

Presentation to Veterans Mental Health Steering Committee

December 18, 2024



Alabama Department
of Mental Health
connecting mind and wellness

Kimberly Boswell
Chair, Veterans Mental Health Steering Committee

The Comprehensive Plan Update

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The Veterans Mental Health Steering Committee (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.

The Veterans Mental Health Steering Committee (VMHSC) was established through Act 2024-358 within the Alabama Department of Mental Health. The Committee is charged with developing a comprehensive plan to address the unique behavioral health needs of Alabama veterans.

To create the comprehensive plan, the VMHSC must conduct a review of:

- Needs assessments previously conducted for the purpose of identifying gaps in services.
- 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.

The Alabama Veterans Behavioral Health Landscape

The purpose of the landscape is to establish a baseline by providing a robust picture of the current statuses of Alabama veterans' mental health, substance use and the supports currently in place to address these needs.

The report includes the following sections:

- Statewide and Regional Prevalence Analysis
- Service Inventory and Community Resource Mapping
- Gap Identification



Alabama Veterans Behavioral Health Landscape

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2024

Alabama Veteran Behavioral Health Landscape

CREATED BY



ACKNOWLEDGEMENTS

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- Angela Wright, SAMHSA Service Members, and Their Families Technical Assistance Center.

PURPOSE OF THE REPORT

Key Objectives:

- Provide a comprehensive baseline of veterans' mental health and substance use status.
- Identify existing services and gaps.
- Support the Veterans Mental Health Steering Committee's goals.

Focus Areas:

- Prevention.
- Diagnosis and Treatment.
- Maintenance/Remission.

Data Sources:

- National Survey on Drug Use and Health (NSDUH).
- Census data.
- Administrative records from ADMH, ADVA, and the U.S. Department of Veterans Affairs (VA).

Analytical Framework:

- Statewide and regional prevalence analysis.
- Service inventory and community resource mapping.
- Gap identification.

The background of the slide is a dark blue gradient. On the left side, there is a silhouette of an American flag on a tall pole. At the bottom of the slide, there is a silhouette of a group of people, including adults and children, standing together. Two horizontal white lines are positioned above and below the main title text.

STATEWIDE AND REGIONAL PREVALENCE ANALYSIS

PREVALENCE ANALYSIS: KEY FINDINGS

Veteran populations demonstrated overall higher prevalence of almost all sub-categories compared to nonveteran populations:

- Serious Mental Illness (SMI) & Psychological Distress (PD).
- Suicidal Ideation or Planning (SI/P).
- Opioid Misuse.
- Illicit Drug Use.
- Alcohol Misuse.

Geographic disparities, with rural areas facing elevated risks.

SERIOUS MENTAL ILLNESS & PSYCHOLOGICAL DISTRESS

National Prevalence:

Veterans (5.3%) vs. Nonveterans (4.5%):

Veterans (1.2%) vs. Nonveterans (0.9%):

Veterans (8.5%) vs. Nonveterans (9.8%):

Statewide Prevalence:

Veterans (3.5%) vs. Nonveterans (3.2%):

Veterans (0.8%) vs. Nonveterans (0.4%):

Veterans (7.8%) vs. Nonveterans (10.8%):

| Serious Mental Illness | | | |
|------------------------|------|----------------------|------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| East Central | 4.23 | Altapointe II | 3.05 |
| Southwest | 3.83 | Indian Rivers | 3.05 |
| West Alabama | 3.83 | Riverbend | 3.05 |

| Co-occurring SMI/SUD | | | |
|-----------------------|------|----------------------|------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| Cahaba | 1.03 | Mountain Lakes | 0.61 |
| West Alabama | 1.03 | JBS | 0.66 |
| East Central | 0.96 | CED | 0.68 |

| Psychological Distress | | | |
|------------------------|------|----------------------|------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| East Central | 8.95 | Riverbend | 6.67 |
| Spectra-care | 8.32 | Highland | 6.87 |
| West Alabama | 8.24 | Altapointe II | 7.10 |

SUICIDAL IDEATION OR PLANNING

National Prevalence: Veterans (1.2%) vs. Nonveterans (0.9%).

Statewide Prevalence: Veterans (4.2%) vs. Nonveterans (5.8%).

| Suicidal Ideation or Planning | | | |
|-------------------------------|------|----------------------|------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| East Central | 4.78 | Riverbend | 3.53 |
| West Alabama | 4.66 | Highland | 3.81 |
| Spectracare | 4.50 | Altapointe II | 3.84 |

OPIOID MISUSE

National Prevalence: Veterans (3.1%) vs. Nonveterans (3.5%).

Statewide Prevalence: Veterans (33.7%) vs. Nonveterans (29.7%).

| Opioid Misuse | | | |
|-----------------------|-------|----------------------|-------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| Cahaba | 35.79 | Riverbend | 32.63 |
| West Alabama | 35.62 | North Central | 32.64 |
| Altapointe I | 35.13 | Wellstone | 32.68 |

ILLICIT DRUG USE

National Prevalence: Veterans (4.3%) vs. Nonveterans (9.5%).

Statewide Prevalence: Veterans (4.1%) vs. Nonveterans (4.1%).

| Illicit Drug Use | | | |
|-----------------------|------|----------------------|------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| West Alabama | 4.28 | Riverbend | 3.84 |
| Northwest | 4.25 | East Alabama | 3.99 |
| North Central | 4.24 | Altapointe II | 4.00 |

ALCOHOL MISUSE

National Prevalence: Veterans (6.5%) vs. Nonveterans (5.3%).

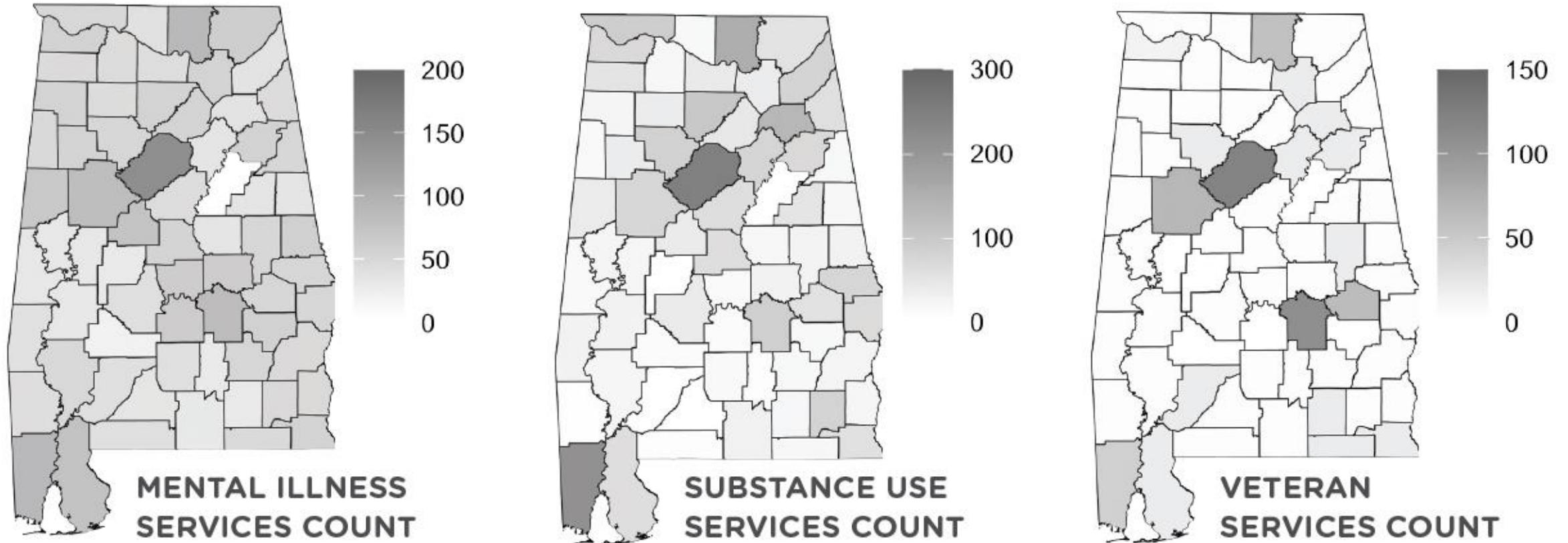
Statewide Prevalence: Veterans (9.4%) vs. Nonveterans (8.3%).

| Alcohol Misuse | | | |
|-----------------------|-------|----------------------|------|
| Highest Veteran Rates | | Lowest Veteran Rates | |
| North Central | 10.27 | Cahaba | 9.89 |
| Wellstone | 10.10 | West Alabama | 8.63 |
| East Alabama | 9.89 | Altapointe I | 8.76 |

STATE AND FEDERALLY FUNDED SERVICES

SERVICE AVAILABILITY: KEY FINDINGS

Uneven distribution of state and federally funded services across the state:



SERVICE AVAILABILITY: KEY FINDINGS

66% of counties exceeded their population average in number of state and federally funded mental health & substance use services.

48% of counties exceeded their population average in number of state or federally funded veteran services.

| Mental Health and Substance Use Services | | | |
|--|------|---------------------------------|-------|
| Highest MH/SU Service Percentage | | Lowest MH/SU Service Percentage | |
| East Central | +57% | JBS | -144% |
| Northwest | +52% | Altapointe II | -130% |
| CED | +43% | Wellstone | -115% |

| Veteran Services | | | |
|------------------------------------|-------|-----------------------------------|-------|
| Highest Veteran Service Percentage | | Lowest Veteran Service Percentage | |
| East Central | +134% | CAW | -143% |
| Carastar | +84% | Altapointe II | -132% |
| Indian Rivers | +66% | Wellstone | -92% |



COMMUNITY
RESOURCES

COMMUNITY RESOURCES: KEY FINDINGS

Community resources vary significantly by region across the state:

- Total Community Resources: 5,064 resources, averaging 76 per county.
- Veteran Specific Community Resources: 1,165 resources, averaging 17 per county.

COMMUNITY RESOURCES: KEY FINDINGS

72% of counties exceeded their population average in number of available community resources.

62% of counties exceeded their population average in number of veteran-specific community resources.

| Community Resources | | | |
|---------------------------------------|--------|--------------------------------------|---------|
| Highest Community Resource Percentage | | Lowest Community Resource Percentage | |
| Riverbend | +62.1% | JBS | -139.9% |
| East Central | +61.5% | Altapointe II | -130.6% |
| South Central | +40.5% | Wellstone | -85.1% |

| Veteran-Specific Community Resources | | | |
|--|--------|---|---------|
| Highest Veteran-Specific Resource Percentage | | Lowest Veteran-Specific Resource Percentage | |
| East Central | +44.6% | JBS | -131.3 |
| Highland | +41.7% | Wellstone | -123.2% |
| Carastar | +39.0% | Altapointe II | -70.7% |

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KEY TAKEAWAYS AND CONCLUSIONS

CHALLENGES AND GAPS IDENTIFIED

Behavioral Health Challenges:

- Higher prevalence of serious mental illness, opioid misuse, and alcohol misuse among veterans than nonveterans.
- When considering subgroups, there was a higher prevalence across almost all subgroups when comparing veterans vs. nonveterans.
- Geographic variations in psychological distress and suicide risk.

Service Gaps:

- Less veteran-specific resources in certain regions.
- Limited access to state-funded mental health and substance use services in populous areas.

STRENGTHS AND RESOURCES

Community-Based Resources:

- Expansive network of veteran-specific organizations (e.g., DAV, VFW, American Legion).
- Case management and homelessness prevention services.

State and Federal Programs:

- ADMH's crisis centers and mobile teams.
- ADVA and VA services, including medical centers and veteran homes.

ADDRESSING CHALLENGES AND GAPS

Closing Service Gaps:

- Increase availability of veteran-specific resources in underserved regions.
- Expand transportation and telehealth options to improve rural areas.

Enhancing Interagency Coordination:

- Strengthen partnerships between state agencies, VA, and community organizations.
- Develop models that integrate mental health, substance use, and support services.

Geographic Disparities:

- Tailor regional strategies to address rural and urban differences.
- Prioritize preventive measures and early intervention programs.

CONCLUSIONS

Final Thoughts:

- Comprehensive and coordinated efforts are essential to meet veterans' behavioral health needs.
- The report provides a roadmap for leveraging strengths and addressing gaps to improve care.

COMMITTEE CONSIDERATIONS

Prompts for Future Discussion:

- How can the most underserved regions be prioritized?
- What innovative strategies could enhance service delivery?

After reviewing the report,
please submit questions to
veterans@mh.alabama.gov

Goal 4. Address upstream risk and protective factors

Comprehensive suicide prevention efforts must pair attention to and improvement in crisis care and clinical care with policies, programs, and practices that reduce risk factors and strengthen protective factors.

Multiple studies have demonstrated that factors related to economic well-being, such as financial literacy and security, educational, vocational development opportunities, and vocational stability can reduce the risk of suicide.

Importance of Transition Services

Background: Protective and Risk Factors

One of the four goals of the Veterans Mental Health Steering Committee is “to address upstream risk and protective factors” that can prevent veterans’ mental illness, substance use, and suicide. Examples of risk and protective factors include the following:

| Domain | Risk Factors | Protective Factors |
|---------------------|---|--|
| Financial Stability | Job loss or financial insecurity | Stable job and household income |
| Education | Limited access to education/job training | Access to education/job training |
| Health | Limited access to services | Access to services |
| Family | Family conflict or violence | Positive relationships with family |
| Community | Social isolation, feeling disconnected to community | Feeling connected to community and peer groups |

Video:

How to Successfully Transition from Military to Civilian Life,
Brian O'Connor, TEDxOakland





Investing in Alabama's Heroes

R.B. Walker, Alabama Power

December 17, 2024



The Challenge & Our Vision

Supporting Veterans' Transition to Civilian Life

- Alabama has the highest per capita veteran population in the US
- Veterans face unique challenges: accessing benefits, finding fulfilling careers, and addressing mental health needs.
- Alabama Power is committed to supporting veterans through a public-private partnership: **The Alabama Service Member Welcome & Transition Center.**



Alabama Service Member Welcome & Transition Center

- **Workforce Assistance:** Connect with employers, resume writing, interview skills.
- **Education Assistance:** Access to colleges and trade schools, GI Bill help, scholarships.
- **Peer Support:** Veteran organizations, social events, mentorship.
- **Health & Wellness:** Mental health services, benefits navigation, overall well-being.

Request for Information/Proposal Update

Kimberly Boswell

Chair, Veterans Mental Health Steering Committee

Veterans Pilot Program Update

| RESPONSE TYPE | RESPONSE NUMBER |
|--|-----------------|
| Complete RFI Responses | 11 |
| Incomplete RFI Responses | 10 |
| Asked for Extension, but never received RFI Response | 1 |
| Total RFI Responses | 22 |

Veterans Pilot Program Update

| ORGANIZATION TYPE | NUMBER OF CONTACTS |
|--|--------------------|
| Veterans Nonprofits | 3 |
| Veterans Mental Health or Physical Healthcare Provider | 3 |
| University of Alabama Veterans Researchers or Programs | 3 |
| Family Member | 1 |
| ADMH Certified Provider | 3 |
| ADMH Community Mental Health Center | 8 |
| Healthcare Provider | 1 |
| TOTAL ENGAGEMENTS | 22 |

Thank you