

General Fund: Investments

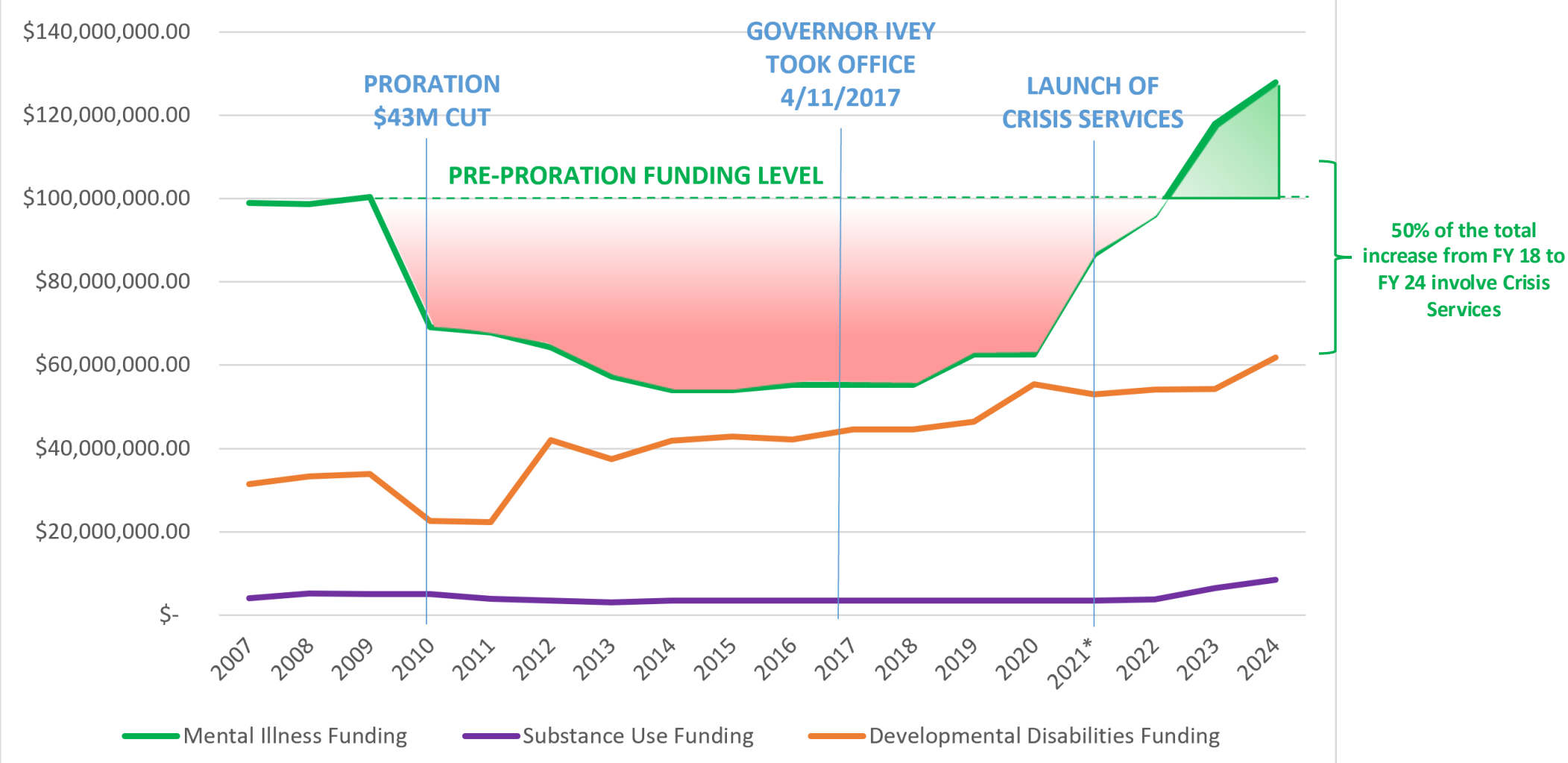
Presentation to the Joint Legislative
General Fund Budget Committee
July 17, 2024



Kimberly G. Boswell, Commissioner
Alabama Department of Mental Health

- 
- 1 General Fund Trends
 - 2 Inflationary and Infrastructure Investments
 - 3 Service Growth and Impacts
 - 4 Emerging Needs

ADMH General Fund Trends



Since FY 2018, ADMH has received a **\$102,811,890 (95%)** increase in the General Fund Budget.

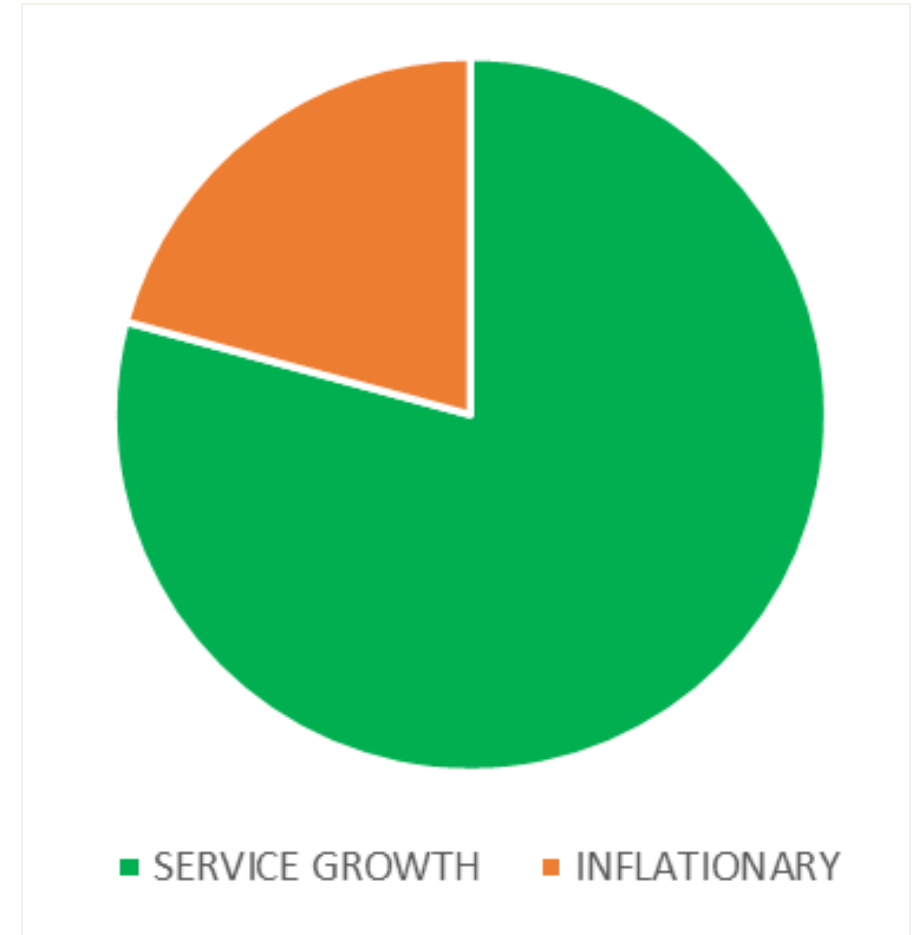
ADMH General Fund Growth FY 2018 – FY 2024

From FY 2018 to FY 2024, ADMH has received an overall increase of **\$102,811,890**. Of this increase:

- **79%** is service growth
- **21%** is inflationary
 - Provider Rate Increases
 - Cost of Living Increases

Most of the service growth (**\$51,729,250 or 50%**) includes **Crisis Services:**

988 Call Center Capacity Building	\$500,000
Crisis Diversion Centers	\$36,000,000
Rural Crisis Care Programs	\$6,000,000
Child & Adolescent Mobile Crisis Teams	\$5,000,000
Pediatric Crisis Center	\$1,500,000
CIT/Sensory Training	\$900,000
Stepping Up Initiative	\$1,829,250



Inflationary and Infrastructure Investments

ADMH Facilities Staffing Investments

In Summer 2022, ADMH facilities were experiencing a critical staffing crisis.

ADMH has implemented several initiatives to recruit and retain staff:

- Contract Emergency Staffing
- Premium Pay for ADMH Direct Care Staff (Additional \$2 per hour, estimated \$3.5 million in FY24)
- Alternate Shift Pay for ADMH Direct Care Staff (Additional \$2 per hour, estimated \$1.6 million in FY24)
- Attendance Incentives (\$500 for every quarter with no call ins. Approximately \$28,000 per quarter awarded to staff)
- Wage Increases, Title Changes, and Time-In-Class Promotions for Mental Health Technicians (Approximately 214 promotions were granted)

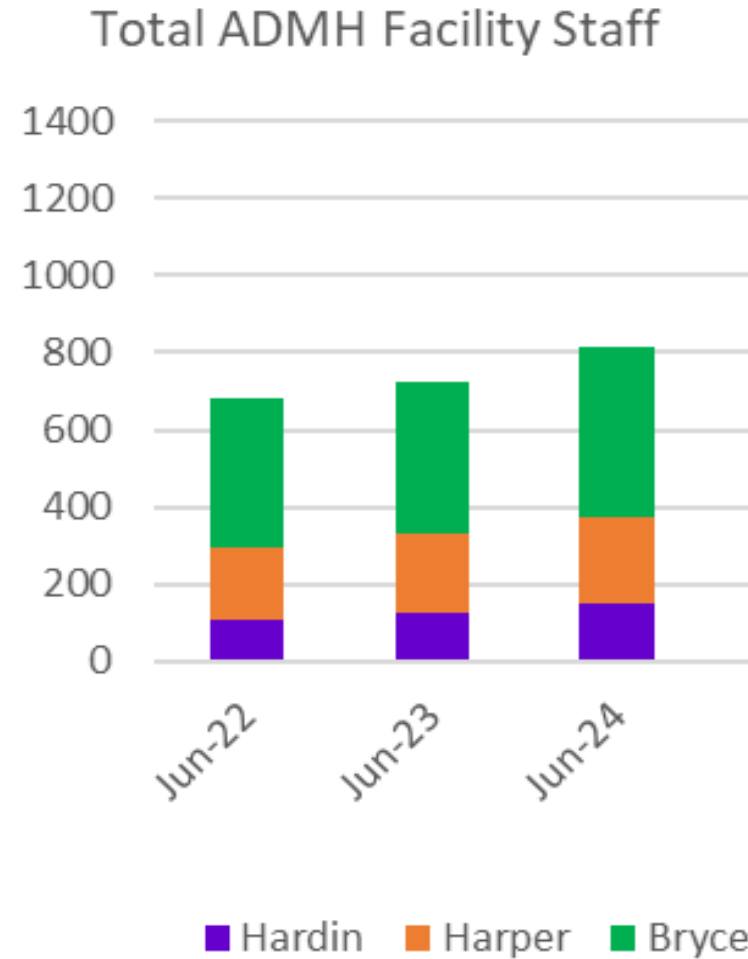
ADMH Facilities (All)	FY23	FY24 Estimated
Contract Emergency Staffing	\$ 30,383,733	\$16,222,165
ADMH Facility Staffing	\$ 41,441,592	\$44,566,447

ARPA Funds assisted in the payment of contract staffing. In FY23, \$9.8 million in ARPA funds were used, and in FY24, \$4,674,093 in ARPA funds were used.

ADMH Facilities Staffing Investments

Impact: ADMH facilities have seen a 20% growth in total state staffing since June 2022 thanks to workforce initiatives.

As state staffing increases, more costly contract staffing can decrease.



The Road to 80% Staffing

The goal is **80%** state staffing for Mental Health Techs and Nurses.

ADMH staffing as of 7/12/2024:

- Mental Health Techs **74%**
- Nurses **43%**
- Combined **66%**

Mental Health Techs	Employed	Goal (80%)	% Filled
Bryce	220	286	77%
Harper	125	149	84%
Hardin	57	111	51%
<u>TOTAL</u>	<u>402</u>	<u>546</u>	<u>74%</u>

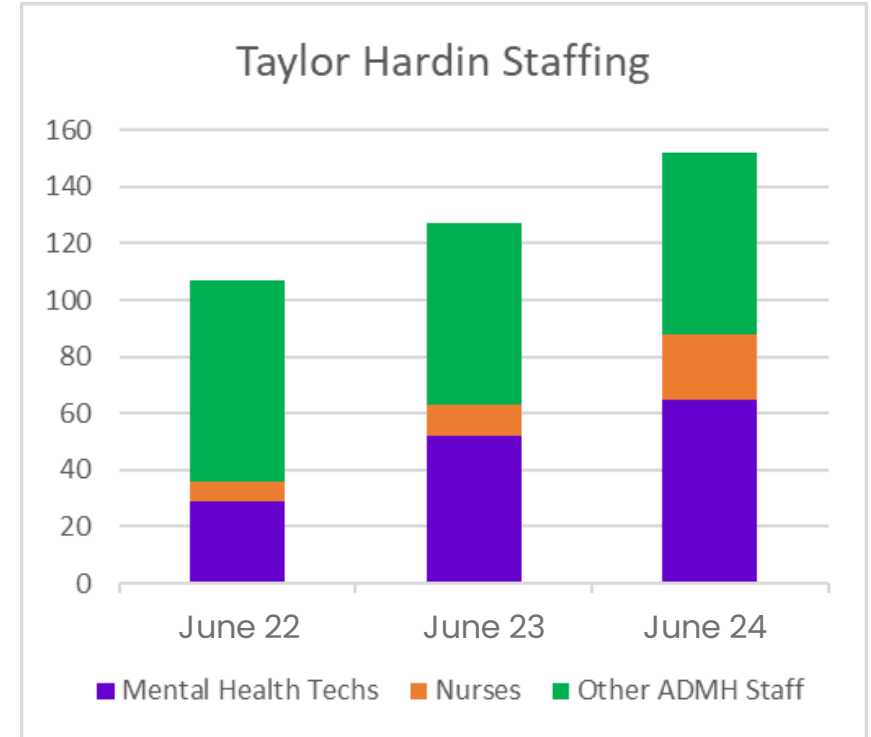
Nurses	Employed	Goal (80%)	% Filled
Bryce	33	97	34%
Harper	29	51	57%
Hardin	11	23	48%
<u>TOTAL</u>	<u>73</u>	<u>171</u>	<u>43%</u>

MHTs and Nurses Combined	Employed	Goal (80%)	% Filled
Mental Health Techs	402	546	74%
Nurses	73	171	43%
<u>TOTAL</u>	<u>475</u>	<u>717</u>	<u>66%</u>

Taylor Hardin Secure Medical Facility Staffing Investments

Taylor Hardin continues to face the most challenges for both staffing and patient care.

- Patient acuity levels have increased the need for 1:1 staffing ratios, as well as medical expenses
- ADMH pays for Druid City Hospital (DCH) costs at a 50% discount.
- Currently, there are 28 full time employees serving 10 patients who require 1:1 care every day.
 - It requires three staff per day (1 per shift) to provide 1:1 coverage.
 - Additionally, when a patient needs to go to DCH, 1:1 staffing ratios are required.
 - This is the biggest driver for overtime hours for Taylor Hardin.



Impact: Despite these challenges, Taylor Hardin has seen 42% growth in staffing thanks to initiatives.

Provider Workforce Investments – Mental Health and Substance Use

There is greater demand for behavioral health care than the supply of workers to deliver the services.

Over the last two years, both the General Fund and Education Trust Funds have invested in increasing rates for Mental Health and Substance Use Providers.

The Legislature appropriated the following for FY 2024:

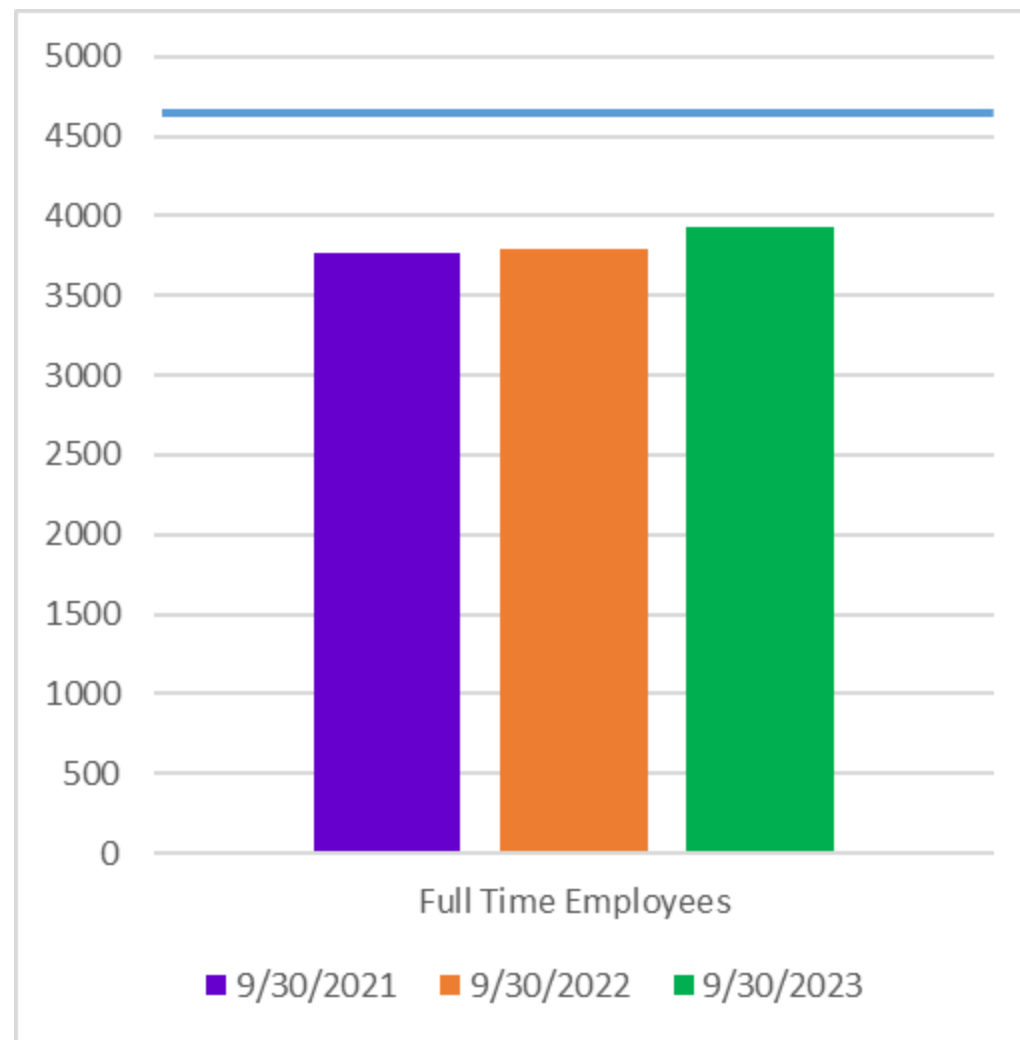
	General Fund FY24	ETF FY24	<u>Total FY24</u>
MI Providers	\$6,250,000	\$8,750,000	\$15,000,000
SU Providers	\$2,357,142	\$500,000	\$2,857,142

These investments go to Community Mental Health Centers and service providers who hire their own employees. Provider staff are not state employees.

Provider Workforce Investments – Mental Health

Impact: The number of full-time employees at mental health providers increased by 165 (4%) from FY21 to FY23.

The **blue line** represents the number needed for mental health providers to be fully staffed statewide (**4,678**). There were 752 vacancies as of 9/30/2023.



Provider Workforce Investments – Developmental Disabilities

Developmental Disability providers have experienced hardships in recruiting and retaining employees, while increasing home and community-based services, to offer more opportunities for independence and integration for individuals served.

The Legislature appropriated the following to DD Providers for FY 2024:

	General Fund FY24	ETF FY24	<u>Total FY24</u>
DD Providers	\$8,571,429	\$3,000,000	\$11,571,429

These investments go to certified service providers who hire their own employees. Provider staff are not state employees.

Impact: In FY 2022, the average wage for a Direct Support Professional (DSP) was **\$9.91** per hour. As of 9/30/2023, the quarterly average wage for DSPs was **\$14.21** per hour. As of 3/31/2024, the quarterly average wage for DSPs was **\$15.17** per hour.

Alabama's Crisis System of Care Staffing

Since FY 2021, the Legislature has invested in the launch and implementation of Alabama's Crisis System of Care.

Staff in Crisis Centers, 988 Call Centers, and Mobile Crisis Teams are employed by their corresponding Community Mental Health Centers.*

	BUDGETED	FILLED
Crisis Centers (5)	414.8	327.2
988 Call Centers (5)	29.5	26.25
State-Funded Mobile Crisis Teams (5)	31.2	21
Child & Adolescent Mobile Crisis Teams (5)	59	48
Other-Funded Mobile Crisis Teams (9)	36.65	27.3

*JBS contracts with United Way's Crisis Center (est. 1973) in Birmingham to answer 988 calls. Currently, the Crisis Center employs 10 of the filled positions.

Service Growth and Impacts

Someone to Call: 988

Cumulative Data from
July 2022 – June 2024

63,094

Total # of Calls

11,253

Total # of Chats

94,218

Total # of Contacts
A call, text or chat
to the 988 Suicide &
Crisis Lifeline

19,871

Total # of Texts

AVERAGE SPEED TO ANSWER

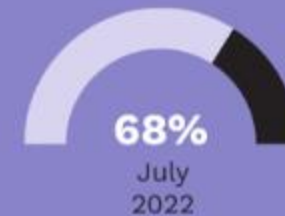


July
2022



June
2024

IN-STATE ANSWER RATE



July
2022

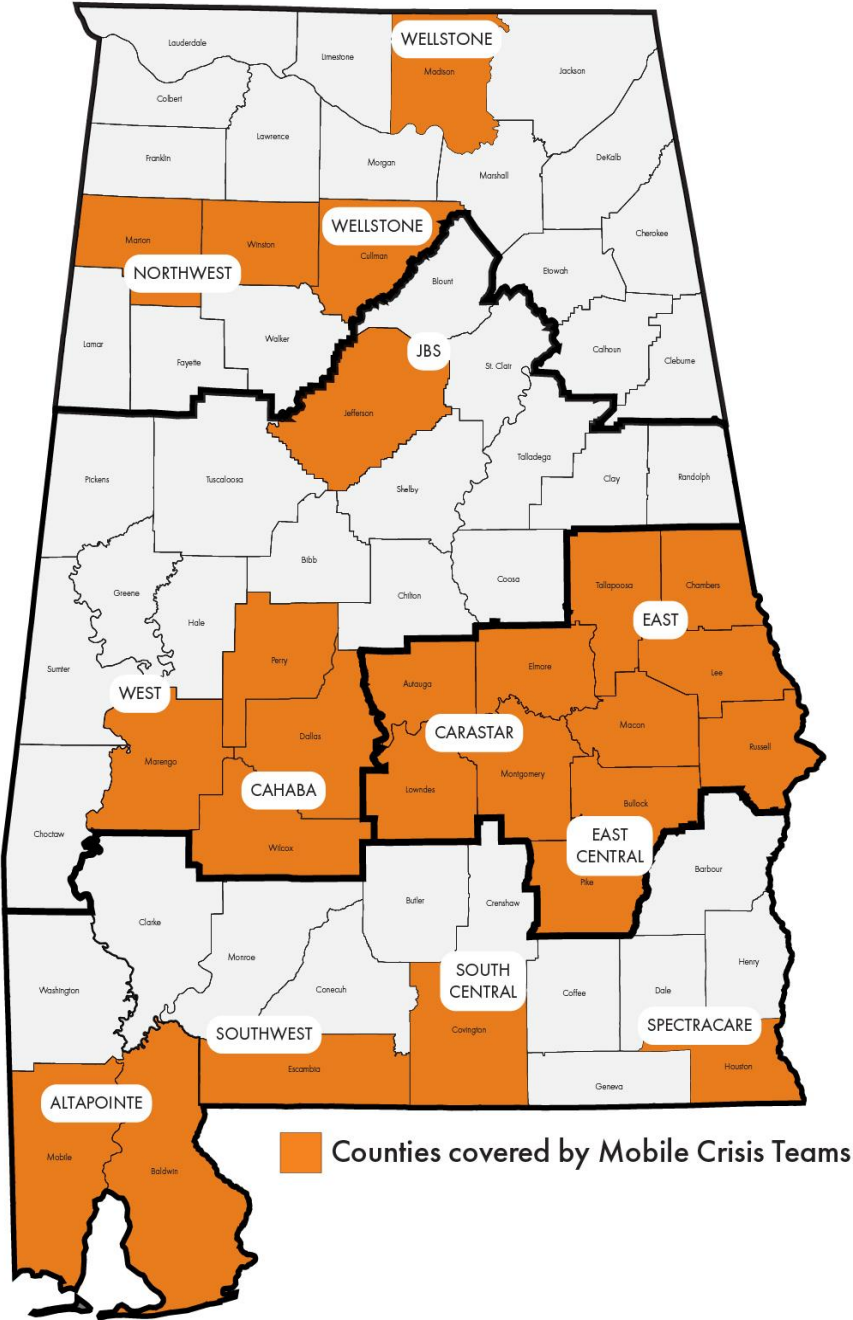
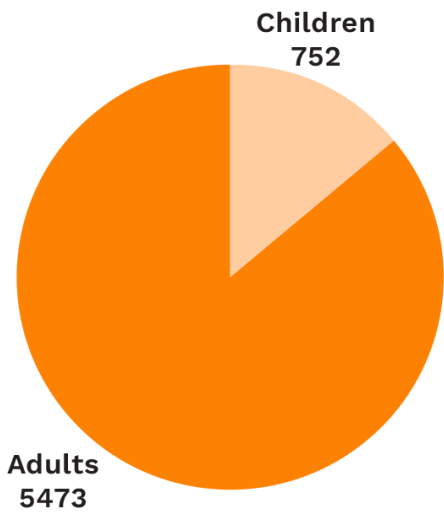


June
2024

ADMH's Goal is to reach
90% for the In-State
Answer rate. Progress
has been made
since 2022.

Someone to Come to You: Mobile Crisis Teams

Cumulative Data from
January 2023 – May 2024



Somewhere to Go: Crisis Centers

Cumulative Data from
May 2021 – June 2024

BY THE NUMBERS

12,190 Evaluations

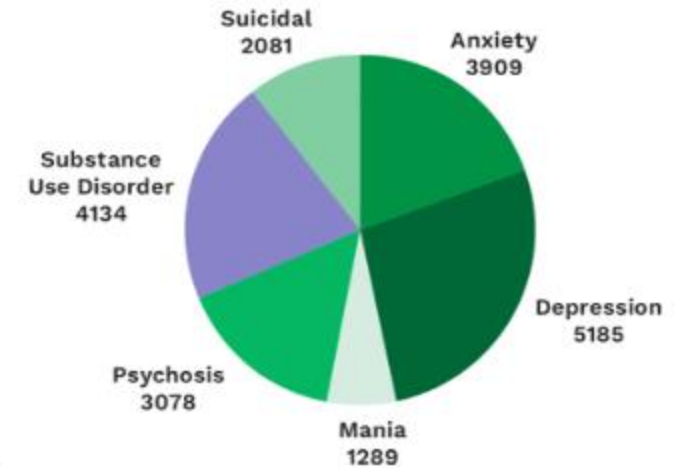
8,881 Individuals who Avoided ER Admission

2,040 Individuals who Avoided Jail Admission

781 Law Enforcement Drop-offs

PRESENTING SYMPTOMS

Individuals may present with Multiple Symptoms

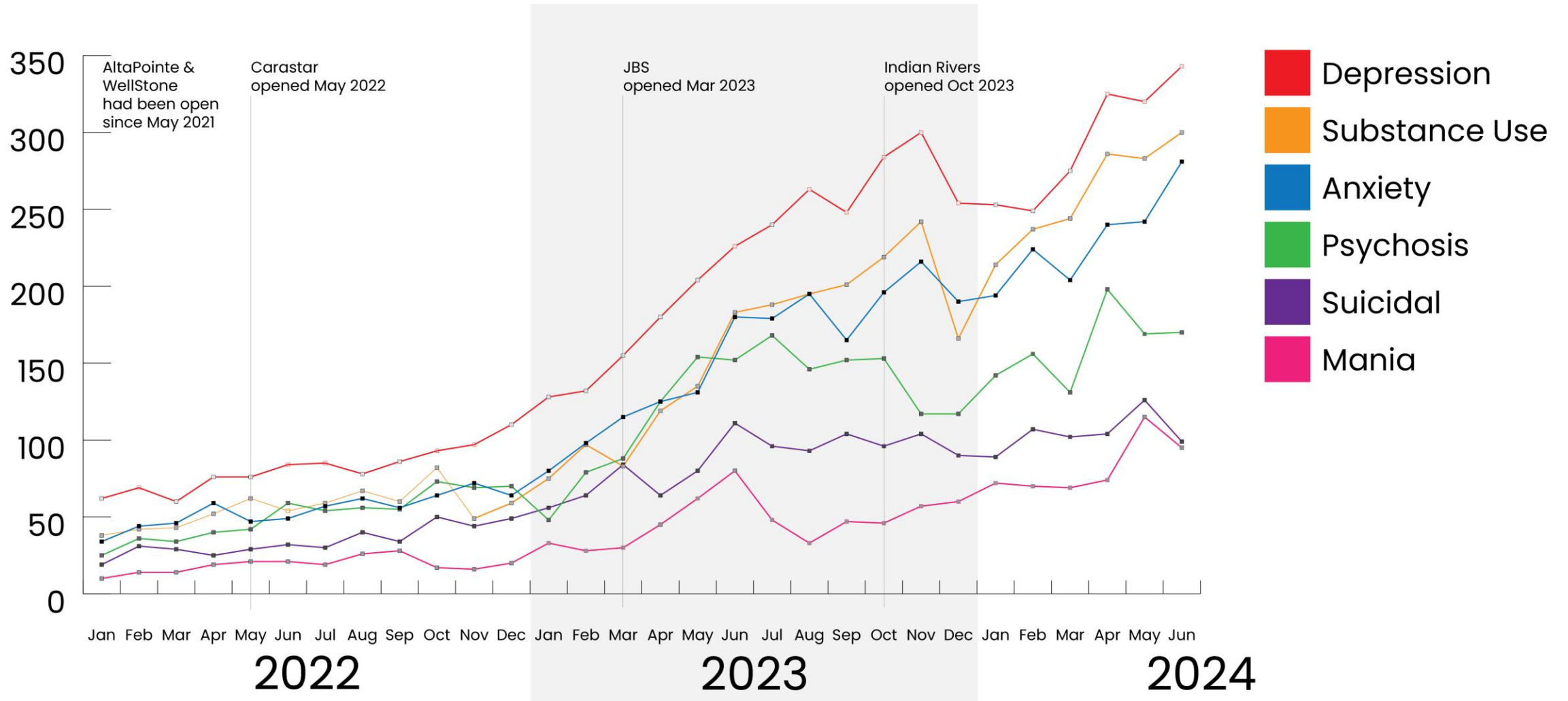


FOLLOW-UP & READMISSION



ADMH's goal is a
≤ 7-day follow-up.

Crisis Center – Presenting Symptoms Trends



Alabama Crisis Services Statewide

Crisis Services in the System of Care	Annual Cost	Current	Need
Crisis Centers	\$7 million per Center	6.5	11
988 Capacity	\$2 million per Call Center	5	TBD
Adult Mobile Crisis Teams	\$500,000 per Team	14	23

- **988 is available statewide**, but call centers are challenged meeting the needed response rate.
- Upon the sixth Crisis Center opening, **Crisis Centers will cover 20 counties**. Please note that anyone can go to a Crisis Center, and eligibility does not depend on catchment area.
- Currently, **14 Mobile Crisis Teams cover 25 counties**.

Child and Adolescent Crisis Care: WellStone Emergency Services – Pediatrics

Madison County's local ambulance service transports more than 800 children suffering from a myriad of mental health crises out of the county every year. Most of these children have been waiting in the ER for hours, even days, waiting for a bed.

- State's first 24/7 crisis care center for children
- Opening planned for October 2024
- The facility's team of nurse practitioners, therapists, peer support specialists, and medical techs will be charged with de-escalating crises; stabilizing, diagnosing, and treating clients; and mapping out recovery plans.

FY 2025 Investment: \$3 million



Collaboration with Department of Human Resources

New and innovative programs and services are being implemented for children and adults, through strong partnerships.

- **Children and Adolescents Mobile Crisis Teams** to serve children where they are
- **Complex Care Coordination** to ensure individuals with co-occurring disorders are served and placed in appropriate settings with care and collaboration between agencies and health organizations
- **Project Transition** to increase provider capacity for Crisis Beds
- **Foster Homes** to create more stable living opportunities by incentivizing adult foster care providers with blended funding

Impact: More children with mental health or co-occurring disorders and adults with disabilities will have expanded access to services and care.

Taylor Hardin Secure Medical Expansion

To increase bed capacity, alleviate wait lists, and improve patient care, the Legislature has significantly invested in the expansion of Taylor Hardin through one-time funds.

	General Fund	ETF	COVID Funds	Total
FY 21	\$45 million	\$ -	\$15 million	\$60 million
FY 23	\$18 milion	\$5 million	\$ -	\$23 million
TOTAL	\$63 million	\$5 million	\$15 million	\$83 million



Construction Update: The new addition is expected to be complete in July. Patients will be moved into the new space, so the old can be renovated.

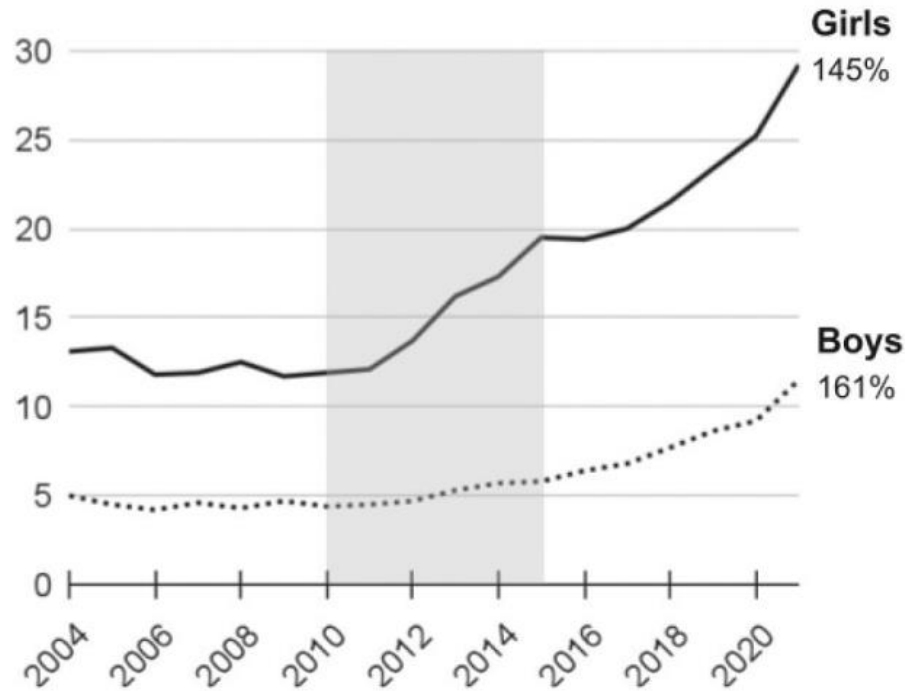
Impact: Upon completion of the project, Taylor Hardin capacity will increase from 140 to 225 beds (net gain of 85) to alleviate the wait list.

Emerging Needs

Youth Mental Health

Major Depression Among Teens

Increase since 2010



Percent of U.S. teens (ages 12–17) who had at least one major depressive episode in the past year, by self-report based on a symptom checklist.
Source: U.S. National Survey on Drug Use and Health.

Emergency Room Visits for Self-Harm

Increase since 2010

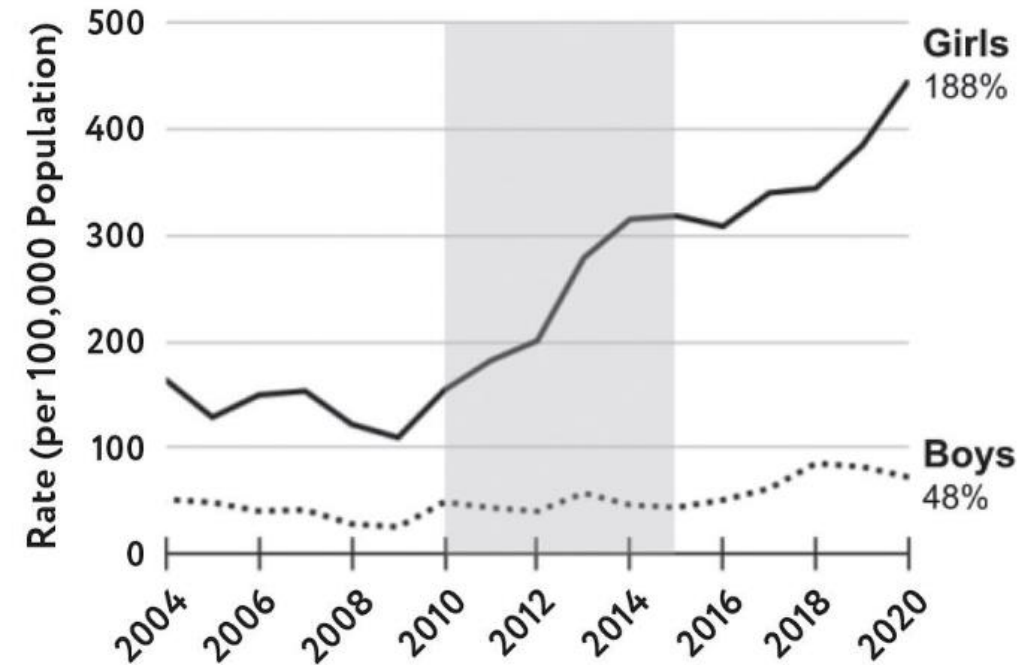


Figure 1.4. The rate per 100,000 in the U.S. population at which adolescents (ages 10–14) are treated in hospital emergency rooms for nonfatal self-injury. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)²⁰

Youth Mental Health

Social Media and its Impacts

- Adolescents who spend more than three hours a day on social media **face double the risk of anxiety and depression symptoms**, and the average daily use, as of the summer of 2023, was 4.8 hours.
- Adolescent social media use is **predictive of a subsequent decrease in life satisfaction** for certain developmental stages including girls (11–13 years) and boys (14–15 years old).

What can we do?

- No smartphones before high school
- No social media before 16
- Phone-free schools
- More independence, free play and responsibility in the real world

– Jonathan Haidt, The Anxious Generation, 2024

Youth Mental Health

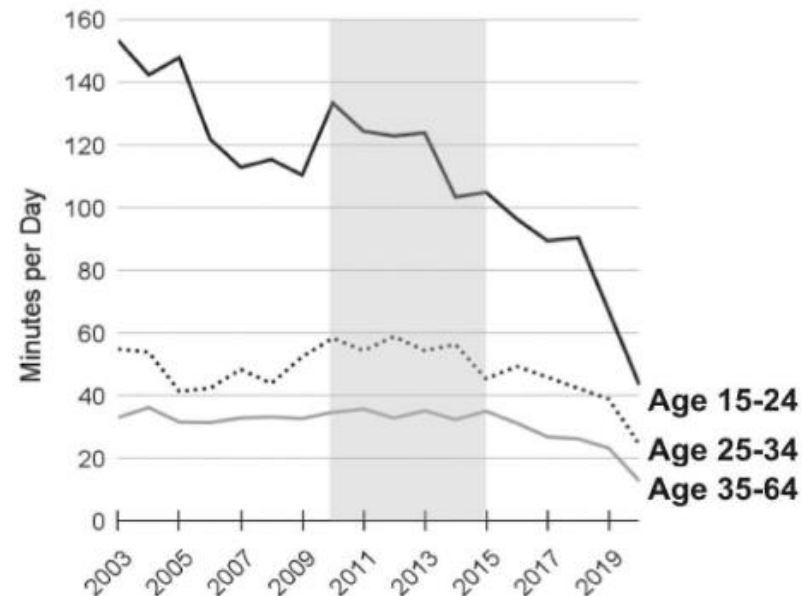
Social Media and its Impacts

The Four Foundational Harms of the Phone-based Childhood

- Social Deprivation
- Sleep Deprivation
- Attention Fragmentation
- Addiction

When you eat a food you like, you get a small hit of **dopamine**, which is why you then want the second bite even more than the first. This happens to children with video games and social media, and it happens by design. The creators of these apps use every trick in the psychologists' toolkit to hook users as deeply as slot machines hook gamblers.

Daily Time With Friends, By Age Group



Crisis Beds – Developmental Disabilities

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.

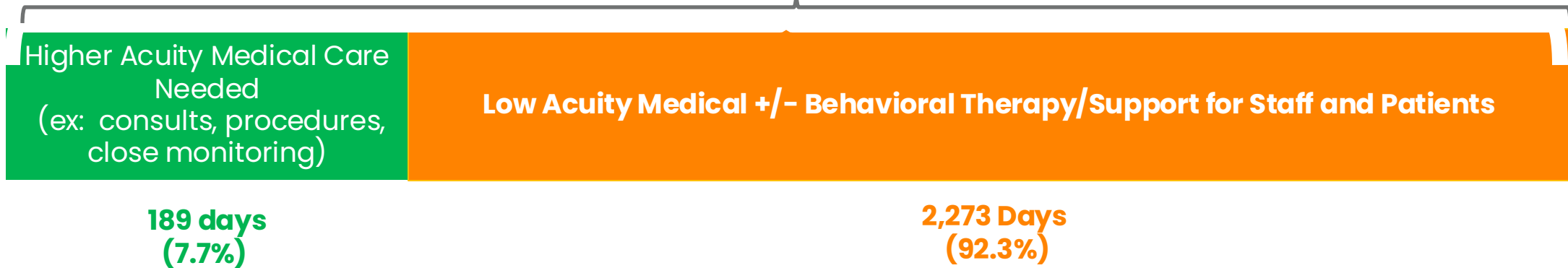
- Approximately Ninety (90) individuals who reside throughout the state, are referred from Department of Human Resources, hospitals and homeless shelters, and may be a danger to themselves or others and need specialized care. There is a significant gap in services for this level of care, and states across the country are facing this issue.
- Funding and agreements with providers are needed to develop specialized settings and services to meet the demand.
- Since the end of 2021, ADMH has found services for 68 children in crisis who are in DHR custody.
- Since 2023, ADMH has found services for 21 adults in crisis who are in DHR protective services.

Crisis Beds – UAB Report

As of 7/12/2024, UAB reports:

- 27 patients in the Hospital for **2,462** Days, and 92% of these days involve low acuity medical care
 - 1 patient with Dx: MI= 177 days
 - 6 patients with Dx: ID= 1,406 days
 - 4 patients with Dx: MI and/or Dementia with behaviors = 850 days
 - 1 patient with Dx: TBI= 29 days
- Average length of stay (days) = 137 days; Range is 12-625 days

2462 Days



If the **2273 non-medical/low acuity days** were eliminated through available crisis beds:

- **325** additional patients could have been served
- Emergency Department boarding would be reduced by **42%**
- **22** additional patients in need of services would have been accepted this week

Civil Commitment Beds/Extended Care Shortage:

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.

ADMH will collaborate with Association of County Commissions of Alabama to utilize Opioid Settlement funds to treat co-occurring disorders (mental health and substance use) through integrated care.

Challenges

- Medicaid funds cannot be utilized for facilities with 16 beds or greater, per the IMD exclusion.
 - A facility of less than 16 beds creates an opportunity for a blend of state and Medicaid funding for served individuals
- Rural Hospitals shifting their business models to the Rural Access Model or Rural Emergency Model may decrease the number of available contracted behavioral health beds.
 - These changes have already resulted in the loss of 30 beds.

Stepping Up Initiative

The Stepping Up Initiative's goal to reduce the number of individuals in jails with mental illness.

Communities benefit from:

- Decreased reliance on jails, courts, and law enforcement
- Increased treatment for individuals experiencing mental illness
- More efficient use of public funds
- Strengthened community safety and well-being
- Healthier community members

BY THE NUMBERS

45,194

Screened for Serious Mental Illness/Substance Use: **Jail**

822

Screened for Serious Mental Illness/Substance Use: **Hospital**

377

Screened for Serious Mental Illness/Substance Use: **Court**

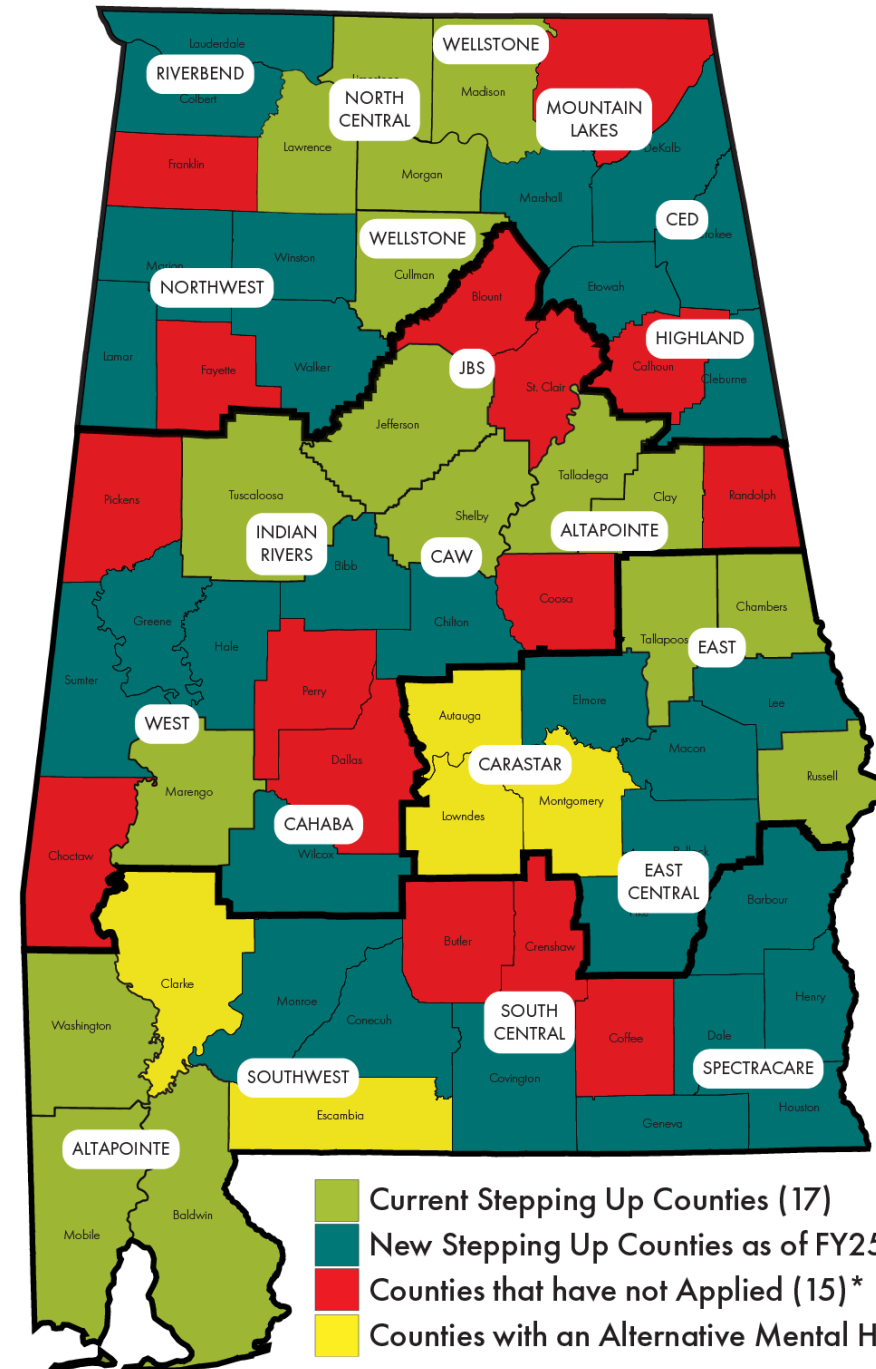
3,859

Referred to Stepping Up Services

Cumulative Data: May 2019–September 2023

Stepping Up Alabama

The Stepping Up Initiative's goal to reduce the number of individuals in jails with mental illness.



*4 counties have expressed commitment to Stepping Up in FY26

Crisis Intervention Team Training

Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises.

Training:

- 1375 plus CIT trained officers (40-hours of training)
- 800 plus Non-CIT officers (16-hour CIT De-Escalation)
- 1250 plus Non-CIT officers (8-hour Mental Health First Aid for First Responders)
- Regional CIT classes are offered in Huntsville, Tuscaloosa, Opelika, Baldwin County, Jefferson County, and with the Birmingham VA.
- By October 1st, CIT dispatcher training will be delivered in Pelham, Anniston, Pell City, Dothan, and Daphne with 12 additional sessions in 2025 (50+ dispatchers)

The new year's focus will be the Dothan area as SpectraCare Crisis Center goes live and to concentrate efforts to work with more sheriff departments.

FY 2024 Investment: \$450,000

Substance Use Treatment – Investments

“Building Bridges” Pilot Project

- Substance treatment in Walker County Jail through a contract with Birmingham Fellowship House providing Level 1 outpatient services. In partnership with the County Commission, physician services and medications are also provided.
- Currently, 16 individuals are receiving buprenorphine and Level 1 outpatient services. Two individuals have transitioned into community residential homes and outpatient treatment, and one is scheduled to transition to outpatient treatment.

ADMH is applying for a line item into the new federal SOR4 grant application to continue a similar jail treatment service under the name “Building Bridges II”.

- ADMH will target another county with a high number of opioid deaths.

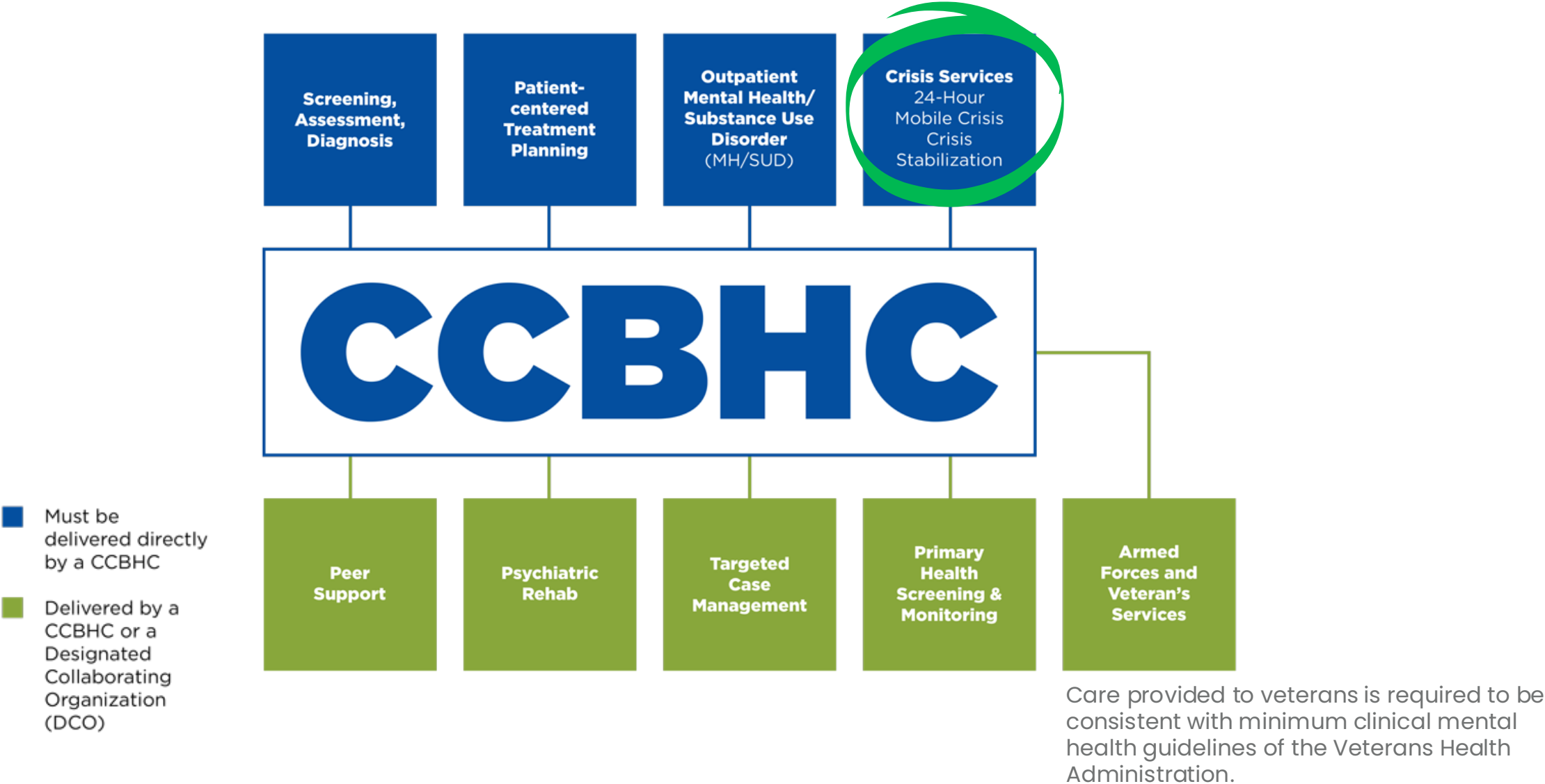
Recovery Centers

- Four centers (funded through Special Mental Health Fund in FY23 at \$215,000 each). All are operational, with a total of eight centers statewide.

Residential Treatment Centers (16 bed)

- Four centers (state funded in FY23 at \$671,600 each), with two operational, and two to open in late July and August.

Certified Community Behavioral Health Clinics (CCBHC)



Certified Community Behavioral Clinics (CCBHC): Alabama

- Alabama is one of ten states selected for the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program.
- States that have successfully implemented the CCBHC Model are seeing improvements in 24/7 access to quality care, workforce capacity, and treatment outcomes.
- The CCBHC Medicaid Demonstration Program will enable Alabama to prepare additional community mental health centers to expand to the CCBHC model.

In Alabama, Wellstone, Inc., (Madison County) and AltaPointe Health (Mobile County) will be the first two clinics to be certified as a CCBHC.

These clinics have been leading providers of behavioral health services and are now further empowered through the Medicaid Demonstration Program to expand reach and impact.

Certified Community Behavioral Health Clinics: Workforce Opportunities

Certified Community Behavioral Health Clinics (CCBHC) will offer opportunities to individuals who may not have professional degrees to enter the field of behavioral health care and advance into more clinical positions.

- **Examples: Care Coordinator and Outreach Worker**

Minimum qualifications for both positions are a high school diploma and two years' experience in a mental health background.

In each of these positions, there are potential opportunities to gain experience and to pursue the required education necessary for providing more clinical and therapeutic services, thus, promoting retention and a stronger workforce within a CCBHC.

Veterans Mental Health

Veterans Mental Health Facts

- Veterans die by suicide at alarming and disproportional rates, with Alabama's suicide rates being higher than the national average.
 - Approximately 15–18% of Alabamians who die by suicide are Veterans.
 - Veterans make up 9.1% of Alabama's total population.
- One in ten Veterans are diagnosed with a substance use disorder.
- Veterans with Traumatic Brain Injury (TBI) face higher rates of PTSD, depressive disorder, substance use disorder, and anxiety disorder. TBI drastically increases risk of suicide.

Federal Priority Goals for Reducing Military and Veteran Suicide

- Improve Lethal Means Safety
- Increase Access to and Delivery of Effective Care
- Enhance Crisis Care and Facilitating Care Transitions
- Address Upstream Risk and Protective Factors
- Increase Research Coordination, Data Sharing, and Evaluation Efforts

Veterans Mental Health – State Response

Act 2024–358

In partnership with the Alabama Department of Veteran Affairs, ADMH is leading a Veterans Mental Health Steering Committee to review the state of veterans' behavioral health, as well as develop and implement a data informed Comprehensive Plan to address the unique needs of Alabama Veterans.

Goals:

1. Maximize access to existing behavioral health services including 988 and crisis services.
2. Maximize new opportunities for Veterans to access care no matter where they need it, when they need it, or whether they are enrolled in VA care.
3. Identify gaps in services and service providers.

Veterans Mental Health – Federal Response

MISSION Act (2018)

The VA MISSION Act consolidates VA's community care programs into a new Veterans Community Care Program that will help to ensure Veterans choose VA by getting them the right care at the right time from the right provider. This act appropriated 5.2 billion in MANDATORY funding for the Veterans Choice Program.

COMPACT Act (2022)

Allows eligible veterans to receive emergent suicide care in any Veterans Affairs (VA) or non-VA facility at no cost. The Act requires reimbursement from the VA for any emergent suicide care provided to eligible veterans. An individual is eligible for emergent suicide care under the act if they have been determined to be in acute suicidal crisis, regardless of being enrolled in the VA, discharged as honorable or dishonorable, deployment status, or if a victim of sexual assault/battery/harassment.

VA Policy Change in Response to the COMPACT Act:

Starting January 17, 2023, veterans in a mental health crisis can go to any VA healthcare facility for emergency mental healthcare at no cost – including inpatient or crisis residential care for up to 30 days. Veterans do not need to be enrolled in the VA System to use this benefit.

Kimberly G. Boswell Commissioner

Alabama Department of Mental Health

kimberly.boswell@mh.alabama.gov

(334) 242-3640 | mh.alabama.gov