

Annual Report

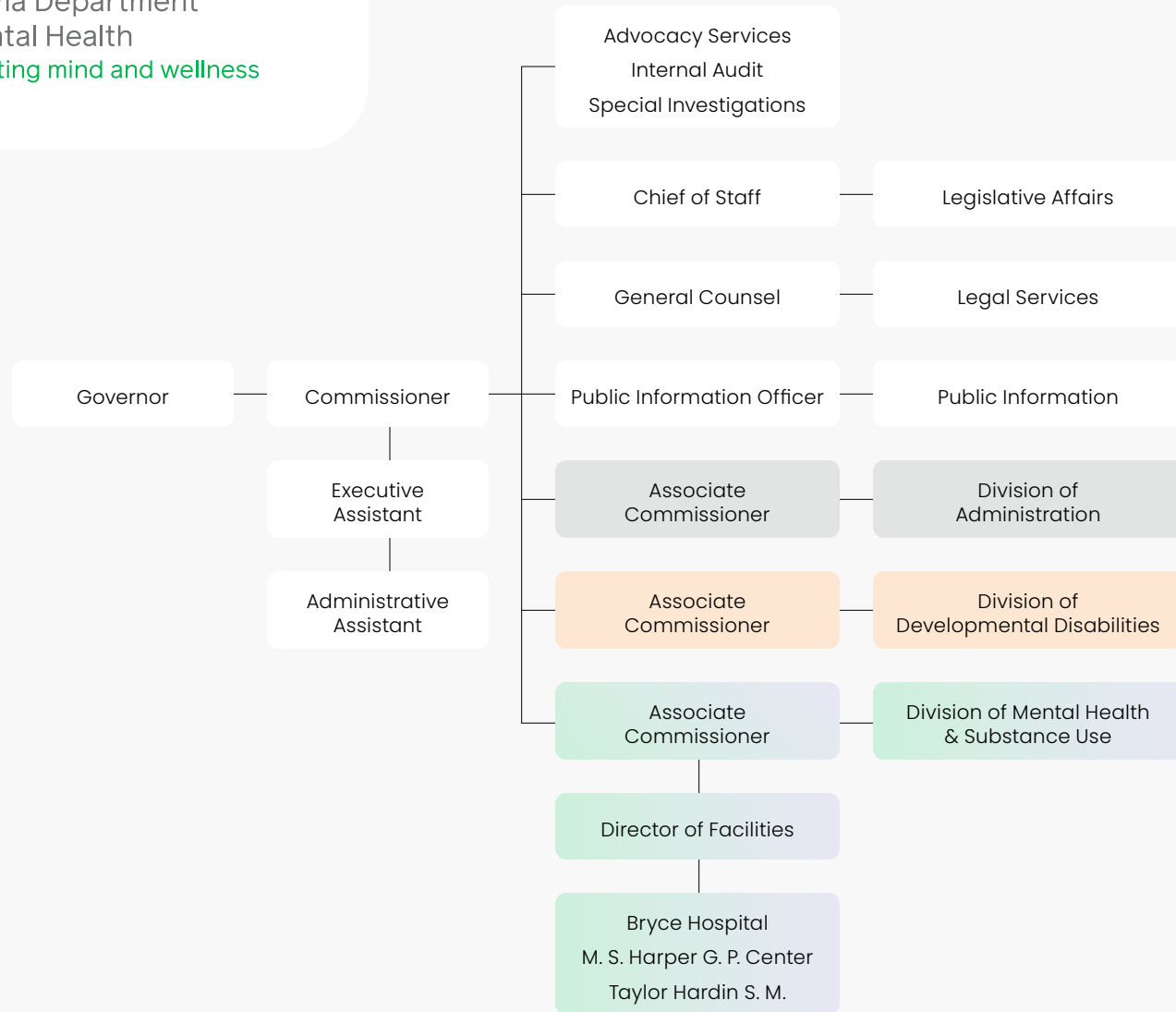
FY23



Alabama Department of Mental Health
**The Journey to Wellness, Recovery,
and Community Integration**



Alabama Department
of Mental Health
connecting mind and wellness



- Division of Administration**
- Administrative Support Services
 - Certification Administration
 - Facility Management
 - Finance
 - Human Resources
 - Information Technology
 - Land & Asset Management
 - Life Safety & Technical Services
 - Nurse Delegation Program
 - Nursing Pre-Admission Screening
 - Policy & Planning

- Division of Developmental Disabilities**
- Administrative & Fiscal Operations
 - Psychological & Behavioral Services
 - Quality & Planning
 - Self-Advocacy Services
 - Support Coordination
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 - Systems Management
 - System Transition & Waiver Development
 - Waiver Appeals

- Division of Mental Health & Substance Use**
- Certification
 - Child & Family Services
 - Deaf Services
 - Mental Illness Community Programs
 - Peer Programs
 - Pharmacy
 - Quality Improvement & Risk Management
 - Substance Use Treatment Services

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Dear Governor Ivey,

It is my great pleasure to share the Alabama Department of Mental Health (ADMH) Annual Report for fiscal year 2023.

The pages of this document encapsulate the department's many noteworthy achievements and highlight our ongoing commitment to the vision of *"promoting the health and well-being of Alabamians with mental illnesses, developmental disabilities and substance use disorders."*

In addition to providing important mental health data, this report also features testimonials from a sampling of the tens of thousands of Alabamians who have benefited from ADMH programs and services.

Over the course of FY23, the department, its staff, and partners made significant strides toward fundamentally transforming mental health services in Alabama – expanding and strengthening every component of the Alabama Crisis System of Care. By giving Alabamians *"someone to call, someone to respond, and somewhere to go"* during a mental health crisis, the System of Care saves lives and reduces the burden on the state's law enforcement and emergency departments.

In FY23, the Alabama Crisis System of Care continued its growth through:

- **The opening of a new 988 call center at Carastar in Montgomery.** The new center joined call centers in Huntsville, Birmingham and Mobile in responding to 988 calls.
- **Laying the groundwork for future sustainability of Mobile Crisis Teams (MCT's).** By assisting the existing MCT's in meeting national guidelines for behavioral health crisis care, ADMH enabled current and future MCT providers to bill Medicaid for their services, beginning in early 2024.
- **The opening of a new Crisis Center in Birmingham.** The Jefferson-Blount-St. Clair Mental Health Authority (JBS MHA) opened the Craig Crisis Care Center, giving Alabamians *"somewhere to go"* when in crisis. With the addition of Hope Pointe Behavioral Health Crisis Care in Tuscaloosa, which began operations in October 2023, there are now five Crisis Centers located throughout the state.
- **Creating the infrastructure for the establishment of Certified Community Behavioral Health Clinics (CCBHC) in Alabama.** Using a \$1 million one-year planning grant from SAMHSA, ADMH worked with Alabama's Community Mental Health Centers to plan a comprehensive behavioral healthcare business model to reduce disparities; improve access to care for marginalized communities; and develop a payment system that incentivizes quality over volume.

Additionally, after several years of preparation, Medicaid's Settings Rule for home and community-based services (HCBS) providers was fully implemented in early 2023. ADMH worked closely with providers statewide to assure they understood the new standards and how to comply with them. The result is community inclusion, integration, self-direction and choice for those individuals receiving services.

In an effort to fill service gaps, ADMH also added a coordinator for the newly created Dual Diagnosis Services to serve as a liaison between the Division of Developmental Disabilities (DD) and the Division of Mental Health and Substance Use (MH/SU); assist with coordination between DD regional offices and MH/SU community mental health providers for discharge planning from state facilities; work to expand provider capacity to build a continuum of care; and connect community partners with resources.

Lastly, staff development was another major area of emphasis in FY23. Through a new mental health worker (MH worker) certificate program at Shelton State Community College – developed in partnership with the Alabama Community College System (ACCS) – ADMH is working to assure that newly hired direct-care staff enter their position equipped with the tools for success and longevity.

Looking to the new fiscal year and beyond, our goal is to continue to build and capitalize on the momentum that has been created over the past few years by continuing to strengthen and expand every aspect of services provided by ADMH.

Congratulations to ADMH's committed staff on another remarkable year! Their drive and determination make our successes possible. To our partners, stakeholders and providers, I say *"thank you"* for your dedication to our shared mission. None of the achievements outlined in this report would've been possible without your significant contributions.

Finally, many thanks to the administration and the Alabama Legislature for the unwavering encouragement, support and leadership as we all navigate the journey to wellness, recovery, and community integration for Alabamians with mental illness, substance use disorder and developmental disabilities.


Kimberly G. Boswell, Commissioner





System of Care and Partnerships

In coordination with our partners, provide integrated, prevention focused care so every Alabamian has access, without barriers, to services that meet their needs

Alabama Crisis System of Care continues Growth in FY23

By giving Alabamians “someone to call, someone to respond, and somewhere to go” during a mental health crisis, the Alabama Crisis System of Care saves lives as well as eases the burden on the state’s law enforcement and emergency departments.

The system of care maintained its strong, steady rate of growth in FY23 as work continued on building and expanding capacity. Noteworthy successes included the opening of a new 988 call center in Montgomery, considerable progress toward assuring the financial sustainability of Mobile Crisis Teams around the state, and the addition of a Crisis Center in Birmingham.

IN-STATE ANSWER RATE



Addition of New 988 Call Center expands Capacity of Crisis System of Care

As an entry point into the Alabama Crisis System of Care, the 988 Suicide and Crisis Lifeline gives individuals “someone to call” when they or a family member or loved one is in crisis.

From the roll-out of 988 in July 2022 to October 2023 (end of fiscal year 2023) , call centers in Alabama responded to almost 57,000 contacts – whether through calls, online chats or texts.

In FY23, the addition of a new 988 call center at Carastar in Montgomery allowed the state to continue building the capacity of the system of care. The Montgomery center joined WellStone in Huntsville, The Crisis Center Birmingham facilitated by Jefferson-Blount-St. Clair Mental Health Authority (JBS MHA) in Birmingham and AltaPointe Health in Mobile in responding to 988 calls.

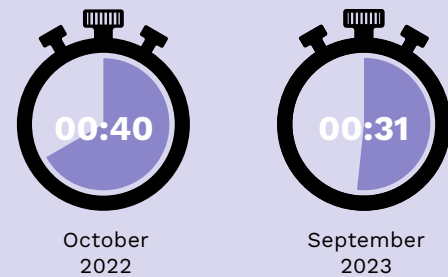
“The growth in the 988 call centers expands upon the crisis continuum,” said Beverly Johnson, director of ADMH Child and Family Services. “They’re already positioned as ‘somewhere to go,’ and some areas of the state have the infrastructure in having mobile crisis units for the ‘someone to respond.’ So, this is a way to enhance that continuum.”

In addition to adding a call center, efforts continued in FY23 to expand staff at all call centers. Alabama currently has just one 24/7 center, operated by JBS MHA in Birmingham. If no one is available to answer at that center, calls then roll over to the national line, where crisis counselors may or may not be familiar with resources within the state.

“When we talk about building capacity, what we mean is we want to be in a position as a state to answer all of those in-state calls,” said ADMH Suicide Prevention Coordinator Maegan Huffman.

She said she also expects an increase in call volume because of the “No Shame” public awareness campaign that launched in May to promote 988 in the state. (See related story, Page 30)

AVERAGE SPEED TO ANSWER

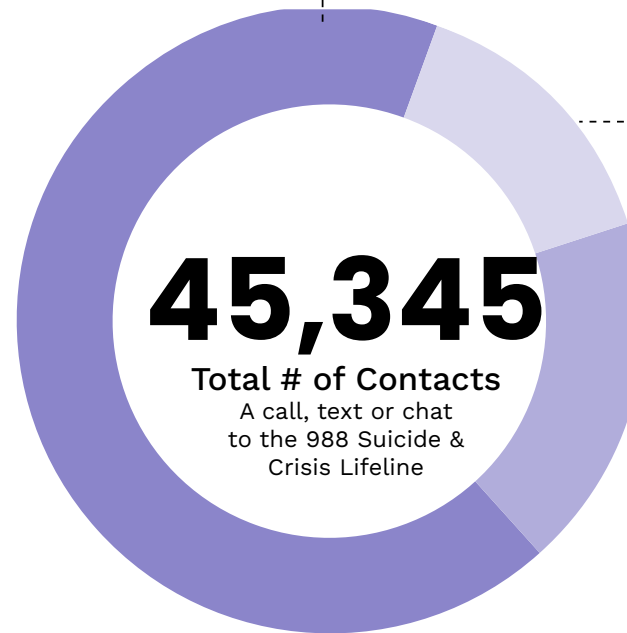


29,612

Total # of Calls

6,280

Total # of Chats



9,453

Total # of Texts

Data: Oct. 2022 – Sept. 2023

Looking ahead, Huffman said, the state will continue to prioritize expansion, through increased staffing as well as through a new call center opening in early 2024 at SpectraCare in Dothan.

ADMH also will be working on developing a system for directly responding to 988 texts and chats, which are currently answered out of state.

Ultimately, Johnson said, the point is to make sure people in crisis and their families and loved ones receive the services they need.

Testimonial: WellStone

I have been a 988 therapist for a while, but each call requires different skills and qualities. When callers contact the lines, they should not only receive help but feel heard and cared for.

While I have had several calls, the most profound call in my career was a young male caller that was anxious due to possibly injuring his mother jokingly. The caller and I spoke for a short period before he stated, “I didn’t know what to do but kill myself because I hurt my mom.”

I provided empathy and reassurance that things could be managed; however, he stated, “I’m on the train tracks ... waiting for the train to kill me. I deserve it.”

I knew every second was crucial as I contacted dispatch, to get someone to the train tracks to assist the caller. I could hear the train sound and continued to encourage the caller to leave the tracks until he consented to getting back in his car.

The caller’s father arrived and reported he was thankful for everyone’s help. This call inspired me to continue to care and help others who may be at a crossroads of life and death.

Grant lays Groundwork for Sustainability of Mobile Crisis Teams

As “someone to respond,” Mobile Crisis Teams (MCT’s) have a critical role in the Alabama Crisis System of Care, linking individuals directly to services and the right care, at the right time, in the right place.

In an effort to transform and expand the state’s mobile crisis care, the Alabama Medicaid Agency – in partnership with ADMH – applied for and received a Centers for Medicare and Medicaid Services (CMS) State Planning Grant for Mobile Crisis Services. The one-year grant was awarded for FY22 and later extended to FY23.

The grant and its work with providers, facilitated by VitAL of The University of Alabama, was intended to advance the quality of care of all Mobile Crisis Teams and to ensure compliance with the best practices outlined in The Substance Abuse and Mental Health Services Administration (SAMHSA) “National Guidelines for Behavioral Health Crisis Care.”

The long-term goal of the planning grant was stability and sustainability through Medicaid reimbursements for mobile crisis services, said ADMH Crisis Care Project Director Anthony Reynolds.

“There were three major components to the grant: study the state’s MCT’s, make recommendations to them, and develop and present a State Plan Amendment (SPA) so that providers could receive Medicaid reimbursements,” he said.

In Alabama, 11 providers operate 14 MCT’s strategically located to provide 24/7 services in the state’s rural counties. The teams are trained to provide triage, assessment, de-escalation, peer support, coordination with medical services, supportive counseling, crisis planning and follow-up. Teams can work independently or with law enforcement.

SAMHSA’s guidelines call for at least a two-person team comprised of a mental health professional (MHP) and a certified peer support specialist. The MHP performs assessments, while the peer establishes rapport and provides empathy and support by relating shared experiences.

The State Plan Amendment, submitted in FY23 and approved retroactive to Oct. 1, 2023, allows providers that follow SAMHSA national guidelines for MCT’s to begin billing Medicaid for services.

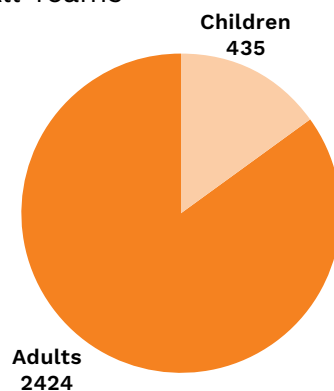
“We’re in the process of finalizing provider codes for publication in the provider manual. Once that happens, providers can begin filling for reimbursement,” he said, adding that he expects that to happen in March or April 2024.

In the meantime, ADMH is developing trainings for and offering technical assistance to providers to help assure they comply with SAMHSA best practices.

“There are certain criteria that trigger a payment,” Reynolds said, noting that Medicaid can perform audits and remove claims that don’t meet their standards.

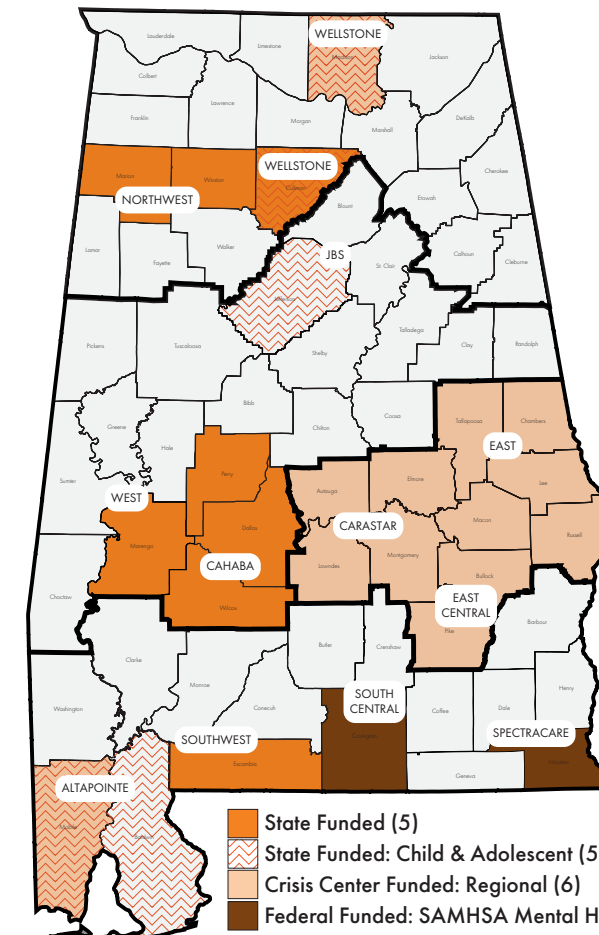
NUMBER SERVED

All Teams



Ultimately, the aim of MCT’s is to meet people where they are, he said, diverting more individuals from civil commitments, expanding access to care, reducing the number of arrests, decreasing the frequency of admissions to hospital emergency departments, and promoting sustained recovery.

“When MCT’s can go to an individual’s home or into the community and get that person stabilized, it’s better for the person, better for the provider, and better for the healthcare and legal systems,” he said. “This really is the most exciting process I’ve been a part of in my career. It really is an opportunity to make a difference within the state, within communities, and within individuals and families.”



Beginning in FY21, the Alabama Legislature funded the state’s first Mobile Crisis Teams:

1. Cahaba – all counties in catchment area
2. Northwest – Marion & Winston counties
3. Southwest – Escambia County
4. WellStone – Cullman County
5. West – Marengo County

Two additional Teams were awarded funds through federal ARPA and Block Grant:

1. South Central – Covington County
2. SpectraCare – Houston County

Three state-funded Crisis Centers operate 6 Teams:

1. AltaPointe – Mobile County
2. Carastar (in partnership with East Central & East) – all counties in catchment areas
3. WellStone – Madison County

Three CMHCs received state funding for 5 Child & Adolescent Teams, in partnership with the Alabama Department of Human Resources:

1. AltaPointe – Baldwin & Mobile counties
2. JBS – Jefferson County
3. WellStone – all counties in catchment area



Crisis Centers open Doors in Birmingham, Tuscaloosa

Crisis Centers offer 24/7, 365 days a year, giving individuals “somewhere to go” when they are in crisis. The vital services offered at Crisis Centers include assessment, temporary and extended observation, linkage to resources and collaboration with specialty providers for co-occurring disorders.

The state now has five Crisis Centers. The two most-recent are the Craig Crisis Care Center, operated by the Jefferson–Blount–St. Clair Mental Health Authority (JBS MHA), which opened its doors in March 2023, and Hope Pointe Behavioral Health Crisis Care, operated by Indian Rivers Behavioral Health in Tuscaloosa, which began operations in October 2023.

Prior to and upon opening, Craig’s most significant challenge was staffing – for nurses, in particular, said Jim Crego, executive director of JBS MHA.

As a result, the center wasn’t able to operate at full capacity immediately, with only enough nurses to cover its 16-bed extended care unit.

“With COVID, there were a lot of nurses that got out of the industry,” he said. “That left a reduction in force with a lot of providers competing for the same pool of candidates. ... It’s just hard to compete when you’re a new service and people aren’t quite sure what they’d be doing. So we couldn’t really compete with the hospitals – even if our wages were higher.”

By October 2023, the center was able to add enough staff to open its 32 temporary observation beds. At the end of fiscal year 2023, the center has seen more than 687 individuals for an evaluation.

Looking to the future, Crego said he hopes to continue to educate frontline law enforcement and EMS workers about the existence and purpose of the Crisis Centers.

“We’ve got to make sure that everyone who needs to know we exist is aware,” he said. “We want to get more people through our doors and divert them from emergency departments and jails. The muscle memory for law enforcement is to drop the person off at the ER. We have to break that muscle memory.”

As Craig was beginning operations, Indian Rivers Behavioral Health in Tuscaloosa was laying the groundwork to open Hope Pointe.

In preparing to open, Indian Rivers was fortunate to quickly identify a suitable building in terms of space, functionality and location. The building’s existing features meant the organization was able to move ahead quickly.

“This property just fell into our laps, essentially,” said Karen Jones, chief executive officer for Indian Rivers. “It’s an older building, but it didn’t take that much renovation. We were able to keep a lot of it intact and build around what was already there.”

Hope Pointe has a current capacity of 16 chairs in the temporary observation unit and four beds in the extended observation unit. Long-range plans call for adding an additional 12 beds to the extended observation unit in two phases, for an eventual total of 16.

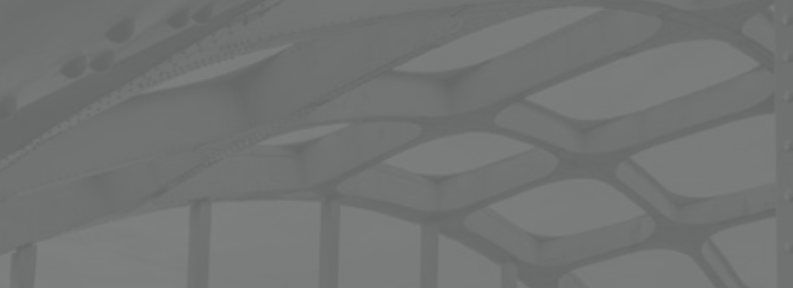
Jones said she views Hope Pointe and all Crisis Centers as a critical part of the Alabama Crisis System of Care and as invaluable to their communities.

“Having an option 24/7, that’s actually the right option, the right place with the right people at the time that the person is in crisis – it’s just never existed before in our area or in the state of Alabama,” Jones said. “It’s just a complete gamechanger for everyone involved – whether it’s the individual in crisis or their loved one or the community as a whole.”

Dr. Jaime Garza, director at Hope Pointe, said he’s personally witnessed the impact the center has had on families.

“We had two people come in, roughly around the same time,” he said. “There were family members sitting in the lobby, and they just started talking to each other. There was this ability for them to connect knowing they were both at the same place dealing with the same thing. And there’s that sense of community that can be built among people in our lobby. So it becomes a healing place not just for the client, but for the families as well.”





CCBHCs provide Means to create 'Access for All'

The CCBHC business model of health care is person-centered and is designed to increase access to behavioral health services, including crisis services, that respond to local community needs; incorporate evidence-based practices; and establish care coordination to help people navigate behavioral healthcare, physical healthcare, and social services. The CCBHC model is changing the landscape of behavioral health care delivery.

In March 2023, ADMH received a one-year planning grant to create the infrastructure for the establishment of Certified Community Behavioral Health Clinics (CCBHC) in Alabama.

The \$1 million grant, awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is another step toward expanding the Alabama Crisis System of Care, which includes 988, Mobile Crisis Teams and Crisis Centers.

During the grant period in FY23, ADMH worked with Alabama's Community Mental Health Centers to plan a comprehensive behavioral healthcare business model to reduce disparities; improve access to care for marginalized communities; and develop a payment system that incentivizes quality over volume.

A transition to the Certified Community Behavioral Health Clinic business model will ensure statewide expansion of and access to mental healthcare for all Alabamians, said Shalandra Rogers, CCBHC state project director.

"One thing about this model is that it's trying to address all of the disparities associated with care. ... We look at the data and we see populations of people who are not being served who need to be served," she said. "The abbreviation stands for 'Certified Community Behavioral Health Clinic,' but beyond that it's a means for creating access for all. It's really transformative."



AltaPointe Certified Community Behavioral Health Clinics

Ultimately, the changes will translate into cost-saving in other areas, such as law enforcement, prisons and jails, and emergency rooms, Rogers said.

Though there are some standard requirements, providers will be able to customize their services to the needs of the populations that they serve.

"We are giving the individual clinics discretion on their own based on their needs assessments to determine what types of evidence-based practices are best, but they will have a required minimum set of practices that they must use," said Rogers.

The next step in the process involves applying for a four-year CCBHC Demonstration through SAMHSA. If approved for the highly competitive demonstration grant, the state will receive federal dollars for the next four years, funding CCBHCs through 2028.

"I think SAMHSA's goal is to have all 50 states be CCBHC states ... And moving into that holistic arena of healthcare where you're integrating not just the behavioral health but the primary care into one system," she said.

CCBHCs are required to:

- Make crisis services available 24/7/365
- Provide care for anyone who requests service, regardless of a patient's ability to pay, and irrespective of residency, diagnosis or age
- Meet high-quality standards for all services offered and connect patients to care as quickly as possible



Empowering Individuals through HCBS Services

In the past, individuals receiving home and community-based services (HCBS) had little choice or voice in the services they received. The HCBS Settings Rule changed that.

“The Rule promotes community inclusion, integration, self-direction and choice for people receiving HCBS waiver services,” said ADMH Associate Commissioner Kathy Sawyer. *“It’s really about transforming the system from ‘here’s what we’re going to give you’ to ‘what do you want?’”*

The Settings Rule was first issued in 2014 by the Center for Medicaid Services (CMS), with states being given a five-year transition period – ending in 2019 – to comply with the new standards. In 2017, CMS extended the deadline to 2022. Following the onset of the COVID-19 pandemic, CMS issued one final extension, requiring states to be in full compliance by March 2023.

According to the Administration for Community Living, the settings rule is intended to ensure that *“people who receive services and supports through Medicaid’s HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting. It protects individuals’ autonomy to make choices and to control the decisions in their lives, a right most people take for granted.”*

Prior to the March 2023 deadline, ADMH worked with HCBS providers statewide to assure they understood the new standards and how to comply with them.

Individuals served at the Arc of Central Alabama



Waiver Waiting List FY20 vs. FY23

number of individuals
1967 to 1,610
decrease of 18%

“Providers were longing for communication from the ADMH and clarity in that communication,” Sawyer said. *“We really wanted to make sure everybody was on the same page and getting consistent information and instruction.”*

Toward that end, the department began holding monthly meetings with providers and offering technical assistance and training on the requirements of the new rule.

Through the creation of the ADMH HCBS Community website (<http://hcbscommunity.alabama.gov/>), providers also were given access to Settings Rule-related documents, tools, and protocols as well as a library of archived trainings and presentations.

In collaboration with Alabama Medicaid, ADMH also conducted extensive training for ADMH monitors to ensure consistency and inter-rater reliability – retraining and re-designing tools as needed to ensure uniformity when staff apply and interpret the rules, Sawyer said.

Looking ahead, she said, the focus will be on assuring providers continue to meet the standards established by the Settings Rule.

“We want to KEEP them in compliance. One thing we don’t want to happen is for our providers and staff to get complacent. We want to remain vigilant in assuring they’re in compliance because you can be in compliance one day and be out of it the next day, if you’re not vigilant.”

First: Two individuals served at the Arc of Central Alabama
Second: Individual served at Full Life Foundation
Third: A parent with an individual served at Full Life Foundation
Fourth: Individual served at The Learning Tree



CWP Success Story

My name is Gabby, and I am 33 years old. I was born in Birmingham, Alabama.

I was 18 years old when I started getting services through ADMH and moved to Scottsboro to live in a group home with my guardian. I did not always like it there because I did not get to go out and do much, so I would have some behaviors.

When I was 32 years old, my biological family in Florida found me. I ended up going to the hospital after I got upset over not seeing my family.

While in the hospital, I told everyone that I did not want to go back there and that I wanted my own apartment. The hospital staff worked with Kim Benya to help me get an apartment. She found me an apartment in Mobile that was semi-independent living.

My family comes to visit me at my apartment as much as they can. I went to ADRS (Alabama Department of Rehabilitation Services) because I wanted a job, and I recently finished my job training at Goodwill Easter Seals.

I enjoy getting out into the community and go to basketball games, go on dates, and out to eat. I love living by myself because it is quiet.

Gabby

Newly created Dual Diagnosis Services closes Service Gaps

Historically, the term “dual diagnosis” has related to substance use disorders and mental illness and excluded those with intellectual disabilities who might exhibit mental health symptoms.

“Everything has always been attributed to an intellectual disability,” said Robyn McQueen, coordinator of the newly created Dual Diagnosis Services for ADMH.

Increasingly, though, there has been a national move to expand the definition of dual diagnosis and to increase services for people with intellectual disabilities who also have a mental illness and/or a substance use disorder, she said.

“At one point in time, there was the thought that if you had an intellectual disability, that you couldn’t or didn’t have a mental illness,” McQueen said. “What we’re seeing is that’s really not accurate.”

To address the service gaps resulting from that misconception, ADMH created McQueen’s position in January 2023.

In the new role, McQueen serves as a liaison between the Division of Developmental Disabilities (DD) and the Division of Mental Health and Substance Use (MH/SU), assists with coordination between DD regional offices and MH/SU community mental health providers for discharge planning from state facilities, works to expand provider capacity to build a continuum of care, and connects community partners with resources.

The effort has come with challenges.

“The major barrier is that when you have people who have multiple issues, they don’t necessarily fit very neatly into one system or even one funding source,” she said. “We’re trying as a department and as a state to address those issues and figure out the best way to blend and weave in some additional services to make sure people don’t fall through the gap.”

One major focus in FY23 was increased communication and collaboration with some of Alabama’s larger community hospitals as well as with state partners, including the Department of Human Resources and the State Department of Education. ADMH began having routine meetings with staff from the different organizations, creating a more integrated approach.

“We all have different information, so it’s very important that we coordinate and communicate as much as possible with all of the partners that may be working with somebody,” she said. “If there is a delay or if there is a barrier, at least we can talk about what that is or what’s needed or how we resolve that.”

Also in FY23, ADMH began working with Pennsylvania-based Project Transition to lay the groundwork for offering care coordination and wraparound services for Alabamians with dual diagnoses. Those efforts came to fruition in January 2024, when Project Transition began providing behavioral health crisis prevention, intervention, and stabilization services through its Systems of Support (SOS) program, with the goal of minimizing crisis events and assisting the individual in becoming and/or remaining independent.



CWP participant served in West Alabama





PEER AND FAMILY ENGAGEMENT

The strategic goal of Peer and Family Engagement allows a benefit from the input and involvement of individuals and families through meaningful engagement and collaboration.

Peer-run ROSS adds Centers in Gadsden, Huntsville

ROSS (Recovery Organization of Support Specialists), a statewide peer-run recovery support organization supported by the ADMH, expanded its physical footprint in FY23, opening new recovery community centers in Gadsden and Huntsville.

Founded in 2016 by four individuals in recovery, ROSS employs around 100 people throughout the state. In addition to the two new offices, the nonprofit organization has centers in Albertville, Birmingham, and Montgomery. A Tuscaloosa office opened in early 2024. Each center operates seven days a week, from 9 a.m. to 9 p.m.

The organization also operates a 24/7 helpline – 844-307-1760 – staffed by ADMH-certified recovery support specialists (CRSSs). From there, the individual is connected to the appropriate ROSS services. ROSS services include an outreach program, a mentorship program, a criminal justice services program, a project with the Alabama Board of Pardons and Paroles, a hospital program, an employment program and a special women’s program, among others.

“We will stay with someone every step of the way – before, during and after treatment,” said ROSS Marketing Director Mark Litvine, one of the nonprofit’s founding officers. *“And it’s all free. They don’t need money or insurance.”*

The first Recovery Community Organization (RCO) in Alabama, ROSS uses a recovery-oriented system-of-care model. *“Substance use disorder is a medical condition, just like diabetes and heart disease,”* he said. *“Early childhood trauma is one of the leading causes, along with environmental factors and genetics. So, it’s not what’s wrong with you. It’s what happened to you.”*

When training new peer support specialists, Litvine said he emphasizes the need for compassion and the value of sharing their personal stories.

“We have all been through the struggle, and we believe in just meeting people where they are with love and understanding. We believe in all pathways of recovery,” he said. *“The most important thing we can do is listen to someone, hear their pain, hear their struggle. That gives them the hope that – because we got through that struggle – they can get through that struggle as well.”*

And, in the end, he said, the role of the peer support specialists is serving as a beacon to those with substance use disorder.

“I remind them that the peer is like the lighthouse that keeps the ship from crashing on to shore,” he said. *“I tell them, ‘You’re that light for people.’”*

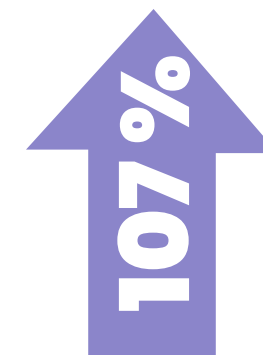
Testimonial: ROSS client

My substance use started young and progressed very rapidly. By my early 20’s, I had already lost custody of all three of my children and was facing multiple felony charges. People called me a hopeless case, said I was too far gone. And I believed that. My road to recovery wasn’t a one way. There were many trips in and out of treatment centers and reoccurrences of use along the way. Until finally I found my pathway and a fellowship of people just like me that had found their way out. I found that hope that I really could build a life that I didn’t need to escape from.

Over the past three years of my recovery journey, I’ve reunited with my children, mended my relationships with family, and made many lifelong friends. With this second chance in life, I knew that I wanted to help others, but I didn’t know where to start. A peer introduced me to the Recovery Community Service Program, where I was able to learn more about my disease and how to best help others on their individual journey. Through that program, I found more than a career. I found my passion, my purpose in life.

After getting certified last year, I was hired at ROSS, and I am now the coordinator of the program that showed me my purpose. I try to use my story to motivate and inspire the students. Being able to tell them that I started as an intern, just like them. I thought sobriety was going to be a fight every day, but it isn’t. I found a life, a career, and a purpose that is much more fulfilling than the substances ever were.

Jessica Rutledge
CRSS/RCSP Coordinator



ROSS Helpline

October 2022 vs. 2023

Calls increased from **12,001 to 24,801**
an increase of 107%



PROFESSIONAL WORKFORCE

The strategic goal of attracting and retaining a workforce that is highly qualified, diverse and stable is of vital interest and need for ADMH and the state of Alabama.

ADMH partners with Community College to create MH Worker Course

As part of its commitment to attracting and retaining a highly qualified, diverse and stable workforce, ADMH has partnered with the Alabama Community College System (ACCS) and Shelton State Community College to create a new mental health worker (MH worker) course.

One purpose of the course is to alleviate any misunderstanding that potential MH workers might have about what the position requires, said ADMH Director of Facility Services Dr. Christine Rembert.

“A lot of people apply for the position and see it as more of a nursing assistant-type job or a patient care tech, with no understanding that the population we serve has unique and specialized needs,” Rembert said. *“We wanted to create a course that would focus on the specific skills necessary to be an effective mental health worker.”*

The class, which became a part of the on-boarding process for newly hired ADMH MH workers in February 2024, is a self-paced hybrid course that combines online coursework with two days at an on-campus lab. Course topics include hand washing, safety, confidentiality, ethics, basic patient care, crisis intervention, medication management, vital signs, patient environments, and cultural sensitivity and empathy. The lab portion of the course will give students an opportunity to apply their lessons through a series of real-world scenarios.

In the past, exit interviews conducted with departing employees also revealed a lack of understanding of the full scope of the MH worker position and what it entails, Rembert said.

“It is our hope that once an individual completes this course – whether it’s a new employee who’s up for hire or an existing employee looking for a new career path – it will lead to more longevity in the workplace, more retention because they’ll have a better understanding of the job,” she said.

Development and planning for the new course began in early 2023, with Rembert enlisting ADMH Human Resources staff, Staff Development staff and nursing directors to work with Shelton State as subject matter experts.

“It’s a long time in the making. It’s a valuable opportunity for ADMH because we’ll basically be training our own to have exactly what they need to be successful,” she said.

Rembert said she is hopeful that the new course will reduce turnover in the critical MH worker position.

“I advocate employees to come to ADMH and stay with ADMH,” she said, *“and I think this can be a tool to get that buy-in that ‘I have attended the courses. I’m knowledgeable. I’m well-trained. I’m valued as an employee.’”*

In addition to being offered to new MH workers, the course will be available to current ADMH workers looking for a new career path as well as anyone else with an interest in being employed as an MH worker.

Testimonial

I was older than most in my class, so I’ve had a lot of life experience. However, I still learned some new things, and it refreshed some of the old things. The instructor was very patient and helpful. It can help anybody but would be very helpful for the young generation.

Marilyn Stewart
Mental Health Tech @ Harper Center

The Alabama Career Essentials (ACE) curriculum – offered statewide by the Alabama Community College System – gives newly hired ADMH direct-care workers an opportunity to strengthen their “soft” and workplace skills through nine training modules:

Computer Literacy

- Math for Work
- Workplace Etiquette
- Communication
- Financial Literacy
- Resolving Problems in the Workplace
- Healthy Workplace Environment
- Employment Preparation
- Workplace Safety

ACE Course helps New Facilities Staff enhance Workplace Skills

A new professional development course has been added to the orientation for incoming direct-care staff at the ADMH facilities in Tuscaloosa.

The free course is taught onsite at Bryce Hospital by Shelton State Community College staff. In addition to the nine modules in the standard ACE course, the curriculum has been tailored for ADMH facilities employees, with sections on medical terminology, patient and dignity care, and healthcare etiquette. The course length ranges from eight to 10 days, depending on class size and scheduling. Upon completion, students receive a National Career Readiness Certificate and an Alabama Certified Employee Certificate.

Development of the customized content for the course began in spring 2023. Some 100 new direct-care employees have completed the class since it became part of the facilities’ on-boarding process in October 2023, said Perry Goins, ADMH facilities staff development manager.

Though the class is only available to new employees at this point, the plan is to expand enrollment to include existing staff, said Dr. Christine Rembert, ADMH director of Facility Services.

“Right now, new direct-care employees are the priority and focus, but eventually we’d like all of our direct-care staff to complete the course,” she said. Rembert said the class has had a noticeable impact on those staff members who have completed it.

“I met with the Staff Development team recently, and they were telling me that when individuals receive their ACE Certificate of Completion, they say, ‘I passed! I did it!’ It’s definitely a morale and confidence booster,” she said.

Testimonial

I liked that Shelton State allowed me to come and do the ACE program. I was glad to receive the credit at Shelton while doing the modules.

I learned a lot of new things, like the importance of effective communication in the workplace as well as skills to handle conflict at work in an acceptable manner. I was able to refresh my math skills, and that was nice. Although I thought I knew a lot about computers, I was surprised to see and learn a lot more. It felt good to learn new things.

The instructor was really nice and patient. She took the time to explain things and if she had to re-explain and break it down, she did.

I enjoyed the ACE program and receiving my certificate made me feel good.

Quentria Smith
Mental Health Tech @ Bryce Hospital



For These Four Women, ADMH is a Family Matter

For the Reynolds women, working at ADMH is a family affair.

Their connection to the department stretches back to October 1990, when mom Josie was hired as a habilitation treatment specialist at the now-closed J.S. Tarwater Developmental Center in Wetumpka. Some 30 years later, Josie was joined by daughter Jonika, who came on board in November 2020. Jonika was followed by younger sister Jonae in August 2021; Jontai, the oldest of the three, was hired in May 2023.

When the women are asked about what attracted them to ADMH, there is a common theme: the opportunity to work for a department that is genuinely committed to improving people's lives.

"I'm a people person," said Jonika, a personnel specialist III in the Central Office's Bureau of Human Resources. *"I love speaking with people and making a positive difference."*

Jonae, an accounting assistant II in the Central Office's Department of Developmental Disabilities, echoed her sister's sentiments.

"I was attracted to ADMH because I want to help others and make a difference in the lives of those we serve," she said.

Josie, now an accounting assistant II in Region IV, said she is grateful for the variety of ways she's been able to serve others since joining the department.

"Working directly with the individuals we serve for so many years in various positions with the department has given me a chance to better lives," she said. *"ADMH is special to me, and I'm truly grateful to be a part of it."*

All of the women agreed the department is a wonderful place to work. For Jonika, her co-workers in the Bureau of Human Resources are a big part of that.

"I have a good group of people that I truly enjoy coming to work to see and work with," she said. *"It's not hard being happy here. It comes naturally when you love what you do, and the cherry on top is having a good group to do that with. I smile from the moment I arrive to when I leave."*

Despite their different jobs, the women share calm, pleasant demeanors that make them a good fit for the department, said Jontai, who is an MH administrative assistant VII in the Commissioner's Office.

"We're all very soft-spoken, friendly women who are easy to talk to, easy to be around," she said. *"We're team players who are quick to listen."*

Each of the four women said that they relish the opportunity to contribute to the department's mission to "Serve, Empower, Support," with Josie emphasizing that she's just as dedicated and enthusiastic as she was three decades ago.

"I'm still here with the same amount of passion that I had on that first day in 1990 – wanting to help in any way I can," she said. *"No position is too big or small. It's like a puzzle to be completed. We all must work together to accomplish the overall mission of the agency."*



ORGANIZATIONAL HEALTH

Through the strategic priority of Organizational Health, our department will continue to promote a work environment that emphasizes teamwork and prioritizes wellness, innovation, and a connection to mission.

Guide highlights Childcare Options for Staff at Tuscaloosa Facilities

During strategic planning listening sessions with staff from the Tuscaloosa facilities in 2021, a key theme emerged repeatedly: A need for safe, high-quality, low-cost or free childcare.

"The commissioner did a lot of interviews and listening sessions with the facility staff in Tuscaloosa, and the issue that kept getting brought up was 'childcare,' 'childcare,' 'childcare' being something that affects their ability to go to work," said ADMH Director of Legislative and Constituent Affairs Collier Tynes, who was part of an informal group tasked with tackling the issue.

After some research and discussion, the group – comprised of Director of Facility Services Dr. Christine Rembert, Human Resources Director Brooke Hibbard, Associate Commissioner Nicole Walden and former ADMH Chief of Staff Ada Katherine van Wyhe – prepared a survey for Tuscaloosa facilities staff to assess their childcare needs. Some 40 employees completed the survey, which was sent out in August 2023.

"The results told us there was clearly a need and an opportunity," Tynes said. *"After we looked at that assessment, we decided it was time to get out of our silo."*

That's when the group connected with ADMH's partners at the Department of Early Childhood Education (DECE), the Department of Human Resources (DHR), and the State Department of Education (SDE) for help in compiling a list of childcare resources in the Tuscaloosa area.

The result was a five-page childcare resource guide – released in fall 2023 – that provides Tuscaloosa facilities staff with information on childcare options, broken down by age group. Each entry includes information on the program's cost, location, licensure/quality, a contact name and telephone number, and a website link for finding additional information, such as eligibility criteria.

The goal was to provide staff with a guide to help them navigate the childcare system in the Tuscaloosa area and *"tell them exactly what a parent would want to know,"* Tynes said. *"What's the cost? What's the quality? Is it safe? And how do I apply?"*

The guide also serves as a valuable tool in recruitment efforts as it shows potential employees the variety of childcare choices in that section of west Alabama.

In addition to creating the guide, the group set up and scheduled enrollment days at each of the facilities, giving parents, grandparents, and guardians the option of speaking with representatives of DECE, DHR, and Head Start in person.

Staff response has been positive, Tynes said.

"I think staff have been appreciative of us acknowledging that you cannot separate one's family life from their work life," she said.

The group is now working on a guide for staff statewide.





Assessment examines Culture, Strengths, Challenges of Facilities

Beginning in March 2023, the Clarus Consulting Group met with focus groups comprised of staff from Bryce Hospital, Mary Starke Harper Geriatric Psychiatry Center and Taylor Hardin Secure Medical Facility. The four focus groups, along with 31 one-on-one interviews with staff, were part of an organizational assessment of the three facilities.

The intent was a close examination of each facility's organizational culture, strengths and challenges.

"It was all part of Commissioner (Kimberly) Boswell's desire to identify ways to better support facilities staff so that they can provide the best patient care possible," said Kristie McCullough, chief operating officer and principal consultant for Clarus.

It also was a continuation of the work that started during the strategic planning process in 2021.

"One of the pillars of the ADMH Strategic Plan focuses on organizational health," she said. *"Plus, it was the commissioner's way of telling facilities staff, 'I really want to continue to hear from you.'"*

In all, 60 staff members participated in the focus groups and interviews, including members of leadership, frontline workers, mental health workers, nurse supervisors, direct care nurses, and human resources staff. During the process, the participants were *"pretty blunt"* about the conditions at the three facilities, McCullough said.

Although the facilities are very different, *"some key themes emerged,"* she said, primarily related to culture, communication, and staffing.

In June, representatives from Clarus – accompanied by Commissioner Boswell and Central Office leadership – traveled to Tuscaloosa to present the findings to staff at each of the three facilities.

Following those presentations, ADMH Director of Facilities Dr. Christine Rembert and leadership at the facilities began working on ways to address the challenges and capitalize on the strengths.

One component of that was training, McCullough said.

The department enlisted the consulting group to provide leadership and team development training for facilities staff, including Dr. Rembert, the facilities directors, risk managers, and HR directors. The trainings – three full days over a period of six weeks – included three modules focusing on self-awareness, communication and conflict management style.

To improve communication, the directors at each of the facilities began holding quarterly townhall meetings, Dr. Rembert said.

"These meetings are a good way to garner stakeholder support and buy-in and to give them greater insight into why things are a certain way," she said. *"They're also a good way to get the input of those that are actually doing the work – the boots-on-the-ground work, the direct-care work."*

The facility directors are also holding weekly meetings to discuss common problems and share ideas for solutions. In addition, corresponding departments from the three facilities are having routine *"huddles"* to discuss issues and concerns. For example, Human Resources staff from each facility, along with an HR representative from the Central Office, get together regularly to discuss hiring, resources, techniques, and strategies each HR department is using to retain and recruit staff.

"We're trying to have more front-end conversations rather than back-end conversations where you're discussing something detrimental," Dr. Rembert said.

Adopting this *"systems approach"* also gives the facilities an opportunity to collaborate more and use services and resources together, while also creating a *"more stable, solid department,"* she said.

"It's important that we empower the department heads to do their own work, as opposed to telling them – to get them working together, collaborating, building each other up and empowering them to make decisions because they're the subject matter experts for their departments," she said.

Regular visits from Commissioner Boswell also have been important.

"The commissioner has been very attentive to the concerns and has really poured a lot of time and energy into being present at the facilities to give the staff the opportunity to hear her voice and for her to hear their voices," said Dr. Rembert. *"Her presence, along with the increased dialogue and communication, has helped address the perception that the Central Office doesn't understand the situation at the facilities."*

And it's that continued presence that has helped facilities staff understand the bigger picture.

"It's no longer 'them' as a separate entity – it's 'us.' It's us as ADMH," she said.





CIT Training: increasing MH Awareness among Law Enforcement

Over the last few decades, crisis intervention has become a critical part of law enforcement, with police departments throughout the country establishing Crisis Intervention Teams (CIT) to assist those with a mental illness and improve the safety of officers, family members, and the public.

As the director of the Crisis Intervention Team (CIT) Division of NAMI Alabama, Johnny Hollingsworth believes strongly in the value of crisis intervention, pointing to the difference it made in a 2022 incident in Tuscaloosa.

A 911 caller had reported a young man threatening to jump from a bridge over the Black Warrior River. Two of the officers called to the scene were members of the Tuscaloosa Police Department's CIT. Drawing on their training, the officers were able to persuade the man not to jump. In addition to dealing with the immediate crisis, they also were able to connect him with the services to appropriately address his needs.

Those Tuscaloosa officers are just two of the hundreds of law enforcement officers around the state who have received CIT training, with some 250 receiving the training in FY23.

The state currently has 25 certified CIT instructors working through regional training hubs in Huntsville, Jefferson County, Mobile-Baldwin, Opelika and Tuscaloosa. The Huntsville and Tuscaloosa hubs were the first to begin operations, opening in 2019 and 2020 respectively, while the hubs in Jefferson County, Opelika, and Mobile-Baldwin began offering classes in FY23.

The trainings are vital to equipping law enforcement officers with the tools to de-escalate and intervene in situations in which an individual is experiencing a mental health crisis, Hollingsworth said. Such interventions, he said, increase the number of positive outcomes and decrease the strain on the health care and court systems, keeping individuals who are in crisis out of emergency rooms and jails.

Long-range plans for NAMI's CIT division include adding more training locations, with regional hubs slated to open in Birmingham and Florence in 2024, as well as increasing the number of certified instructors to provide the trainings.

Another point of emphasis moving forward will be establishing standards for CIT, so that *"when you call for CIT, you know what you're getting,"* Hollingsworth said.

Ultimately, he said, CITs are intended to work hand in hand with Alabama's Crisis System of Care to assure that individuals with a mental illness are directed to the appropriate sources for services.

"CIT isn't just officer training," he said. *"CIT really is the collaboration of law enforcement, ADMH, and advocacy groups to build a better, more efficient, least intrusive crisis response system. The Crisis Centers, the mobile crisis units, 988, the warm line ... it's all a team."*

And the goal is to make sure police officers *"become the last first responders going to somebody in a crisis,"* he said.

"If there's the possibility of a crime or violence, then, yes, let's send a CIT officer," said Hollingsworth. *"If not, let's have people call 988. Once they get through the crisis ... get them to the Crisis Centers, where they can stabilize and move toward recovery. That's how you protect your community. That's how you protect your officers."*





KNOWLEDGE AND AWARENESS

Through the strategic priority, the ADMH aims to strengthen knowledge and increase awareness of the department so Alabamians have access to the resources and opportunities they need to be happier and healthier.

No Shame Campaign promotes 988, addresses Stigma

The department's new suicide prevention campaign is spreading the word that there's "No Shame" in sharing one's feelings and asking for help.

The purpose of the No Shame Suicide Prevention Campaign, which launched in May 2023, is twofold: to decrease the stigma associated with suicide and mental illness and to promote public awareness of the 988 Suicide and Crisis Lifeline, said Maegan Huffman, suicide prevention coordinator for ADMH.

"When 988 rolled out here, we knew we needed marketing materials so that the public would know exactly what it is and how it works," she said.

The campaign, created for ADMH by Copperwing Design in Montgomery, was funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

To develop the materials, Copperwing assembled a focus group comprised of members of the Alabama 988 Coalition, with representatives from various constituencies and stakeholders, including the state's Crisis Centers and the educational and LGBTQ communities.

The design agency met with the group twice, the first time to gather information and workshop ideas, terms and phrases. In this meeting, the group provided helpful input on words to use and avoid as well as possible color schemes.

The finished product was presented at a second meeting. The resulting materials include posters, window and mirror clings, two sizes of informational cards, billboards, infographics, social media graphics, short videos, public service announcements and radio ads.

"We wanted an array of content so that we could assure we reach as many populations as possible," Huffman said, adding that the printed materials are being distributed around the state through providers, Crisis Centers, and privately owned businesses.

The tone of the campaign is somber yet positive.

"We wanted it to speak about hope, not judgment," she said. "And to emphasize to those individuals seeking help that they should not be ashamed."

ADMH-funded Book teaches Children about Feelings

Children around the state are able to learn more about their emotions thanks to SHORT, a cape-wearing squirrel created by former Troy classmates and sorority sisters Monica Anderson Young and Dr. Dee Dupree Bennett.

Through the SHORT's Feelings coloring book and its engaging activities, children are encouraged to identify and label a number of emotions, including joy, fear, worry, sadness, anger, and excitement. The kit includes crayons, a SHORT sticker, and a game of "Facial Charades."

Funded by ADMH, SHORT's Feelings joins the original SHORT in Court, SHORT Gets Sick, SHORT Tours the Town, and other literary kits in strengthening children's reading skills and promoting the idea that "waiting time is reading time."

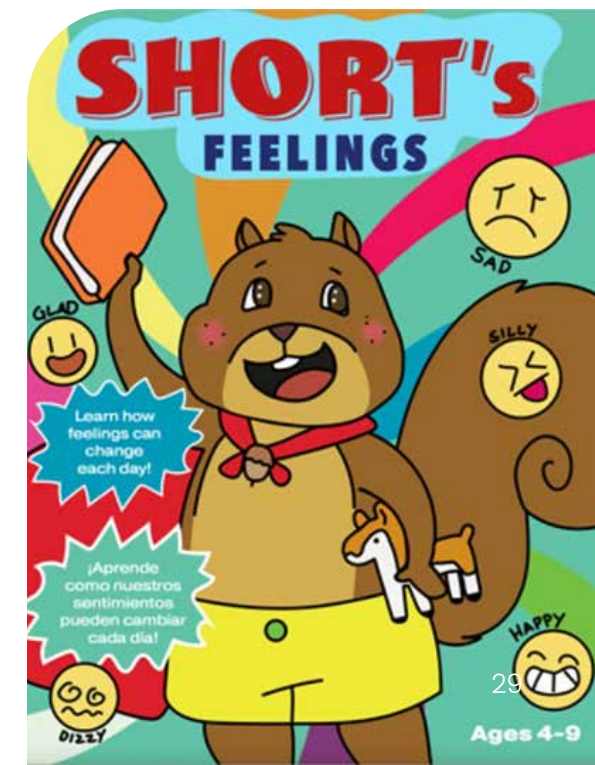
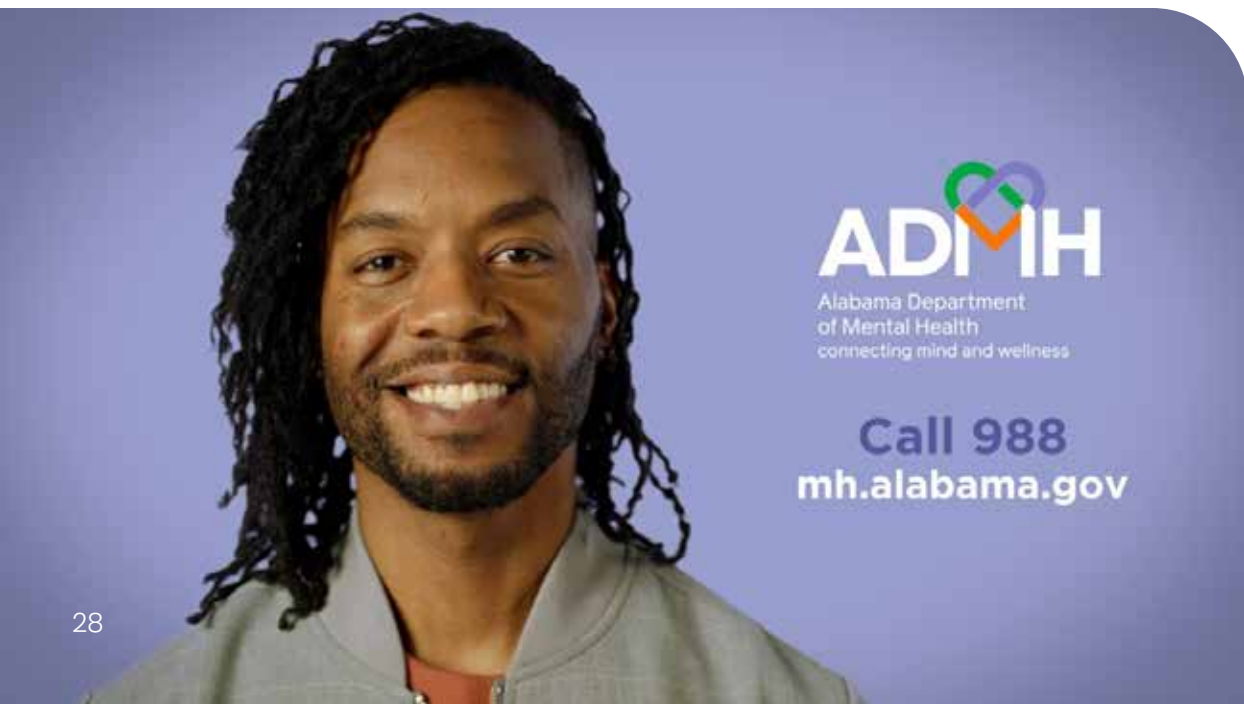
The concept of SHORT originated after Monica's daughter, then an assistant district attorney in Mobile, noticed that children needed an activity to occupy them while in court, where electronic devices are not allowed. Working with a student from the Center for Design, Technology, and Industry at Troy University, Dee and Monica were able to bring their vision for SHORT to life.

The first coloring book, SHORT in Court, features fun learning activities and interesting facts about Alabama and its laws. By March 2021, it was available in county courthouses in all 67 counties, far exceeding the expectations of its creators.

Suddenly, what began as a single book ballooned into multiple activity kits.

"We were going to be one and done, but then we realized court isn't the only place where children wait," Monica said.

Thus far, 2,500 copies of the 5,000 funded by ADMH have been distributed in such places as courtrooms, community centers, nonprofit organizations, counseling centers, schools, medical clinics, and health departments.



Alabama Department of Mental Health Divisions and Offices

Commissioner's Offices

The Commissioner's Offices support the department-at-large with legal, legislative, investigative issues, as well as protect the rights of the people we serve and promote mental health in our state.

The Commissioner's Offices are comprised of the Chief of Staff who supervises the Office of Legislative & Constituent Affairs; the Bureau of Special Investigations; the Office of Legal Services; Office of Internal Audit; the Office of Public Information; and Office of Rights Protection & Advocacy.

Administration

The Division of Administration provides support to the department's central office and the facilities and regional offices through several specialized sections. Management of human resources and staff development, land and asset management, centralized accounting, policy and planning, information technology services, administrative support services, nurse delegation and nursing home screening services are housed in this division.

The division is comprised of the Bureau of Finance; the Bureau of Human Resources Management; the Bureau of Information Technology Services; the Office of Land & Asset Management which supervises Office of Administrative Support Services, Office of Certification Administration, Office of Life Safety & Technical Services, and Office of Nurse Delegation Program; the Office of Pre-Admission Screening, and the Office of Policy & Planning.



Developmental Disabilities

Developmental Disabilities (DD) provides a comprehensive array of services and supports to individuals with intellectual disabilities and their families in the state through contractual arrangements with community agencies, five regional community services offices, and three comprehensive support service teams that assist with behavioral, medical, psychiatric and dental services and supports.

The DD Central Office Staff provide oversight and support in planning, service coordination, service delivery, fiscal operations, contracts, eligibility, monitoring/quality enhancement of services, and the monitoring and certification of all community agencies that provide services to individuals with intellectual disabilities.

A DD Coordinating Subcommittee comprised of consumers, families, service providers, and other leaders in the field assists the division in setting and prioritizing service goals based upon the needs of individuals and budgetary considerations.

The division is comprised of the Office of Administrative & Fiscal Operations; the Office of Psychological & Behavioral Services; the Office of Quality & Planning; the Office of Supported Employment which supervises the Office of Self-Advocacy Services; the Office of Support Coordination; the Office of System Transition & Waiver Development; and the Office of Systems Management.

Mental Health & Substance Use

The Division of Mental Health and Substance Use 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 recovery-based peer support services throughout the state.

Responsibilities encompass contracting for services, monitoring service contracts, as well as evaluating and certifying service programs according to regulations established in the Alabama Administrative Code.

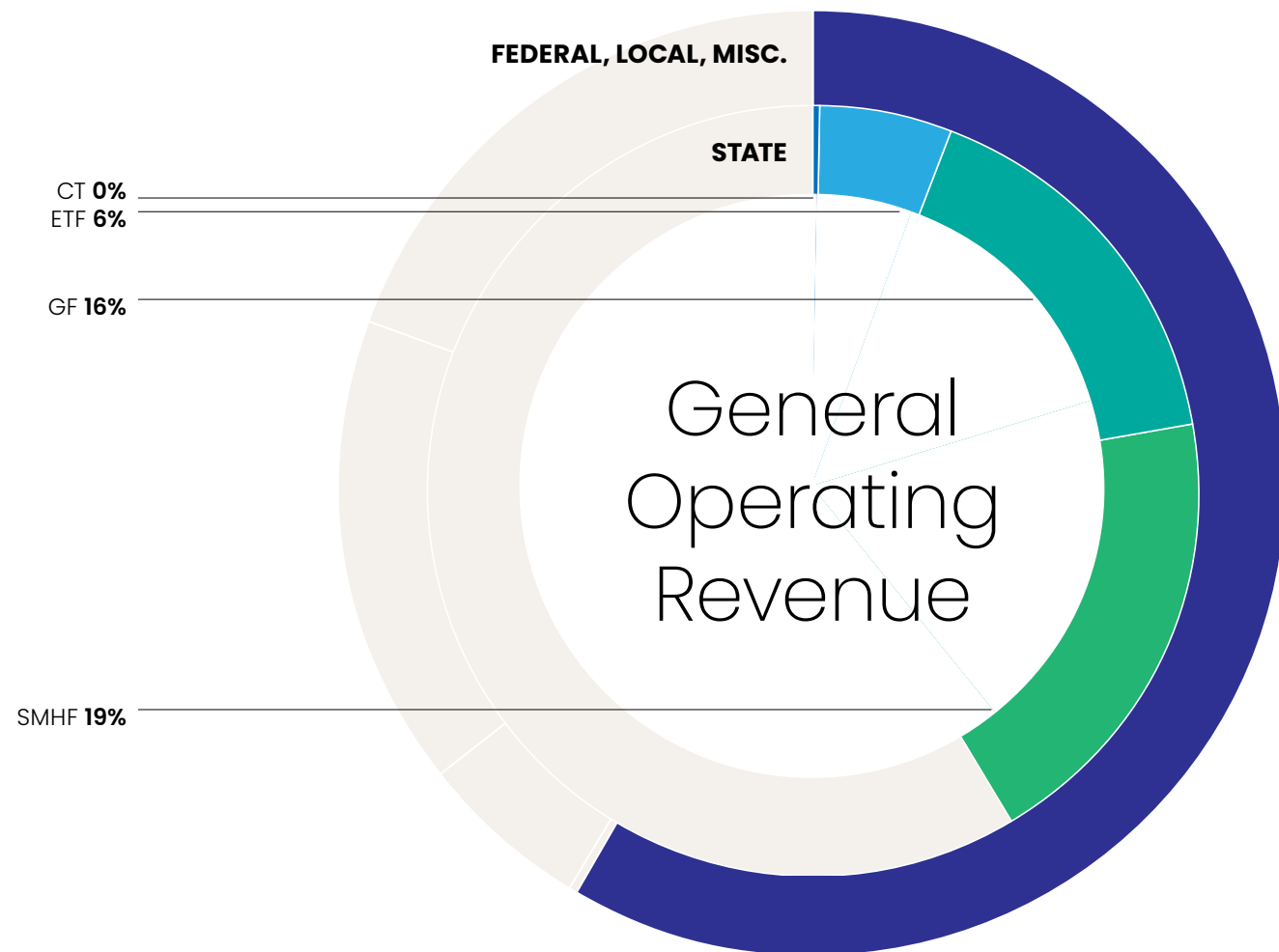
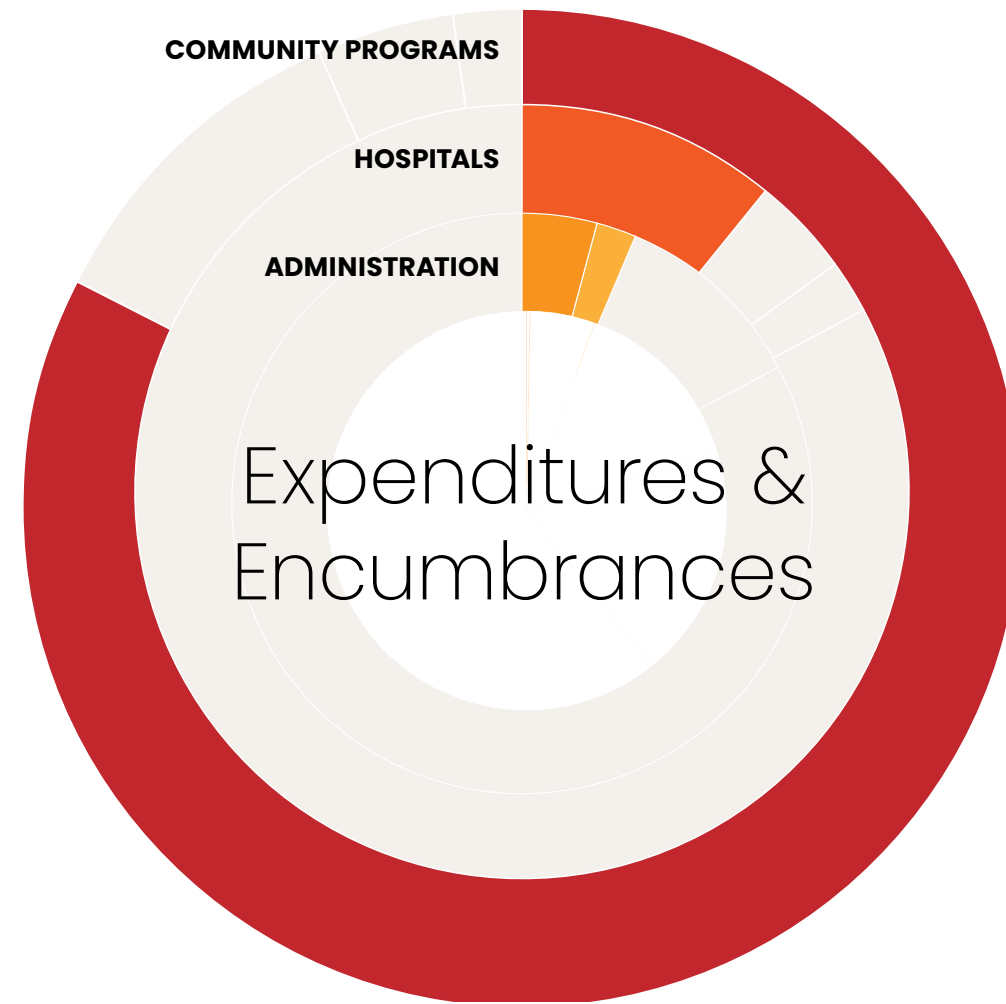
In addition, the division manages ADMH's three mental health hospitals: Bryce Hospital, Mary Starke Harper Geriatric Psychiatry Center, and Taylor Hardin Secure Medical.

The division is comprised of the Office of Certification; the Office of Deaf Services; the Office of Mental Illness Community Programs; the Office of Peer Programs; the Office of Pharmacy; the Office of Prevention Services; the Office of Quality Improvement & Risk Management; and the Office of Substance Use Treatment Services.

Financial Report

Federal, Local, Miscellaneous 58%	
Medicaid, T. XIX-ID Community	450,053,057
Medicaid, T. XIX-MI Community	105,268,010
Federal Block	57,887,125
Federal Block Grants	19,161,995
Medicaid, T. XIX-SA Community	15,581,919
ARP Section 9817 (HCBS 10%)	14,721,225
Other Income	11,545,388
Medicaid, T. XIX-Facilities	12,409,388
Departmental Receipts	1,500,000
Medicaid, PL 100-203-OBRA	1,376,526

Medicare	1,275,864
Donated Restricted	319,049
State 42%	
Special Mental Health Fund (SMHF) 19%	228,105,935
General Fund (GF) 16%	194,142,108
Education Trust Fund (ETF) 6%	67,934,836
Cigarette Tax (CT) 0%	3,825,705
Tobacco Settlement	2,759,196
State Match Funds - DHR/DOE	1,520,231
Indigent Offenders Treatment	85,895
Judicial Fines	436
Total	1,189,473,888



Community Programs 83%	
Developmental Disabilities	588,220,604
Mental Illness	357,075,772
Substance Use Disorder	88,653,162
Hospitals 11%	
Bryce Hospital	63,588,994
Taylor Hardin Secure Medical	34,265,960
Mary Starke Harper Geriatric Psychiatry Center	28,565,073
East Alabama Medical Center (Adolescent Unit)	9,500,000
Administration 6%	
Central Office 4%	52,318,627
Special Services 2%	27,640,082
Total	1,249,828,274

Individuals Served by Service Population

Developmental Disabilities

Community Program Waiver	305
Intellectual Disability Waiver	4,856
Living at Home Wavier	589
Total	5,750

Developmental Disabilities

5,643 adults served

107 adolescents served

Mental Illness

63,585 adults served

30,021 adolescents served

Substance Use

26,744 adults served

2,707 adolescents served

Total

95,972 adults served

32,835 adolescents served

Mental Illness

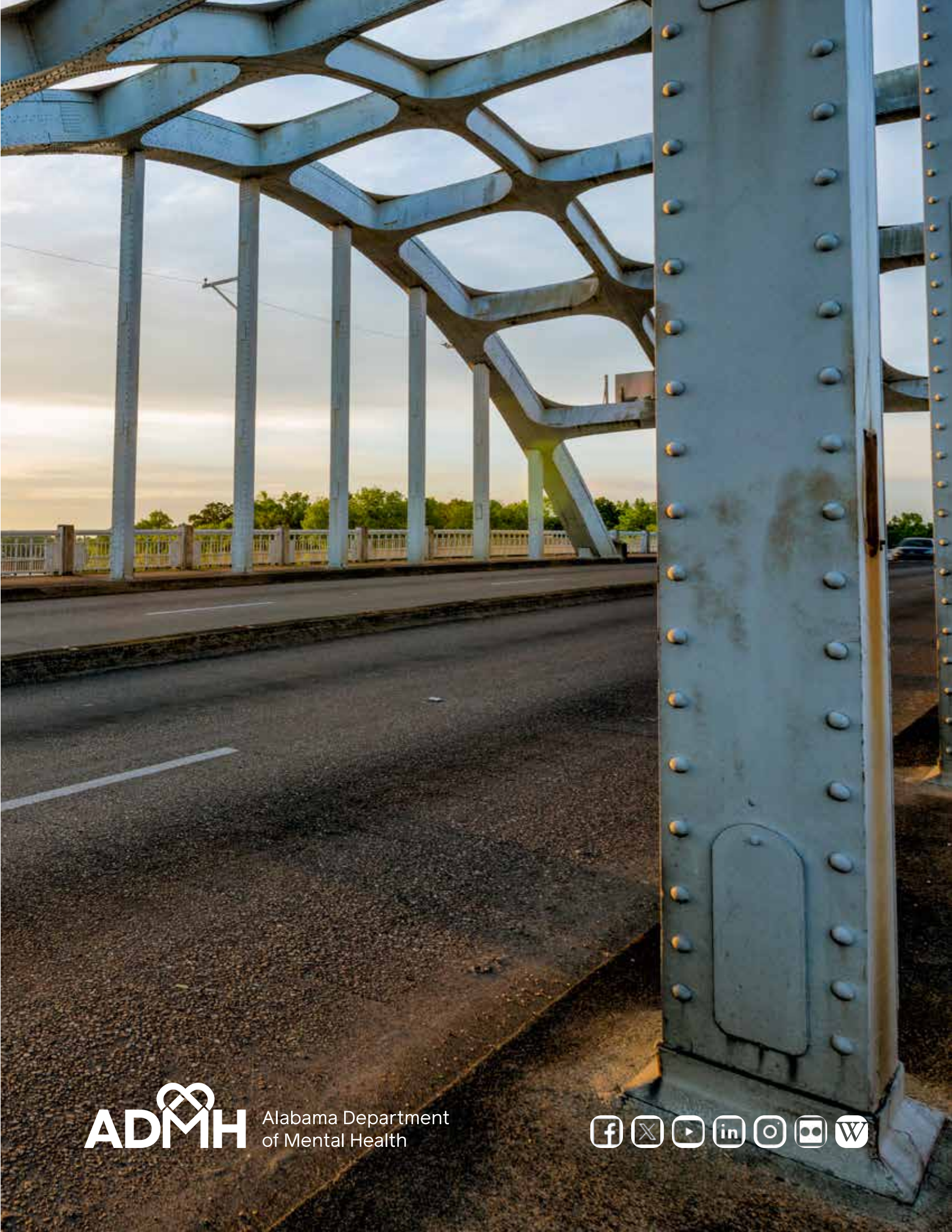
Bryce Hospital	330
East Alabama Medical Center (Adolescent Unit)	18
Mary Starke Harper Geriatric Psychiatry Center	121
Taylor Hardin Secure Medical Facility	200
Total	651

AltaPointe Health	15,566
Brewer Porch	19
CED MHC	3,032
Cahaba Center for Mental Health	2,313
Capitol Care South	295
Carastar Health	5,446
Central Alabama Wellness	2,199
East Alabama MHC	7,982
East Central Alabama MHC	2,697
Eastside	2,589
Glenwood	359
Highlands Health System	3,314
Indian Rivers	4,585
JBS Mental Health Authority	5,327
MHC of North Central AL	3,523
Mountain Lakes	3,202
Northwest Alabama MHC	3,526
Riverbend Center for MHC	5,276
South Central Alabama MHC	3,175
Southwest Alabama BHC	2,635
SpectraCare Health Systems	3,832
UAB	1,434
WellStone	9,795
West Alabama MHC	1,485
Total	93,606

Substance Use

AIDS Alabama	47
Alcohol & Drug Abuse Treatment	797
Aletheia House	2,420
AltaPointe Health	1,232
Anniston Fellowship House	155
BHG Huntsville	453
BHG Stevenson	66
Birmingham Metro Treatment Center	281
Bradford Health Services	194
Cahaba Medical Care Foundation	23
CED Fellowship House	692
CED MHC	271
Central Alabama Wellness	247
Coosa Community Services: ROSS	44
Dothan Houston County Drug Treatment Center	14
East Alabama MHC	704
East Central Alabama MHC	156
ECD Program	231
Family Life Center	1,108
Fellowship House	1,006
Franklin Primary Health Center	240
Gadsden Treatment Center	310
HealthConnect America	334
Highland Health	541
Hope House	111
Huntsville Metro Treatment Center	349
Indian Rivers	546
Insight Treatment Program	208
Kolbe Clinic B	71
Lighthouse of Tallapoosa County	55
Lighthouse of Cullman	73
Marion County Treatment Center	51
Marwin Counseling	307

MedMark Treatment Centers of AL - Dothan	126
MedMark Treatment Centers of AL - Oxford	191
Mobile Metro Treatment Center	242
Mom's	262
Montgomery Metro Treatment Center	174
Mountain Lakes	409
New Centurions	103
New Pathways	308
Northwest Alabama MHC	1,046
Phoenix House	212
RCA Foundation	201
Recovery Organization of Support Specialist	525
Recovery Services of Dekalb County	631
Riverbend Center for MH	543
Salvation Army Dauphin Way Lodge	173
Shelby County Treatment Center	443
Shoals Treatment Center	303
South Central Alabama MHC	308
Southeast Intervention Group	456
Southern Wellness Services	241
Southwest Alabama BHC	174
SpectraCare Health Systems	1,622
St. Clair County Day Program	68
Substance Abuse Council of Northwest Alabama	61
Teens Empowerment Awareness with Resolutions	145
The Bridge	2,203
The Shoulder	256
Tri County Treatment Center	162
Tuscaloosa Treatment Center	845
UAB Drug Free	2,159
Walker Recovery Center	89
WellStone	1,106
West Alabama MHC	318
Total	29,451



Alabama Department
of Mental Health

