

FY25 Budget Presentation

The Plan for Mental Health Care Access, Recovery & Community Integration



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- Workforce Investment
- Crisis Care
- Enhanced Supports for Developmental Disabilities
- Substance Use

Destination

*Every Alabamian in all counties
will have 24/7,
mental health care access,
recovery supports, and live a full
life in the community.*

State of Mental Health

WORKFORCE

In the U.S., there are

350

individuals for every one mental health provider.

In AL, there are

850

individuals for every one mental health provider.

ADULTS

797,000

Alabama adults reported a mental illness.

21.24%

563,000

Alabama adults reported a substance use disorder

14.94%

YOUTH

The percentage of youth who reported a severe major depressive episode

48,000

Alabamians.

13.2%

The percentage of adults reported serious thoughts of suicide

186,000

Alabamians.

4.96%

Is mental-health care working in the U.S.?

Since 2002, the share of Americans getting mental-health care has grown by 1/3rd; the share of those reporting "excellent" mental health has fallen by nearly as much

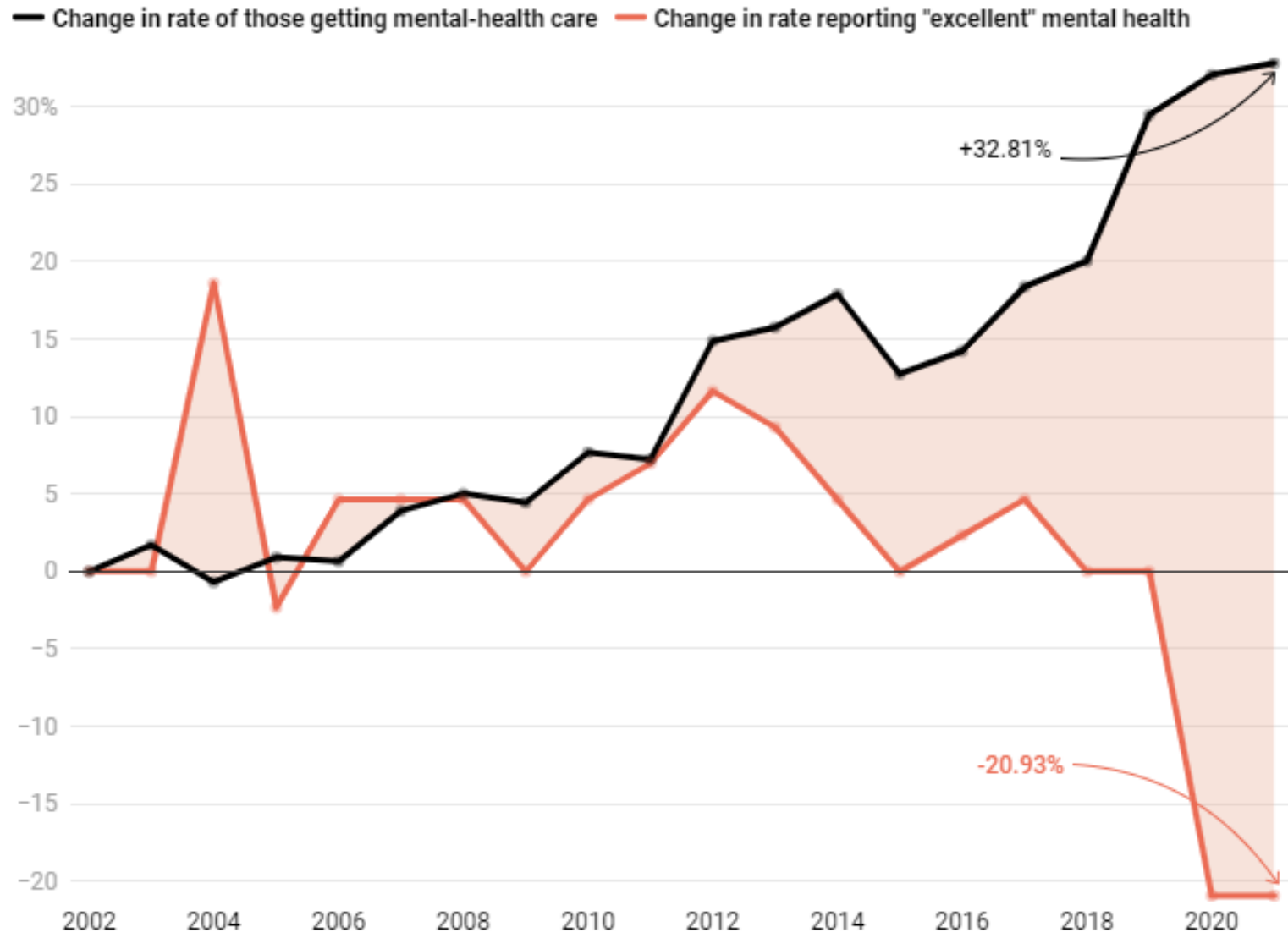


Chart: Elijah Wolfson for TIME • Source: SAMHSA; NSDUH; U.S. Census; Gallup Polls

TIME

Identifying Gaps and Implementing the Plan

Workforce Investment

Workforce Investments: Where are we now?

In the
U.S.,
there are

350

individuals
for every one
mental
health
provider.

In AL,
there are

850

individuals for every one
mental health
provider.

- Previous workforce investments and strategies have shown some improvement.
- Critical staffing issues at Taylor Hardin Secure Medical resulted in a demand letter from Alabama Disability Advocacy Program (ADAP) which puts ADMH at risk of litigation.
- The critical nursing shortage has placed the Nurse Delegation program in jeopardy.
- The shortage of behavioral healthcare workforce and the lack of competitive wages undermines Alabamians' ability to access care.

Taylor Hardin Secure Medical: Where are we now?

In May 2023, ADMH entered into a settlement agreement with the Alabama Disabilities Advocacy Program (ADAP) regarding clinical treatment and staffing ratios.

ADMH is currently in a consent decree, *Hunter v. Boswell*, due to the 340 individuals in jails waiting on an inpatient forensic evaluation. The outpatient requirements have been met.

The Gap: Staffing ratios are currently below the requirements of the 2023 settlement agreement and the waitlist continues to grow.

The Plan: To address the staffing and waitlist at Taylor Hardin Secure Medical

FY25 Request: \$11,839,145 General Fund

- **\$9.8m** to increase in staffing ratios required by the settlement agreement
 - **\$2m** to support a navigator program assisting with inpatient service coordination, to improve efficiency and timeliness of community placement.

Taylor Hardin Secure Medical: The Plan

Add additional beds for a net gain of 85 (from 140 to 225) to address the wait list

- When the new addition is complete in May, patients will be moved to the new space so the old space can be renovated.
- The goal is to open the new beds in a phased process beginning October 2025.



In jail restoration conducted by current ADMH Staff and University of Alabama doctoral students to reduce the wait list

- Increase the number of defendants who have access to jail-based restoration using video technology
- Goal is to complete 10 per quarter beginning in January 2024

Mental Health and Substance Use Workforce Investment: Where are we now?

There is greater demand for behavioral health care than the supply of workers to deliver the services. Behavioral health care staff vacancies increased from 741 in 2020 to 1,168 in January 2023.

Over the last two years, \$15m has been appropriated to mental health providers and \$2.5m to substance use (SU) providers to address the workforce shortage and lack of competitive wages.

The Gap:

Providers are not paid for 45% of individuals served, who are uninsured, totaling \$41 million of lost revenue. To manage the requirement to provide free care, providers must do the following:

- Rely on lengthy wait lists
- Provide low wages for staff

The Plan:

To provide competitive wages and transform the public mental health care business model through Certified Community Behavioral Health Clinics.

FY25 Request: \$15,250,000 Total

- \$7,625,000 General Fund
 - \$6.5 Million for CMHCs
 - \$1.125 Million for SU Providers
- \$7,625,000 Education Trust Fund
 - \$6.5 Million for CMHCs
 - \$1.125 Million for SU Providers

Certified Community Behavioral Clinics (CCBHC)

A strong, sustainable, innovative business model results in a supported workforce.

The CCBHC model of health care is changing the landscape of behavioral health care delivery.

According to a 2022 survey of CCBHCs across the country:

- **97%** report raises in staff salaries or bonus offers
- **86%** report investments in staff benefits and retention strategies
- **82%** report the creation of at least 10 new staff positions
- **59%** report staff practicing at the top of their license

"For the first time since COVID, we're seeing more staff coming in the door than exiting, and we have reduced our vacancies by 50%."

*Wyandot Center for Community Behavioral Healthcare
(Kansas)*



Nurse Delegation Program: Where are we now?

The Nurse Delegation Program regulations, found in the Alabama Nurse Practice Act, allow nurses to train, delegate to and supervise non-nursing personnel in ADMH residential, day, and other community programs. More so than other nurse positions, it is challenging to recruit nurses for this job because they are placing their nursing license at risk by delegating nursing tasks to the individuals they train.



The Gap: Alabama's nursing shortage has been well documented along with the need for more competitive salaries for nurses. Combined with the added risk, these jobs are hard to fill.

The Plan:

- ADMH will work with the Board of Nursing to evaluate the requirements given the current workforce shortage.
- Increase daily rate from \$8 to \$12/hour, to assist with increased costs for nursing salaries.

FY25 Request:
\$800,000 Education Trust Fund

Crisis Care

Someone to Call: 988

Cumulative Data from
July 2022–December 2023

46,067

Total # of Calls

8,923

Total # of Chats

68,867

Total # of Contacts

A call, text or chat
to the 988 Suicide &
Crisis Lifeline

13,877

Total # of Texts

AVERAGE SPEED TO ANSWER



July
2022



December
2023

IN-STATE ANSWER RATE



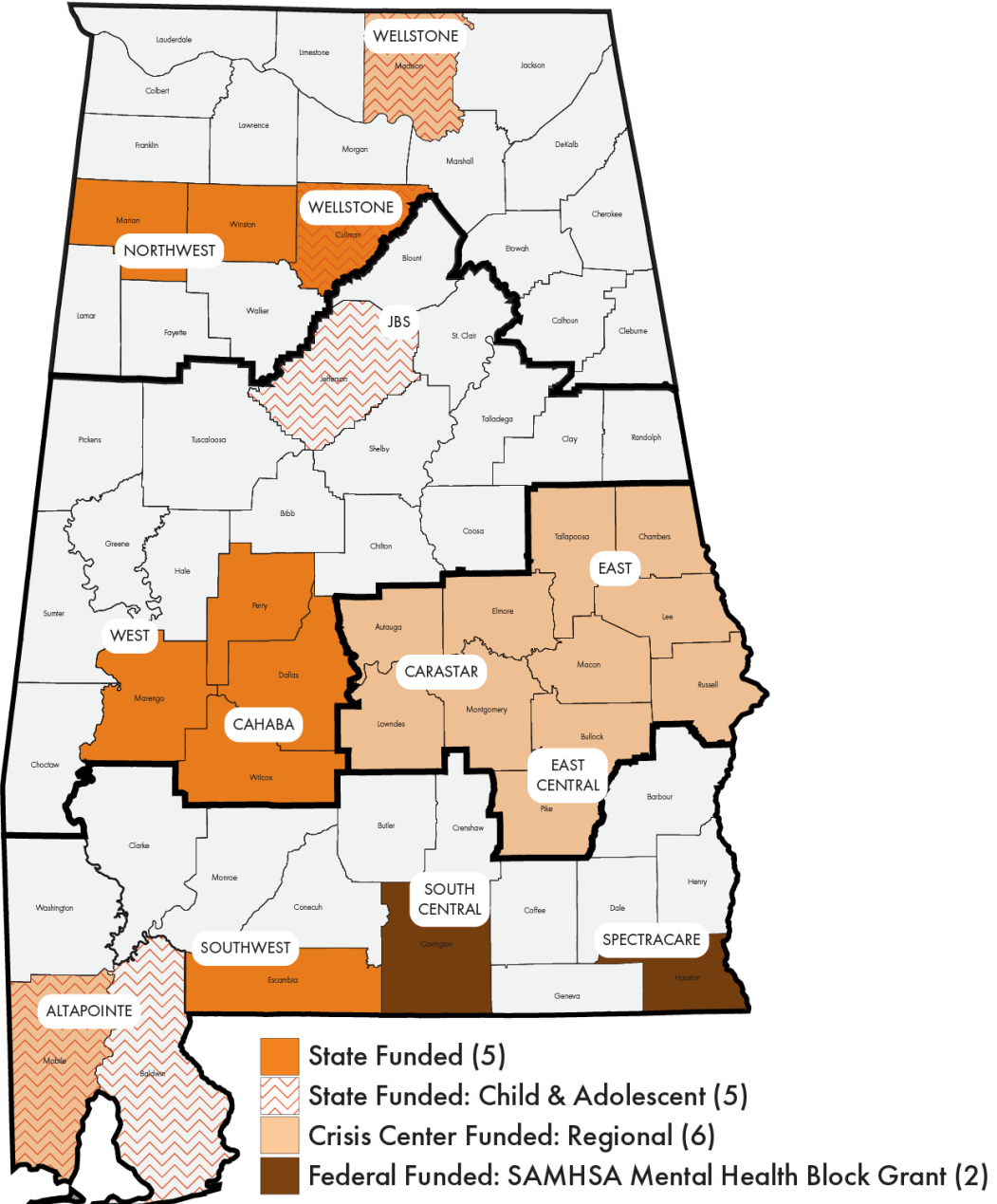
July
2022



December
2023

Someone to Come to You: Mobile Crisis Care

From January to November 2023, 435 children and 4215 adults served through mobile crisis teams.



Somewhere to Go: Crisis Centers

Cumulative Data from
May 2021–December 2023

BY THE NUMBERS

8298 Evaluations

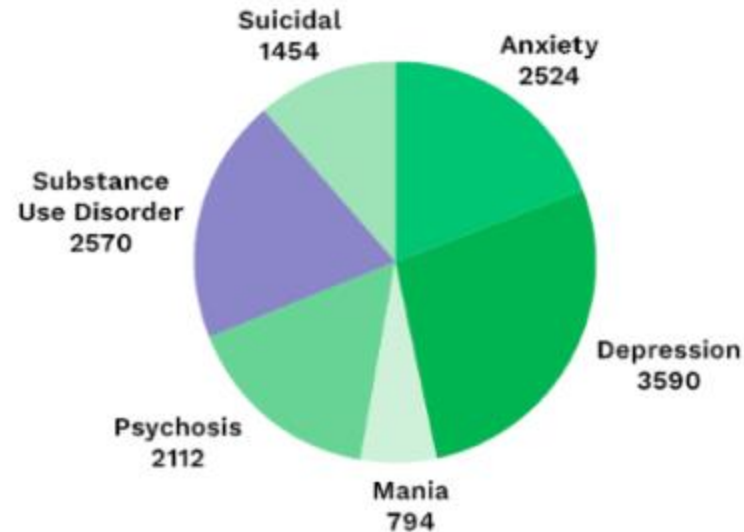
5751 Individuals who Avoided Emergency
Department Admission^{1*}

1398 Individuals who Avoided Jail
Admission^{1*}

532 Law Enforcement Drop-offs^{*}

PRESENTING SYMPTOMS*

Individuals may present with Multiple Symptoms



The Gap: Only 24 counties have all three components of the Alabama Crisis System of Care and the 988 answer rates are significantly below the national average.

Crisis Services in the System of Care	Annual Cost	Current	Need
Adult Mobile Crisis Teams	\$500,000 per Team	5*	23
Crisis Centers	\$7 million per Center	6.5	11
988 Capacity	\$2 million per Call Center	3	11



The Plan: Alabama Crisis System of Care Available in all 67 counties:

- Consider a 988 surcharge to fund additional services
- Use current CMHC self-assessment to make funding decisions

**FY25 Request:
\$3,000,000 General Fund**



*Five Adult Mobile Crisis Teams include those specifically state funded. Excludes teams funded through temporary federal funding. 19

Civil Commitment Bed/Extended Care Shortage: Where are we now?

While the expansion of crisis services has improved access to care for those who are willing to go to treatment, there is a significant shortage of civil commitment beds for those who are a danger to themselves or others. These individuals may refuse treatment or are arrested before access to care (a bed) is available.

The Gap: There are not enough civil commitment beds available so that individuals who are committed can go directly to a treatment bed to avoid jail or a long wait in a community hospital.

The Plan: To determine a sustainable funding source to significantly increase availability of civil commitment beds.

Pediatric Crisis Services: Where are we now?

There are not enough acute psychiatric stabilization options for children and adolescents. Often children are transported long distances to receive care or must wait in an emergency department for access to care.

The Gap: The local ambulance service transports an average of 800 youth per year out of Madison county for psychiatric stabilization.

The Plan: To increase access to psychiatric stabilization services by opening a Child and Adolescent Unit (24 beds) by October of 2024.

- Funding for the operational budget
- Expansion of child and adolescent mobile crisis teams through Medicaid State Plan Amendment

The Child and Adolescent Unit is a direct service to assist with deescalating the severity of a youth's distress level and his/her need for urgent care associated with a substance use or mental health disorder.

FY25 Request:
\$1,500,000 General Fund



Developmental Disability Crisis Residential Services: Where are we now?



More than 30% of individuals with developmental disabilities also experience a mental health diagnosis. Left untreated these issues can escalate to severe behavioral issues. Often these individuals are abandoned because caregivers and providers cannot care for them.

The Gap: Ninety (90) individuals who reside throughout the state, are referred from Department of Human Resources, hospitals and homeless shelters, and may be a danger to themselves or others and need specialized care.

The Plan: Through agreements with providers, fund specialized settings and services to meet demand.

FY25 Request:
\$5,500,000 General Fund

Enhanced Supports for Developmental Disabilities

Enhanced Supports for Developmental Disabilities: Where are we now?

Since November 1, 2021, the Community Waiver Program (CWP) has been operating to support a full life in the community. Through assessments and input from families and individuals, a lack of behavior supports, housing assistance, and technology have been identified barriers to community integration.

The Gap: Many of our existing providers lack capacity to provide the necessary supports to keep people fully integrated into the community.

The Plan: To augment residential and community services and develop provider capacity to serve increasing special populations. For the first time, Alabama will work with the Alabama Housing Authority to submit an application for HUD 811 rental assistance.

FY25 Request: \$1,266,080 General Fund

Enhanced Behavioral Supports (\$516,080)

- Develop existing provider capacity and competency to serve more individuals with complex needs and avoid more costly crisis residential placement

Housing Assistance (\$500,000)

- Assist individuals in realizing more independent and community living

Assistive Technology (\$250,000)

- Implement technology pilots and mock demonstration homes to improve independence and address the workforce shortage

Substance Use

The Opioid Crisis: Identifying Gaps and Implementing Solutions

Information from the ADMH Substance Use Disorder (SUD) Prevention and Treatment Needs Assessment include Needs for:

- Intensive residential including detox
- Medication Assisted Treatment
- Ambulatory detox
- Child and adolescent substance use

The Gap: Substance use disorder treatment capacity is insufficient to meet the needs of Alabamians.

The Plan: To address the needs identified in the ADMH SUD Needs Assessment:

- Increase access to Medication Assisted Treatment and Detox
- In partnership with Association of County Commissions of Alabama to pilot programs in local jails

Opioid Settlement Fund Request \$4,150,000

- \$2,000,000 Medicaid State Match
- \$1,000,000 Residential Detox
- \$1,150,000 Prevention & Improved Outcomes

Summary

Shifting the Paradigm

BEFORE

Only Inpatient or
Outpatient Services

Only Available
8 a.m. - 5 p.m.

19 Different Access
Points with Various
Contact Names
and Numbers

Separate Services
for Mental Health
and Substance
Use

No Primary Care

AFTER

988, Mobile Crisis, 24/7,
365 Crisis Centers

One easy to remember
three-digit number: 988

Integrated Care
And Certified
Community Behavioral
Health Clinics (CCBHC)
for mental health,
substance use and
physical health

Shifting the Paradigm

BEFORE

Live in an institution
or a segregated
home

Little community
inclusion or
engagement
outside of setting

Day Programs that
are segregated
from the
community

Limited Choices

AFTER

Live in their own home
with people they choose

Enjoy the support and
engagement of family
and friends

Acquire a job, volunteer
or retire; but stay
engaged

Able to be a meaningful
part and contribute to
the community

Achieve their personal
potential for
independence, inclusion
and self sufficiency

FY25

General Fund and Education Trust Fund Requested Increases

General Fund Request \$30,733,225

- Workforce Investments \$19,464,145
- Crisis Care \$10,000,000
- Enhanced Supports for DD \$1,266,080

Education Trust Fund Request \$8,425,000

- MHSU Workforce Investments \$7,625,000
- Nurse Delegation Program \$800,000

Alabama Department of Mental Health

FY25 Budget Request
\$39,155,225

\$30,730,225
**General
Fund**

\$8,425,000
**Education Trust
Fund**

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