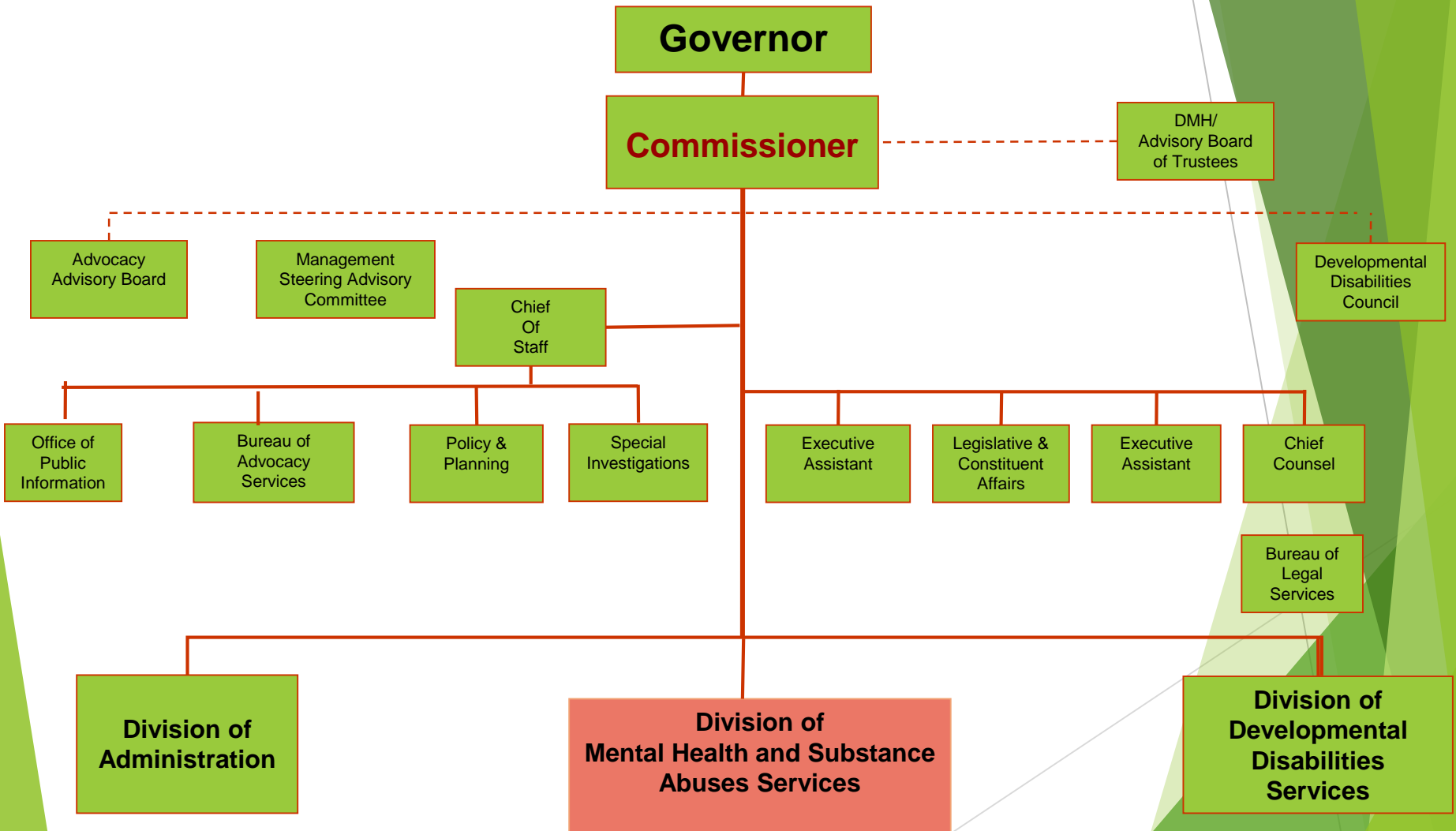


# *Alabama Department of Mental Health*

**Bridging the Gap: State Hospitals  
and Community Providers  
System of Care**

# Organizational Chart

## Department of Mental Health



# ***ROLE OF DEPARTMENT OF MENTAL HEALTH***

***DMH State  
Hospitals***

***Funding  
(Contracting)***

***DMH  
Administrative  
Certification***

***Division  
Specific  
Standards/  
Administrative  
Code***

***Advocacy***

# *Division of Mental Illness*

## *Our Purpose*

To Establish an Organized and Comprehensive Community based System of Care for Adults/Elderly individuals who suffer from chronic/severe mental illness (SMI) as well as Children/Adolescents who suffer from severe emotional disturbance (SED).

# *Division of Mental Illness*

## *Our Target Population*

Persons who must rely upon public mental health services and who meet Serious Mental Illness (SMI) or Serious Emotionally Disturbed (SED) criteria.

# WYATT vs. STICKNEY and OLMSTEAD

In 1970 Alabama faced a lawsuit, Wyatt vs. Stickney, which brought the “right to treatment” for state psychiatric hospital patients into the foreground.

Upon the filing of the suit, one of the longest running mental health lawsuits in US history, ADMH started shifting focus from providing mental health treatment within the confines of large- scale institutional walls towards for community based mental health treatment.

This litigation significantly influenced fundamental changes in this States’ mental health service delivery system.

The 1999 Olmstead “integration mandate” decision further inspired the pursuit of building more appropriate and effective mental health service models within the community mental health landscape.

# Development of a Continuum of Care

ADMH has moved steadily towards less reliance upon state psychiatric inpatient services by shifting funding to less costly, but more effective community services and supports.


Since **1971**, the census at **Bryce** alone dropped from **over 5,000** patients to **less than 400 in 2004** and to a **268 bed hospital in 2014**.

In order to meet the requirements of the Wyatt settlement, ADMH made provisions to utilize a **CENSUS REDUCTION MODEL** in which the care of individuals housed within the States' extended care wards would be transferred to the community provider network.

Strides to better serve consumers outside of inpatient settings continued beyond those prompted by the settlement leading to a statewide reduction in hospital census as well as closures of state operated facilities.



In FY09, prior to the implementation of the latest series of census reduction projects, the statewide average daily census for all state operated facilities serving adult geriatric, forensic, extended care, and acute care populations totaled 1,054.



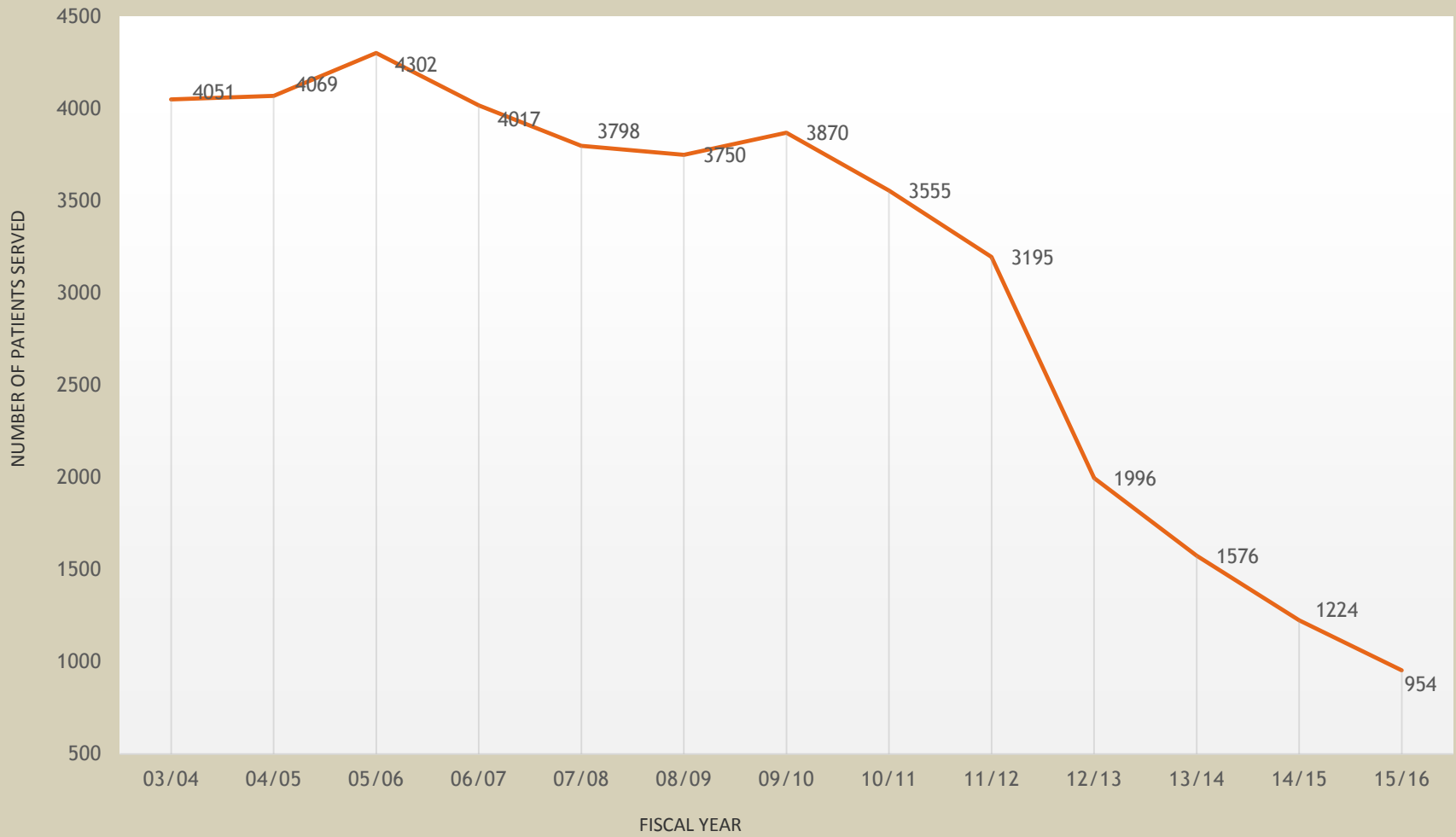
Compared to this FY09 baseline end of year average daily census, ADMH reduced the total statewide hospital census:

- In FY12 by nearly 24%,
  - In FY13 by 44%,
  - In FY14 by 50%.
- 

ADMH demonstrated nearly a 52% statewide reduction in total state psychiatric hospital census from FY09 to June 2015.



## PATIENTS SERVED IN MI FACILITIES



# Budget Cut Opportunities

From FY09 - FY12, ADMH experienced a decrease in state dollars by approximately \$40 million.

In FY12, Medicaid Managed Care Efforts also began.

FY12 provided unique planning opportunities for ADMH and its long-standing partners (consumer and family advocate groups, providers, judges, hospitals, etc.)

Much direct focus and planning was given to determining to most effective way to move toward a transformed system that could be provided with such funding cuts.

Primary focus was on restructuring how ADMH would provide post commitment care to consumers civilly committed (Probate Court commitments) to ADMH and the process would have to occur over a multiple year process to achieve true statewide restructuring and the development of a system of care.

# Restructuring of the DMH Adult Civil Commitment Process

The Community Mental Health Centers stood devoted to their courts and communities to assure that all possible resources will be utilized to care for persons with a mental illness.

It was important to provide a consistent STATEWIDE process across the regions and the implementation of a statewide commitment process especially in light of the closure of state hospitals.

The implementation of the new process was VITAL to assure the proper treatment and placement for each individual and assist both the courts and the community mental health centers in determining Appropriate Level of Care for all individuals.

**In 2011, ADMH began the restructuring of DMH Civil Commitment process as outlined in EXISTING law.**

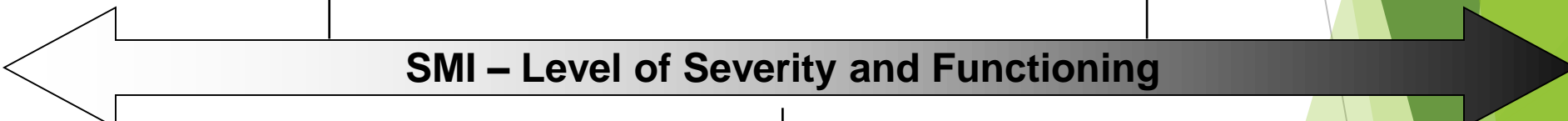
# *MH Continuum for SMI Adults Stabilization*

**CMHC Crisis  
Residential  
Units**

**State  
Psychiatric  
Hospital**

**SMI – Level of Severity and Functioning**

**Private Inpatient  
Psychiatric Unit**



# State Hospitals

In FY12, there were six state-run mental illness inpatient treatment facilities serving adults in Alabama.

Greil Memorial Psychiatric Hospital in Montgomery was established in 1974.

- Greil Hospital was an in-patient acute care facility for the mentally ill in the central half of the state.
- Greil Hospital was closed permanently on August 31, 2012.

Searcy Hospital in Mt. Vernon (near Mobile) was established in 1828.

- Searcy Hospital was situated on the grounds of the former Mount Vernon Arsenal, a former United States Army ammunitions depot.
- Searcy Hospital operated an acute care unit and an extended care unit for the southern part of the state.
- Searcy Hospital was closed permanently on October 31, 2012.

North Alabama Regional Hospital (NARH) in Decatur was established in 1977.

- NARH Hospital was an in-patient acute facility for the mentally ill in the northern half of the state.
- NARH Hospital was closed permanently on April 1, 2015.

# State Hospitals



Bryce Hospital was established in 1861 in Tuscaloosa.

- Bryce Hospital operated an acute unit and an extended care unit. It is now an extended care unit.
- The new Bryce Hospital opened in July 2014 as a **268 bed state hospital**.
- Bryce Hospital is responsible for the provision of inpatient psychiatric services for adults under civil commitment age 18 - 65, as well as forensic commitments of females and for forensic males who stepdown from Taylor Hardin Secured Medical.
- Ms. Shelia Penn is the Facility Director of Bryce Hospital.



Taylor Hardin Secure Medical Facility was established in 1981.

- Taylor Hardin provides comprehensive psychiatric evaluation/ treatment to the Male criminally committed throughout the state 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 is a **140 bed state hospital**.
- Ms. Annie Jackson is the Facility Director of Taylor Hardin.



Mary Starke Harper Geriatric Psychiatric Center was established in 1996 on the campus of Bryce Hospital.

- The Harper Center is responsible for the provision of inpatient psychiatric services to the elderly citizens throughout the state.
- Harper Center is a **96 bed state hospital**.
- Ms. Beverly White is the Facility Director.



# Access to Adult Civil Commitment Beds

CMHC (Regions)	DMHF Non-Hospital	# of Beds	DMHF Hospital	Access to # of Beds	Total # DMHF Beds	DMH State Hospital - Bryce	# of State beds	TOTAL BEDS
Region 1		96		191	287		20	307
Region 2		94		247	341		178	529
Region 3		67		59	126		20	146
Region 4A		120		45	165		11	176
Region 4B		59		66	125		29	154
<b>TOTALS:</b>		436		608	1044		268	1312

# *Bridging the Gap and Development of a System of Care*

In 2015, ADMH focused its hospital efforts on expanding the statewide system of care to more closely unite the efforts between community care and hospital care.



The importance of including state psychiatric hospitals in the system of care would ensure removing the silo approach and transforming into a more seamless care coordination model with a focus on least restrictive care environments.



This process began with the implementation of the DMH Civil Commitment Protocol process.



This process was developed to shift the commitment system for reactive to proactive.

# ***Bridging the Gap and Development of a System of Care...Continued***

**This process required Community Providers to become actively engaged with an individual's care at the time a petition for commitment is filed.**

**Historically, most individuals committed were not known to the community providers and their professional involvement occurred after a DMH commitment and placement in a state psychiatric hospital.**

**The implementation of this new process forced direct involvement with the probate courts and an opportunity for development of a coordination system with the involved parties to include the consumer, family members, private inpatient acute hospitals, jails/detention facilities, nursing homes, etc.**

**It also allowed for diversion of inappropriate commitments linked to social reasons.**

# DMH ADMISSION COORDINATOR (DAC)

A key component was the development of a Centralized Admission to state psychiatric hospitals process.

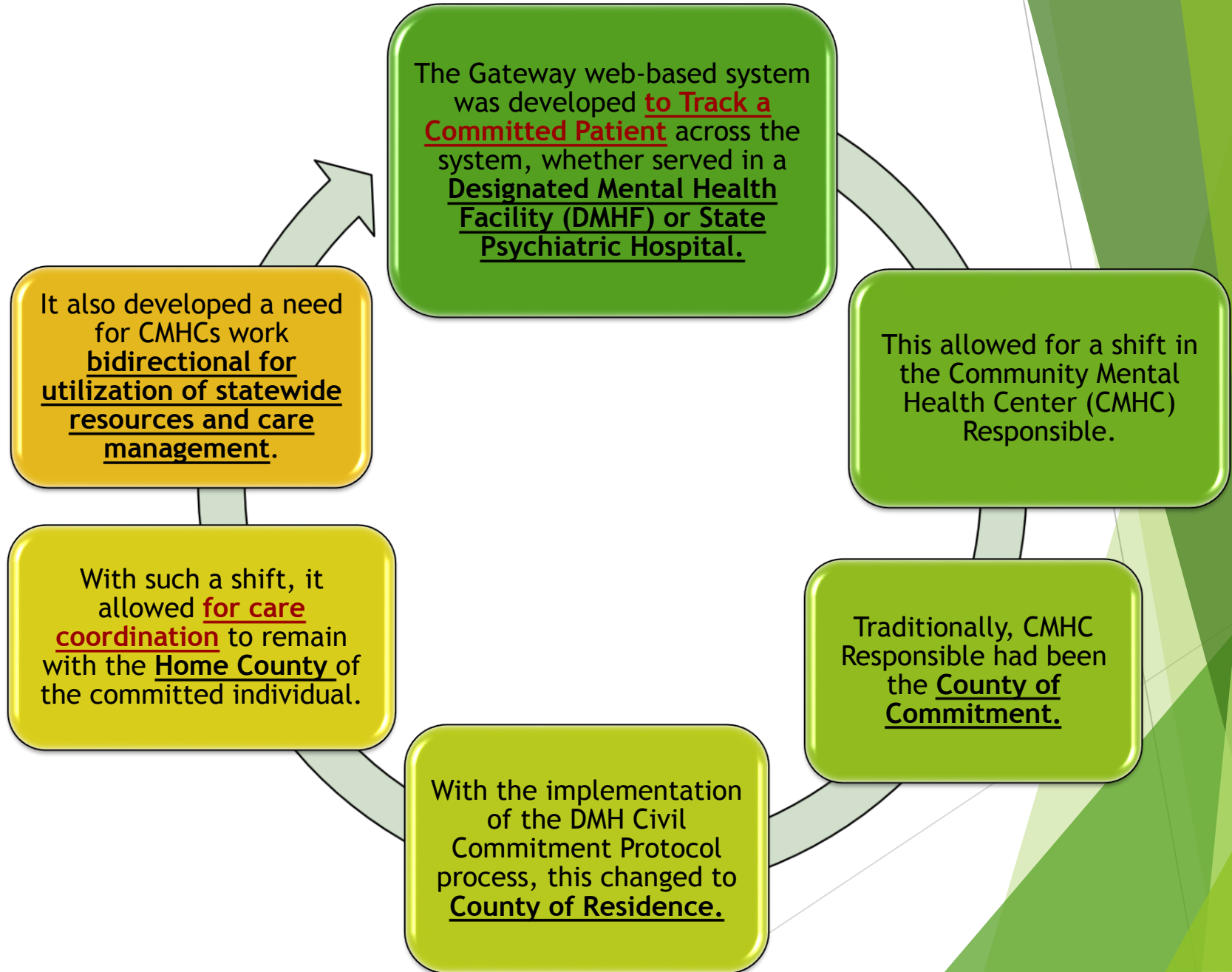
The DMH Admission Coordinator (DAC) was implemented and this position was placed in DMH Central Office under the supervision of the Office of Mental Illness Community Programs.

This became a BRIDGE position for the System Of Care.

This DAC ensures:

- the monitoring and linking of MOVEMENT of committed patients,
- the securing of NECESSARY paperwork,
- the RENEWAL of commitments,
- the securing of CLINICAL SUMMARIES, and
- the RELEASE from commitment processes.

# The GATEWAY



# State Hospitals a Partner in the System of Care - WE ARE ONE!!!

In August 2016, the Office of MI Community Programs and Bryce Hospital launched next stages of the development of the System of Care, including State Hospitals in the continuum.

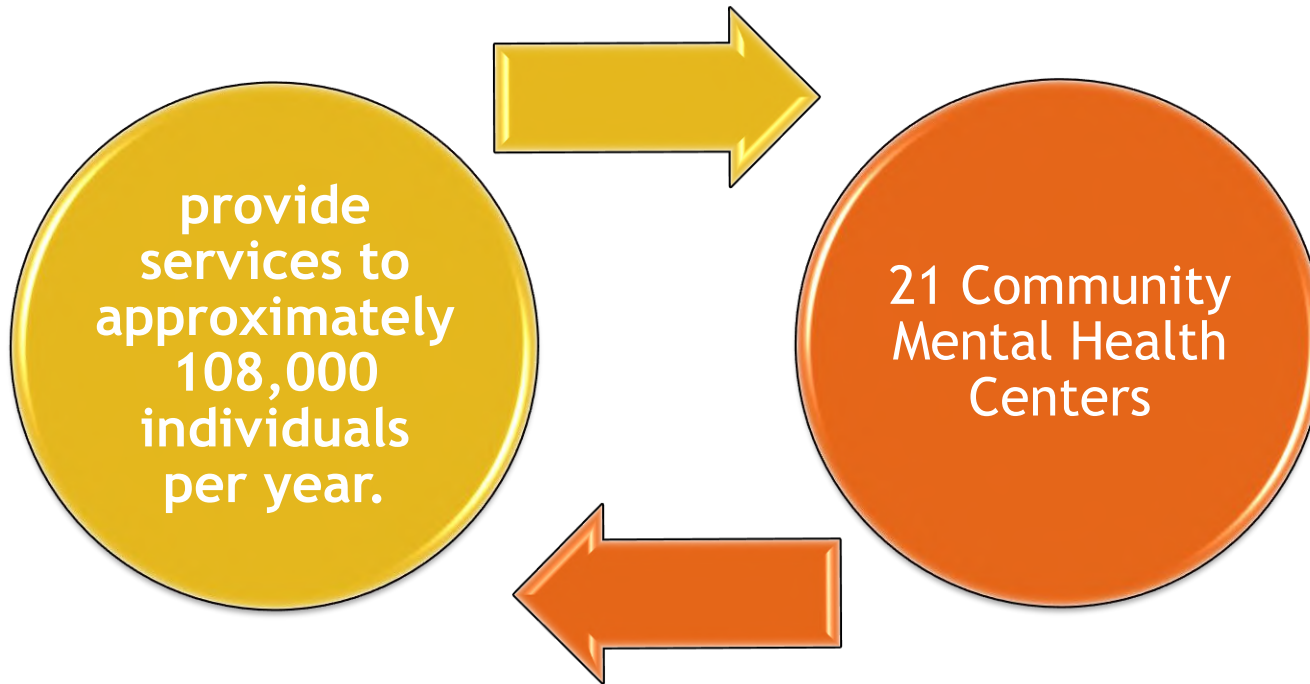
Knowledge is Power so the training process began. For State Hospital staff to become a part of the System of Care, they had to be educated on what this meant and the resources available.

Three training sessions were conducted with the conduits into the Treatment Team Process - the Bryce Social Workers.

- 11 Social Workers
- 2 Supervisors
- 1 Discharge Coordinator
- 1 SA Coordinator
- 1 Director of Social Work



# Community Services



**East Alabama MH Center**

# MH Continuum for SMI Adults

## SMI and Contract Eligibility

**Outpatient**



**Intake**

**Pre-Hospital Screening**

**Crisis Intervention**

**Diagnostic Screening**

**Case Consultation**

**Individual**

**Group**

**Family**

**Family Support and Education**

**Basic Living Skills**

**Medication Monitoring**

**Medication Administration**

**Psychiatric/Nursing**

**Telepsychiatry**

# MH Continuum for SMI Adults

## SMI and Contract Eligibility

### Outreach

- Case Management
- Adult In-Home Intervention
- Crisis Mobile Team
- Assertive Community Team (ACT)
- Program for Assertive Community Team (PACT)

# MH Continuum for SMI Adults

## SMI and Contract Eligibility



### Meaningful Day

- Rehab Day Program
- Adult Intensive Day Treatment
- Partial Hospitalization Program (PHP)

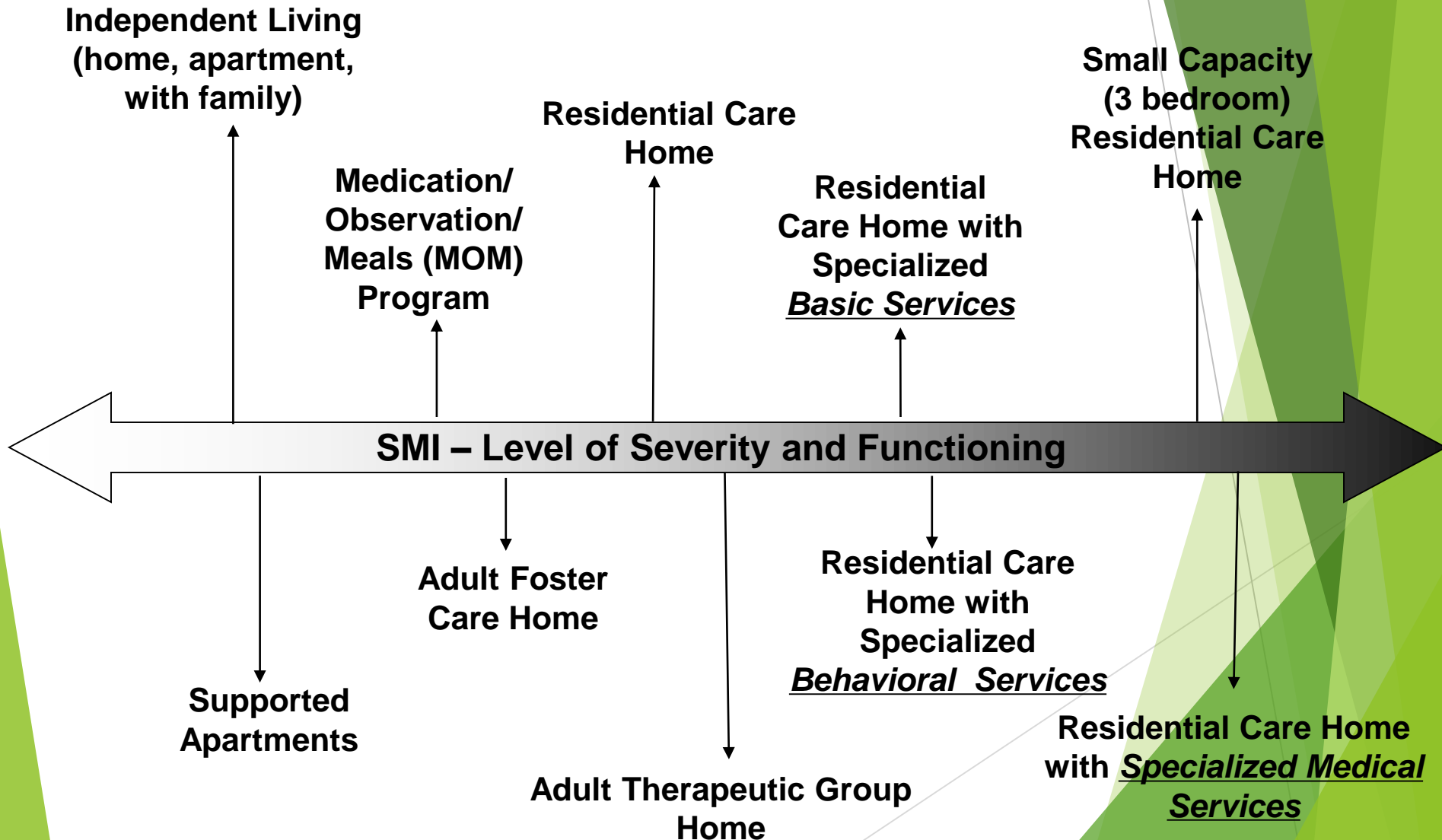
# MH Continuum for SMI Adults

## SMI and Contract Eligibility

### Recovery Supports

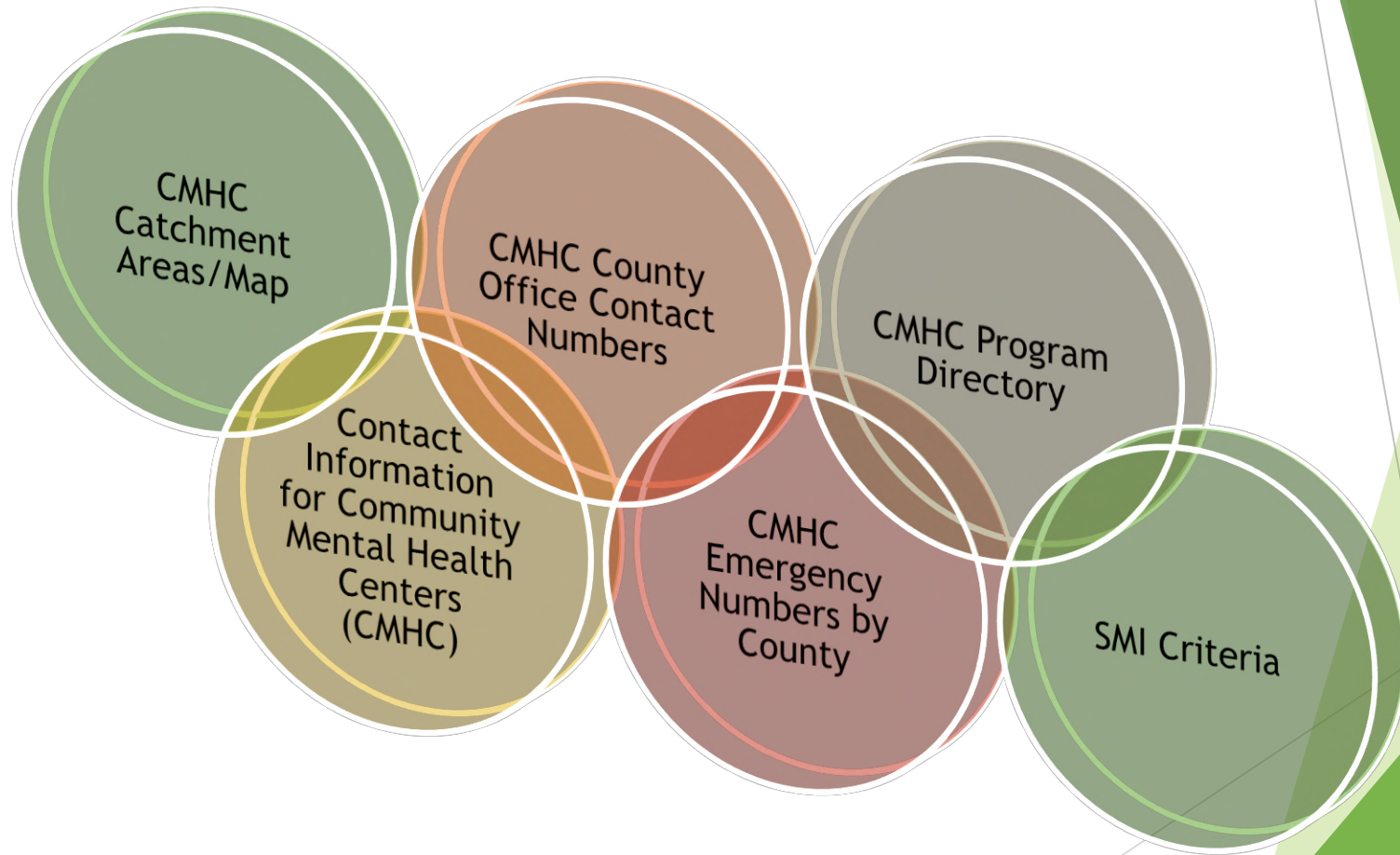
- Peer Support Specialists/Peer Bridgers
- In-Home Intervention Teams
- ACT Teams/PACT Teams
- Crisis Mobile Teams
- Supported Employment Teams
- Drop-in Centers
- Peer Navigators, Benefit Specialists, Housing Specialists, etc.

# MH Continuum for SMI Adults Housing





# Access to Community Services



# Bridging the Gap - Person Centered Treatment Planning



To ensure the development of a statewide system, in December 2016, a Monthly Statewide Staffing, centered on committed patients in Bryce, was implemented.

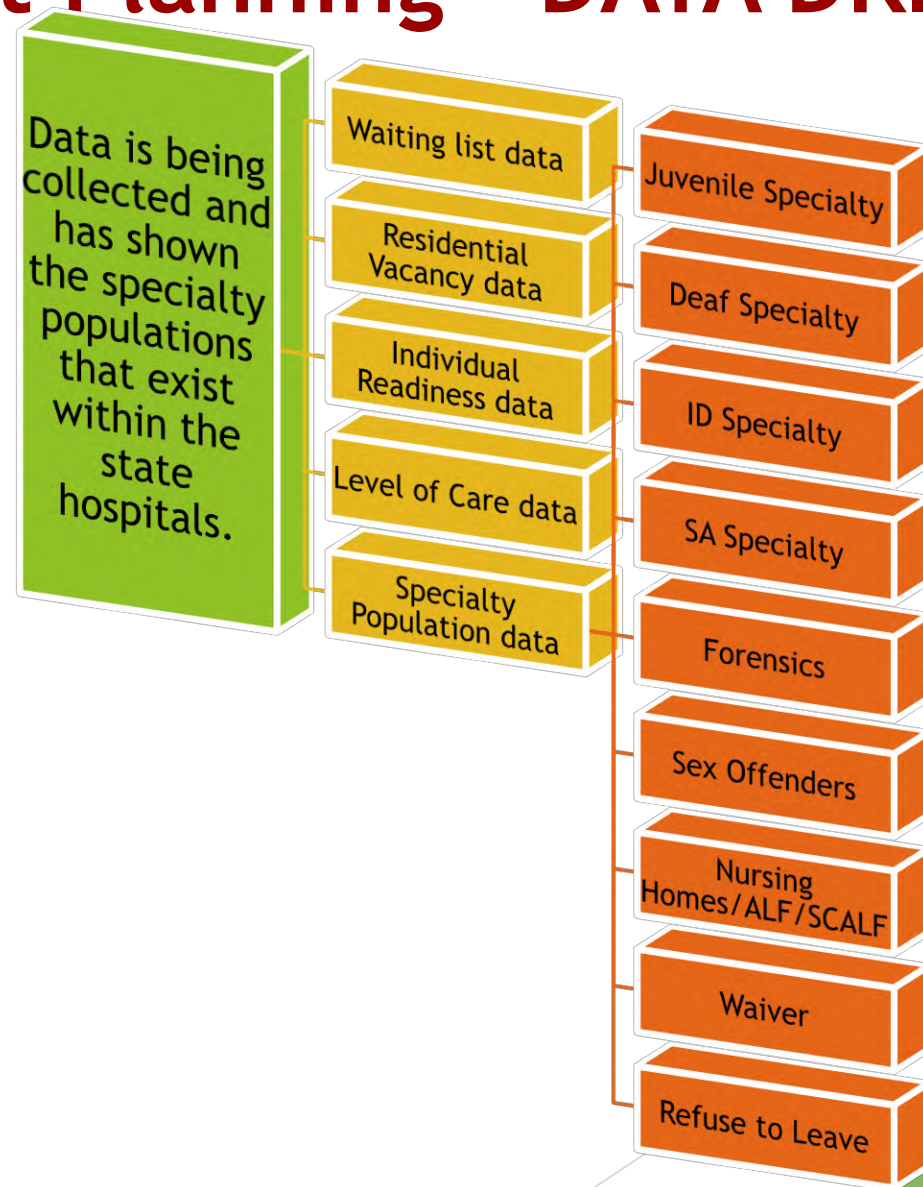
The monthly staffing is an expansion of the treatment team process.

It allows the committed patient's social worker to staff the case with representatives from every CMHC covering the entire state.

The social worker can then bridge the information to the treatment team.

This process allows for expanded communication and planning to better ensure security of recommended resources are in place for a smooth transition into the community upon the release from the commitment.

# Bridging the Gap - Person Centered Treatment Planning - DATA DRIVEN



# Bridging the Gap - Person Centered Treatment Planning - Expanding the System of Care

The Expanded Treatment Planning Process has provided an opportunity to develop and enhance relationships WITHIN our system of care with our providers

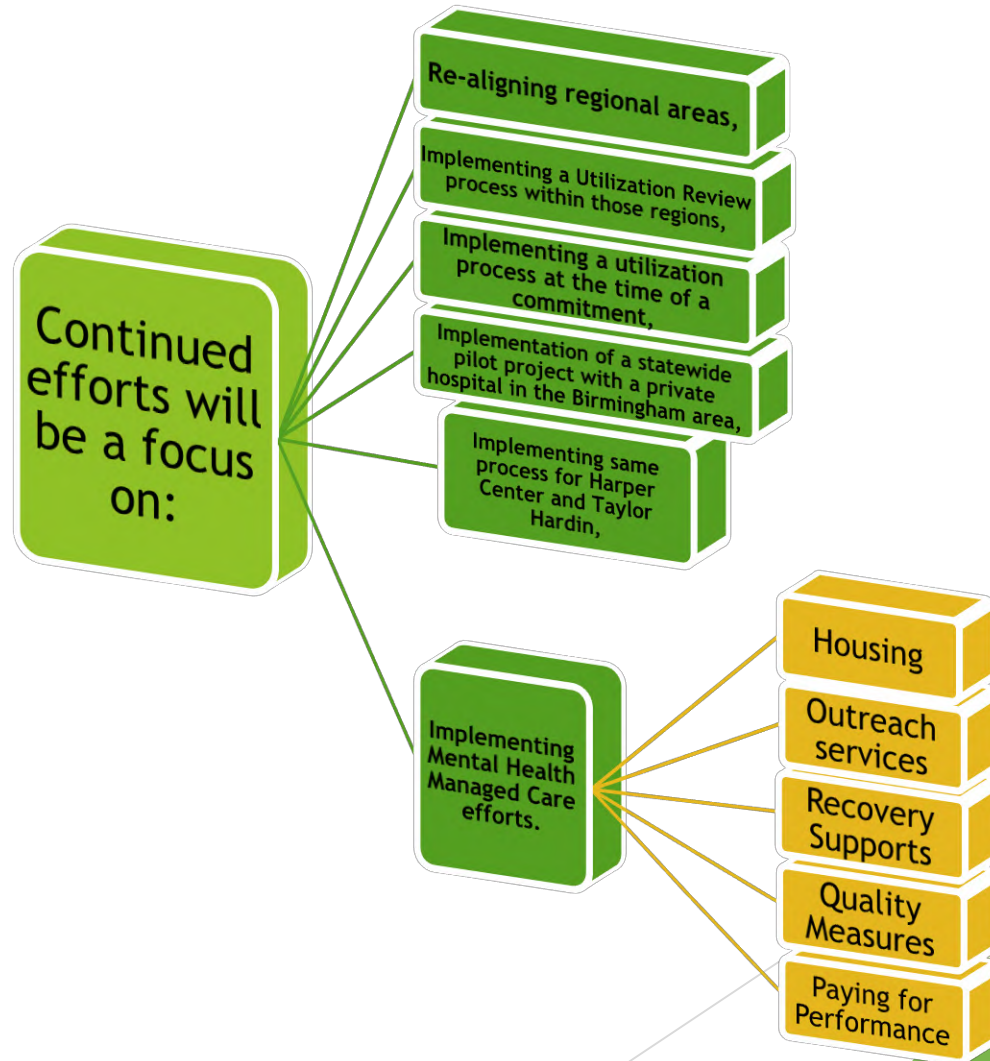
- CMHCs - Regionally and Statewide
- DMH Office of Substance Abuse Treatment
- DMH Office of Deaf Services
- DMH ID Division

As well as OUTSIDE our system of care.

- Family Members
- Probate Courts
- Jails/Detention Facilities
- Hospitals and ALAHA
- Nursing Homes/ALFS/SCALFS
- Advocacy Partners (DMH Advocacy, ADAP, NAMI, WINGS)



# Bridging the Gap - Person Centered Treatment Planning - Next Steps







# Contact Information



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