT equipment including mobile devices, computers and printers; computer software; voice communication systems and video surveillance. Its focus is to ensure access to timely data that can be used in decision-making, and bringing the best and most cost-effective technological solutions to all areas of ADMH.

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, news media and others.

Legislative and Constituent Affairs

The Office of Legislative and 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 illnesses, intellectual disabilities and substance use disorders.

Chief Operating Officer

The chief operating officer 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 COO serves as one of the main advisors to the commissioner. The COO supervises the activities of the following six areas:

Certification Administration

The Office of Certification Administration is responsible for facilitating certification of all community programs 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 community programs.

Nurse Delegation

This office provides direction and oversight to the Nurse Delegation Program that was developed in response to regulatory changes implemented pursuant to the Nurse Practice Act in December 2005. The nurse practice regulations now allow licensed 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 site certification teams.

Policy and Planning

The Office of Policy and Planning coordinates meetings and other elements of ADMH planning. The 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 and Community Relations

The Office of Public Information and 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 stigma 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 and 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 executing background investigations on persons seeking to provide community-based services.

Alabama Council for Developmental Disabilities

The department serves as the designated state agency for the Alabama Council for Developmental Disabilities. While not part of ADMH, 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.

Alabama Department of Mental Health

ADMH 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.

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.

Developmental Disabilities

In FY11, the Division of Intellectual Disabilities Services became the Division of Developmental Disabilities. Changing the name of the division was a step toward greater inclusion to serve persons with developmental disabilities. The division provides a comprehensive array of services to individuals and their families in the state through contractual arrangements with community agencies, five regional community services offices and three comprehensive

Administrative and Fiscal Operations

Most services provided by the DD division are funded, in part, through Medicaid. The Office of Administrative and 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.

Psychological and Behavioral Services

When ADMH closed three of its four residential developmental centers, the Office of Psychological and Behavioral Services was established to provide education, training and professional support to community providers. Three regionally-based comprehensive support services teams provide medical and psychological care for individuals with special needs. PBS coordinates the implementation, training, and monitoring of behavioral and psychological services in the community agencies.

Quality and Planning

All individuals with intellectual disabilities now receive services in the community. The Office of Quality and 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.

Self-Advocacy Services

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 Self-Advocacy Services is directed by a consumer who is able to provide leadership and support in self-advocacy and self-determination initiatives statewide. SAS also encourages individuals to participate in civic activities and become contributing citizens in their communities.

Supported Employment

The Office of Supported Employment plans and coordinates all initiatives that address expanding employment opportunities to consumers served through the division, including training and technical assistance. The office also writes and manages grants that fund employment pilot projects throughout the state, and takes the lead in expanding collaboration with other state agencies and organizations so individuals are more successful at obtaining and maintaining competitive employment.

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 within the division and community providers. ADIDIS provides more efficient tracking of billing, ensures compliance with contracts and standards, and provides valuable data for future planning. ADIDIS 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, ADIDIS manages the coordination of child and adolescent services.

support services teams. The division's central office staff provide oversight and support in planning, service coordination, service delivery, children's services, 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.

Waiver Services and Case Management

The Office of Waiver Services and Case Management oversees the state Medicaid waiver programs that provide support services to persons with intellectual disabilities. The office also manages the call center, intake, information and referral services, and the supervision of five regional community services offices that develop and coordinate services and supports statewide.

Developmental Disabilities Services

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

Region I Community Services

served: 1,505

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

Region II Community Services

served: 1,042

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

Region III Community Services

served: 1,054

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

Region IV Community Services

served: 1,337

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

Region V Community Services

served: 1,298

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

Mental Health and Substance Abuse Services

The Division of Mental Health and Substance Abuse Services promotes the development of a comprehensive, coordinated system of community-based services for consumers diagnosed with serious mental illness and/or substance use disorders. The division partners with community providers to deliver a comprehensive array of evidence-based prevention, treatment and

Certification

When services are widely dispersed rather than centralized in large institutions, it is important to ensure consumers receive services from quality, evidence-based community programs that provide professional and appropriate treatment/care. The Office of Certification conducts reviews of mental health and substance abuse community providers to secure compliance with the Program Operations Administrative Code. In addition to conducting on-site reviews, the staff provides technical assistance to providers to enhance compliance with the Administrative Code.

Community Programs

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 ensures quality standards are met, the flow of funds and services are efficient, and 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 800 consumers attend the Alabama Recovery Conference to learn about timely issues, consumer empowerment and self-advocacy.

Deaf Services

Clear communication between doctors and patients, case managers and clients, and all other 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, supportive and culturally competent.

Facility Operations

In FY11, ADMH operated six state psychiatric hospitals. The Office of Facility Operations has administrative management responsibilities for all state-operated facilities. The office assists the associate commissioner for MH/SA in monitoring the quality of patient care and reporting operations efficiencies. It serves as a central office point of contact for all ADMH facility directors.

Innovation and Accountability

An efficient healthcare service delivery system must be outcome based and data driven. The Office of Innovation and Accountability is responsible for data collection, dissemination, budgeting and reporting for the division. Responsibilities also include reporting for the Treatment Episode Data Set and National Outcome Measures, and maintaining the department's waiting list and client profile summaries.

Performance Improvement

The Office of Performance Improvement collects input related to patient care and outcomes 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.

Pharmacy

This office provides administrative support and coordination for ADMH's overall pharmaceutical operations, including the Indigent Drug Program, formulary maintenance and coordinating with community mental health center and facility pharmacists. It works with other state agencies on various pharmacy issues and committees. This office also works directly with consumers, families

recovery-based peer support services throughout the state. Responsibilities encompass contracting for services, monitoring service contracts, and evaluating and certifying service programs according to regulations established in the Alabama Administrative Code. In addition, the division manages ADMH's six mental illness facilities.

and consumer groups to resolve pharmacy and medication issues.

Prevention Services

When children and adolescents hear a special presentation 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, the Strategic Prevention Framework, the 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 substance use disorders. The Office of Treatment Services manages all aspects of substance use disorder treatment by interacting with community providers. Coordination of services includes ensuring quality programs exist for distinct populations such as adolescents, adults, and persons with co-occurring disorders (mental illnesses and substance use disorders). This office also manages Opiate replacement therapy and prescribed Medicaid services.

Mental Illness Services Provided in State-Operated Facilities

Bryce Hospital

capacity: 268 | served: 820 | admissions: 507 | discharges: 558

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

Greil Memorial Psychiatric Hospital

capacity: 76 | served: 429 | admissions: 342 | discharges: 350

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: 416 | admissions: 88 | discharges: 326

Tuscaloosa | inpatient psychiatric services for elderly citizens throughout the state

North Alabama Regional Hospital

capacity: 74 | served: 760 | admissions: 685 | discharges: 684

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

Searcy Hospital

capacity: 260 | served: 804 | admissions: 505 | discharges: 570

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

Taylor Hardin Secure Medical Facility

capacity: 115 | served: 203 | admissions: 88 | discharges: 88

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; rather they are provided through contracts with community providers. Through these community partnerships, ADMH assists thousands of Alabamians each year.

served: 24,258

Phone Directory

Administration

334-353-3895 | Fax: 334-353-9165

334-242-3931 / -3934 Administrative Support Services
334-353-7440 Contracts and Purchasing
334-242-3112 Human Resources Management
334-353-7215 Land and Asset Management
334-353-7601 Life Safety and 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 ACDD
334-353-2069 Certification Administration
334-242-3992 Finance
334-242-3305 Information Technology Services
334-242-3038 Legal Services
334-242-3107 Legislative and Constituent Affairs
334-242-3217 Nurse Delegation
334-353-9244 Policy and Planning
334-242-3417 Public Information and Community Relations
334-242-3454 / 800-367-0955 Rights Protection and Advocacy
334-242-3274 Special Investigations

Developmental Disabilities

334-242-3701 | Fax: 334-242-0542

334-242-3766 Administrative and Fiscal Operations
334-242-3783 Psychological and Behavioral Services
334-353-7045 Quality and Planning
334-353-7032 Self-Advocacy Services
334-353-7713 Supported Employment
334-242-3737 Waiver Services and Case Management
334-242-3719 Systems Management

Community Services

256-552-3720 Region I
205-554-4155 Region II
251-478-2760 Region III
334-514-4300 Region IV
205-916-0400 Region V

Mental Health and Substance Abuse Services

MI 334-242-3200 | Fax: 334-242-3025 / SA 334-242-3961 | Fax: 334-242-0759

334-242-3969 Certification
334-242-3200 Community Programs
334-242-3456 Consumer Relations
334-353-4703 Deaf Services
334-242-3962 Facility Operations
334-242-3305 Innovation and Accountability
334-242-3208 Performance Improvement
334-242-3216 Pharmacy
334-353-8969 Prevention Services
334-242-3956 Treatment Services

Facilities

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