

# Innovative Solutions, Enduring Impact



Dear Governor Ivey,

As commissioner of the Alabama Department of Mental Health (ADMH), it is my pleasure to share the department's FY 2025 Annual Report.

The theme of this year's report – "Innovative Solutions, Enduring Impact" – reflects the department's steadfast commitment to identifying, creating and implementing lasting solutions to the fundamental and long-term challenges confronting Alabama's system of care for mental illness, substance use and developmental disabilities.

In addition to providing informative graphics and hard data, the pages of this report feature the personal stories of a few of the tens of thousands of those impacted by ADMH's services and programs and spotlight some of FY25's most-significant accomplishments, including:

- The *continued expansion of the Alabama Crisis System of Care*, with a new Crisis Center at SpectraCare in Dothan and an expansion at Hope Pointe Behavioral Health Crisis Care in Tuscaloosa. The Dothan Center, which opened in February, offers 15 short-term and 12 extended observation beds, while Hope Pointe tripled its extended observation beds to 12.
- The milestone achievement of a *consistent 90.9 percent in-state answer rate for Alabama's 988 Suicide and Crisis Lifeline*, surpassing the national and state goal. The high in-state answer rate means a vast majority of calls are being handled by crisis counselors who are familiar with state and community resources.
- The expansion of substance treatment options with the *opening of a new detox treatment center* in Huntsville. The new facility houses 16 new detox beds and is funded through a grant from the Opioid Settlement Fund (OSF).
- The *release of the Veterans Mental Health Steering Committee's comprehensive report* outlining four goals to improve behavioral health care for Alabama veterans.
- \$3 million – designated from the OSF – awarded in the form of *grants for veteran-specific projects* at five organizations around the state.
- The *Inaugural Prevention Day*, a special event held at the State Capitol last spring that brought together partners in substance use prevention to increase awareness of prevention initiatives.
- The *creation of a Child and Family Services Resource Directory* to provide families seeking services with a comprehensive guide to resources and programs available statewide.
- The *expansion of the department's Jail-based Competency Restoration Services*, funded through a \$250,000 Transformation Transfer Initiative (TTI) Project grant awarded by the National Association of State Mental Health Program Directors (NASMHPD). The program addresses the state's backlog of defendants awaiting court-ordered competency restoration services by offering services outside of hospital settings, thereby reducing the burden on the Taylor Hardin Secure Medical Facility.

- The release of ADMH's *five-year financial plan to address Alabama's shortage of civil commitment beds*. The plan outlines the department's three objectives: increasing the number of beds to 30 per 100,000 residents, raising reimbursement rates and expanding crisis services statewide.
- The *implementation of federal requirements for the Home and Community Based Services (HCBS) Final Rule*. In doing so, the state is able to serve more than 5100 individuals with Developmental Disabilities (DD) and protect \$606 million in federal funds that make up 81 percent of the Developmental Disability Division (DDD)'s budget.
- The *rollout of the Alabama Certification Automation Program (ACAP)*, a new electronic provider certification system that is reducing errors, saving time and improving efficiency by streamlining the application process. The system also provides real-time status updates and improves communication within the department.

As we move through the new fiscal year and beyond, our goal is to sustain and build on the progress of past years by further strengthening and expanding ADMH's programs and services.

I'd like to congratulate and thank ADMH's devoted staff for another exceptional year! Their energy, creativity and hard work fuel our successes. Many thanks also to our providers, partners and stakeholders for their tireless devotion to our shared mission. The accomplishments highlighted in this report would not have been possible without their dedicated collaboration.

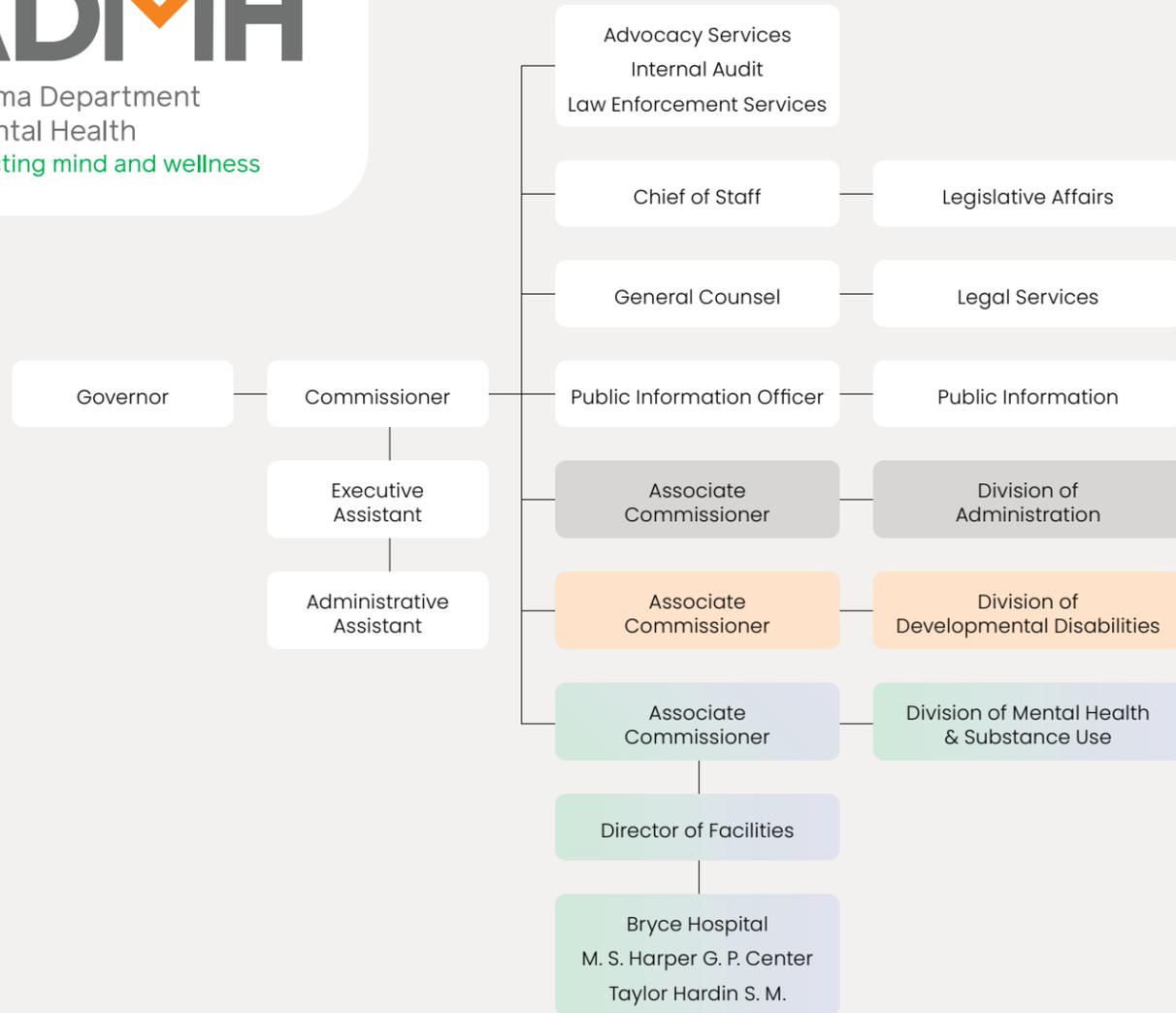
Lastly, thank you to the Ivey administration and the Alabama Legislature for the unwavering encouragement, financial support and leadership as we work together to create innovative solutions that will have an enduring impact on Alabamians with mental illness, substance use disorder and developmental disabilities.

Sincerely,



Kimberly G. Boswell, Commissioner





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- 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
  - Staff Development

- Division of Developmental Disabilities**
- Administrative & Fiscal Operations
  - Community Waiver Program
  - DD Provider Certification
  - Home & Community-Based Services
  - Person-Centered Planning
  - Psychological & Behavioral Services
  - Quality Assurance
  - Self-Advocacy Services
  - Self-Directed 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
  - Facility Operations
  - Forensic Mental Health Services
  - Forensic Outpatient Services
  - Mental Illness Community Programs
  - Peer Programs
  - Quality Improvement & Risk Management
  - Substance Use Treatment Services

## Five-Year Financial Plan Works to Close the Gap in State's Civil Commitment Bed Shortage

A five-year plan released by ADMH in FY25 is addressing the shortage of civil commitment beds in the state. Civil (or involuntary) commitment is the legal process in which a person deemed to have a mental illness is mandatorily placed in custody for treatment or ordered to undergo treatment in the community.

The plan has three primary goals: increase the number of civil commitment beds to the national recommendation, raise the reimbursement rate for the current beds and expand crisis services to all 67 counties.

Increasing the number of beds to 30 per 100,000 Alabamians – the minimum number recommended by the Treatment Advocacy Center (TAC), a national nonprofit organization that promotes mental health treatment reform, is a major focus of the plan.

The state began FY25 with 698 involuntary commitment beds, divided among community hospitals, state mental health facilities and certified providers. That works out to 13.7 beds per 100,000 people, fewer than half as many beds is recommended.

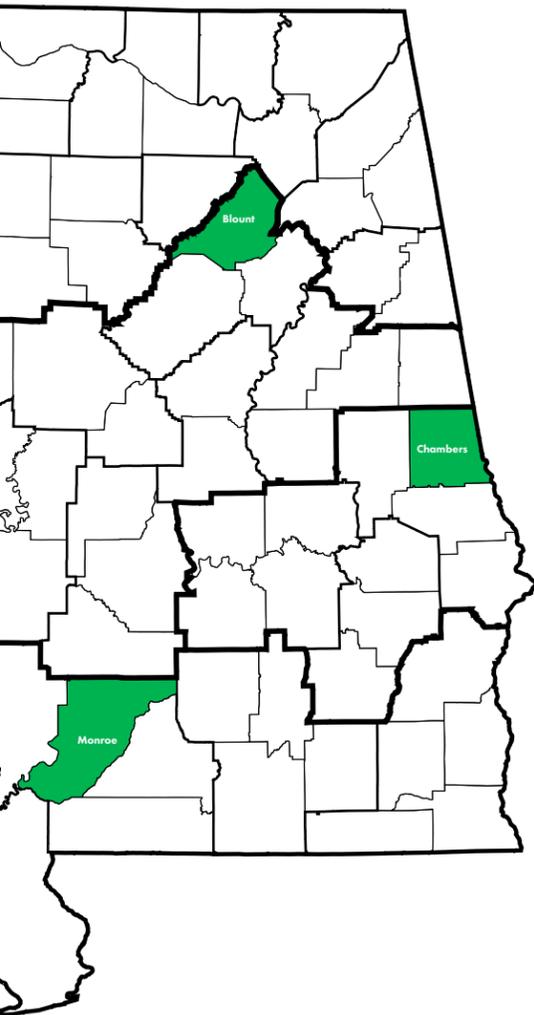
Using a combination of allocations from the Opioid Settlement Fund (OSF) and the Alabama Legislature, the state intends to add 57 additional beds over the next year, raising the number of beds to 755, or 14.8 per 100,000 residents.

For FY 2026, the Legislature appropriated \$8 million in General Fund dollars and \$5 million in additional OSF funds for civil commitment beds, with a portion of the General Fund dollars going to increasing rates for current beds. This amount is in addition to the \$2.2 million in OSF funds allocated in FY25.

### Twenty-four new beds will serve the counties of Blount, Chambers and Monroe.

Collier Tynes Dixon, ADMH chief of staff, said the additional beds will ease the strain on the court system, law enforcement, hospitals and families.

*"People are in desperate need of access to care," she said. "The immediate relief this (the additional beds) provides to families, to judges, to sheriffs, to the critical partners and stakeholders ... It's a huge impact on the system, as well as a huge impact and relief for families and the people served."*



## Success Stories



### Kennisha

I want to share what happened the night the police came for me and how it changed everything. I was in the middle of a heated conversation with my mom about school and art. Our voices got loud, frustration built up, and within minutes the tension escalated into a serious argument. I wasn't doing well; I had missed doses of my medication and was emotionally overwhelmed.

When my family called 911, I braced myself for confrontation and fear. But what happened instead surprised me. The officers who arrived didn't act like typical police. They recognized I was in crisis. One of them pulled out an iPad and connected with someone from AltaPointe Health right there. No shouts. No threats. Just calm, respectful people who saw me, I was not just another call or case.

Within hours, I was taken to AltaPointe's Behavioral Health Crisis Center for support and care. Over the next several days, I felt heard. I felt safe. And I began to heal.

I spent almost a week there before returning home not as a suspect, but as someone getting help. The way the Mobile police officers and AltaPointe stepped in, with compassion and understanding, saved me from what could have been a traumatic arrest. Instead of punishment, I received care. Instead of judgment, I found dignity.

Because of that night, I got a second chance and I'm grateful for that.



### Brackin

Like many people with severe psychiatric disorders, I spent years struggling to find meaning in my life. To find some purpose that would render me more than the burdens imposed on me by my mental illness. Seven years ago, I found my purpose in writing.

Since then, I've finished five manuscripts, including a fully edited trilogy, and created a fictional language. I've drawn art and done cartography for my worlds. Cultivated social and professional connections within the book community. Amid the uncertainty and occasional bleakness of reality, writing has become a sacred space.

In one of my books, a character is speaking to another character struggling to come to terms with her mental illness, and the exchange summarizes what writing has come to mean to me personally.

"I have to accept that I'm going to live with this until I die?" she asked.

"Acceptance is important, but life needs more. Life needs purpose."

"Purpose?"

"Yes, something to live for. A passion that sets you on fire and threatens to burn your soul to ash with its heat. You cannot let your illness become the face of your mind and define you. It is something you have, not what you are. That is what your purpose must be. What is your purpose?"

And this holds true in real life. In our commodified and evanescent world, the need for purpose is a life-breathing imperative. For people with mental illnesses, that's particularly true.



## Expanding Independent Living Through Assistive Technology Advancement

In fiscal year 2025, the **Alabama Department of Mental Health (ADMH)** strengthened its commitment to person-centered care and independent living by investing in **Assistive Technology (AT) Demonstration Model Homes across Alabama**. Through grant funding awarded to The Arc of Central Alabama, United Ability, and Northview Health Services, ADMH supported the creation of interactive environments in Birmingham and Mobile. These homes demonstrate how assistive technology can **enhance safety and quality of life for individuals with intellectual and developmental disabilities and their families**.

The demonstration homes are **designed as experiential learning spaces rather than traditional residential programs**. Individuals, families, caregivers, and service providers are able to tour the homes, explore available technologies, and gain practical insight into how assistive tools can be integrated into everyday living. By allowing participants to see and experience technology in action, the initiative helps families make informed decisions about supports that align with their unique needs and goals.

At **The Arc of Central Alabama's** demonstration home in Birmingham, a fully furnished residence showcases a wide range of assistive technologies embedded throughout the living space. Smart appliances provide safety reminders, medication dispensers support adherence to prescribed regimens, bed shakers assist with daily routines, and tablet-based systems enable scheduled check-ins with care supports. Families also have the option to stay overnight, offering an opportunity to experience how technology can support independence outside of full-time supervised care.

**United Ability's** model expands this approach through a fully accessible assistive technology demonstration studio apartment. The studio apartment serves as a training and exploration space where individuals and families can interact directly with technology in a living environment. United Ability maintains an inventory of more than 1,000 assistive technology devices, allowing participants to test a broad range of tools before making long-term decisions. Families and individuals are encouraged to take devices home to evaluate how effectively they integrate into daily routines, with staff providing guidance on affordable alternatives and substitutions when needed. United Ability places a strong emphasis on individualized solutions, working closely with families to identify tools that best match their circumstances. In addition to demonstrations, the organization provides training for individuals, families, and caregivers and supports individuals with specialized interests by using assistive technology to help develop skills, independence, and engagement in meaningful activities.



In Mobile, **Northview Health Services** has developed an assistive technology demonstration home that combines daily living supports with digital learning and safety tools. QR codes placed throughout the home link to short instructional videos that provide guidance on tasks such as meal preparation, medication management, personal safety, and online security. This model promotes self-paced learning while reinforcing essential life skills within a familiar and supportive environment.

Across all three demonstration sites, the initiative emphasizes flexibility and choice. Rather than presenting a single solution, families are introduced to a wide range of adaptable technologies that can be tailored to individual needs. From stove shut-off systems and smart home safety features, the **technology adapts to the person, not the other way around**.

By investing in Assistive Technology Demonstration Model Homes, ADMH is **expanding access to practical, real-world solutions that promote independence while maintaining safety and person-centered care**. These demonstration spaces provide families with tangible examples of what independent living can look like when technology and care work together, reinforcing ADMH's mission to improve support and improved quality of life for Alabamians with disabilities.



## New Electronic Application System Improves Efficiency, Reduces Costs

A new provider certification system piloted in FY25 is expected to reduce errors and save time and resources by having providers submit applications electronically.

Known as the Alabama Certification Automation Program (ACAP), the new system streamlines and automates the certification application process, including applications, letters, certificates, inspections, site visits and signatures.

Previously, providers submitted applications by paper mail or through an electronic mailbox, a process that was often inefficient and lengthy, with some applications taking up to six weeks from start to finish.

Many of those applications also had errors, such as missing or incorrect information, said Fred McCoy III, director of the ADMH Office of Certification Administration (OCA).

*“In the past, a provider would send an application in, and one of the sections would be filled out incorrectly. So, I’d request another application. They’d fill out that section corrected, but when they’d send the application back, something else would be wrong. ... There was a back-and-forth process with the provider just trying to get the application correct so we could move it forward,” he said.*

With ACAP, incorrect or incomplete applications are flagged, and the user is unable to proceed to the next stage of the process until everything is complete and accurate, he said.

*“We have it set up to where if the information is not correct or all the information is not input, the user can’t move forward or go anywhere,” he said. “They’re just stuck at that phase.”*

OCA oversees the certifications of all community programs, including mental health centers, substance use programs, developmental disability agencies, day habilitation programs, crisis residential facilities and community waiver programs. In total, Alabama has more than 350 providers delivering some 1,700 services to Alabama residents.

Besides reducing processing time and removing paper from the equation, ACAP gives providers the added benefit of real-time status updates on their applications.

*“We’ve mirrored the manual process ... to assure efficiency for current and new providers,” he said. “That will actually give us more real-time effectiveness.”*

McCoy said he also expects the new system to strengthen communication within the department.

*“We move a lot of paperwork between both service divisions, and sometimes that can be challenging,” he said. “With ACAP, each division or each director will actually receive communication by email when applications are put into the system as well as a notification when action is required.”*

Designing ACAP involved mapping out 13 distinct and complex workflows, said Nakema Moss, director of the department’s Office of Policy and Planning.

*“We looked at different schemas – charts that showed every different application, laying out from start to finish all the decision-makers, the approvals, the denials,” she said. “And we had to validate that as we saw it. From there, they (SimpliGov, a subsidiary of Carahsoft Technology Corporation) built the system.”*

Once ACAP was constructed and internal testing was complete, ADMH enlisted five providers to pilot the program. The system went live in November, with all providers required to submit applications electronically after Nov. 28.



The Munthali Family



The McCoy Family

## Family at ADMH

At the Alabama Department of Mental Health, care and commitment are at the heart of everything we do. Dedication is reflected in the families who serve together, bringing their shared bonds into the Department. Family and care go hand in hand, creating a workplace where support, teamwork, and compassion are part of everyday life. Blending together service and family gives certain employees a unique perspective on collaboration, strengthening the way they support one another and the individuals they serve.

**See who’s who and what they do—page 31.**



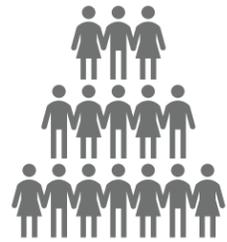
The Davis Family



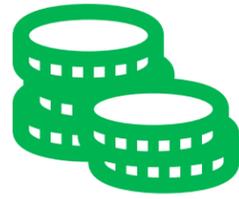
The Rembert Family

## HCBS Final Rule Implementation

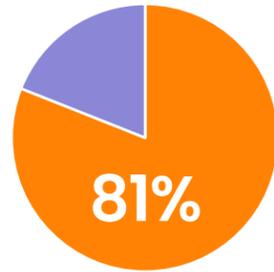
In FY25, Alabama successfully implemented federal requirements for the Home and Community Based Services (HCBS) Final Rule. In doing so, the state is able to serve more than 5,100 individuals with Developmental Disabilities (DD) and protect \$606 million in federal funds that make up 81 percent of the Developmental Disability Division (DDD)'s budget.



5,100+



\$606M



■ Federal Funds ■ Other



### Darlene

This year was very special for me. I live at EBAM Residential Services, and I feel happy and supported here. Something wonderful happened! My fiancé asked me to marry him at Golden Corral. I'm engaged now. I was so excited and surprised! Now I am looking forward to planning our wedding. I feel good about my future, and I am thankful for the people who help me every day. This was one of the best moments of my year.

## Success Stories



### L.P.

I enjoy dancing and staying active. Since starting at the Birdie Thornton Center—especially in Community Experience services—I've experienced a lot of personal growth.

I used to follow a very strict routine, including eating McDonald's for lunch every day. With support from the staff and my family, I've tried new foods and visited places like Culver's, Jack's, and pizza restaurants. I'll even take bites of foods I've never tried before. I also enjoy volunteering with Meals on Wheels, nursing homes, and the Family Resource Center, where I've learned skills like delivering meals, folding shirts, and sorting items.

I've gotten involved in new activities such as Flow (glow-in-the-dark putt-putt), basketball, and theater at Fantasy Playhouse where I starred as a Jackalope. I now sit and participate in activities instead of walking around the room, and I go to restaurants and stores with my mom again, even if I don't always eat while we're out. I'm proud of how far I've come and excited to keep growing.



### Kennard

I have been with the Arc since 2016. I started in the adolescent unit when I was younger. Over time, I have grown and learned a lot with help from the agency. Now, I am in the Remote Support Services program, where I can do many things on my own and only need a little help from staff.

I take part in Community Experience, which lets me get out into the community and try new things. I used to need full supervision, but now I live in a semi-independent setting. I also finished my behavior support plan. Every year, I join the BeYOUTiful BHM Fashion Show. I get to show my style, feel confident, and have fun with everyone.

## The Alabama Department of Mental Health Is Excited to Be Part of Uniquely You Magazine – Central AL

*Uniquely You* is a **free**, one-of-a-kind resource guide and magazine designed to celebrate individuals in our local disability community and connect them and their families to valuable resources, trusted providers, and reputable non-profit organizations. ADMH works with *Uniquely You* to showcase individuals with disabilities served by the ADMH – stories of success, resources, and support!



Scan the QR code to be placed on the distribution list and you will receive a digital or printed copy.



## Plan for Veterans Mental Health Spurs Access to Care Through Legislation, Funding

The state's Veterans Mental Health Steering Committee (VMHSC) released its comprehensive report in FY25, detailing steps to strengthen behavioral health care for Alabama veterans. In response, the Alabama Legislature has offered its full support for the strategies and objectives in the report – through legislation as well as funding. The next step? New and innovative programs designed to address the mental health of veterans and their families statewide.

The VMHSC Comprehensive Report, submitted to Governor Kay Ivey in Summer 2025, offers a thorough assessment of the state's mental health services for veterans and outlines four main goals for expanding access and support:



improve lethal means safety



enhance crisis care, behavioral health care and care transitions



increase access to and delivery of effective care



address upstream risk and protective factors

Established in 2024 to “maximize new and existing opportunities for veterans’ access to behavioral health care,” the 20-member VMHSC is chaired by ADMH Commissioner Kimberly Boswell and includes representatives from government and private organizations serving veterans.

The comprehensive report is the first of its kind for the state, said ADMH Chief of Staff Collier Tynes Dixon.

*“What the committee was tasked with doing had not been done before,” she said. “It (the comprehensive report) is now a resource that not only state agencies can use, but that also can be used by veterans and mental health programs that are serving veterans. They can use it to write grants. They can use it to assess needs. They can use it to improve coordination.”*

From its inaugural meeting in August 2024, the VMHSC began conducting a “landscape review” of behavioral health services for Alabama’s veterans, Dixon said. During these meetings, committee members reviewed research literature, heard presentations from experts in behavioral health care and veterans’ services, and listened to the personal stories of those with real-world experience.

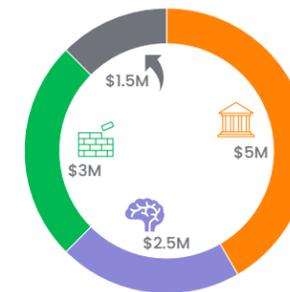
*“The committee wanted to do it the right way by assessing the needs of Alabama veterans and identifying gaps, best practices and current resources, and then by thinking about what is needed to build on top of that,” she said.*

State lawmakers’ endorsement of the report’s goals has been critical to moving forward, Dixon said.

To address lethal means safety, for example, the Legislature passed the **Houston/Hunter Act** in the 2025 legislative session. Signed into law by Gov. Kay Ivey in April 2025, that act created **SAFER Together** (Storing Ammunition and Firearms to Enhance Resilience), a no-questions-asked program that allows those in crisis to voluntarily store firearms with licensed dealers for temporary safekeeping.

That new law is part of the Committee’s work to improve veterans’ mental health services. Additional programs include a Veterans Resource Center and funding for pilot programs for mental health and substance use treatment.

*“We secured an additional \$12 million dollars for veterans,” Dixon said. “That’s what happens when you get a group of stakeholders together and you study the issues. And then you are able to develop solutions based on actual data. It shows that when agencies and key stakeholders put their heads together, and get around the table, and look at the issues, it’s much easier to develop realistic solutions and build off the things that you have currently.”*



The \$12 million appropriation includes:

- \$5 million for the Alabama Veterans Resource Center
- \$2.5 million to expand the Traumatic Brain Injury Program at the Alabama Department of Rehabilitation Services
- \$3 million for veterans pilot programs
- \$1.5 million for continuation funding of the successful pilot programs

The **Alabama Veterans Resource Center**, set to open in downtown Montgomery in early 2026, will provide comprehensive support services for veterans and their families. Those services include career counseling, job placement, education and career training. The center will adopt a hub-and-spoke model, connecting veterans to services addressing needs ranging from education to mental health.

The \$3 million for pilot programs – designated from the state opioid settlement funds – is being issued in the form of grants for veteran-specific projects.

After the request for proposals was released in February 2025, 19 organizations submitted grant applications, with five receiving awards – **AltaPointe, Centerstone, The Shoulder, Sojourn Counseling and UWill.**

Sojourn, a nonprofit based in Birmingham, received a \$590,000 grant for its no-cost Sojourn Serves program. The organization expects to be able to serve an additional 60 veterans with the funding, Director of Development Jennifer Cargile said, adding that Sojourn Serves had more than 1,800 appointments with 45 veterans from Nov. 1, 2024, to Oct. 31, 2025.

Beau Armistead, Sojourn’s CEO and founder, said he and his staff were “incredibly grateful” when they learned they’d received the funding.

*“There was lots of rejoicing,” he said, “and we’re sort of champing at the bit to get going and get the word out and start serving more veterans.”*

ADMH Associate Commissioner Nicole Walden, who is a member of the VMHSC, said she’s excited about everything the committee has achieved in its short existence.

*“We started from nothing, and we’ve accomplished so much,” she said. “It’s been huge, and it’s going to change what our veteran care looks like in the state of Alabama.”*

## New Detox Facility Addresses Unmet Needs in North Alabama

In FY25, a new detox treatment center opened in Huntsville. The facility joined centers in south and central Alabama in helping fill a significant service gap in the northern part of the state.

Operated by WellStone, River Crossing Withdrawal Management houses 16 new detox beds and is funded through a grant from the state's Opioid Settlement Fund (OSF), said Nicole Walden, associate commissioner of the ADMH Division of Mental Health and Substance Use Services.

Walden said the timing was right for the new center, which is housed in the location of a former residential eating disorder program.

*"North Alabama has been hit hard by the opioid crisis," she said. "We finally had a way to fund a center in a way that makes sense."*

The additional beds bring the number of ADMH-certified beds to 104 statewide.

River Crossing's services include medication-assisted treatment, individual and group therapy, case management, and family education. Clients can transition seamlessly to WellStone's River Valley Recovery Center for residential care, if needed.

*"We expect the individuals to go through detox and then go into some other form of care – whether that be a residential treatment program or an outpatient program," Walden said.*

Individuals can be in detox programs for up to 15 days.

*"That generally is enough time for a person to get out of the worst of it," she said, "and then going into a treatment program allows the person to deal with the issues related to why they're using in the first place, but it also gives that individual the opportunity to practice skills they're being taught so that recovery can be long-term."*

Walden praised WellStone for its willingness to create a detox treatment option for people in north Alabama.

*"I'm just so glad somebody stepped up and was willing to do it because detox is really hard – clinically and medically," she said. "The fact that we had a provider who said, 'I will do that because it makes sense for my community' is great."*

## Success Stories



### Tasha

My success story began October 2, 2024 when a close friend reached out to Micah Moore at R.O.S.S. on my behalf. I am so grateful to Micah, and the R.O.S.S. program as a whole. He understood my situation, did everything he could to put me at ease, and I was able to turn my life around. I now consider him a very dear friend, and we even share the same sobriety date, although he has a few more years than I do. He says he only showed me better options, that I did all the work, but it wouldn't have been possible without the hope and encouragement he gave me.

I've been able to rebuild relationships with family, especially my mom with whom I'm now closer to than ever, I'm 14 months 2 days clean and sober at the time of writing, have almost 1 year at my job, have an apartment, and will be starting school in February 2026. Although I was ready to change, and have worked hard to get here, none of this would've been possible without outreach and aftercare workers like Micah and Jeff. Thank you so much for all you do.



### Chelsea

Overcoming meth addiction while pregnant was the hardest and most life-changing battle I've ever fought. When I discovered I was expecting my son Donald, something inside me shifted. I realized I wasn't just risking my own life anymore. I was putting my baby's in life in danger and my family, especially my marriage, in danger. That realization became a serious wakeup call I desperately needed.

I reached out for help and entered a program called UAB Beacon. At this time, I just had my son Donald. I waited for my entire pregnancy to enter the program. I wanted to make sure that this is what I truly wanted and if I was able to maintain my sobriety on my own then there's nothing that can stop me. I was able to maintain efficient sobriety throughout my entire pregnancy but something was missing. I needed more. I never wanted to go through another detox process. Detoxing was painful physically and emotionally, considering I just found out I was pregnant, but I pushed through each day with my baby's future in mind. There were moments when I felt like giving up, but I reminded myself that every step forward was a step toward becoming the mother and wife my family deserved.

With support from my P.I.E.R. worker safe care and my husband, I slowly rebuilt my strength and worked on my character, getting to know myself all over again – the sober Chelsea. All the years I have neglected myself, it was time for me to truly invest in myself. My husband stood by me even when I felt unworthy, which he was also in recovery. He was recovering from the same substance. I had to ignore all the hatred and backlashing because I was pregnant in recovery working on getting my son Noah back due to my relapse and finding out that I was pregnant again but God had a bigger plans for what I was going to do during and after my pregnancy. My children motivated me to keep fighting while fighting pregnant for my son Donald. Recovery taught me how to communicate, how to cope without substances, and recognize red flags and toxic relationships. Now I show up fully for the people I love.

Today, I am clean, I have been refined by the word of God and the power of my testimony today, I stand proud that I overcame one of the hardest struggles I ever had to deal with. Not only did I overcome addiction, but I was able to come to terms with a lot of grief. Now I am fully reunified with my family. I am the wife that God called me to be. Now I have great relationships with my family members. I have well over a year of strong sobriety. I stopped counting the days because my sobriety is forever sobriety. What it took for me was realizing that I am worthy of a good life.

**104**  
total ADMH-certified  
detox beds

detox stay up to  
**15 days**

## Jail-Based Competency Restoration Services Grow

Historically, individuals ordered for competency restoration services in Alabama have been added to a waitlist to ADMH's Taylor Hardin Secure Medical Facility in Tuscaloosa. But now through a Transformation Transfer Initiative (TTI) Project grant received in early FY25, ADMH began innovative work of jail-based competency restoration to evaluate and serve individuals.

The \$250,000 grant, awarded by the National Association of State Mental Health Program Directors (NASMHPD), is intended to address the state's long-term backlog of individuals awaiting competency restoration services, which are provided after a judge determines a defendant is not competent to stand trial.

*"If a judge has a concern that the person seems to be confused or they have mental illness symptoms that would interfere with their ability to participate in court, their whole case stops. It's held on pause until the person can get the treatment that they need so that they can begin to participate in their proceedings again," said Dr. Virginia Scott-Adams, ADMH's director of Forensic Mental Health Services.*

Because of a lengthy waiting list, though, defendants not released on bond have been kept in jail, Adams said.

*"You have people with mental health issues that have only been charged with a crime – they hadn't been convicted – sitting in jail, waiting for this service to become available," she said.*

The problem is a nationwide concern and isn't unique to Alabama, Adams said.

*"States are having trouble having the necessary resources to deliver competency restoration in a timely manner," she said.*

To accelerate the process, in 2021 ADMH began a pilot project to provide competency restoration services in a jail setting.

*"We started looking at the waiting list to determine who could be diverted – who could be restored without being in a hospital? And, considering hospitalization is costly and unnecessary in some cases, is there a way to deliver educational services and medication outside of the hospital setting?" she said.*

At first, Adams was the sole clinician delivering services. After the pilot began yielding positive results, though, the program brought on and trained students from the University of Alabama to assist. Within a couple of years, the department hired Eric Owens, who has an extensive background in criminal justice and risk management, for the full-time role of risk manager.

Using the funding from the TTI grant, in FY 2025 the department hired five additional restoration specialists, significantly increasing capacity. Restoration services are now being offered in jails in DeKalb, Fayette, Jefferson, Mobile, Pickens, Shelby and Walker counties.

*"For September (2025), we had 31 people enrolled in the program, and we keep around 30 at a time," Scott-Adams said. "Most of those people – 25 – were actually on the inpatient wait list waiting for services, so we're trying to divert them off of our inpatient wait list and get them restored in the community. Twenty-three people at that time had actually completed the program."*

The services have had a noticeable downstream impact, Adams said, changing the patient population at Hardin as "low-acuity" patients receive services outside a hospital setting.

*"Our hospital is serving a far more challenging population as far as the number of complex patients than we have in the past. Longer term, I think it's a better use of resources for taxpayers, right? Because you're going to have people who need that level of care that are accessing it, and people who don't need that level of care will hopefully be served in other settings while they get the treatment that they need to maintain stability," she said.*

Adams emphasized that it is important for the public to understand that competency restoration is not about helping people evade accountability for their actions but about preserving the rights of defendants who are mentally ill.

*"We're not offering a program to try to help people avoid consequence ... this program is about preserving justice," she said. "What we're doing is helping people move forward with the court process to give victims a sense of comfort knowing justice was served and to give the courts what they need as far as making sure that they preserve a person's legal rights."*

## Success Story



### Heather

My recovery from co-occurring disorder began when I realized I no longer recognized the person I saw in the mirror. I found strength in faith, support groups, mental/physical therapy, and my desire to live a purpose filled, joyous life. I prayed constantly for the courage to forgive and love myself. Therapy taught me to sit with my pain instead of numbing it. To feel emotional pain, walk through it, and release it. This process was the foundation for healing that gave me freedom.

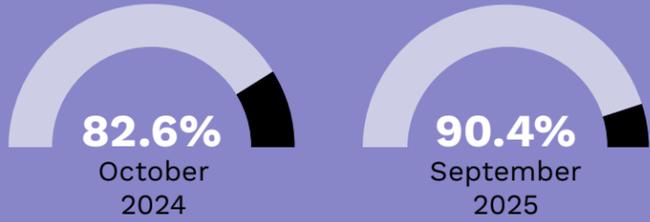
Support from family and community was essential. R.O.S.S. afforded me several opportunities that rocketed me into the life I am grateful to be present for today. I was offered an internship and began training for certification as a Certified Recovery Support Specialist (CRSS) through the Recovery Community Services Program (RCSP) program. I was offered full time employment on the Helpline, completed the RCSP successfully, and obtained my CRSS certification through ADMH with my R.O.S.S. family's full support and encouragement. My ongoing training, employment, and perseverance have helped me grow and give back. Today, I'm living life with purpose and joy. Through R.O.S.S. Helpline, I enjoy advocating and giving hope to others.

Two powerful lessons shaped my journey: learning to forgive myself and knowing I'm enough. Recovery isn't about perfection – it's about balance, acceptance, and growth. Today, I measure success by how far I've come, not by being flawless. Healing is possible, even in the darkest times.

**Call Center Locations:**

AltaPointe (Mobile) • Carastar Health (Montgomery) • JBS (Birmingham) • SpectraCare (Dothan) • WellStone (Huntsville)

**IN-STATE ANSWER RATE**



**AVERAGE SPEED TO ANSWER**



**988 Crisis Line Tops 90 Percent In-State Answer Rate**

Alabama’s 988 Suicide and Crisis Lifeline hit a significant milestone in May 2025, when it registered a 90.9 percent in-state answer rate, far surpassing the national goal of 80 percent.

The 988 lifeline serves as a vital component of the state’s three-pronged Crisis System of Care, giving individuals “someone to talk to” when experiencing a crisis.

In FY25, the state’s call centers fielded more than 40,000 calls, averaging some 3,300 calls a month. This number is up from FY24, when centers responded to 34,027 calls in total, receiving an average of 2,836 calls monthly.

Anthony Reynolds, crisis care project director for ADMH, attributes the improved in-state answer rate to call centers’ increased and consistent staffing as well as expanded hours at some of the centers.

*“As they hire new staff to handle their phones, they increase their hours,” he said.*

Overall for FY25, 87.4 percent of 988 calls were answered by one of the state’s four call centers – located in Birmingham, Dothan, Huntsville and Mobile. That percentage represents a marked improvement over FY24’s average in-state answer rate of 82.5 percent. The number is even more impressive when compared to the 988 lifeline’s rollout in July 2022, when the in-state answer rate was 68 percent.

Though the percentage dipped below 90 percent in June, the number of calls answered by state call centers exceeded the 90 percent target again in July, August and September, the last three months of the fiscal year.

The improved in-state answer rate has been accompanied by an increase in call volume, as awareness of the service has risen steadily as a result of the department’s intensive marketing efforts, said Reynolds.

Two centers – AltaPointe in Mobile and Crisis Center Inc. in Birmingham (a contractor for JBS Mental Health Authority) – respond to calls 24 hours a day, seven days a week. A third, operated by SpectraCare in Dothan, is ramping up to do the same, Reynolds.

*“All call centers – that is their goal: to be 24/7,” he said. “We want it to be very rare that calls are actually routed out of state.”*

Reynolds said it is better for calls to be answered by one of the in-state centers, where crisis counselors are familiar with local resources. He said he believes the improved in-state answer rate also relieves pressure on law enforcement, jails and hospital emergency departments.

*“When people are in crisis, if we handle the calls appropriately, I believe that trickles down to all of our services beneficially,” he said.*

Looking to FY26, the goal is to sustain the 90 percent in-state answer rate, Reynolds said, adding that he thinks that is attainable as centers continue to expand their staffing and operating hours.

The state also is expecting to add a text and chat center in FY26, with that location assuming responsibility for text and chats that are currently being routed to a national center.

**Success Story**



**R. H., crisis counselor at the Crisis Center, Inc./JBS**

One of the most significant calls I handled on the 988 Lifeline involved a first responder who was actively suicidal while driving and telling me she felt like running her car off the road.

During my assessment I also listened and she stated she was overwhelmed with grief from multiple miscarriages and the conflict this created within her family. I initiated safely planning with her, she requested then to speak with law enforcement.

During the call although I felt a bit anxious, but I stayed calm and was supportive and focused on keeping her talking and engaged. I validated her feelings and during the call also encouraged grounding and worked to reduce her immediate risk.

With the established rapport and supportive listening, I was able to help her agree to pull into a gas station while I contacted the appropriate law enforcement. The local police department located her shortly after.

Weeks later, I received a report from those local police department stating that the caller had followed up and expressed appreciation. They shared that she had received the help she needed and that she was now pregnant with a healthy baby.

**40,053**

Total # of Calls in FY25



## New Crisis Center in Dothan and Expansion in Tuscaloosa Offers More Access to Alabamians

The Alabama Crisis System of Care steadily built capacity in FY25, with the opening of a new Crisis Center in Dothan and an expansion at Hope Pointe Behavioral Health Crisis Care in Tuscaloosa.

Because of the growth, the state's six Crisis Centers conducted more than 1,000 evaluations in August 2025 – a new high for the state, said Anthony Reynolds, ADMH crisis care project director. Throughout FY25, the Centers – located in Birmingham, Dothan, Huntsville, Mobile, Montgomery and Tuscaloosa – performed 9,929 evaluations.

The state's newest Crisis Center in Dothan began offering services in February, with 15 short-term observation beds and 12 beds for extended observation.

Melissa Kirkland, CEO for SpectraCare, said the center's numbers grew quickly as the word got out.

*"The number of admissions that we had in March was the same as some of the centers that opened three years ago," she said. "I credit that to my staff getting out there and really educating ahead of time."*

Kirkland said she expects the new Crisis Center will ease the strain on first responders, jails and emergency rooms in Dothan, the surrounding towns and counties in the central and southeast part of the state. Despite only being open for a portion of the fiscal year, SpectraCare recorded 485 ER diversions and 43 law enforcement drop-offs in that time span.

*"Being able to give them access to immediate crisis care, I think it's going to be the biggest impact we're going to see on those three places – on EMS, the ER and the jail – which, in turn, will take care of getting our people where they need to be," she said. "If you're having a mental health crisis, you don't need to be taken to jail or sit in the ER or have EMS at your house."*

The opening of the new Center is the culmination of a vision that stretches back two decades, Kirkland said.

*"I just ... I can't believe it's really up and going because – there are several of us who have been around for a long time – and this was a dream for 20 years," she said. "And to think that now we're on the other side of it. It's just amazing."*

**SpectraCare Crisis Center in Dothan, AL.**



On the state's western border, Hope Pointe Behavioral Health Crisis Care in Tuscaloosa tripled its extended observation beds – from four to 12 – when Phase 2 of its Crisis Center opened March 24.

One of the goals for the new space was to "reduce the stigma of getting help" by creating a calming and relaxing atmosphere, said Karen Jones, CEO of Indian Rivers Behavioral Health, which operates Hope Pointe.

*"We wanted a space that was more like a community living room, so it didn't feel like a hospital inpatient unit," she said. "We knew we needed to have all of the behavioral health-rated furniture, fixtures and equipment ... but we also wanted that soothing environment so that it did make that individual, as soon as they walk in, feel comfortable and calm and like they were in the right place."*

Since the expansion, Hope Pointe Director Dana Williams said she and her staff have put more than 2,900 miles on their vehicles travelling to the small towns and communities in the Center's 11-county catchment area – visiting churches, government buildings, local businesses, post offices, medical or mental health offices, fire departments (municipal or volunteer), libraries, local support agencies and or colleges/universities – to educate the public about the services available at Hope Pointe.

*"Dana and her team have been going on tours all over for in-person community education. They have visited every tiny town in west Alabama," said Jones.*

The group's efforts seem to have paid off: Hope Pointe has increased the number of monthly evaluations from its March opening through the end of the fiscal year.

Williams and crew also have created a rotating outreach schedule that assures that they visit each county at least every 10 to 12 weeks.

She said that the visits have served a dual purpose.

*"Not only is it getting the word out about Hope Pointe, but also we have learned a lot about resources in those counties," she said. "Every day that we come back from our trips, we're bringing stuff to our discharge planners for them to add to their resource manual because we've just learned so much more by actually being in the communities."*

**Hope Pointe Behavioral Health Crisis Care in Tuscaloosa, AL.**



## Inaugural Prevention Day Spotlights Prevention Efforts, Real-Life Success Stories

As part of an effort to increase awareness of substance use prevention initiatives around Alabama, ADMH and partners held an inaugural Prevention Day at the State Capitol auditorium in April.

*“When people hear ‘prevention,’ they ask the question, ‘What does that mean to one individual?’ So, we wanted to provide education, awareness and real-life success stories,” said Brandon Folks, senior program manager for the ADMH Substance Use Prevention Program.*

The half-day event, organized by a 10-member committee comprised of ADMH staff as well as representatives from prevention agencies from around the state, featured remarks by ADMH Commissioner Kimberly Boswell and State Prevention Advisory Board (SPAB) President Nicole Shine, testimonies from people who had participated in prevention training, and panels highlighting state legislators and providers.

The event attracted some 100 attendees, including middle, high school, and college students; provider representatives; and advocates. Participants also had an opportunity to meet one-on-one with state legislators.

State Rep. Barbara Drummond, D-Mobile, was on hand to provide details on the vaping legislation that she sponsored and that was later approved by the State Legislature. The new law aims to prevent young people in Alabama from using and purchasing vape products.

A Coastal Community College student who had received training in administering Naloxone also spoke and offered personal insight into the value and importance of prevention.

*“Normally, when people hear ‘prevention’ in school, they think of Red Ribbon Week, but it’s so much more than just signing a pledge to say that ‘I will live drug free’ and just wearing a ribbon during one week of a year,” he said.*

Looking ahead, Folks said the goal is to expand attendance for Prevention Day, especially among Alabama legislators.



## New Online Directory Helps Alabama Families Find Support Faster

Launched in September 2025, the ADMH Child & Family Services Resource Directory, was created to help families easily find the support they need. From counseling and crisis services to school programs and community resources, this directory connects you to trusted providers dedicated to children and families across Alabama.

The Child & Family Services Resource Directory makes it easy to find trusted programs, counseling, and community resources across Alabama. Explore it today and share with others who may benefit! Explore the directory today and discover the care and assistance available in your community.

The Child & Family Resources Directory is live on the ADMH website on the page for the Office of Child & Family Services and linked with other ADMH directories on Provider Directory page, Children and Family Directory online



## Success Story

### JCS

JCS is a 16-year-old from Geneva, Alabama, now living in South Alabama. Raised by his grandparents from a young age, JCS’s behaviors became increasingly difficult to manage as he grew older. His grandmother homeschooled him for several years due to challenges in the school setting, but his aggressive behaviors escalated over time, leaving his grandparents fearful of being alone with him.

When JCS returned to public school, his aggressive behaviors continued, and his family expressed concerns about their ability to maintain him safely in the home. Recognizing the need for additional support, his grandparents requested Residential Services. The Alabama Department of Mental Health’s Division of Developmental Disabilities worked closely with the family to identify the most appropriate provider in South Alabama.

JCS transitioned into his new home with excitement, especially upon discovering a swing set in the backyard—a favorite activity that allows him to spend time outdoors. His new environment offers increased opportunities to engage in activities he enjoys and to explore his community. The provider has implemented individualized behavior supports, and staff are thoroughly trained in strategies to reduce or eliminate harmful behaviors. JCS now FaceTimes his family almost daily and appears happy and secure in a structured setting that promotes both safety and personal growth.

## 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, the Office of Internal Audit; the Office of Law Enforcement Services; the Office of Legal Services; the Office of Legislative & Constituent Affairs; the Office of Public Information; and Office of Rights Protection & Advocacy.

### Administration

The Division of Administration provides vital support services for the department's facilities and central office staff.

The division is comprised of the Bureau of Finance; the Bureau of Human Resources Management which includes the Office of Staff Development; the Bureau of Information Technology Services; the Office of Land & Asset Management which supervises the Office of Administrative Support Services, the Office of Certification Administration, the Office of Life Safety & Technical Services, and the 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 division is comprised of the Office of Administrative & Fiscal Operations; the Office of Community Waiver Program; the Office of DD Provider Certification; the Office of Home & Community-Based Services; the Office of Person-Centered Planning; the Office of Psychological & Behavioral Services; the Office of Quality Assurance; the Office of Self-Directed Services; 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

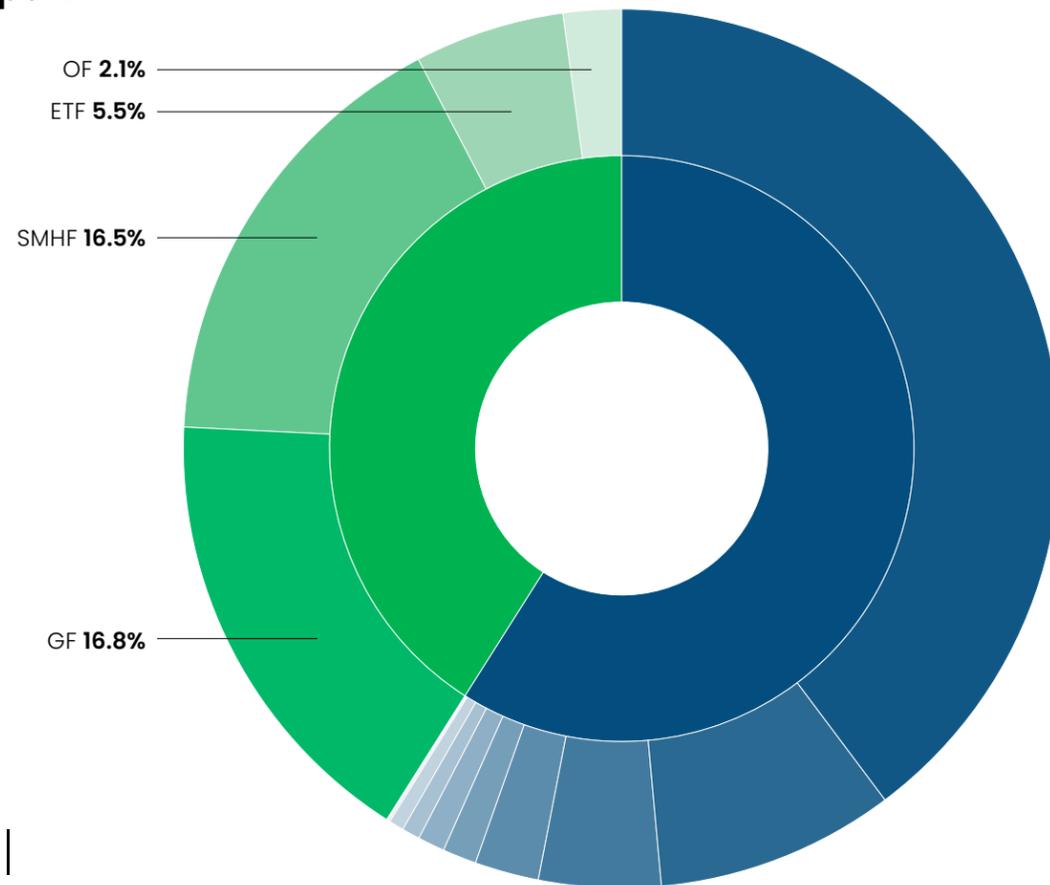
The Division of Mental Health and Substance Use Services promotes the development of a comprehensive, coordinated system of community-based services for consumers diagnosed with serious mental illness and/or substance use disorders. The division partners with community providers to deliver a comprehensive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

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 Facility Operations; the Office of Forensic Mental Health Services; the Office of Forensic Outpatient 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.

ADMH operateds three mental health facilities which provide inpatient psychiatric services to adults: Bryce Hospital, Mary Starke Harper Geriatric Psychiatry Center, and Taylor Hardin Secure Medical Facility.



## Financial Report



### General Operating Revenue

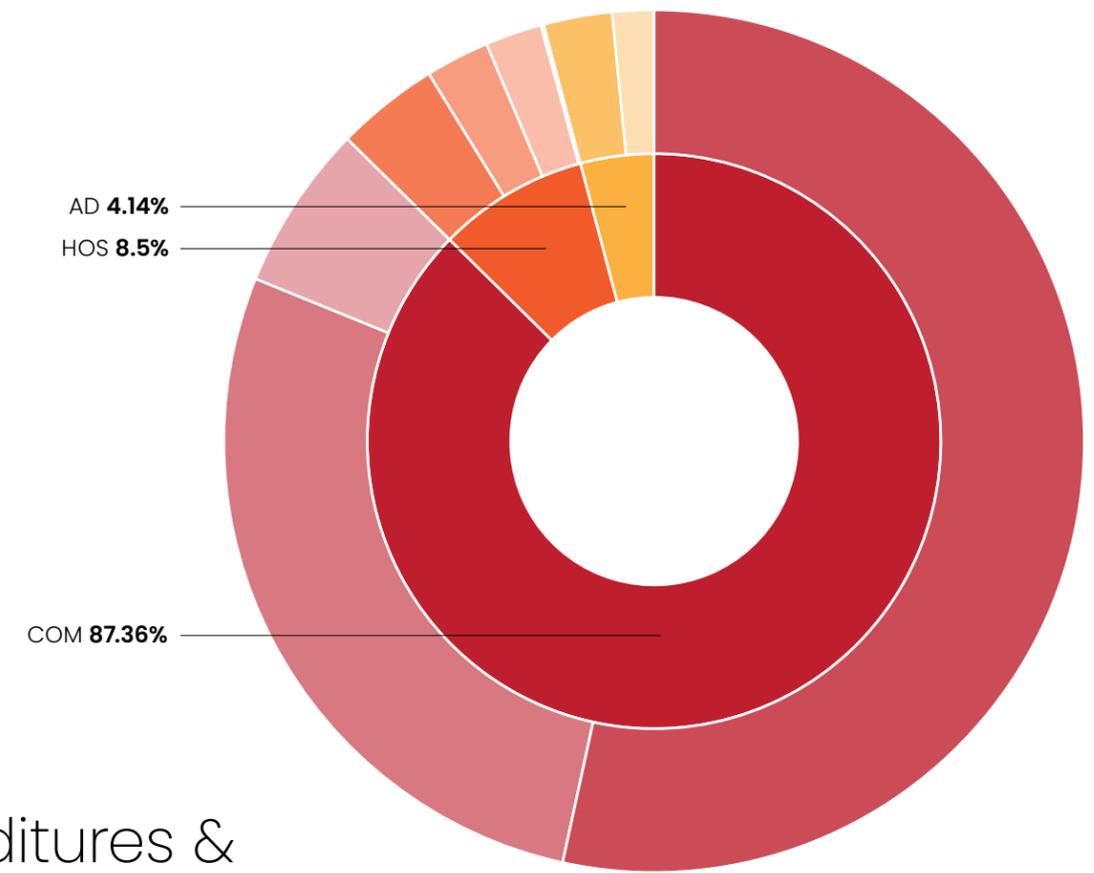
#### Federal, Local, Miscellaneous 59.1%

Medicaid, T. XIX-ID Community	568,036,907
Medicaid, T. XIX-MI Community	125,910,867
Federal Grants	64,242,817
Federal Block Grants	33,763,671
ARP Section 9817 (HCBS 10%)	17,820,854
Medicaid, T. XIX-Facilities	14,224,115
Medicaid, T. XIX-SA Community	9,530,165
Other Income	7,837,361
Medicaid, PL 100-203-OBRA	1,030,124
Medicare	720,839
Donated Restricted	192,356

#### State 40.9%

<b>General Fund (GF) 16.8%</b>	239,762,669
<b>Special Mental Health Fund (SMHF) 16.5%</b>	236,364,491
<b>Education Trust Fund (ETF) 5.5%</b>	79,071,736
<b>Other Funds (OF) 2.1%</b>	30,700,093
Opioid Treatment Fund	12,478,187
State Match Funds - DHR/DOE	8,584,778
Cigarette Tax	3,942,458
Tobacco Settlement	2,260,787
State Recovery Fund	1,514,787
Departmental Receipts	1,500,000
Coronavirus Recovery Fund	271,130
Indigent Offenders Treatment	78,385
Behavioral Analyst Fund	69,235
Judicial Fines	346
<b>Total</b>	<b>\$1,429,209,064</b>

### Expenditures & Encumbrances



#### Community Programs 87.36%

Developmental Disabilities	772,128,544
Mental Illness	400,894,331
Substance Use Disorder	89,905,674

#### Hospitals 8.5%

Bryce Hospital	55,935,138
Taylor Hardin Secure Medical	34,742,556
Mary Starke Harper Geriatric Psychiatry Center	30,726,596
East Alabama Medical Center (Adolescent Unit)	1,500,000

#### Administration 4.14%

Central Office	37,263,158
Special Services	22,585,221

**Total \$1,445,681,218**

## Individuals Served by Service Population

### Developmental Disabilities

Community Program Waiver	455
Intellectual Disability Waiver	4,185
Living at Home Wavier	517
<b>Total</b>	<b>5,157</b>

### Developmental Disabilities

**4,817** adults served

**340** adolescents served

### Mental Illness

**66,309** adults served

**30,390** adolescents served

### Substance Use\*

**48,860** adults served

**4,506** adolescents served

### Total\*

**120,040** adults served

**35,236** adolescents served

### Mental Illness

Bryce Hospital	337
East Alabama Medical Center (Adolescent Unit)	17
Mary Starke Harper Geriatric Psychiatry Center	94
Taylor Hardin Secure Medical Facility	189
<b>Total</b>	<b>637</b>

AltaPointe Health	17,968
CED MHC	2,558
Cahaba Center for Mental Health	2,248
Capitol Care South	314
Carastar Health	6,138
Central Alabama Wellness	2,449
East Central Alabama MHC	2,573
Eastside	2,240
Glenwood	640
Highlands Health System	2,837
Indian Rivers	4,409
Integrea	7,720
JBS Mental Health Authority	6,306
MHC of North Central AL	2,694
Mountain Lakes	3,129
Northwest Alabama MHC	3,306
Riverbend Center for MHC	4,349
South Central Alabama MHC	3,263
Southwest Alabama BHC	2,922
SpectraCare Health Systems	3,845
UAB	1,080
WellStone	11,659
West Alabama MHC	1,415
<b>Total</b>	<b>96,062</b>

## Who's Who—Page 11

### Top left:

Theo Munthali is the Contracts, Budgets, & Billing Director in MHSA.

Melissa Munthali is the Credentialing & Care Coordinator for Mental Illness Community Programs.

### Top right:

Frannie McCoy is the Developmental Disabilities Call Center Supervisor.

Fred McCoy is the Certification Administration Director.

### Bottom left:

Jason Davis is the Director of Quality Improvement & Risk Management in MHSA.

Jonathan Davis is the Executive Assistant to the Associate Commissioner of DD.

### Bottom right:

Dr. Christine Rembert is the Facility Services Director.

Willie Rembert is a Police Officer at Taylor Hardin Secure Medical.

Courtney Rembert is a Registered Nurse at the Mary Starke Harper Geriatric Psychiatry Center.

And a bonus Rembert - Mr. Rembert does not work for ADMH.



\*Due to a system transformation, substance use data is estimated for FY25.

