

Annual Report  
**FY24**

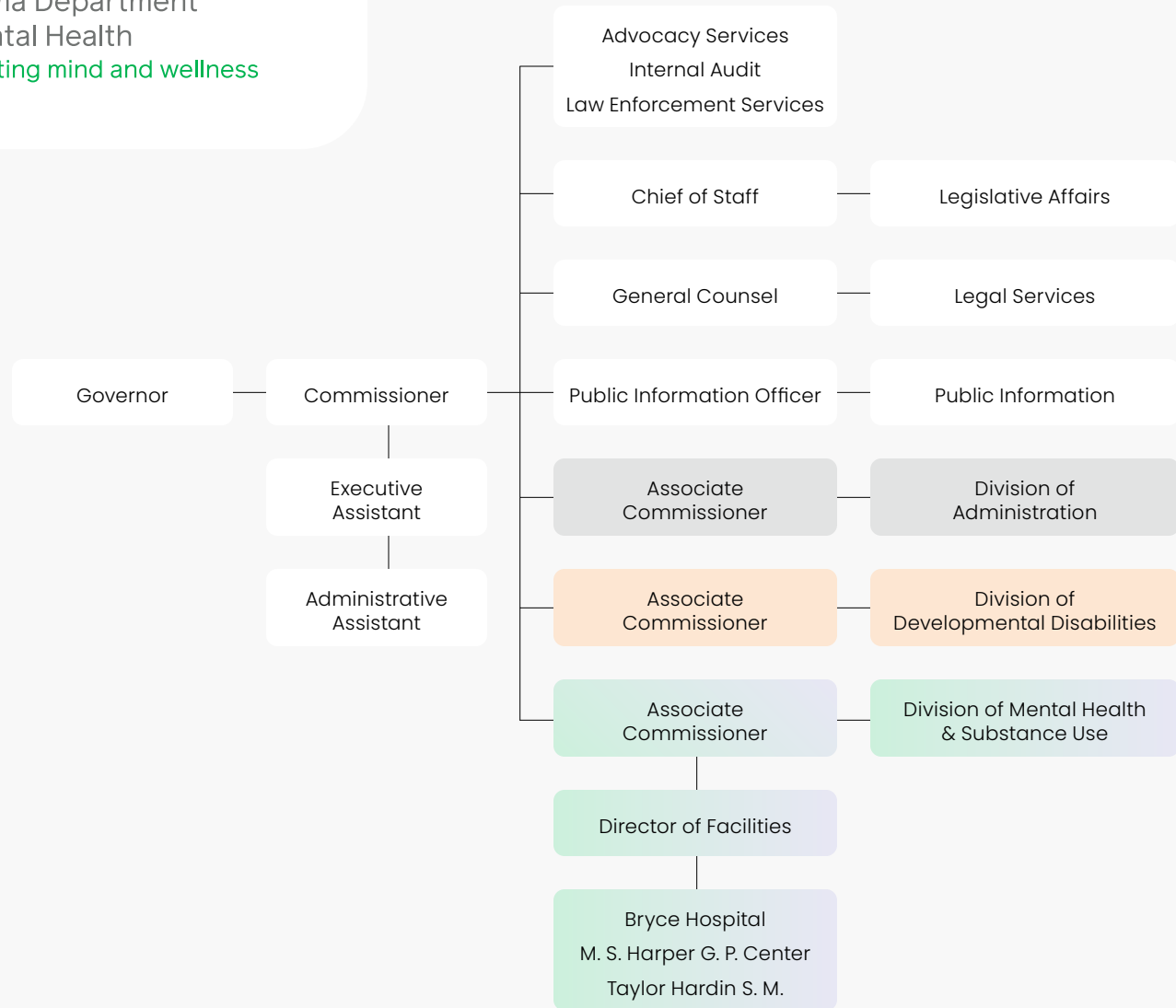
# Connecting Mind and Wellness



Alabama Department of Mental Health



Alabama Department  
of Mental Health  
connecting mind and wellness



**Division of Administration**

- Administrative Support Services
- Certification Administration
- 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
- Supported Employment
- System Transition & Waiver Development
- Systems Management
- Waiver Appeals

**Division of Mental Health & Substance Use**

- Certification
- Certified Community Behavioral Health Clinics
- Child & Family Services
- Deaf Services
- Mental Illness Community Programs
- Peer Programs
- Quality Improvement & Risk Management
- Substance Use Treatment Services

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Dear Governor Ivey,

I am delighted to present the Fiscal Year 2024 annual report for the Alabama Department of Mental Health (ADMH). This document highlights the department's numerous successes as well as our staunch and enduring commitment to the vision of "promoting the health and well-being of Alabamians with mental illnesses, developmental disabilities and substance use disorders."

Beyond presenting detailed information and hard numbers, the pages of this report also include short testimonials from a few of the scores of Alabamians who have received and benefited from ADMH programs and services.

The theme for this year's report, "Connecting Mind and Wellness," goes to the heart of the work we do within our department and underscores our devotion to creating and strengthening connections – both within and outside of our walls.

**Connecting Internally**

- The new **Bryce Hospital Museum**, which opened in June 2024, showcases ADMH's connection to its past by honoring those who have contributed to the advancements in mental health care in our state. Through thoughtful and impactful exhibits, the museum fosters understanding of Alabama's progress in mental health treatment while also encouraging reflection on the ongoing challenges and stigma associated with mental health conditions. More than 1000 visitors each month pass through the Museum and learn more about the rich and teachable history of mental health in our state.
- Also, in FY24, ADMH streamlined and consolidated the department's services for children and families into the **Office of Child and Family Services**, assuring stronger connections and communication between programs and staff. In addition to assuring continuity, the office also prevents duplication of services, maximizes available resources, and establishes and expands partnerships and collaboratives.

**Connecting Externally**

- The **Alabama Crisis System of Care** continued its steady growth and expansion in FY24. With the opening of an additional **988 Suicide and Crisis Lifeline call center** operated by SpectraCare in Dothan, Alabama improved its in-state answer rate to 82.5 percent, meaning a higher percentage of those seeking help during a crisis can more easily connect with programs and services in their communities. Calls that are not answered by in-state centers roll over to the national line, where crisis counselors may not be familiar with resources in Alabama. With the September opening of the **new pediatric unit at WellStone in Huntsville**, families in northeast Alabama have improved access to pediatric crisis care, rather than being forced to travel hours away to receive care for their children.
- Using opioid settlement funding allocated by the Oversight Commission on Alabama Opioid Settlement Funds, ADMH was able to issue **grants to expand services related to opioid use prevention, treatment and recovery** in Round One of the FY24 grant process. One of the goals of the Request for Proposal (RFP) process was to encourage grant applications from nontraditional providers and to increase the number of organizations certified or approved by ADMH. Now, more than 25 new and unique organizations will now be serving Alabamians, in their communities, in addition to the existing providers awarded grants.

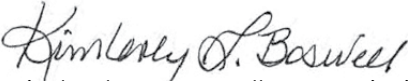
- In June 2024, Alabama was among 10 states named to receive a Certified Community Behavioral Health Center (CCBHC) four-year Section 223 Medicaid demonstration grant in coordination with the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant funding, which began in July, has enabled the state to **transition two Community Mental Health Centers (CMHC) to the CCBHC model** – WellStone, which has locations in Huntsville and Cullman, and AltaPointe, with offices in Bay Minette, Mobile and Chatom. Many thanks to the Alabama Medicaid Agency for their support.

The CCBHC model is an integrated, person-centered design, 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.

I want to offer my gratitude and congratulations to ADMH's staff for another impressive year! Their creativity, energy and determination are the driving force behind our accomplishments. Many thanks too to our providers, partners and stakeholders for their unwavering dedication to our shared mission.

Lastly, a resounding and heartfelt "thank you" to the administration and the state Legislature for their steadfast encouragement and support for our efforts to "connect mind and wellness" for the betterment of Alabamians with mental illness, substance use disorder and developmental disabilities.

Sincerely,



Kimberly G. Boswell, Commissioner





Preserving a Legacy: The Bryce Hospital Museum

The Bryce Hospital Museum plays an important role in preserving and sharing Alabama’s mental health history. Opened June 28, 2024, with a celebratory event, the museum showcases the connections, care and community the original Bryce exemplified through its people and many programs.

The museum provides valuable insight into how mental health care has changed over the years and honors the individuals who contributed to these advancements. By educating the public, the museum fosters understanding of the progress in mental health treatment while encouraging reflection on the ongoing challenges and stigma associated with mental health conditions.

The museum began as a vision of former Commissioner John Houston, who assembled the Bryce Hospital Preservation Committee in 2007. The concept of the museum was included in the 2010 sale of the Bryce Hospital campus to the University of Alabama. The museum’s custom design and careful construction spanned five years, thanks to the collaborative efforts of the Alabama Department of Mental Health, the University of Alabama, John Kelton of Kelton Design and Southern Custom Designs.

The museum was purposefully located in Bryce Main, near the Performing Arts and Randall Welcome Center, to encourage students, their families and all visitors to explore the space and learn its story. Its mission extends beyond preserving history to reducing the stigma surrounding mental illness by telling the real stories of those who lived at Bryce Hospital, with the museum’s exhibits highlighting the diversity of patients’ experiences.

*“The Bryce Museum is a result of years of planning between the Alabama Department of Mental Health, the University of Alabama and patient advocacy groups,” said Steve Davis, ADMH historian. “The location is relevant, as the Bryce Hospital’s dome represented hope for many but marginalization for others. Now, it represents the capstone of the University of Alabama and is a testament to the never-ending effort to make the treatment of individuals with a mental illness part of the mainstream of health care.”*

The museum welcomes an average of 1,000 visitors each month, demonstrating its value as an educational and community resource.

When Bryce Hospital first opened, it was guided by the moral treatment philosophy, emphasizing humane and compassionate care for individuals with mental illnesses. The museum reflects on how these principles shaped the hospital’s legacy and the continuing effort to treat mental health conditions with dignity and respect.

Visitors are encouraged to take their time as they explore the museum’s displays, which include graphics, videos and artifacts. Beyond just sharing history, the Bryce Hospital Museum inspires visitors to think critically about the progress in mental health care and serves as an embodiment of the importance of learning from the past to create a better future.





## Grants Fund Opioid Prevention, Treatment and Recovery Programs

Using funding appropriated by the Oversight Commission on Alabama Opioid Settlement Funds, ADMH was able to expand services related to substance use prevention, treatment and recovery in FY24 through an important grant program. The purpose of the grant program is to prevent, reduce, treat, or mitigate the effects of opioid substance use.

Associate Commissioner Nicole Walden, who oversees ADMH’s Mental Health and Substance Use Division, said the level of community interest in the grants has been “amazing.”

A substantial portion of the \$20.4 million in settlement money allotted to ADMH went toward funding grants to nonprofit organizations, with \$8.5 million awarded in the first grant cycle in FY24. A second round of grant funding of \$8 million is being distributed in FY25.

*“It’s really been exciting and energizing to see so many organizations that want to be a part of helping people,” Walden said. “And I think having so many agencies applying for continuation funds in the second round showed us that the grant money was changing people’s lives.”*

For the first-round selection process, ADMH assembled a diverse, multidisciplinary team of stakeholders, community leaders, providers and state agency representatives that included professionals with expertise in prevention, treatment and recovery.

### The nine grantees using the funds for prevention:

- Provided 617 individuals – 323 adults and 294 young people – with a prevention strategy
- Distributed 126 Narcan kits and 1,000 fentanyl test strips
- Conducted 50 trainings and educational events

### The 13 organizations receiving grants for treatment services:

- Served a total of 491 individuals, including 388 adults and 103 young people
- Provided more than 4,000 individual treatment services
- Distributed 950 Narcan kits
- Conducted 20 trainings

### Under the category of recovery, 10 organizations used grant dollars:

- Served 5,790 individuals
- Distributed 166 Narcan kits
- Held 149 support groups or family coaching sessions
- Hosted 58 public awareness sessions or events
- Conducted 13 trainings

Of the 52 applications, 33 – 63 percent – were approved for grant funding. The largest amount of \$4 million was awarded to 13 organizations for treatment programs. Nine organizations received \$2.33 million in total for recovery programs, while 10 prevention programs were awarded a total of \$2.16 million. Award amounts ranged from \$12,240 to \$600,000.

The target for the distribution of grant funds was based on the formula used by the federal Health Resources and Services Administration (HRSA), which requires that 70 percent of funding go toward treatment, 20 percent to prevention and 10 percent to recovery.

Walden said there is reasoning behind the emphasis on treatment.

*“If you’re actively using, we’ve got to figure out how to get you to stop,” she said. “Otherwise, you’re going to die. Prevention doesn’t help you at that point. We want to stop you from getting to that point. Treatment is expensive, especially when you talk about adding medications, which are the gold standard.”*

The request for proposals for the second round of \$8 million was sent out in July 2024, with a bidders conference in August and a late September application deadline. Organizations received their letters of grant award in late 2024.

For the second round, 52 organizations submitted 69 proposals; of those, 41 programs were approved for grant funding – 12 for treatment programs, 12 for prevention and 17 for recovery support. Fifteen of the proposals were for continuation funding.

Learn more at <https://mh.alabama.gov/opioid-settlement/>.

## Success Story

### Kayla

I was referred by my OBGYN for substance use treatment services. I had been struggling with the occasional use of pain pills and was concerned about a full relapse. I was pregnant and had a three year old son. I began with Outpatient Treatment and got plugged into the She Recovers trauma-informed group held at the office of my OBGYN so that I could receive prenatal care alongside treatment for the substance use disorder.

Despite experiencing the heartbreaking loss of my baby, one and a half months after giving birth, I maintained recovery by leaning on a support system of family, work, and her treatment team. I continue to work through the grieving process and has begun grief therapy with my son. I have identified strengths from persevering through this traumatic event and previous events of trauma. I am using my experience for the good as I have gotten started in an internship with the Recovery Organization of Support Specialists (ROSS) and am working towards becoming a Certified Recovery Support Specialist. I want to help and support other women who have been through trauma so that they know they are not alone and that there is healing in recovery.



# Demonstration Grant Helps State Transition Two Sites to Certified Community Behavioral Centers

Alabama was among 10 states named to receive a federal Certified Community Behavioral Health Center (CCBHC) four-year Section 223 Medicaid demonstration grant in coordination with the Substance Abuse and Mental Health Services Administration (SAMHSA).

The grant funding, which began in July 2024, has enabled the state to transition two Community Mental Health Centers (CMHC) to the CCBHC model. The state’s two new CCBHC’s are WellStone, which has locations in Huntsville and Cullman, and AltaPointe Health Systems, with offices in Bay Minette and Mobile.

*Nicole Walden, ADMH Associate Commissioner for the Division of Mental Health and Substance Use Services, said she’s already noticed an impact on the services provided at the sites. “There has been an increase in services showing that it’s starting to work, and people are starting to see what CCBHC’s can offer within their communities,” said Walden.*

The CCBHC model offers a one-stop shop that is integrated, person-centered and 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.

*“Normally, in the fee-for-service world, an individual would go in for individual therapy, and that would be it,” Walden said. In the CCBHC world, a person could go to individual therapy and also have a primary care screening to determine any type of medical needs they may have, get really focused case management services, and then even get some peer support services. So, a higher number of services that could be provided to an individual in one encounter versus one service per encounter.*

Plans are underway, though, to help smaller, rural centers make the changeover.

Starting in early 2025, for example, ADMH began providing technical assistance to CMHC’s that have not entered the demonstration so they can better understand what it looks like and what’s required to become a CCBHC.

ADMH also is in the process of developing a plan to assist the rural centers in moving to the CCBHC model, said Dawn Taylor, CCBHC project manager.

*“We are trying to come up with a plan to support and help them stand up a new program because we definitely need those programs in those areas,” she said.*

The demonstration grant has helped ADMH strengthen internal collaboration, Taylor said.

*“Another advantage is integration within the department because it has required a lot of internal interaction across the board – finance, IT. It’s bringing us all together to talk about not just a transformation outside, but a transformation inside,” she said.*

## 8 Reasons CCBHCs are the Future of Behavioral Health Care

The Certified Community Behavioral Health Clinic (CCBHC) is a growing care model that offers creative solutions with documented results to meet the challenges facing behavioral health care organizations across the nation.

Certified Community Behavioral Health Clinics (CCBHC) are making significant headway toward access to equitable, high-quality behavioral health care that’s sustainable.

As the CCBHC model of care continues to gain traction, The Joint Commission shares eight key ways these clinics are changing the landscape of behavioral health care delivery for the better.

1. Improved access to care
2. New service lines
3. Chronic health management
4. Increased hiring and retention
5. Redesigned care teams
6. Improved community partnerships
7. Fewer hospitalizations and lower emergency room utilization
8. Improved physical health for individuals

Source — The Joint Commission

Crisis Centers Experience Significant Increase in Volume in FY24

By providing individuals in distress “somewhere to go,” the state’s crisis centers play a vital role in the Alabama Crisis System of Care.

In FY24, the state’s five centers experienced an almost 70 percent increase in the total number of people seeking assistance, averaging 646 evaluations a month as compared to FY23, when the average was 381 evaluations monthly.

Anthony Reynolds, ADMH crisis care project director, attributes much of the growth to the opening of two additional Crisis Centers, along with greater collaboration with law enforcement, hospitals and 911 providers statewide.



Average Evaluations per Month increased from **381 to 646** an increase of 70%

*“A lot of our crisis centers are doing an excellent job reaching out to first responders in their areas,” said Reynolds.*

One of those is the Craig Crisis Care Center in Birmingham, operated by the Jefferson-Blount-St. Clair Mental Health Authority (JBS MHA), which has worked diligently to increase awareness among law enforcement officers in the area.

*“We talked to police chiefs, and it just didn’t trickle down,” said Jim Crego, executive director for JBS MHA. “We connected with (Birmingham) Deputy Chief (Onree J.) Pruitt, who is over the patrol officers, and he said, ‘You just need to go to our roll call meetings. ... It’s not uncommon for community organizations to do a presentation.’ There are four precincts in Birmingham, so we went spoke at two of the three roll calls at each of the precincts.”*

Pruett was sold after visiting the center, Crego said.

*“I think he went back immediately and told people, ‘You’re sitting at UAB’s ER for eight to 12 hours, and you can be in and out of this place in 15 minutes. We’ve got a police staff shortage. We’ve got a lot of overtime costs. This does not make business sense for us or public safety sense. You guys need to be using this resource more.’ ”*

Following Pruett’s tour and the roll call presentations, the Craig center experienced a noticeable increase in law enforcement referrals – from 10 a month in September 2024 to 50 a month in October 2024.

The emergency room at UAB also has noticed a difference in the type of patients they are seeing, Crego said.

*“I know they have seen a significant reduction in emergency room patients who are in a psychiatric or substance use crisis,” he said. “They’ve definitely seen the impact, and that’s why they’re interested in continuing to help us with data and ways to get more people aware of the service – because it’s helping them.”*

In addition to the Birmingham Crisis Center, the state has centers in Huntsville, Mobile, Montgomery and Tuscaloosa. The sixth, operated by SpectraCare in Dothan, opened in February 2025.

Success Story

Wakisha

I am one of the first four R.O.S.S. Recovery Community Services Program (RCSP) Road to Recovery students, a program that prepares individuals to start Certified Recovery Support Specialist (CRSS) training. At the time I didn’t know how RCSP was going to be critical for my recovery journey. I had been in and out of hospitals, recovery groups, and treatment facilities since I was nineteen years old. As a teen, I was diagnosed with Major Depressive Disorder and for many years avoided treating it. Along the way, I started self-medicating with substances. The trajectory of my addiction landed me in a space of desperation.

As the weeks of training progressed, I gained a sense of purpose and renewed hope. I was taught the tools and skills needed to have a successful recovery journey. Going to these classes helped me create and build a sense of belonging. I was given hope. My instructors encouraged and supported me.

Over the years, I had heard the term dual diagnosis but never quite knew what it meant.

While in RCSP class, I learned about stigmas and how much the language used related to addiction and recovery had evolved. In order to reduce the stigma, negative attitudes and beliefs around addiction and recovery, co-occurring is a word we now use. I can’t articulate why this gave me hope and a light bulb came on. It was very important to me to maintain my recovery. I started therapy and acknowledged my diagnosis and started to treat it. In my journey, this is the longest recovery time I’ve ever had.

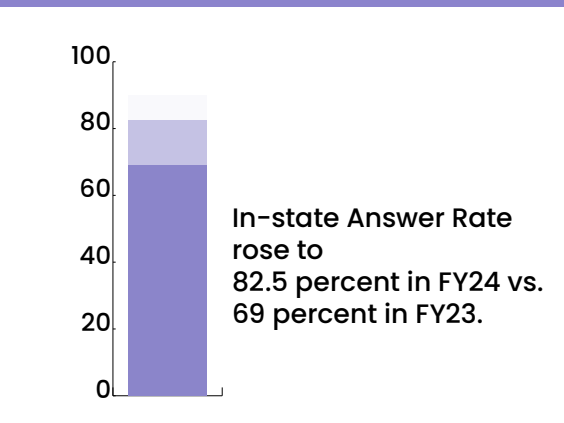
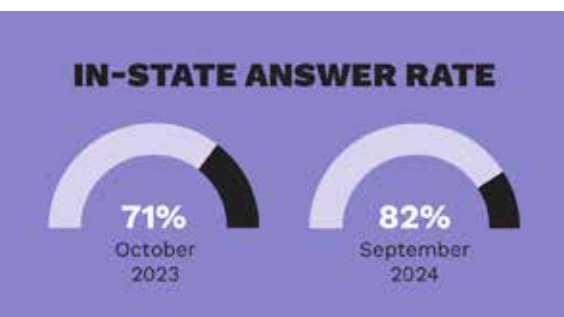
Success Story

L.M.

“About 5 months ago I was in a substance and psychotic crisis. A peer worker came and had me sign papers and do an intake, but I barely remember. She and my family called the nearby crisis center, and I was treated there. I was then transferred to EastPointe hospital. For the first month I don’t remember much. But in the next few months the medication was worked out and my mind started coming back.

So here I am 5 months later and now I’m going to court to get visitation with my children that I haven’t seen in 8 years. I don’t think any of this would have been possible had my peer worker and EastPointe not worked with me. I now have an assessment that has been set for me to go into The Shoulder. I am excited about my future for the first time in over a decade.”





## In-State Answer Rate for 988 Surges in FY24

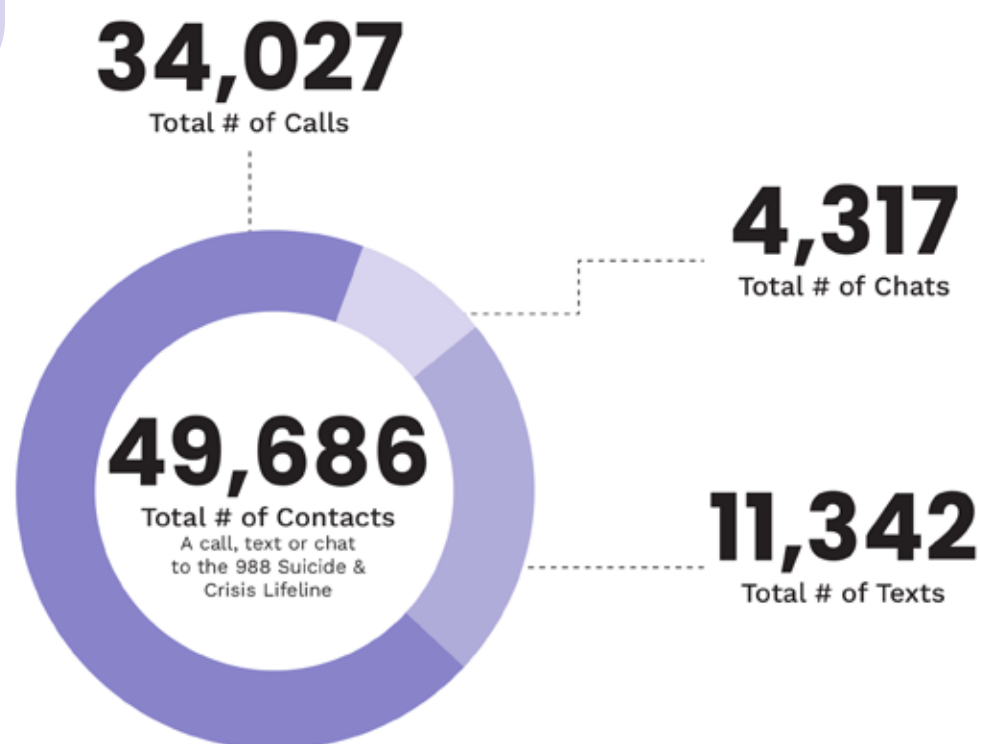
The in-state answer rate for calls to the 988 Suicide and Crisis Lifeline rose to 82.5 percent in FY24, edging the state closer to the federal goal of 90 percent, said ADMH Crisis Care Project Director Anthony Reynolds. The higher rate is a significant improvement over FY23, when it was 69 percent.

As a critical component of the Alabama Crisis System of Care, 988 gives individuals “someone to call” when they or a family member or loved one is in crisis. Calls that are not answered by in-state centers roll over to the national line, where crisis counselors may or may not be familiar with resources in Alabama.

Reynolds said much of the improvement can be attributed to the addition of a call center operated by SpectraCare in Dothan. The center, which began operations in April 2024, covers 20 counties in central and southeast Alabama (Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Tallapoosa).

SpectraCare joins 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 Dothan center has six counselors responding to some 200 calls a month, said Brian Thomas, director over access to care and 988 for SpectraCare.

Maegan Huffman, ADMH’s suicide prevention coordinator, said the SpectraCare center was able to hit the ground running.



Data: Oct. 2023 - Sept. 2024

*“They have a very robust system in place,” she said, “and they were equipped technology-wise and capacity-wise to answer those calls. Our in-state answer rate has continued to increase since they came on board.”*

The new center is part of ADMH’s ongoing effort to increase the reach of the state’s system of care, with a great deal of time and energy invested in growing the workforce, Reynolds said.

*“There’s been a lot of effort to build capacity – that’s adding on workforce at all locations,” he said. “And it’s not as simple as just hiring people – everyone has to complete a specialized training.”*

Increased awareness of the 988 line has contributed to an uptick in overall call volume, Huffman said.

*“We go out and do a lot of events related to 988,” she said. “Plus, the ‘No Shame’ campaign was a major hit. We had it on different billboards in different locations. The more awareness about 988 that we have, the more individuals are wanting to receive help.”*

## Success Story

### S.S., Crisis Counselor, AltaPointe Health 988 Call Center

A young man in his 20s called the 988 Line and I answered. He was in tears and said he had a belt strapped to his neck wrapped around the horizontal rod of his closet. I told my supervisor and coworkers via direct message, “Standby for a possible Active Rescue”. While at the same time, I warmly encouraged the caller immediately, “Hey, could we possibly take ourselves off the belt, get away from it as well as our closet, and let’s sit down on the bed and talk about this. Could you do that for me?” He was immediately cooperative, and took himself off the belt-noose, closed the closet door so he wouldn’t look at the suicidality tool, and we continued talking. I thanked him for that and encouraged his strength.

Still keeping with a relaxed tone so he can subtly match my vocal baseline, I did our safety assessment protocol of asking about his current suicidality and history, and he stated that the belt-noose situation is an intermittent episode, every two-four months or so, when he is being demotivated by his mother and being fearful of his future. Once safety was confirmed and the caller was ready to talk, I asked about his long-term goals and aspirations, as it appeared to be a reoccurring trigger for his suicidality.

He told me this August he is starting his first semester of bachelor’s-level college in Web Programming (Front-End Development). I briefly shared that programming was one of my daily passions as well and applauded him for pursuing that as a field. Despite the situation, he immediately gave like a genuine child-like response: “Wait...REALLY?! I never met an actual programmer!” I was able to build a solid rapport with him by encouraging and reinforcing his career goals, as well as relating to him on a personal level.

As part of his safety plan, we did warning signs, internal/external coping skills, etc. But we also talked about fulfilling some short-term realistic goals as a stepping-stone to accomplish his long-term goal of becoming a web developer. We ended the call in a very positive way – completely opposite from the way we began.

He consented to receive a follow up call the next day. I followed up with him at the agreed upon time and he was still in a great mood and was committed to continuing his safety plan.



Taylor Hardin Expansion Brings New Therapeutic Spaces for Patients

Taylor Hardin Secure Medical Facility (THSMF) located in Tuscaloosa recently expanded their footprint and is in the process of renovating the entire facility, with a goal of creating new therapeutic spaces for growth and restoration. The changes will also bring the number of available beds for additional patients to the facility, from 140 to 225.

*“The new, expanded space, creates innovative opportunities for treatment for patients who have been committed into the custody of the department and are given the opportunity for recovery and possible reentry into the community,” said Commissioner Kimberly Boswell.*

Patients began to move into the new space in May 2024, and have enjoyed the new space and its dedication to mental and physical wellness. Two patients, G.M. and J.T. have offered comments on how the space has contributed to their treatment and recovery.

*“When all you saw was white paint and bricks, that played more on your mental health than you would expect. This area is more modernized and I am thankful that we have this space. The way you think about the facility has changed.” – G.*

*The expansion offers increased space for group therapy, open spaces for conversations and a variety of activities, and large courtyards for outdoor activities. “In the general day area, it is very open and bright with more natural light. For those with seasonal affective disorder this lends to improved treatment and outcomes.” Daphne Kendrick, Director, THSMF.*

A peer support program is in development at THSMF, with patients helping patients to continue their recovery through conversations and activities.

*“I feel that community plays a huge role in helping to rehabilitate the mind moving forward, so we can curb recidivism. We can help give people the education, the opportunity to creatively express themselves, and the tools that we need, with peer support.” – J.T.*

In early FY25 to celebrate the opening, an event by THSMH staff and the Chamber of Commerce of West Alabama was held to officially present the new two-story addition. Staff and the community members were on hand to cut the ribbon. Legislators later also toured the Taylor Hardin expansion and received a first-hand look into a day in the life of patients and staff.

Taylor Hardin Secure Medical Facility is responsible for providing comprehensive psychiatric evaluation/treatment throughout the state and forensic evaluations to the Criminal Courts for the state of Alabama. It is the only maximum security forensic facility operated by the ADMH. Taylor Hardin was established in 1981.



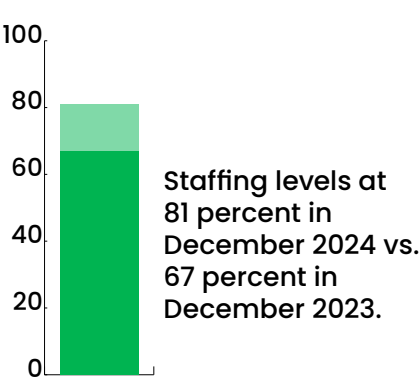


Facilities’ Staffing Levels Increase Significantly after Addition of ACE Course

When ADMH added the Alabama Career Essentials (ACE) course to the on-boarding process for new mental health workers at the Tuscaloosa facilities in early FY24, leadership expected it would have a positive long-term impact.

The effect was apparent almost immediately, though, said Dr. Christine Rembert, ADMH director of Facility Services.

Two of the more obvious differences were in the areas of recruitment and retention. Some 330 new staff members completed the ACE coursework in FY24. In that time, staffing improved at all three facilities, with staffing levels at 81 percent in December 2024, as compared to 67 percent in December 2023.



*“There are two sides: You can recruit all day, but if you don’t have the system in place to support existing employees, you have issues with retention,” Rembert said. “And it’s clear that our retention rate has improved a lot. Our new hires are drawn to the professional development opportunities and view that as a positive benefit. In terms of retention, employees feel valued and invested in, which translates to a lower turnover rate.”*

The 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



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. Upon completion, students receive a National Career Readiness Certificate and an Alabama Certified Employee Certificate.

The course also has had a noticeable impact on morale as well as the overall work environment, Rembert said.

*“Existing staff are pleased to have staff that are coming in who seem to better understand what the job requirements are and to have those ‘soft skills’ along with everything the ACE course offers to make them a well-rounded employee,” she said. “We’re getting employees who understand what they’re stepping into, and they’re better prepared for their day-to-day duties.”*

Rembert said supervisors at the facilities also have mentioned those same benefits.

*“They have noticed that the new staff are coming in with strong communication and problem-solving capabilities, adaptability, and an enhanced ability to collaborate and show initiative,” she said.*

She said that the new employees who’ve received the ACE certificate also are more confident.

*“They’re more self-assured and seem to have a greater readiness to take on new challenges,” she said, with some even indicating a willingness to take on more responsibilities and step into leadership roles.*

The addition of the course has been so successful that the curriculum soon will be made available for existing staff, Rembert said.

*“Since our staffing numbers have improved, we’re working toward enrolling our existing staff in the second quarter of FY25,” she said. “We just have to ensure that the necessary resources and infrastructure are in place to support staff and for successful integration.”*

Once enrolled, those employees will be able to complete the coursework on their own time.



The Youth Mental Health Crisis: Educating Stakeholders to Support Children and Adolescents

Addressing the youth mental health crisis requires collective action and an approach that involves families, schools, healthcare providers and policymakers working together to provide resources, support and education to young people in need.

A number of the more noteworthy efforts and accomplishments in FY24 demonstrate the department’s commitment to addressing the behavioral health challenges confronting Alabama’s children and adolescents:

- Establishment of a dedicated Office of Child and Family Services within ADMH
- Expansion of the School-Based Mental Health Collaboration (SBMH) to 10 additional sites around the state
- Revision of the Alabama State Department of Education (ALSDE) Procedural Guidelines for Suicide Awareness, Prevention, Intervention and Postvention
- Opening of a new pediatric crisis unit at the WellStone emergency services center in Huntsville, serving children between the ages of 12 and 18
- Creation of an ADMH-Alabama Department of Senior Services pilot program to provide financial support to grandparents raising grandchildren because of opioid misuse
- Discussing the topic of the Youth Mental Health Crisis and the danger of a “phone-based childhood versus a play-based childhood” to numerous legislators, city and county officials, and community stakeholders

35%  
report using social media  
“almost constantly”

spent an average of  
5 hours  
daily on social  
media platforms

decrease in fights since  
implementing no-  
cell-phone policy

85%

Source: CDC; The Anxious Generation  
by J. Haidt, 2024.

Several factors are contributing to the Youth Mental Health crisis:

1. **Depression and anxiety:** Many young people are experiencing heightened levels of anxiety, depression and stress. These conditions are often linked to academic pressure, peer relationships and family dynamics.
2. **Social media impact:** Social media can contribute to feelings of inadequacy, loneliness and bullying, which can worsen mental health issues. The constant comparison to curated images and lifestyles can exacerbate self-esteem concerns.
3. **Access to mental health care:** There is often a lack of access to appropriate mental health services, whether due to geographic limitations, stigma or inadequate resources in schools and communities.
4. **Stigma and lack of awareness:** Many young people may not feel comfortable discussing mental health issues or seeking help due to stigma or a lack of understanding about mental health conditions.
5. **Family and societal stress:** Family conflict, financial struggles and other societal pressures can contribute to feelings of helplessness, anxiety and depression.

Source — American Psychological Association

New Office of Child and Family Services Part of ADMH Commitment to Providing Services across the Lifespan

ADMH streamlined and consolidated its services for children and families in FY24, moving related programs to the newly created Office of Child and Family Services (CFS).  
Led by Director Beverly Johnson, CFS encompasses programs and services related to Autism, Child and Adolescent Mental Illness Treatment, Infant and Early Childhood Mental Health, Early Intervention, Intensive Home-Based, Prevention, School-Based Mental Health, and Substance Use Treatment.

“Child and Family Services is part of assuring ADMH is able to meet the needs of individuals across the lifespan – starting with infancy and continuing through early childhood and adolescence,” said Johnson. “And one of the successes within the creation of this office is that – whereas you had services and programs that were within the department that didn’t necessarily link – now you have that level of continuity that is under one umbrella.”

In addition to assuring continuity, other goals of the office include preventing duplication of services, maximizing available resources, and establishing and expanding collaboratives.

“As we’ve met and connected with our partners, we’ve realized that we have a lot of similarities and touch points,” Johnson said. “So, it’s about being able to maximize those efforts to ensure that we’re able to meet the needs of our children, our families and our communities. It also gives us an opportunity to identify the gaps that are there and then determine the best strategies for filling those gaps.”

Filling those gaps means looking at the whole child, considering the home and school environments, she said.

“You can apply individual interventions, individual services,” Johnson said, “but to meet the needs of the whole child, you need to equip the environment around that child and the individuals around that child to ensure that they get all of the necessary structure, all of the necessary strategies, interventions and practices so that the family is equipped and able to support the needs of the child.”

One immediate point of emphasis for CFS staff was the creation of a resource directory covering programs offered by ADMH and its providers. In FY25, the office will be working to create a broader, more comprehensive directory that includes programs and services available from partner agencies.

Also in FY24, CFS staff participated in the National Governor’s Association Policy Academy to Drive Thriving Youth Mental Health, joining Hawai’i, Kentucky, New Jersey, Oklahoma and Virginia in a yearlong focus on improving youth mental health in their respective states. Each participating state created its own goal for the academy, with Alabama’s being the development of a cross-agency Youth Mental Wellness State Plan containing resources and policies to address youth mental health.

While addressing current needs is a primary concern, CFS also is keeping an eye on emerging trends, such as the behavioral health impact of screen time, Johnson said.

With teens spending less time socializing in person and more time on their phones, rates of depression and emergency room visits for self-harm have soared. This increased time on smart phones is causing a major disruption in kids’ abilities to build resilience, form relationships, cope with difficult emotions and learn in the classroom.

“As times change, we want to be able to keep up the with best strategies to address the needs of our children,” she said.



**New Pediatric Unit Gives North Alabama Families In-State Option for Children in Crisis**

Prior to September 2024, parents in the Huntsville area had few good choices for a child or teenager experiencing a behavioral health emergency. The lack of a pediatric crisis unit in northeast Alabama sometimes meant families were forced to travel to Birmingham or Tennessee for care.

So when WellStone in Huntsville opened the doors to its new 24-bed, 12,000-square-foot Emergency Services Pediatric Unit in late September, Chief Executive Officer Jeremy Blair wasn't incredibly surprised to have four families waiting for services.

Following that busy opening day and through the end of 2024, the facility averaged some 25 young patients a month.



*“If you look at the kids who are coming in each month,” Blair said, “those are kids and families who aren’t going out of the county for treatment, which they had to do beforehand. And even for those who may not be admitted, we now have a mechanism to triage and evaluate kids that are experiencing an emergency outside of regular business hours.”*

Blair said that a great deal of time and effort was involved in designing a space that was warm and welcoming for children and teenagers.

*“When we sat down with our architects, we wanted to make sure we designed everything specifically for children and adolescents,” he said. “There are some special features, like little nooks in the hallways where kids can have the opportunity to just sit and chill and be by themselves, but still be in the line of sight of staff.”*

Other age-appropriate aspects of the unit’s design include single- and double-occupancy bedrooms with en-suite bathrooms and built-in seating nooks, a padded playground with a basketball goal, and an interactive “reward room” with a ceiling-mounted projector that casts games such as virtual soccer on to the floor below.



*“We wanted to make sure this didn’t feel like a hospital, didn’t feel like an institution,” he said of the new facility, which serves children between the ages of 12 and 18. “Ultimately, the goal is to have a facility where kids can go, meet with the medical staff, our therapist, and care coordinators and ideally stabilize fairly quickly so they can return to school and return back to their lives.”*

In advance of the opening of the facility, WellStone representatives met with key stakeholders to educate them about the services available there.

*“We’ve had some meetings with school personnel as well as with our women’s and children’s hospital here (in Huntsville),” he said. “There’s a local mental health coalition that meets monthly, and we’ve done a couple of presentations for them. We’ve also met a couple of times with some larger pediatric practices.”*

Those efforts seem to have paid off, as evidenced by the number of after-hours admissions.

*“That means that A) the community is aware of the facility, and B) they didn’t have to go and sit and wait in an emergency room for treatment,” he said.*

**Success Story**

**Mother whose 13-year-old daughter was admitted to the WES pediatric unit**

The team was welcoming, informative, and kind. It (the mental health crisis) was SO serious and real – family dynamics, social media, unkind people, and lasting effects of COVID all contributed. This is a huge and much needed addition to Madison County. Teens can get the assistance they need in a non-traditional hospital setting. I also appreciate there are Nova counselors that can continue counseling during the school day...so they don’t accrue missed days of school. As a parent, I’m thankful for WellStone for helping my daughter and myself walk through this journey.



ADMH Suicide Prevention Initiatives Focus on At-Risk Populations

As part of ADMH’s suicide prevention efforts for high-risk groups, staffers Maegan Huffman and LaToya Patterson participated in work to update the Alabama State Department of Education (ALSDE) Procedural Guidelines for Suicide Awareness, Prevention, Intervention and Postvention, in FY24. This new guide, unveiled before the start of the 2024-2025 school year, provides updated school protocols and guidance; outlines evidence-based training materials for faculty and staff; and lists national, state and community suicide awareness and prevention resources. In short, it can help save lives

*“When it comes to suicide prevention among young people, I think that (the new ALSDE handbook) is a great blueprint for systems to use, if needed, because it tells them everything from start to finish,” said Patterson, ADMH coordinator for School-Based Mental Health Services in the Office of Child and Family Programs. “Most of our school systems were needing that guidance on how to handle those situations. And that’s not really the kind of thing principals go to school or train for.”*

In 2021, 42 percent of high school students reported that for at least two consecutive weeks in the previous year they had felt so sad or hopeless that they stopped engaging in their usual activities – up from 26 percent in 2009. Girls were particularly likely to report those feelings.

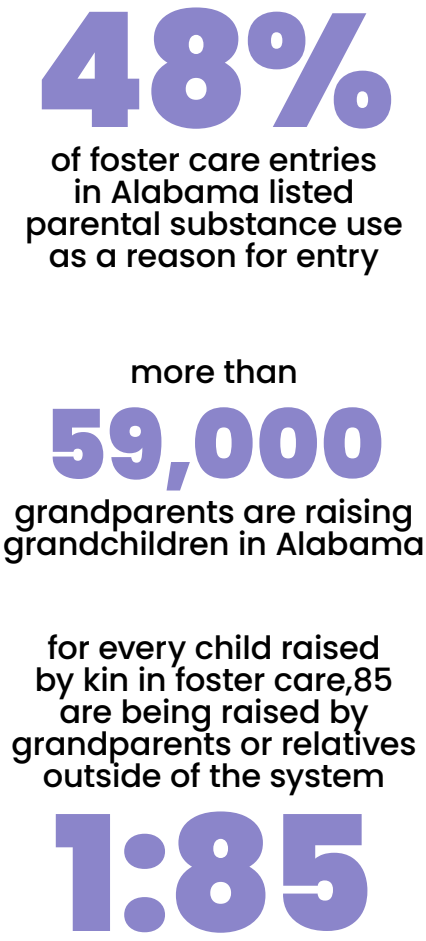
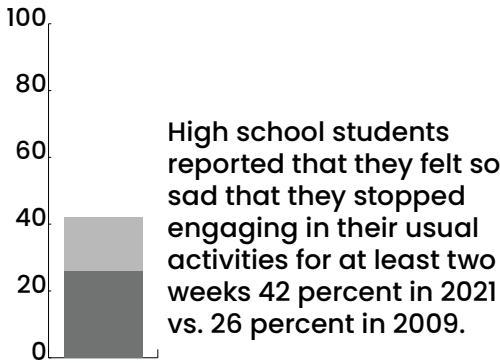
Thoughts of suicide, suicide attempts and actual suicides among young people also rose in that period, according to the U.S. Centers for Disease Control and Prevention.

In addition, a \$1 million appropriation in FY24 was used to expand the existing School-Based Mental Health Collaboration (SBMH) to additional sites, Patterson said. SBMH, a joint effort between ADMH and ALSDE, connects ADMH community mental health providers with ALSDE’s local education agencies to ensure that children and adolescents, both general and special education, enrolled in local school systems have access to high-quality mental health prevention, early intervention and treatment services.

*“We identified areas where there were gaps and awarded funding to mental health centers in those areas so that they could add therapists to go into the local school systems,” she said.*

Through that funding, 10 new cities around the state joined the SBMH for the 2024-2025 school year. In addition, a portion of those dollars was used to fund therapists at existing SBMH sites, Patterson said.

Patterson and Huffman’s work with the committee and the SBMH was in keeping with the department’s goal of ensuring populations at high risk for suicide receive necessary and appropriate mental health services. These and other programs focus on decreasing youth suicide, a leading cause of death for children and adolescents in Alabama.



ADMH, ADSS Partner to Offer Financial Support to Grandparents Raising Grandchildren

A new program through a partnership between the ADMH and the Alabama Department of Senior Services (ADSS) offers funds to help support grandparents raising their grandchildren due to parental opioid use disorder.

In 2021, 48 percent of foster care entries in Alabama listed parental substance use as a reason for entry. Further, Grandfamilies.org estimates more than 59,000 grandparents are raising grandchildren in Alabama, and that for every child raised by kin in foster care, 85 are being raised by grandparents or relatives outside of the system.

Such situations create significant financial and emotional stress for Alabama families, as grandparents cover the unexpected costs of raising a child during a time they should be saving for retirement. This program helps Alabama families by supporting caregivers and ultimately the children in their care.

Three Area Agencies on Aging (AAA) will offer the financial assistance to these families. Grandparents will apply for funds, and the participating agencies will review the applications and supporting documentation. Families are eligible to apply for up to \$500 per child. The agencies will then make payments directly to vendors and service providers on behalf of families. The funds, to be administered by ADSS, come from the first round of opioid settlement funds appropriated.

The AAAs cover 14 Alabama counties in the state’s northeast (Huntsville), southeast (Dothan) and southwest (Mobile) regions.



## Success Story



### Terry, Individual served through The Arc of Madison County's Community Experience and Support Group (CESG) program

Terry's commitment to learning and service shines through in every adventure he takes on. Terry is a joyful, kind-hearted, and thoughtful person who brings positivity wherever he goes. A fun fact about Terry is that he's a huge fan of the Harlem Globetrotters and can't wait to see them again!

In August 2024, the Opportunity Center co-hosted a Community Safety Class with the Huntsville Police Department at the new Huntsville Police Academy. During the event, Terry participated by answering questions, talking about vehicle safety, and helping his friends understand the importance of community safety overall. Topics included how to communicate effectively with Law Enforcement, how to ask for help, appropriate situations in which to call 911, how to react safely after a motor vehicle accident, the importance of a seat belt, how to respond while in the community to natural disasters like fires or severe weather and how to stay as safe as possible in an active shooter situation.

Terry's enthusiasm is evident in everything he does, and he truly exemplifies the positive impact of a supportive Community Experience Program. His hard work and joyful spirit inspire those around him, showing just what can be achieved with dedication and community support. Thank you, Terry, for being a shining example of success!

## The Division of Developmental Disabilities Increases Crisis Care Placements and Collaboration Efforts

When a child or adolescent with an intellectual and/or developmental disability (IDD) who has a dual diagnosis (disability and mental illness) faces a crisis, finding safe, appropriate services and supports can be a challenge.

Oftentimes, the situation is outside of the individual's control – such as the death of a caregiver or a change in the caregiver's health or circumstances – and he or she is abandoned at a hospital emergency room or homeless shelter or placed in a state facility or foster home.

That's where Kimberlee Benya, statewide placement coordinator in ADMH's Developmental Disabilities division, steps in to help.

*"My primary focus is to place those with IDD, who may have dual diagnoses, in the best situation possible and to make sure that they no longer require crisis intervention services," she said. "Because it's very hard for a person with IDD to be tossed around. And so we're really trying to work to avoid some of that."*

Children or adolescents in these situations often are placed in small residential settings or specialized residential systems, such as Glenwood, a nonprofit organization in Birmingham that also serves children, adolescents and adults with autism and behavioral health needs.

*"We always aim for long-term placement, but sometimes that does not pan out," Benya said. "I look to place in a small group home, a foster home with supportive services or a home of a natural support with supportive services. In some cases, I try to seek more independent housing – an apartment, for example – with supportive services."*

One fundamental part of assuring these children and teens receive the necessary services and placement is in educating referral sources, including ADMH facilities, the Alabama Department of Human Resources (DHR), courts, hospitals and school systems.

*"Over the last two years, we've put a heavy emphasis on training and really trying to beef up communication, making sure that all members of the team – specifically within ADMH, especially if they're going to come to us for services – have that upfront understanding of the need to include us from day one rather than waiting until we're at the Code Red 11th hour," she said.*

Benya said the DD division also has expanded its collaboration and partnerships with counties, hospitals and DHR.

*"We've been really putting work into building those relationships, with our hospitals especially," she said, "and I have to say we are in such a great position with our hospitals at this point that they contact us directly. I probably communicate with most of them on a weekly basis. We also are trying to gap the holes in communication between the state level and the county level."*

Additionally, Benya spoke at several events around the state in FY24, including the Exceptional Needs Resources Fair in Baldwin County, the University of South Alabama and Mobile County Public Schools transition fair, lunch-and-learn programs at Children's Hospital of Alabama and a training session at ADMH's Bryce Hospital.

In total, Benya spoke to dozens of professionals throughout the fiscal year, with additional presentations already scheduled for the spring and early summer of 2025.

## Success Story



### Artie, Individual served through The Arc of Madison County

Artie began his journey at the McKerny Center, where he initially worked in-house and quickly distinguished himself through his strong work ethic and quick learning abilities. Artie's dedication and enthusiasm made him a valuable team member, allowing him to develop essential skills with minimal supervision. Once he masters a task, he is capable of working independently for up to 30 minutes, depending on the complexity, reflecting his growth and reliability.

Today, Artie works five days a week at the Toyota Plant in Huntsville, AL—a role that highlights his commitment to a consistent and dependable work schedule. His achievements in this position demonstrate his dedication and readiness to contribute meaningfully to his workplace.

Artie's commitment to his work extends beyond mere task completion. He takes immense pride in earning his own money, which has given him a newfound sense of independence and confidence. With his earnings, Artie enjoys using his debit card to make purchases of his own choosing, empowering him to manage his finances and make decisions that reflect his personal preferences.

Outside of work, one of Artie's favorite activities is attending Trash Panda baseball games. He loves the thrill of the game and the sense of community that these events bring. Being able to pay his own way makes these outings even more meaningful to him, as it's a direct result of his hard work and financial independence. This self-sufficiency not only enhances his enjoyment of the games but also instills a profound sense of pride and accomplishment.



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 Legal Services; the Office of Law Enforcement 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 Support Coordination; the Office of Supported Employment which supervises the Office of Self-Advocacy Services; the Office of System Transition & Waiver Development; the Office of Systems Management; and the Office of Waiver Appeals.

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.

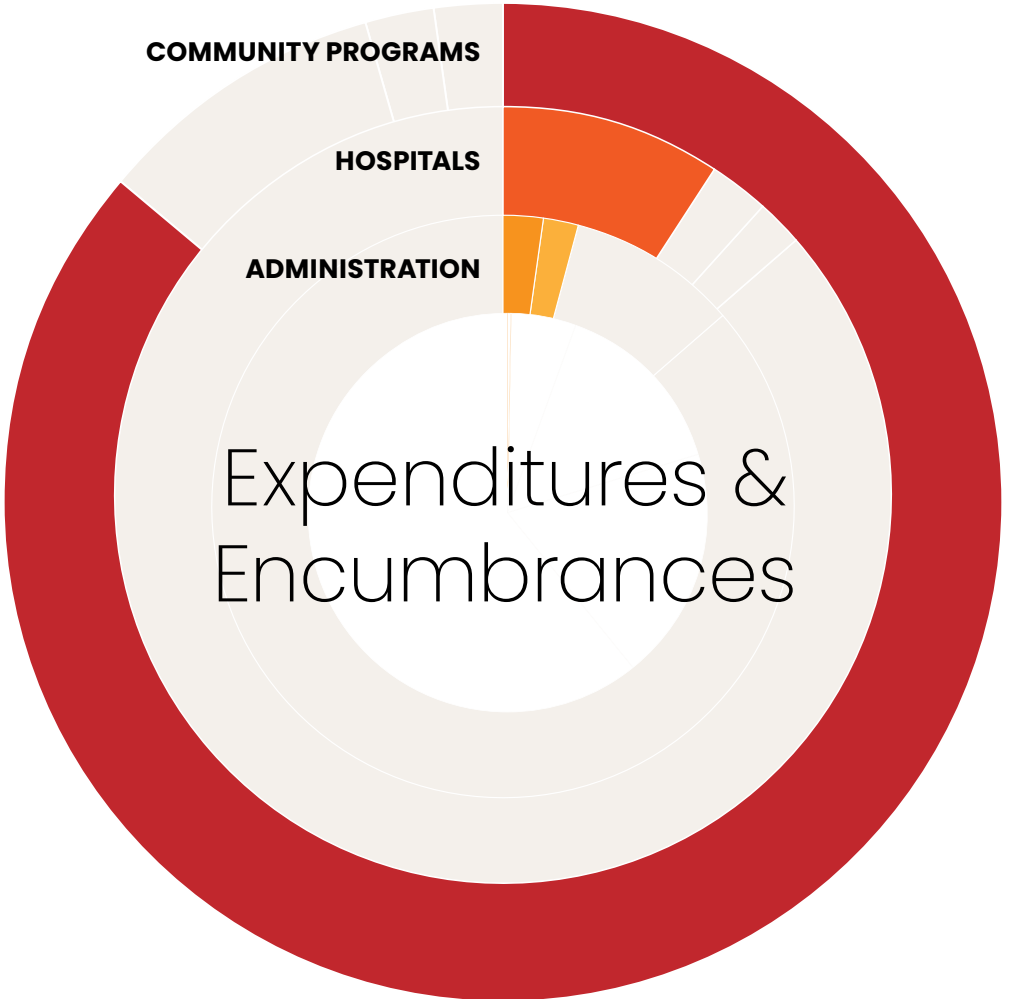
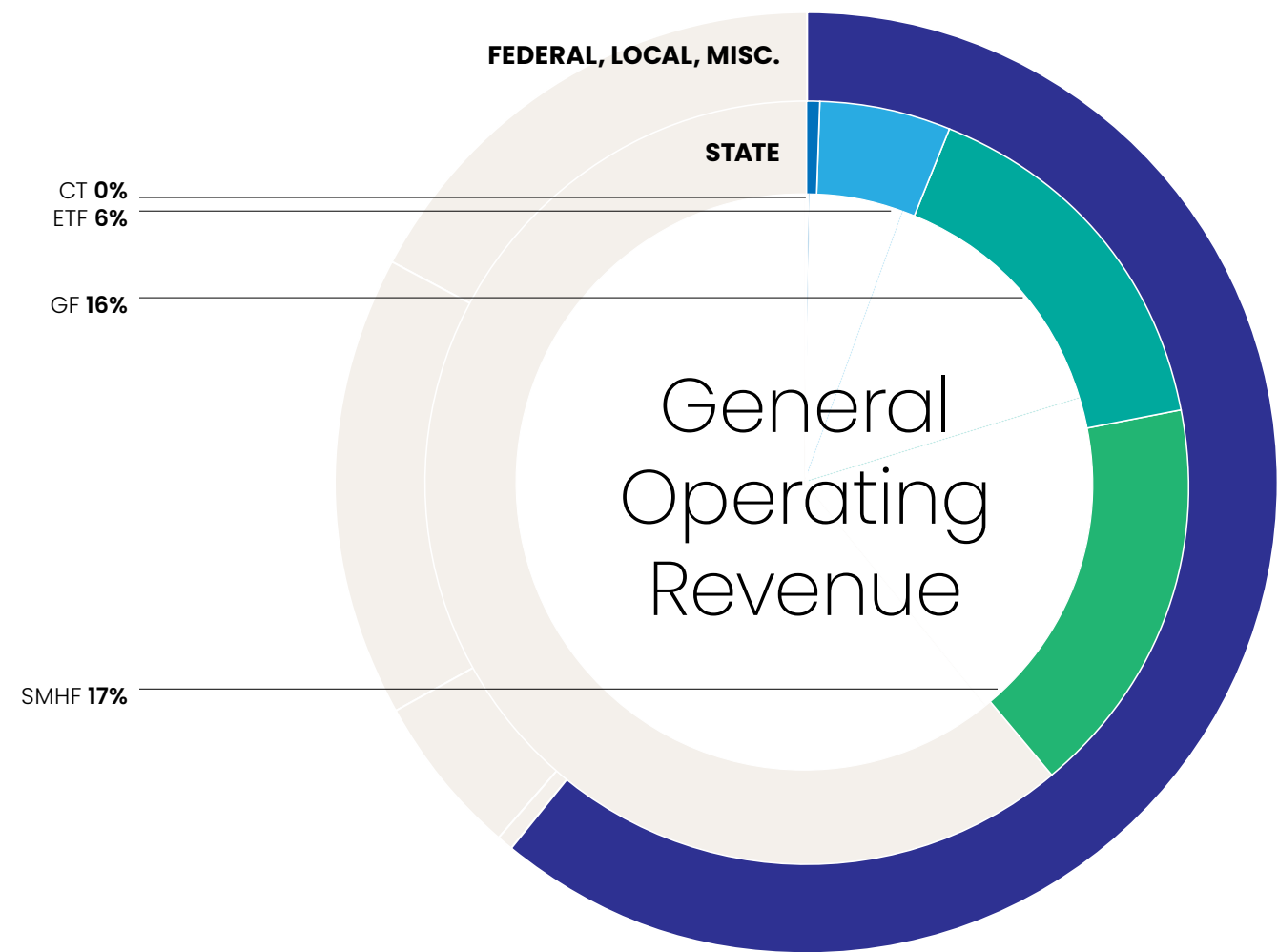
In addition, the division manages ADMH's three mental health hospitals: Bryce Hospital, Mary Starke Harper Geriatric Psychiatry Center, and Taylor Hardin Secure Medical.

The division is comprised of the Office of Certification; the Office of Certified Community Behavioral Health Clinics; the Office of Child & Family Services; the Office of Deaf Services; the Office of Mental Illness Community Programs; the Office of Peer Programs; the Office of Quality Improvement & Risk Management; and the Office of Substance Use Treatment Services.



Financial Report

Federal, Local, Miscellaneous 61%			
Medicaid, T. XIX-ID Community	540,255,329	Medicare	506,561
Medicaid, T. XIX-MI Community	101,668,890	Donated Restricted	176,298
Federal Grants	83,088,028	State 39%	
Federal Block Grants	59,619,952	Special Mental Health Fund (SMHF) 17%	235,122,161
ARP Section 9817 (HCBS 10%)	19,973,242	General Fund (GF) 16%	220,326,355
Medicaid, T. XIX-SA Community	14,089,080	Education Trust Fund (ETF) 6%	76,965,494
Medicaid, T. XIX-Facilities	12,358,286	Cigarette Tax (CT) 0%	4,204,860
Other Income	10,150,801	Tobacco Settlement	2,409,083
Departmental Receipts	1,500,000	State Match Funds - DHR/DOE	1,949,621
Medicaid, PL 100-203-OBRA	1,381,572	Indigent Offenders Treatment	81,195
		Judicial Fines	230
		Total	1,385,827,039



Community Programs 86%	
Developmental Disabilities	727,652,175
Mental Illness	356,333,696
Substance Use Disorder	94,369,526
Hospitals 10%	
Bryce Hospital	66,015,867
Taylor Hardin Secure Medical	30,736,796
Mary Starke Harper Geriatric Psychiatry Center	30,197,572
East Alabama Medical Center (Adolescent Unit)	1,500,000
Administration 4%	
Central Office 2%	32,054,365
Special Services 2%	28,217,745
Total	1,367,077,742



Individuals Served by Service Population

Developmental Disabilities

Community Program Waiver	515
Intellectual Disability Waiver	4,341
Living at Home Wavier	500
Total	5,356

Developmental Disabilities

5052 adults served

304 adolescents served

Mental Illness

65,115 adults served

29,796 adolescents served

Substance Use

27,651 adults served

2,739 adolescents served

Total

97,818 adults served

32,839 adolescents served

Mental Illness

Bryce Hospital	353
East Alabama Medical Center (Adolescent Unit)	17
Mary Starke Harper Geriatric Psychiatry Center	94
Taylor Hardin Secure Medical Facility	207
Total	671

AltaPointe Health	16,904
Brewer Porch	13
CED MHC	2,702
Cahaba Center for Mental Health	2,257
Capitol Care South	307
Carastar Health	6,380
Central Alabama Wellness	2,459
East Central Alabama MHC	2,674
Eastside	2,357
Glenwood	328
Highlands Health System	3,193
Indian Rivers	4,481
Integrea	8,332
JBS Mental Health Authority	6,131
MHC of North Central AL	3,065
Mountain Lakes	3,206
Northwest Alabama MHC	3,483
Riverbend Center for MHC	4,656
South Central Alabama MHC	3,127
Southwest Alabama BHC	2,682
SpectraCare Health Systems	3,836
UAB	1,184
WellStone	9,700
West Alabama MHC	1,454
Total	94,911

Substance Use

AIDS Alabama	68
Alcohol & Drug Abuse Treatment	896
Aletheia House	2,240
AltaPointe Health	1,331
Anniston Fellowship House	129
BHG Huntsville	373
BHG Stevenson	57
Birmingham Metro Treatment Center	321
Bradford Health Services	166
Cahaba Medical Care Foundation	249
Carastar Health	70
CED Fellowship House	561
CED MHC	256
Central Alabama Wellness	312
Coosa Community Services: ROSS	79
Dothan Houston County Drug Treatment Center	35
East Alabama MHC	918
East Central Alabama MHC	170
ECD Program	294
Family Life Center	1,314
Fellowship House	988
Franklin Primary Health Center	310
Gadsden Treatment Center	279
HealthConnect America	282
Highland Health	672
Hope House	102
Huntsville Metro Treatment Center	345
Indian Rivers	758
Insight Treatment Program	185
Kolbe Clinic B	111
Lighthouse of Tallapoosa County	56
Lighthouse of Cullman	59
Marion County Treatment Center	30

Marwin Counseling	221
MedMark Treatment Centers of AL - Dothan	126
MedMark Treatment Centers of AL - Oxford	218
Mobile Metro Treatment Center	281
Mom's	296
Montgomery Metro Treatment Center	191
Mountain Lakes	358
New Centurions	190
Northwest Alabama MHC	952
Phoenix House	186
RCA Foundation	175
Recovery Organization of Support Specialist	544
Recovery Services of DeKalb County	369
Riverbend Center for MH	501
Salvation Army Dauphin Way Lodge	153
Shelby County Treatment Center	482
Shoals Treatment Center	184
South Central Alabama MHC	456
Southeast Intervention Group	641
Southern Wellness Services	231
Southwest Alabama BHC	129
SpectraCare Health Systems	1,612
St. Clair County Day Program	79
Substance Abuse Council of Northwest Alabama	59
Teens Empowerment Awareness with Resolutions	169
The Bridge	2,294
The Shoulder	304
Tri County Treatment Center	181
Tuscaloosa Treatment Center	741
UAB Drug Free	2,562
Walker Recovery Center	126
WellStone	1,087
West Alabama MHC	276
Total	30,390





