

Presentation to Veterans Mental Health Steering Committee

August 29, 2024



Kimberly Boswell
Chair, Veterans Mental Health Steering Committee

Overview of Act 2024-358

Establishes the Veterans Mental Health Steering Committee

- The Veterans Mental Health Steering Committee (VMHSC) is made up of 20 members, including 18 voting and 2 ex-officio, non-voting members.
- The VMHSC is to conduct a thorough review to inform its next steps.
- In response to the review, the VMHSC is charged with developing a Comprehensive Plan to address the unique behavioral health needs of Alabama veterans.
- ADMH shall align the Comprehensive Plan with state and national behavioral health standards, and implement it upon the Legislature's review/feedback, and Governor's approval.

Overview of Act 2024-358

Requires the Committee to conduct a review that informs its Comprehensive Plan

The review must consist of the following:

- The current state of Alabama veterans' mental health and rates of substance use;
- Current mental health, substance use, recovery, and other support services in Alabama;
- Needs assessments previously conducted for the purpose of identifying gaps in services and support. The review of needs assessments shall include:
 - Quantitative and qualitative feedback of post-9/11 veterans in Alabama
 - The need for additional services and coordination of existing services

Overview of Act 2024-358

Provides a timeline for the VMHSC's development of a Comprehensive Plan

- **June 1, 2024:** The Act went into effect.
- **July 1, 2024:** Deadline for VMHSC appointments.
- **September 1, 2024:** Deadline for the first meeting of the VMHSC.
- **January 1, 2025:** Deadline for the VMHSC's full review.
- **April 1, 2025:** Deadline for a Comprehensive Plan to be presented to the House and Senate Veterans and Military Affairs Committees.
- **June 30, 2025:** Deadline for ADMH to submit Comprehensive Plan to the Governor.
- **August 31, 2025:** The Governor shall act on the Comprehensive Plan no later than this date. Upon the Governor's approval, ADMH will implement the Comprehensive Plan.

Overview of Act 2024-358

Outlines the roles and area of expertise for the Alabama Department of Mental Health (ADMH) and the Alabama Department of Veterans Affairs (ADVA)

- **ADMH** is the state's lead agency for the Act, as well as the expert in areas such as behavioral health care services, standards, certification, and infrastructure, as well as best practices needed to implement related treatment, recovery, and prevention services.
- **ADVA** is the state's expert in military experience and culture; relationships, and trust with Alabama veterans; supports needed for reintegration to civilian life; and knowledge of veterans' state and federal benefits and resources.
- **Both** agencies are required to collaborate and leverage the other's area of expertise.

Overview of Act 2024-358

Creates opportunity for pilot programs with newly appropriated dollars

- ADMH may establish pilot projects utilizing evidence-based services certified by ADMH or organizations which agree to become certified by ADMH.
- Pilot projects will be awarded funding by ADMH through a fair and transparent RFP process.
- Pilot projects may begin upon the appropriation of funds and certification of projects.
- Pilot projects shall be based on the findings of the Comprehensive Plan.
- **Note, through Act 2024-426, ADMH received \$3 million in Opioid Settlement Funds for this purpose.**

VMHSC Purpose Statement

To maximize new and existing opportunities for veterans' access to behavioral health care – as defined as the prevention, diagnosis, and treatment of mental health conditions, substance use disorders, and behavioral health crises – no matter where they need it, when they need it, or whether they are enrolled in VA care.



Federal Policy Landscape

Jake Proctor

Alabama Military Stability Foundation



Veterans Mental Health Steering Committee

Federal Policy Landscape Overview

August 29, 2024

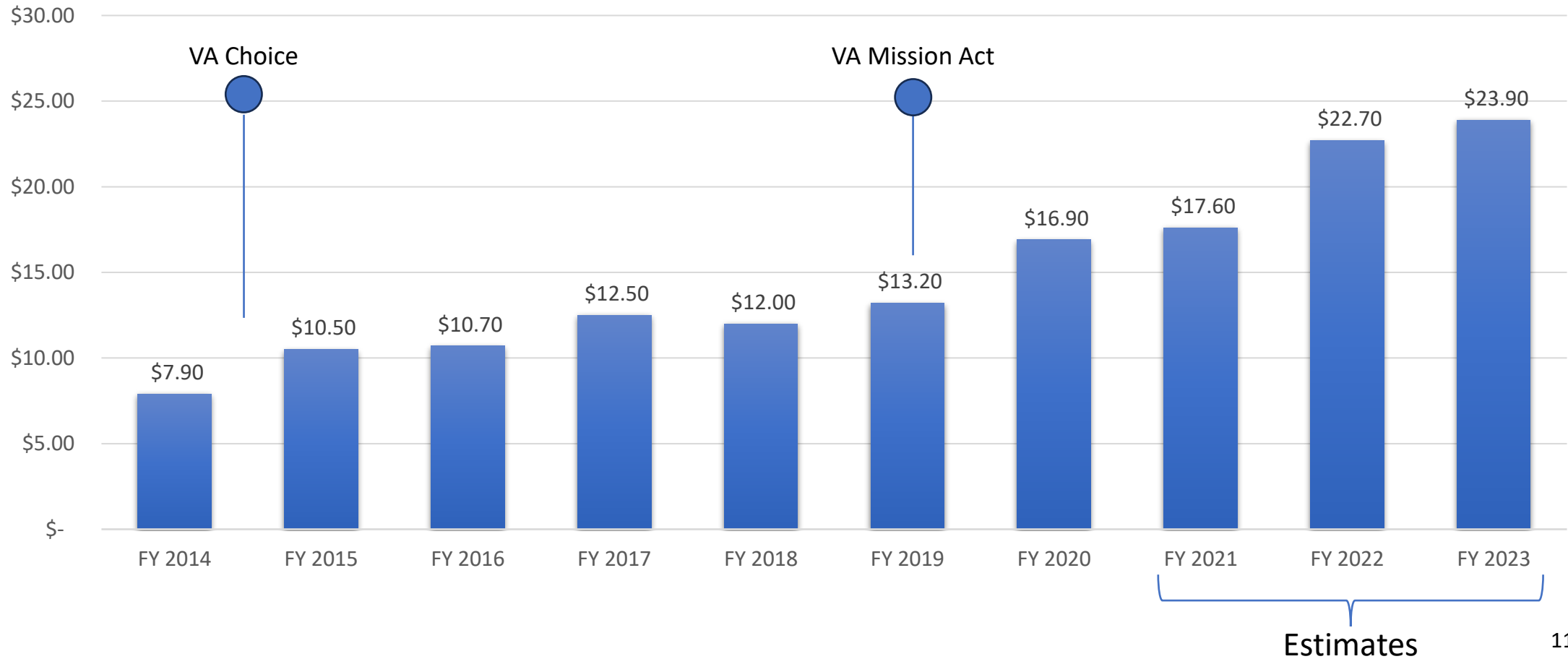
Legislative Action on Non-VA Health Care



Federal Spending on Community Care



VA Cost for Community Care (FY14-FY23)

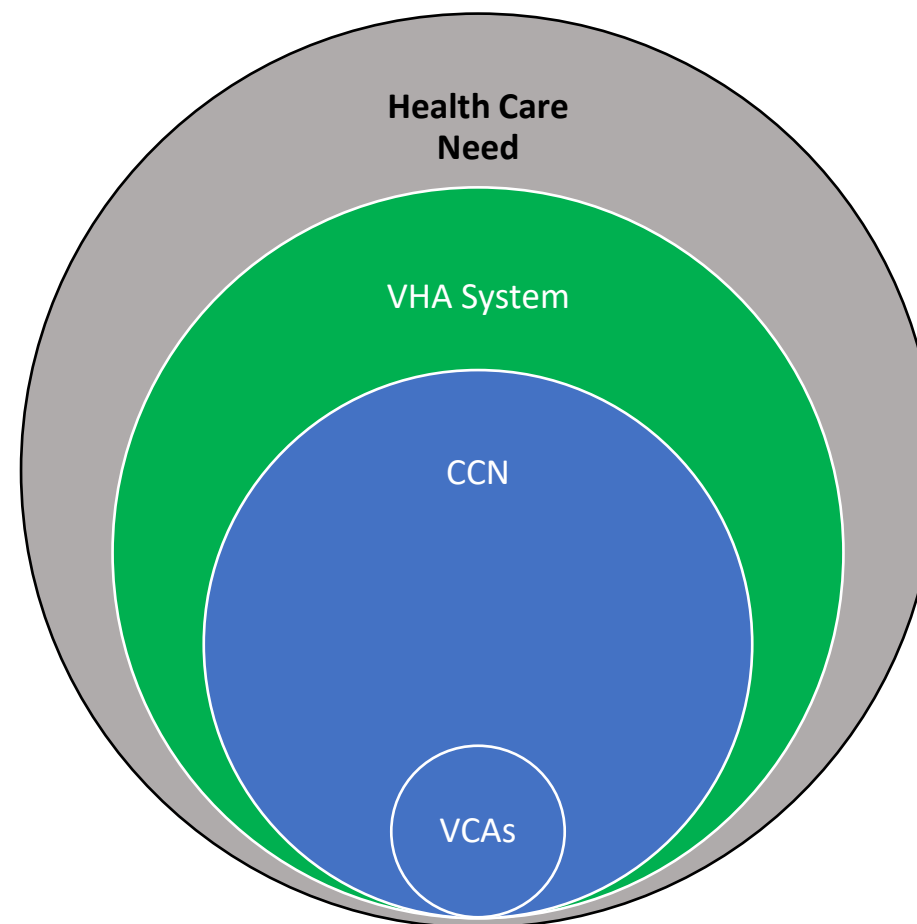




VA MISSION Act Overview

Broad Approach to Meeting VA Health System Gaps. Established:

- Veteran Community Care Provider Program (VCCPs)
 - Community Care Network (CCN)
 - Eligibility Criteria (next slide)
 - Urgent/Emergency Care Coverage
 - Prescription Coverage
- Veterans Care Agreements (VCAs)
 - Highly applicable to mental health
- Education Programs for VA, non-VA providers, and veterans
- Other Administrative Provisions





VA MISSION Act Eligibility Criteria

Both of the Following:

- Veteran is Enrolled in or Eligible for VA Health Care

AND

- Veteran has approval from their VA health care team before receiving care from a non-VA provider

Emergency / Urgent Care Criteria:

- Veteran is enrolled in VA health care system
- Veteran must have received care at a VA or in-network community provider within two years

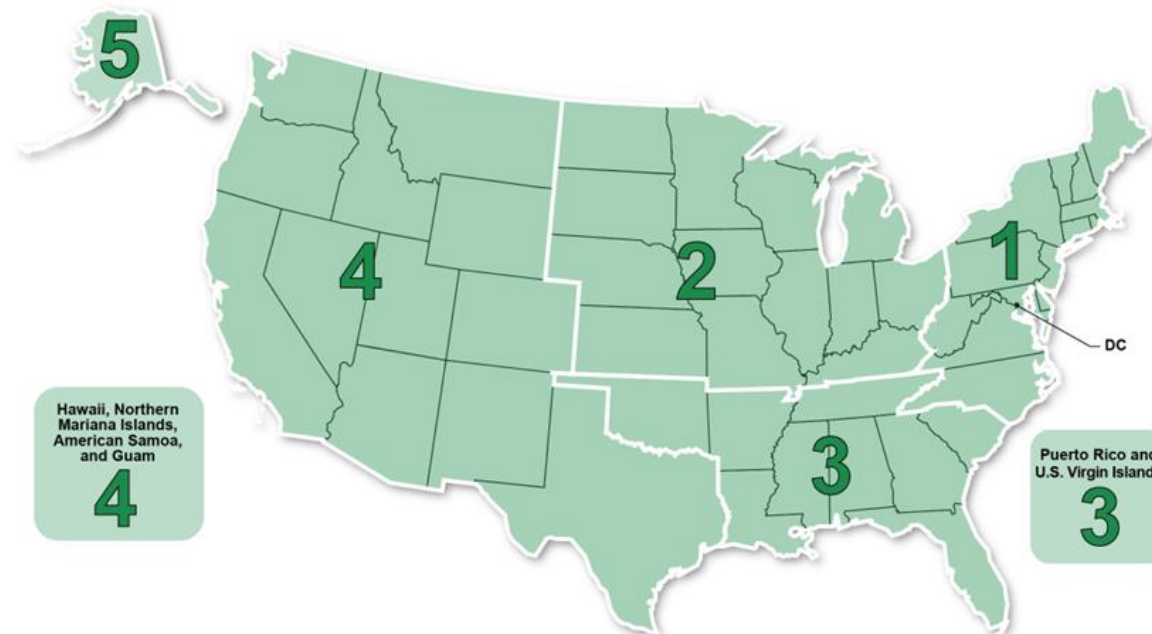
Plus, One of the Following:

- Health service required is not available at any VA facility
- State or territory does not have a full-service VA health care facility
- Veteran qualifies under the previous 40-mile rule (Choice Act provision)
- VA cannot provide service under drive/wait time standards
 - Drive: 30 min (primary & mental health) / 60 min (specialty care)
 - Wait: 20 days (primary & mental health) / 28 days (specialty care)
- Veteran and VA provider agree non-VA care is in the veterans' best interest
- VA provided service does not meet VA quality standards



Observation on Alabama Care

- Region 3 (includes AL), is behind other regions in enrolled community care options (particularly mental health VCAs)
 - Lowest number of VCAs for mental health in Regions 1-4
- Enrollment for VCAs requires VA provider to request approval from the VA
- Community Care Network managed by Optum Serve (VA contractor for Regions 1-3)



Mental Health VCAs by Region

Region 1	Region 2	Region 3	Region 4
149	65	55	246



VA COMPACT Act

Focused on Acute Suicidal Crisis. Established Coverage For:

- Veteran acute suicidal crisis
 - 30 days inpatient care
- **OR**
- 90 days of outpatient care
- Coverage at both care at VA and non-VA health care facilities
- Reporting requirements for veterans as well as community care providers
- Reimbursement policies for veterans who receive a bill for covered services

Eligibility Criteria:

One of the Following:

- Veteran served >24 months and was discharged on other than dishonorable conditions
- Veteran served >100 days under a combat exclusion
- Veteran was the victim of sexual assault/battery/harassment during service

Plus:

- Event must be designated as an acute suicidal crisis by a crisis responder or health care provider

Note: Veterans do not have to be enrolled in the VA to qualify for care under the COMPACT Act

Note: A community care provider does not need a contract with the VA to be paid for COMPACT Act care



Jake Proctor

Executive Director

AL Military Stability Foundation

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Preserve | Protect | Expand

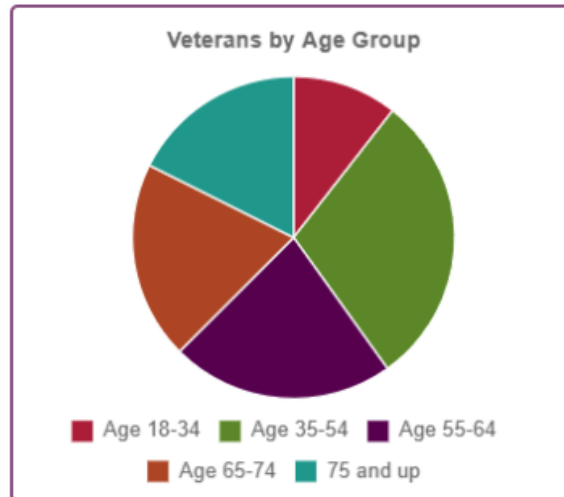
Overview of Alabama Veterans

Major General Paulette Risher, Retired

Vice Chair, Veterans Mental Health Steering Committee

Snapshot of Alabama Veterans

- 7.7% of Alabama's population are Veterans compared to 6.2% nationally
- 91% of Alabama's Veterans are male
- 38% of Alabama's Veterans are over 65

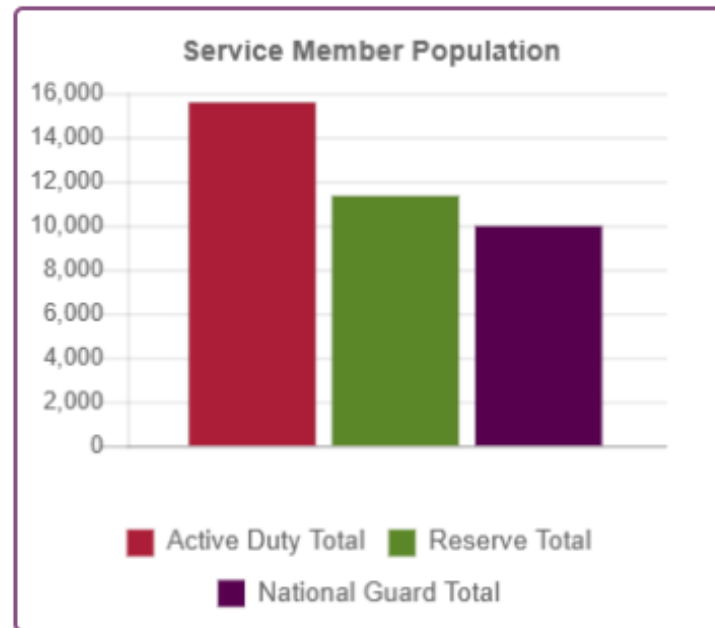


18-24	-	11%
35-54	-	30%
55-64	-	22%
65-74	-	20%
75+	-	18%

- Alabama Veterans are racially diverse i.e., 70.6% white; 23.9% black or African American; 2.3% Latino; and 2.8% 2 or more races

Snapshot of Alabama Veterans

- The Alabama Veteran community of nearly 400,000 individuals includes:
 - Veterans
 - Retirees
 - Members of the National Guard and Reserve Forces



Active Duty: 15,527

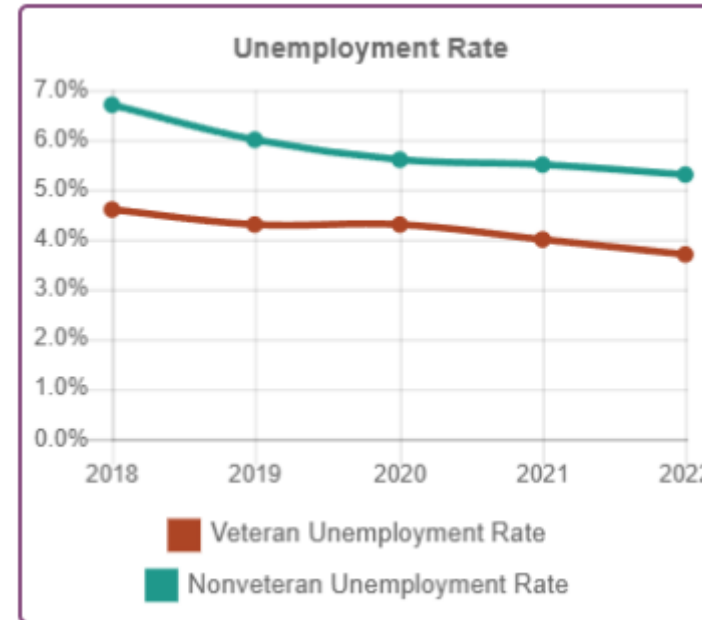
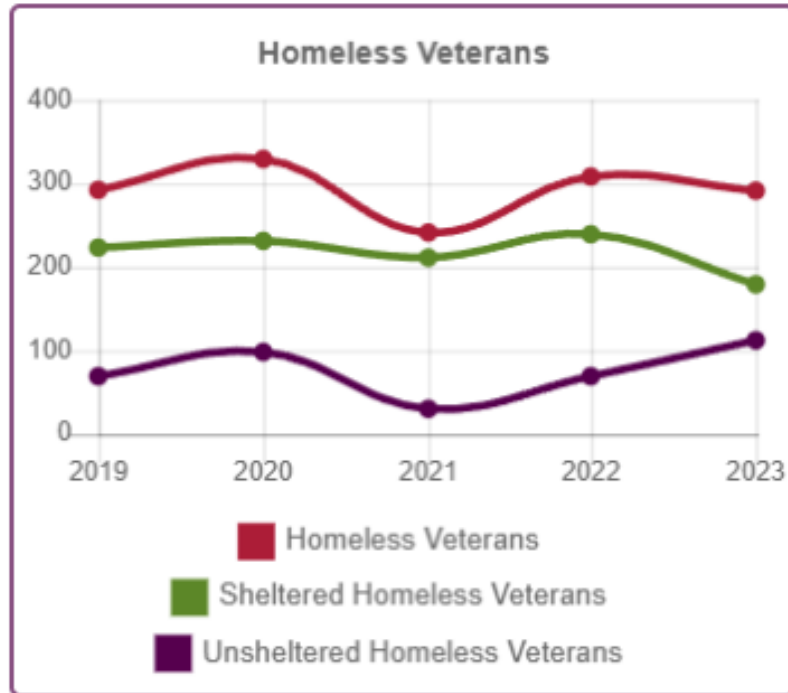
- Army: 11,746
- Air Force: 3,193
- Navy: 34
- Marine: 201

Select Reserve: 21,380

- National Guard: 6,724
- Reserve: 11,378

Snapshot of Alabama Veterans

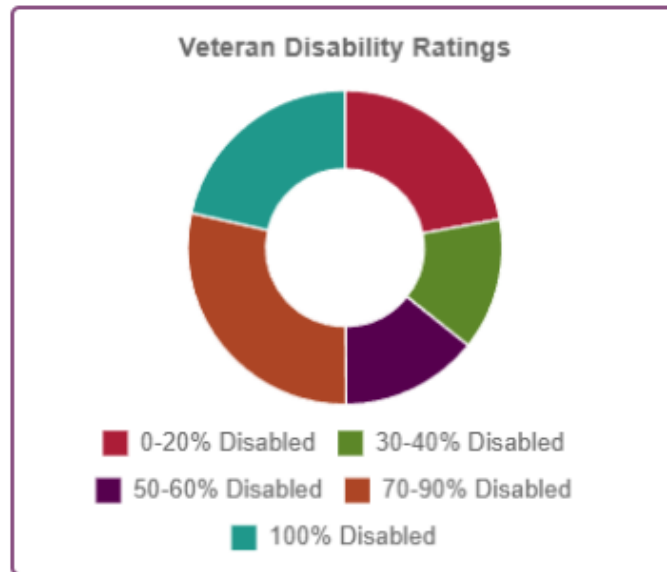
- **Financial Well-Being**



	Not in Labor Force	Unemployed
18-24 Years		
Veteran	21.60%	5.22%
Nonveteran	27.35%	7.80%
35-54 Years		
Veteran	19.17%	3.62%
Nonveteran	22.89%	4.00%
55-64 Years		
Veteran	40.96%	2.90%
Nonveteran	42.40%	2.70%

Snapshot of Alabama Veterans

- **Disability**



Disability Rating	Percentage
0-20%	22%
30-40%	14%
50-60%	14%
70-90%	29%
100%	21%

- **VA Investment in Alabama Veterans**

Total Expenditure	Compensation and Pension	Education and Vocational Rehabilitation Employment	Medical Care
\$5,853,725,228	\$3,642,904,641	\$220,110,670	\$1,941,054,440

Excel Spreadsheet – 14 Tabs

Veterans by County (2022)																
Year	County Fips 5	County Name	State Name	Total Veterans Population from Census	Percent Veterans Male	Percent Veterans Female	Percent Male Veterans Age 18 to 34 Years	Percent Male Veterans Age 35 to 54 Years	Percent Male Veterans Age 55 to 64 Years	Percent Male Veterans Age 65 to 74 Years	Percent Male Veterans Age 75 years and over	Percent Female Veterans Age 18 to 34 Years	Percent Female Veterans Age 35 to 54 Years	Percent Female Veterans Age 55 to 64 Years	Percent Female Veterans Age 65 to 74 Years	Percent Female Veterans Age 75 years and over
2022	01001	Autauga	Alabama	5,097	86.60%	13.40%	6.90%	28.00%	22.70%	23.80%	18.60%	15.20%	50.40%	17.40%	10.40%	6.60%
2022	01003	Baldwin	Alabama	20,740	91.30%	8.70%	5.70%	18.30%	17.60%	31.70%	26.70%	20.50%	23.50%	27.20%	10.50%	18.40%
2022	01005	Barbour	Alabama	1,303	95.80%	4.20%	4.30%	21.20%	18.50%	36.00%	20.00%	41.80%	40.00%	0.00%	7.30%	10.90%
2022	01007	Bibb	Alabama	1,362	95.20%	4.80%	1.10%	28.50%	24.50%	24.50%	21.50%	0.00%	22.70%	42.40%	34.80%	0.00%
2022	01009	Blount	Alabama	3,040	94.30%	5.70%	9.30%	21.50%	17.40%	26.30%	25.40%	12.60%	33.90%	17.80%	31.00%	4.60%
2022	01011	Bullock	Alabama	380	92.90%	7.10%	4.20%	27.50%	45.00%	16.40%	6.80%	14.80%	0.00%	11.10%	74.10%	0.00%
2022	01013	Butler	Alabama	1,034	89.70%	10.30%	2.60%	20.60%	19.00%	28.70%	29.20%	0.00%	56.60%	41.50%	1.90%	0.00%
2022	01015	Calhoun	Alabama	8,128	89.40%	10.60%	5.20%	21.80%	22.40%	29.90%	20.70%	5.20%	29.70%	34.80%	15.10%	15.30%
2022	01017	Chambers	Alabama	1,977	91.70%	8.30%	1.40%	20.60%	25.40%	34.60%	18.00%	33.50%	14.00%	25.60%	9.80%	17.10%
2022	01019	Cherokee	Alabama	1,416	94.60%	5.40%	1.00%	15.80%	8.90%	50.80%	23.50%	13.00%	37.70%	18.20%	3.90%	27.30%
2022	01021	Chilton	Alabama	1,799	93.40%	6.60%	6.40%	23.60%	12.60%	32.60%	24.80%	0.00%	27.70%	44.50%	27.70%	0.00%
2022	01023	Choctaw	Alabama	645	95.70%	4.30%	12.80%	20.70%	22.70%	26.30%	17.50%	7.10%	64.30%	10.70%	0.00%	17.90%
2022	01025	Clarke	Alabama	1,225	95.90%	4.10%	0.00%	27.10%	24.00%	27.80%	21.00%	8.00%	44.00%	0.00%	6.00%	42.00%
2022	01027	Clay	Alabama	711	95.10%	4.90%	3.70%	17.00%	27.10%	25.70%	26.50%	0.00%	65.70%	20.00%	14.30%	0.00%
2022	01029	Cleburne	Alabama	890	94.60%	5.40%	7.20%	13.50%	11.00%	36.20%	31.90%	0.00%	52.10%	20.80%	0.00%	27.10%
2022	01031	Coffee	Alabama	6,183	83.40%	16.60%	9.00%	31.40%	25.60%	19.30%	14.70%	17.20%	41.50%	24.90%	10.60%	5.90%
2022	01033	Colbert	Alabama	3,227	93.90%	6.10%	14.10%	20.10%	13.40%	30.20%	22.20%	18.30%	17.80%	31.00%	14.20%	18.80%
2022	01035	Conecuh	Alabama	478	90.20%	9.80%	2.10%	28.50%	22.30%	15.10%	32.00%	0.00%	19.10%	76.60%	4.30%	0.00%
2022	01037	Coosa	Alabama	690	88.30%	11.70%	2.10%	24.10%	21.50%	18.60%	33.70%	0.00%	72.80%	11.10%	16.00%	0.00%
2022	01039	Covington	Alabama	2,514	91.70%	8.30%	8.30%	13.20%	18.10%	34.70%	25.80%	0.00%	49.50%	39.40%	7.70%	3.40%
2022	01041	Crenshaw	Alabama	519	94.20%	5.80%	4.50%	14.50%	21.70%	39.30%	20.00%	33.30%	26.70%	23.30%	0.00%	16.70%
2022	01043	Cullman	Alabama	4,734	92.20%	7.80%	4.60%	17.10%	24.10%	27.50%	26.70%	0.00%	67.00%	18.30%	9.80%	4.90%
2022	01045	Dale	Alabama	5,199	86.00%	14.00%	6.50%	19.70%	22.60%	31.30%	19.90%	6.60%	42.60%	40.20%	9.20%	1.40%
2022	01047	Dallas	Alabama	1,840	91.70%	8.30%	11.10%	13.00%	23.40%	31.10%	21.30%	0.00%	49.00%	40.50%	10.50%	0.00%
2022	01049	DeKalb	Alabama	3,209	92.90%	7.10%	4.00%	14.20%	23.00%	24.80%	34.00%	12.30%	10.50%	71.50%	3.50%	2.20%
2022	01051	Elmore	Alabama	6,179	85.30%	14.70%	6.20%	27.10%	19.00%	27.00%	20.70%	6.70%	43.20%	22.00%	17.50%	10.60%
2022	01053	Escambia	Alabama	2,145	84.10%	15.90%	5.80%	17.80%	26.60%	26.00%	23.90%	3.80%	50.90%	18.50%	16.80%	10.00%
2022	01055	Etowah	Alabama	5,512	91.70%	8.30%	5.10%	27.70%	13.50%	26.20%	27.60%	15.30%	32.60%	30.90%	18.20%	3.10%
2022	01057	Fayette	Alabama	783	97.30%	2.70%	4.20%	19.00%	18.60%	26.10%	32.00%	0.00%	9.50%	0.00%	0.00%	90.50%
2022	01059	Franklin	Alabama	1,184	85.50%	14.50%	5.60%	17.10%	21.00%	30.90%	25.30%	35.50%	26.70%	31.40%	5.80%	0.60%

Alabama Rural Urban Continuum

	# of Counties
Rural Urban Continuum Community Mix	
1-metro areas of 1 million or more	7
2-metro areas of 250,000 to 1 million	12
3-metro areas of fewer than 250,000	12
4-population of 20,000 or more, adjacent to a metro area	6
6-population of 5,000 to 20,000, adjacent to a metro area	11
8-population of fewer than 5,000, adjacent to a metro area	13
9-population of fewer than 5,000, not adjacent to a metro area	6

	Total Population	Total - % of State	Veteran Population	Vet - % of State
1-metro areas of 1 million or more	1,180,631	23%	60,688	19%
2-metro areas of 250,000 to 1 million	1,620,436	32%	114,716	36%
3-metro areas of fewer than 250,000	1,103,709	22%	75,632	24%
4-population of 20,000 or more, adjacent to a metro area	408,880	8%	28,230	9%
6-population of 5,000 to 20,000, adjacent to a metro area	403,316	8%	22,181	7%
8-population of fewer than 5,000, adjacent to a metro area	205,781	4%	9,890	3%
9-population of fewer than 5,000, not adjacent to a metro area	101,526	2%	5,136	2%
Totals:	5,024,279	100%	316,473	100%

Who's In and Who's Out

(Lines 40-49) VETERAN . Any current resident of the state who:

- a. Served in the active military, naval, air, or space forces of the United States who was discharged or released under conditions other than dishonorable;
- b. Is or was a member of the Army National Guard or Air National Guard who was discharged or released from service under conditions other than dishonorable; or
- c. Is or was a member of the reserve component of the Armed Forces who was discharged or released from service under conditions other than dishonorable.

Definitional Boundaries: Active-duty military are not included in this. Families are not included. Those with a dishonorable discharge are not included. There is no requirement that a member of the Guard be in the Alabama National Guard or an Alabama-based Reserve unit. The criteria is where the person lives.

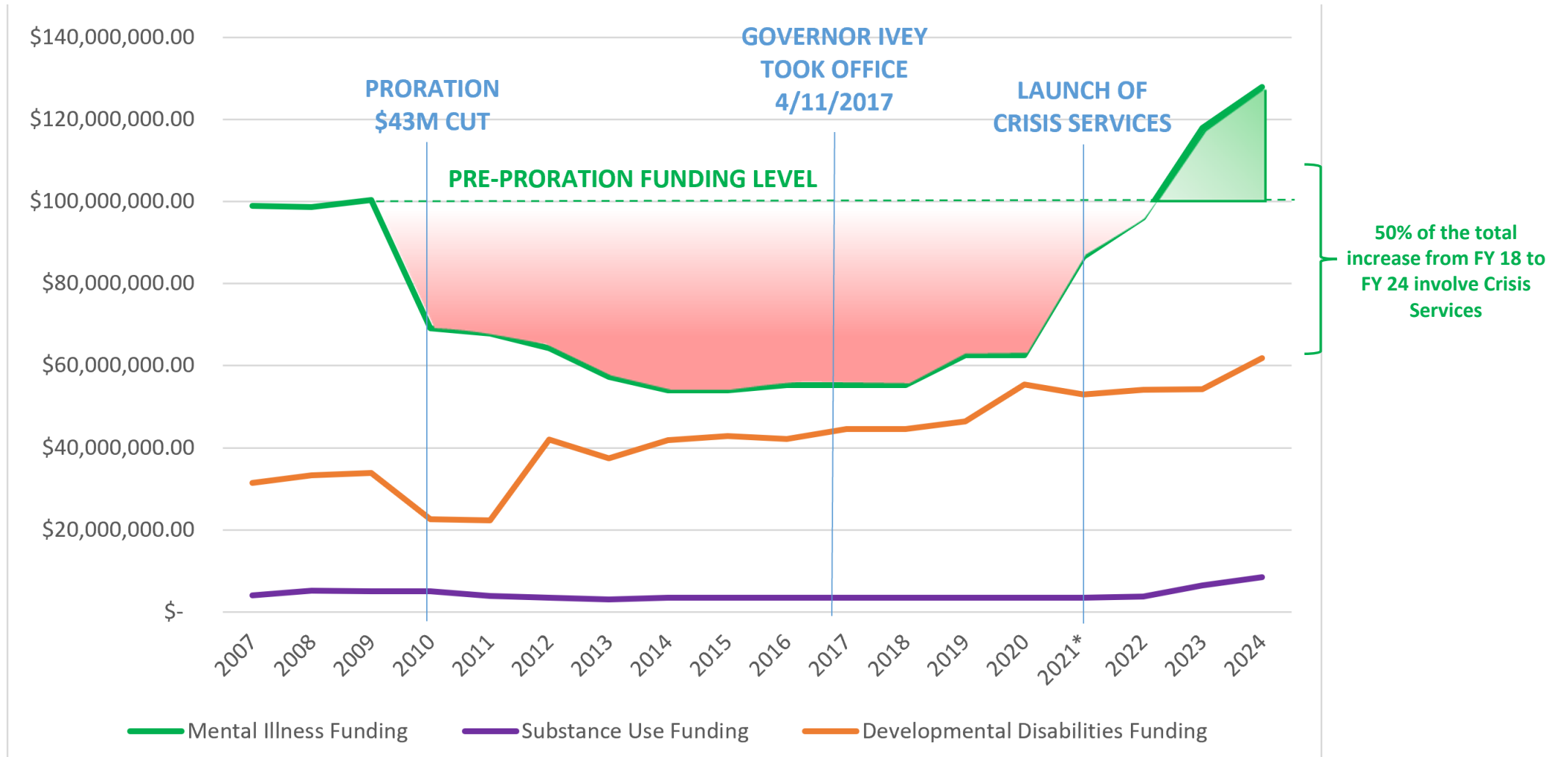


Alabama Crisis Services

Kimberly Boswell

Chair, Veterans Mental Health Steering Committee

ADMH General Fund Trends

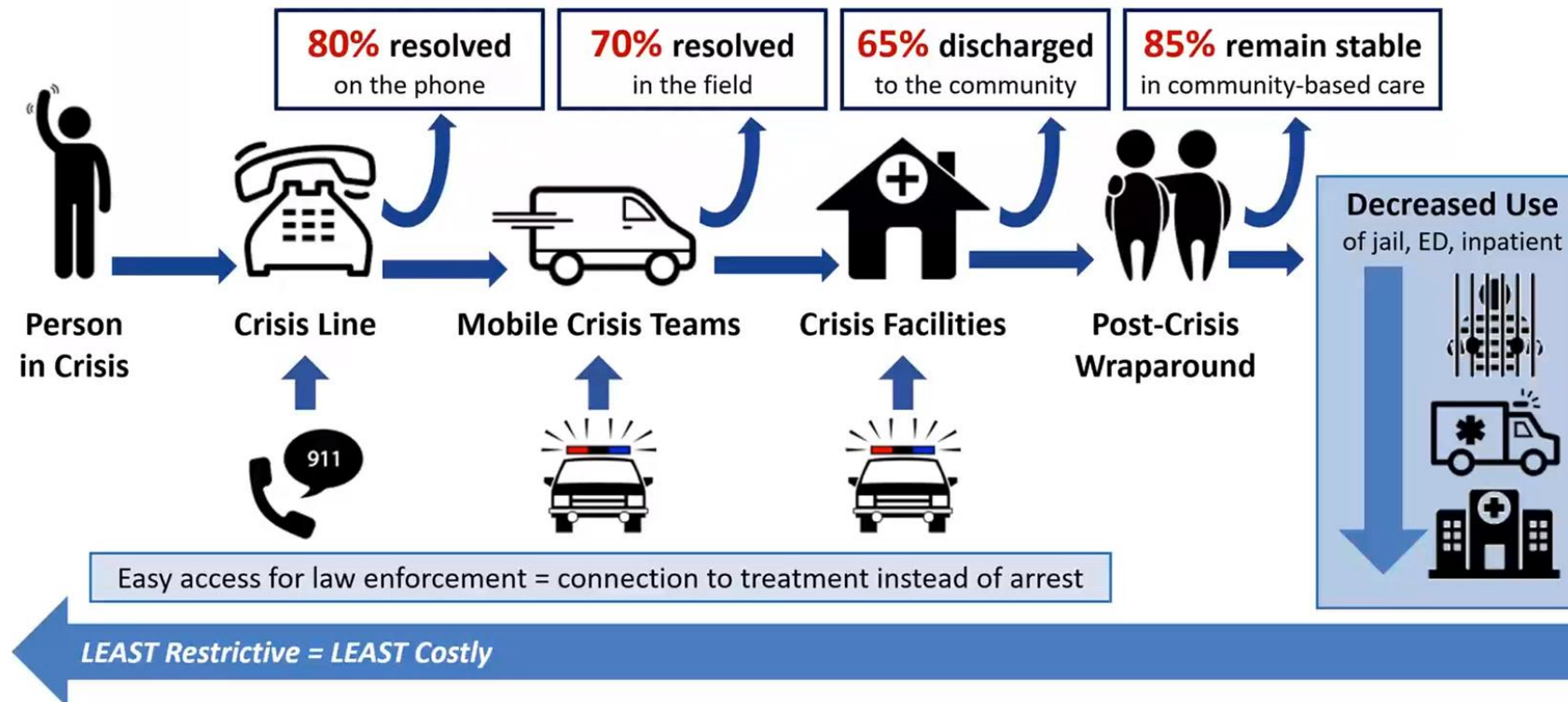


Since FY 2018, ADMH has received a **\$102,811,890 (95%)** increase in the General Fund Budget.



988: The Thread Connecting Alabama Crisis Services

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Someone to Call: 988

Cumulative Data from
July 2022 – July 2024

66,423

Total # of Calls

11,834

Total # of Chats

99,943

Total # of Contacts

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

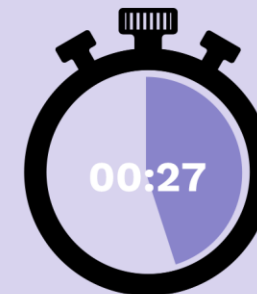
21,686

Total # of Texts

AVERAGE SPEED TO ANSWER



July
2022



July
2024

IN-STATE ANSWER RATE



July
2022

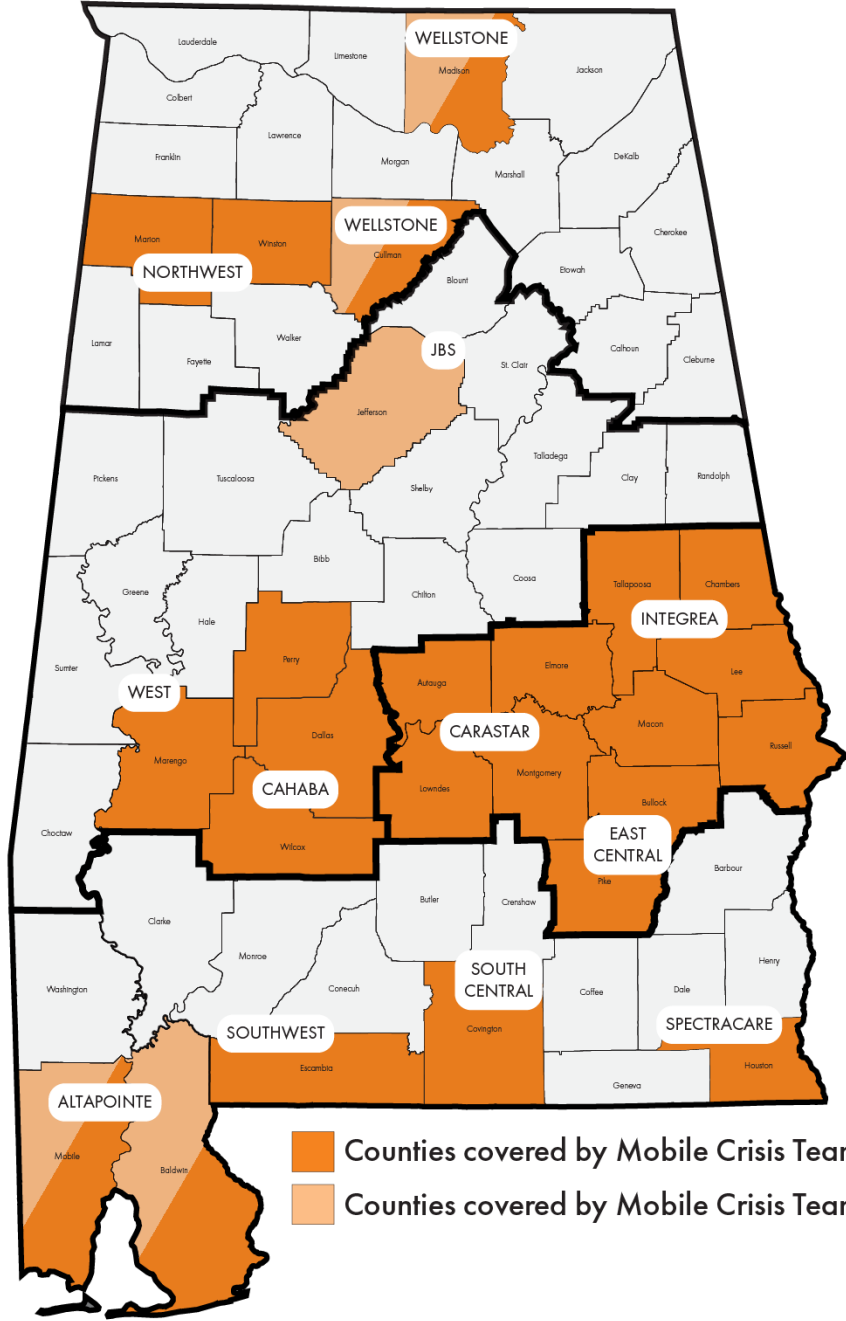
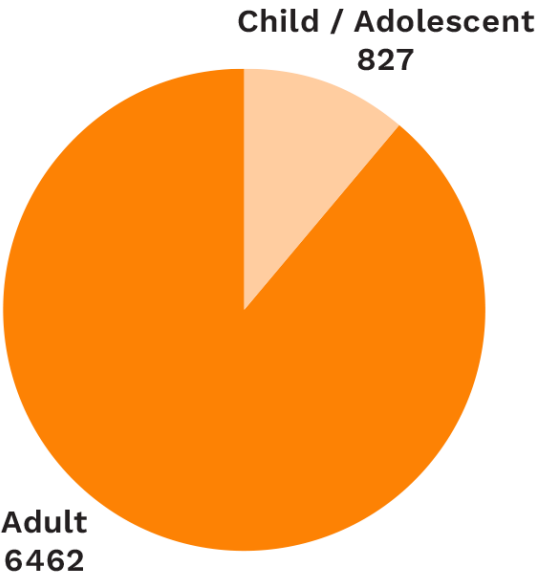


July
2024

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 October 2022 – July 2024



Somewhere to Go: Crisis Centers

Cumulative Data from
May 2021 – July 2024

BY THE NUMBERS

12,948 Evaluations

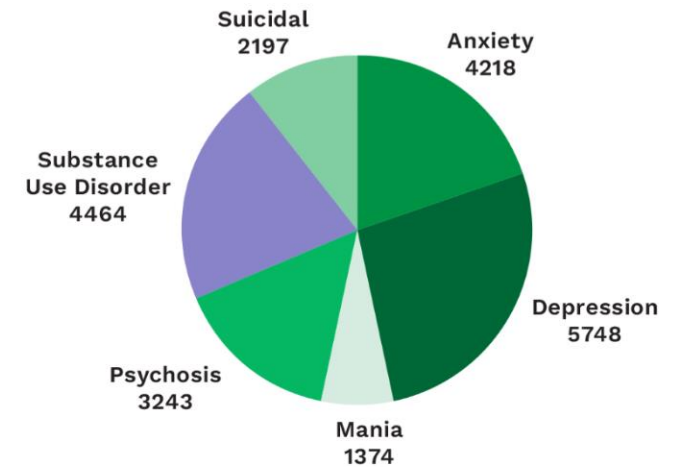
9,482 Individuals who Avoided ER Admission^{1*}

2,185 Individuals who Avoided Jail Admission^{1*}

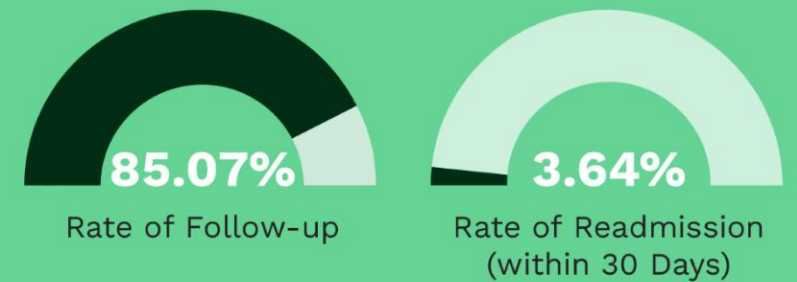
862 Law Enforcement Drop-offs*

PRESENTING SYMPTOMS*

Individuals may present with Multiple Symptoms



FOLLOW-UP & READMISSION



ADMH's goal is a
≤ 7-day follow-up.



SAFER Together Initiative

Master Sergeant Jason Smith, Retired

Alabama National Guard



BEARDED WARRIORS

SAFER TOGETHER

STORING
AMMUNITION &
FIREARMS TO
ENHANCE
RESILIENCE

(**SAFER**) TOGETHER

A GOVERNORS
CHALLENGE &
GRASSROOTS
INITIATIVE

WHAT IS SAFER TOGETHER

SAFER Together is a **voluntary, confidential, and temporary** firearm and ammunition storage option for Veterans, Military, and 1st Responders.

SAFER Together is designed to change cultural beliefs about seeking mental health resources, build resilience, and utilizing Lethal Means Safety as a prevention strategy.

SAFER Together supports the **Alabama Governors Challenge Initiative** designed to reduce Veteran Suicide.

WHY SAFER TOGETHER

- Educate circle of support, change cultural lens, and provide options for LMS
- Strategically target specific groups with similar statistics, culture, and stigma
- Adopt a mindset to “utilize mental health resource seeking behavior”

HOW - HOLD HARMLESS LEGISLATIVE BILL & ATF OPEN LETTER TO FFL'S 2023 "CORNERSTONE"

- The sole purpose of the **Hold Harmless Legislative Bill** is to protect local Federal Firearms Licensees (FFL's) in the state of Alabama who participate in the **SAFER Together Initiative**.
- The Hold Harmless Legislative Bill is not a red flag law or gun grab.
- The ATF Open Letter to FFL's provides storage guidance.
 - Individual uses a storage locker provided by an FFL.
 - SAFER Together will provide storage lockers to participating stores.
- Currently seeking sponsors for the bill
- Currently canvassing FFL's for support
- Rural Area Initiative

SAFER TOGETHER & HOLD HARMLESS BILL

SAFER Together – A Governors Challenge Initiative, together with the **Hold Harmless Legislative Bill**, is an additional level of lethal means safety (LMS) that provides:

1. A **secure** and **licensed** location for Veterans, Military, and 1st Responders to voluntarily, confidentially, and temporarily store personal firearms and ammunition.
2. A program that encourages Veterans, Military, 1st Responders, and their families to adopt the mindset to “**utilize mental health resource seeking behavior**” instead of foregoing their mental health care in fear of losing their 2nd Amendment Rights.
3. A program that creates a space for Veterans, Military, and 1st Responders to connect with **Peer Support Organizations** in the community and to leverage additional resources and build connection.
4. A **grassroots** movement to **reduce stigma, enhance LMS**, and connect our Hero's with **Community and Peer Support Organizations**.

SAFER TOGETHER UPDATES

- Logic Model and Research Development – University of Alabama
- Bearded Warriors 501c3 – Founder Ty Oswald
- SAFER Together Working Groups
 - Legislative
 - Marketing & Media
 - Outreach
 - Education & Training
 - Research & Development
- Multiple Meetings

QUESTIONS?



THANK YOU

Jason Smith

Alabama National Guard

Resilience, Risk Reduction, and Suicide Prevention Program Manager

Certified Peer Support Specialist

MSgt USMC (ret)

Steering Committee Member - Alabama Veteran Mental Health

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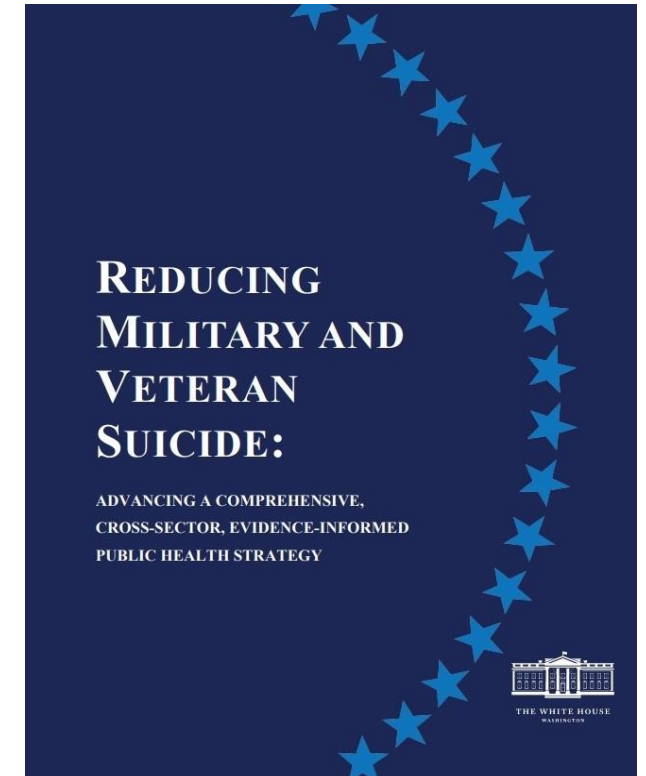
Federal Report and Policy Framework

Kimberly Boswell

Chair, Veterans Mental Health Steering Committee

Reducing Military and Veteran Suicide: *Advancing a Comprehensive, Cross-Sector, Evidence-Informed Public Health Strategy*

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



Opioid Settlement Funds Qualifying Conditions

Through **Act 2024-426**, ADMH received **\$3 million** in Opioid Settlement Funds for "veterans pilot programs through an RFP Process."

- **Prevention:** All individuals. No limitation as anyone may be affected by substances at many points in their lifetime
 - Can be targeted toward at-risk groups or geographic locations
- **Treatment:** An individual with an Opioid Use Disorder/Stimulant Use Disorder
- **Recovery Supports:** An individual actively using substances or who is in active recovery

Pilot Programs RFP

PROPOSAL

- In October 2024, Issue a **Request for Information (RFI)** inquiring about services related to the framework following this meeting.
- After the Committee's full review (due January 1, 2025), issue a **Request for Proposal (RFP)** based on the responses to the RFI, as well as the identified gaps in services and preliminary findings of the comprehensive plan.

Next Meeting Date

October 23, 2024

Time and location to be determined