

# Presentation to Veterans Mental Health Steering Committee

January 30, 2025



Kimberly Boswell  
Chair, Veterans Mental Health Steering Committee

# 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.*

# **Comprehensive Plan Update**

Kimberly Boswell

Chair, Veterans Mental Health Steering Committee

# Review of Report

VitAL, The University of Alabama



2024

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Alabama Veteran Behavioral Health Landscape:  
Clinical Service and Community Resource Analysis

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CREATED BY

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# ***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.

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## **Focus Areas:**

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

# ***ACKNOWLEDGEMENTS***

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- VitAL

## **Contributors:**

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- M. Bryant Howren, PhD | VHA Office of Rural Health
- Jake Proctor | Military Stability Foundation
- Angela Wright | SAMHSA Service Members, & Their Families Technical Assistance Center



# *Alabama Veteran Behavioral Health Landscape*



## *Alabama Veteran Behavioral Health Landscape*

### *Alabama Mental Health & Substance Use Prevalence Analysis*

Summaries of the status of Alabama Veterans across important mental health and substance use categories: mental health & distress, suicidal intent or planning, opioid misuse, illicit drug use, and alcohol use.

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### *Clinical Service and Community Resource Analysis*

Robust analysis of the clinical and community resources available to Alabama Veterans across twenty state regions.

## *Alabama Veteran Behavioral Health Landscape*

### *Clinical Service and Community Resource Analysis*

Robust analysis of the **clinical** and **community resources** available to Alabama Veterans across twenty state regions.

# FEDERALLY & STATE FUNDED SERVICES

**1** ADMH:  
MENTAL HEALTH/ SUBSTANCE  
USE SERVICES

**2** ADVA & VA:  
VETERAN SPECIFIC SERVICES

## FEDERALLY & STATE FUNDED SERVICES

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## COMMUNITY RESOURCES

**1** RESOURCES SPECIFIC TO THE  
COUNTIES IN AN AREA

**2** VETERAN SPECIFIC  
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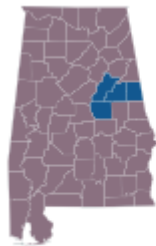
**20**  
Behavioral Health  
Catchment Areas

## COMMUNITY RESOURCES

**1** RESOURCES SPECIFIC TO THE  
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# ALTAPOINTE I: CLAY, COOSA, RANDOLPH AND TALLADEGA

TOTAL NUMBER OF VETERANS: **7,140**

REGION  
ACCORDING TO  
POPULATION

state-funded  
MH/SU services  
offered is  
greater than  
average offered  
across the state

state-funded  
ADVA/VA  
services offered  
is greater than  
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community  
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veteran specific  
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## KEY POINTS

- Over 3,600 veterans in these four counties aged 55 or over—approximately 51% of the total veteran population.
- 20% of all community resources are veteran specific/provided by veteran support organizations.
- Talladega: 19th in the state for population, 23rd for total number of veterans
- Clay: 56th in the state for population, 56th for total number of veterans
- Randolph: 45th in the state for population, 50th for total number of veterans
- Coosa: 63rd in the state for population, 57th for total number of veterans

## STATE & FEDERALLY FUNDED SERVICES

**136**

MH SERVICES

**123**

SU SERVICES

**34**

VETERAN SERVICES

## COMMUNITY RESOURCE BREAKDOWN

192 COMMUNITY RESOURCE SERVICES		39 VETERAN SPECIFIC SERVICES DELIVERED ACROSS 10 ORGANIZATIONS	
DISABILITY SERVICES	28	EDUCATION, WELLNESS, AND/OR COACHING SERVICES	12
SENIOR SERVICES	27	JOB SUPPORT, TRAINING, AND/OR TRANSITION	5
GROUPS	20	TRANSPORTATION AND CAR SUPPORT	4
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FOOD ASSISTANCE	13	CRISIS STABILIZATION	2
UTILITIES AND FINANCIAL AID	13	MEDICAL AND DENTAL SERVICES	2

## ALTAPOINTE I SERVICES COMPARED TO THE STATE

In the Altapointe I catchment area of Clay, Coosa, Randolph and Talladega counties, the number of available state-funded MH/SU services fell below the state average at 259 total services available versus the state average of 396 total for a four-county area (65%). According to the 2020 census, the population of the four counties in the Altapointe I catchment area is just over 128,000—averaging 32,000 per county with a high of 82,000 in Talladega County and a low of 10,000 in Coosa County.

## RATES IN ALTAPOINTE I

	VETERANS	NON VETERANS
Serious Mental Illness	7.67	10.71
Psychological Distress	3.52	3.17
Co-Morbid SMI/SUD	0.77	0.38
Suicidal Ideation/ Planning	4.34	5.99
Opioid Misuse	35.13	30.63
Illicit Drug Use	4.22	4.24
Alcohol Misuse	8.76	7.91
Tobacco Use	36.06	31.60

The number of veterans in the Altapointe I catchment area 7,140. The number of veterans in Clay, Coosa, Randolph, and Talladega counties averaged 1,785 per county with a high of 4,700+ veterans in Talladega County and approximately 700 veterans recorded in Clay and Coosa counties. This was approximately one-fourth the state average of 4,927 veterans per county. Both the catchment area's population and veteran population were significantly below the state average—43% of the total average state population, and 36% the average number of veterans per county. Overall, the counties in Altapointe I were consistent in the ratio of the county's ranking of total number of veterans to total county population.

In the area, there were a notable number of services available in the community for seniors and persons with disabilities. There was also a notable trend of community resource support that could aid a veteran in the prevention of homelessness, including: utility, financial aid, and mental health support. The Altapointe I catchment area is strong in the number of substance use groups—one of the primary modes of substance use prevention and recovery maintenance. According to the US Census data from 2020, the majority of the veterans in the four counties are over the age of 55. Because of this, the high prevalence of senior services is a strength of the catchment area.

Within Altapointe I, the veteran specific services are provided largely by common statewide veteran organizations. These veteran specific services include one DAV Chapter, five American Legion Posts, services provided by United Way's Priority Veteran program, and services provided by one community college. One unique veteran specific organization in the catchment area is Samson's Strength in Clay County, AL. Samson's Strength provides group support and connection to veterans in addition to homelessness prevention, housing, and transitional services and case management services.

## VETERAN SPECIFIC SERVICES:

1. American Legion  
5 Posts
2. Disabled Veterans of America  
1 Chapter
3. Veterans of Foreign Wars  
1 Post
4. Priority Veteran
5. Southern Union Community  
College
6. Samson's Strength



REGION ACCORDING TO POPULATION

state-funded MH/SU services offered is greater than average offered across the state

state-funded ADVA/VA services offered is greater than average offered across the state

community resource services offered is greater than average offered across the state

veteran specific community resource services offered is greater than average offered across the state

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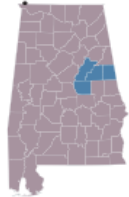
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2. Disabled Veterans of America 1 Chapter
3. Veterans of Foreign Wars 1 Post
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STATE IMAGE WITH REGION HIGHLIGHTED



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COUNTIES IN THE CATCHMENT AREA

NAME OF THE CATCHMENT AREA

TOTAL NUMBER OF VETERANS REPORTED IN THE CATCHMENT AREA

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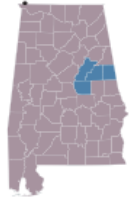
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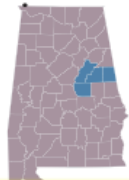
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COUNTIES IN THE CATCHMENT AREA

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Within Altapointe I, the veteran specific services are provided largely by common statewide veteran organizations. These veteran specific services include one DAV Chapter, five American Legion Posts, services provided by United Way's Priority Veteran program, and services provided by one community college. One unique veteran specific organization in the catchment area is Samson's Strength in Clay County, AL. Samson's Strength provides group support and connection to veterans in addition to homelessness prevention, housing, and transitional services and case management services.

#### VETERAN SPECIFIC SERVICES:

1. American Legion 5 Posts
2. Disabled Veterans of America 1 Chapter
3. Veterans of Foreign Wars 1 Post
4. Priority Veteran
5. Southern Union Community College
6. Samson's Strength

# POPULATION

**STATE TOTAL**

5 MILLION

**COUNTY AVERAGE**

75,000

# POPULATION

STATE TOTAL  
5 MILLION

COUNTY AVERAGE  
75,000

## COUNTIES

ONE COUNTY  
75,000

TWO COUNTIES  
150,000

THREE COUNTIES  
225,000

FOUR COUNTIES  
300,000

# POPULATION

**STATE TOTAL**  
5 MILLION

**COUNTY AVERAGE**  
75,000

# EAST CENTRAL

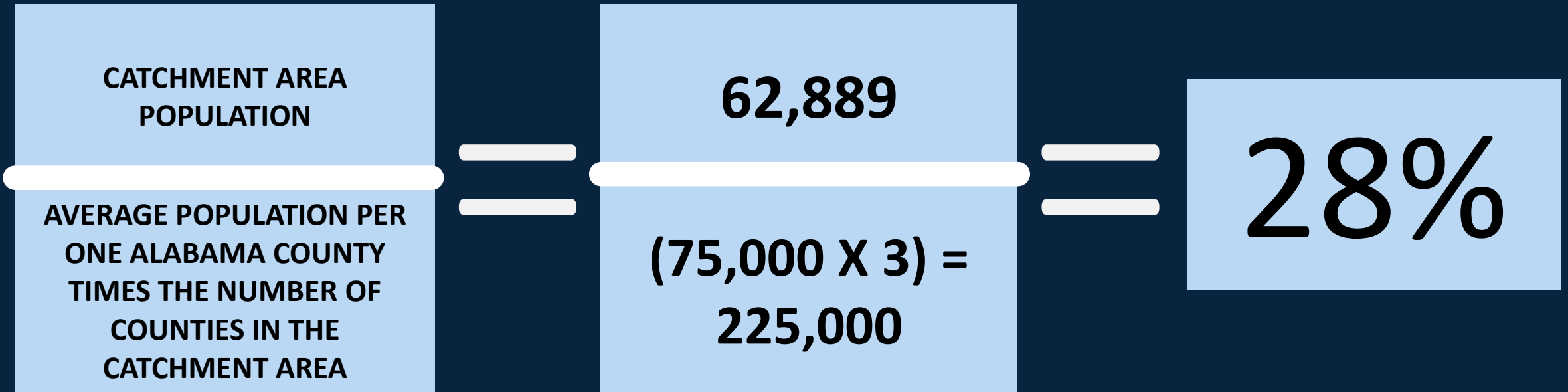
*Bullock, Macon, & Pike*  
POPULATION: 62,889



# EAST CENTRAL

*Bullock, Macon, & Pike*

POPULATION: 62,889



# POPULATION

**STATE TOTAL**

5 MILLION

**COUNTY AVERAGE**

75,000

## POPULATION

STATE TOTAL

5 MILLION

COUNTY AVERAGE

75,000

## MENTAL HEALTH & SUBSTANCE USE SERVICES

STATE TOTAL

6,613

COUNTY AVERAGE

99

## POPULATION

STATE TOTAL  
5 MILLION

COUNTY AVERAGE  
75,000

## MENTAL HEALTH & SUBSTANCE USE SERVICES

STATE TOTAL  
6,613

COUNTY AVERAGE  
99

## VETERAN SERVICES

STATE TOTAL  
902

COUNTY AVERAGE  
14

## POPULATION

STATE TOTAL  
5 MILLION

COUNTY AVERAGE  
75,000

## MENTAL HEALTH & SUBSTANCE USE SERVICES

STATE TOTAL  
6,613

COUNTY AVERAGE  
99

## VETERAN SERVICES

STATE TOTAL  
902

COUNTY AVERAGE  
14

## COMMUNITY RESOURCES

STATE TOTAL  
5,064

COUNTY AVERAGE  
76

## POPULATION

STATE TOTAL  
5 MILLION

COUNTY AVERAGE  
75,000

## MENTAL HEALTH & SUBSTANCE USE SERVICES

STATE TOTAL  
6,613

COUNTY AVERAGE  
99

## VETERAN SERVICES

STATE TOTAL  
902

COUNTY AVERAGE  
14

## COMMUNITY RESOURCES

STATE TOTAL  
5,064

COUNTY AVERAGE  
76

## VETERAN SPECIFIC COMMUNITY RESOURCES

STATE TOTAL  
1,165

COUNTY AVERAGE  
17

MENTAL HEALTH/  
SUBSTANCE USE SERVICES

28%



85%



state-funded MH/SU service  
average is higher than population

MENTAL HEALTH/  
SUBSTANCE USE SERVICES

28%



85%



state-funded MH/SU service  
average is higher than population

ADVA/VA VETERAN  
SERVICES

28%



134%



state-funded veteran service  
average is higher than population

COMMUNITY  
RESOURCES

28%



90%



community resource service  
average is higher than population

VETERAN SPECIFIC  
COMMUNITY  
RESOURCES

28%



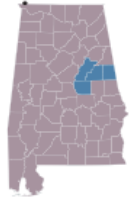
73%



veteran specific community  
resource service average is higher  
than population



STATE IMAGE WITH REGION HIGHLIGHTED



## ALTAPOINTE I: CLAY, COOSA, RANDOLPH AND TALLADEGA

TOTAL NUMBER OF VETERANS: 7,140

1 REGION ACCORDING TO POPULATION

state-funded MH/SU services offered is greater than average offered across the state

2 state-funded ADVA/VA services offered is greater than average offered across the state

3 community resource services offered is greater than average offered across the state

veteran specific community resource services offered is greater than average offered across the state

### KEY POINTS

- Over 3,600 veterans in these four counties aged 55 or over—approximately 51% of the total veteran population.
- 20% of all community resources are veteran specific/provided by veteran support organizations.
- Talladega: 19th in the state for population, 23rd for total number of veterans
- Clay: 56th in the state for population, 56th for total number of veterans
- Randolph: 45th in the state for population, 50th for total number of veterans
- Coosa: 63rd in the state for population, 57th for total number of veterans

### STATE & FEDERALLY FUNDED SERVICES

136	123	34
MH SERVICES	SU SERVICES	VETERAN SERVICES

### COMMUNITY RESOURCE BREAKDOWN

192 COMMUNITY RESOURCE SERVICES		39 VETERAN SPECIFIC SERVICES DELIVERED ACROSS 10 ORGANIZATIONS	
DISABILITY SERVICES	28	EDUCATION, WELLNESS, AND/OR COACHING SERVICES	12
SENIOR SERVICES	27	JOB SUPPORT, TRAINING, AND/OR TRANSITION	5
GROUPS	20	TRANSPORTATION AND CAR SUPPORT	4
HOMELESSNESS PREVENTION	19	FAMILY SERVICES	4
CASE MANAGEMENT (MENTAL HEALTH, MEDICAL, OR SOCIAL SERVICES)	16	HEALTHCARE AND PRESCRIPTION PAYMENT ASSISTANCE	3
SUBSTANCE USE AND MENTAL HEALTH SUPPORT	16	WOMEN RESOURCES	3
CASE MANAGEMENT (MENTAL HEALTH, MEDICAL, OR SOCIAL SERVICES)	16	CLOTHING	2
FOOD ASSISTANCE	13	CRISIS STABILIZATION	2
UTILITIES AND FINANCIAL AID	13	MEDICAL AND DENTAL SERVICES	2

COUNTIES IN THE CATCHMENT AREA

NAME OF THE CATCHMENT AREA

TOTAL NUMBER OF VETERANS REPORTED IN THE CATCHMENT AREA

### ALTAPOINTE I SERVICES COMPARED TO THE STATE

#### RATES IN ALTAPOINTE I

	VETERANS	NON VETERANS
Serious Mental Illness	7.67	10.71
Psychological Distress	3.52	3.17
Co-Morbid SMI/SUD	0.77	0.38
Suicidal Ideation/Planning	4.34	5.99
Opioid Misuse	35.13	30.63
Illicit Drug Use	4.22	4.24
Alcohol Misuse	8.76	7.91
Tobacco Use	36.06	31.60

In the Altapointe I catchment area of Clay, Coosa, Randolph and Talladega counties, the number of available state-funded MH/SU services fell below the state average at 259 total services available versus the state average of 396 total for a four-county area (65%). According to the 2020 census, the population of the four counties in the Altapointe I catchment area is just over 128,000—averaging 32,000 per county with a high of 82,000 in Talladega County and a low of 10,000 in Coosa County.

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#### VETERAN SPECIFIC SERVICES:

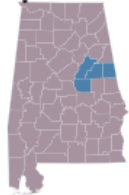
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6. Samson's Strength

STATE IMAGE WITH REGION HIGHLIGHTED

COUNTIES IN THE CATCHMENT AREA

NAME OF THE CATCHMENT AREA

TOTAL NUMBER OF VETERANS REPORTED IN THE CATCHMENT AREA



## ALTAPOINTE I: CLAY, COOSA, RANDOLPH AND TALLADEGA

TOTAL NUMBER OF VETERANS: 7,140

1 REGION ACCORDING TO POPULATION

state-funded MH/SU services offered is greater than average offered across the state

### KEY POINTS

- Over 3,600 veterans in these four counties aged 55 or over—approximately 51% of the total veteran population.
- 20% of all community resources are veteran specific/provided by veteran support organizations.
- Talladega: 19th in the state for population, 23rd for total number of veterans
- Clay: 56th in the state for population, 56th for total number of veterans
- Randolph: 45th in the state for population, 50th for total number of veterans
- Coosa: 63rd in the state for population, 57th for total number of veterans

2 state-funded ADVA/VA services offered is greater than average offered across the state

### STATE & FEDERALLY FUNDED SERVICES

136	123	34
MH SERVICES	SU SERVICES	VETERAN SERVICES

3 community resource services offered is greater than average offered across the state

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UTILITIES AND FINANCIAL AID	13	MEDICAL AND DENTAL SERVICES	2

### ALTAPOINTE I SERVICES COMPARED TO THE STATE

#### RATES IN ALTAPOINTE I

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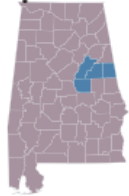
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STATE IMAGE WITH REGION HIGHLIGHTED



## ALTAPOINTE I: CLAY, COOSA, RANDOLPH AND TALLADEGA

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REGION ACCORDING TO POPULATION

state-funded MH/SU services offered is greater than average offered across the state

state-funded ADVA/VA services offered is greater than average offered across the state

community resource services offered is greater than average offered across the state

veteran specific community resource services offered is greater than average offered across the state

COUNTIES IN THE CATCHMENT AREA

NAME OF THE CATCHMENT AREA

TOTAL NUMBER OF VETERANS REPORTED IN THE CATCHMENT AREA

### ALTAPOINTE I SERVICES COMPARED TO THE STATE

#### RATES IN ALTAPOINTE I

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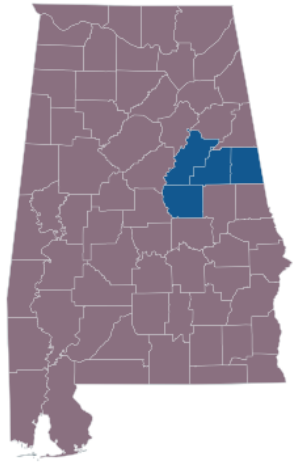


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Clinical Service and Community Resource Analysis:

**AREA REPORTS**

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# ALTAPOINTE I CLAY, COOSA, RANDOLPH & TALLADEGA

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.67	10.71
SERIOUS MENTAL ILLNESS	3.52	3.17
CO-MORBID SMI/SUD	0.77	0.38
SUICIDAL IDEATION/PLANNING	4.34	5.99
OPIOID MISUSE	35.13	30.63
ILLICIT DRUG USE	4.22	4.24
ALCOHOL MISUSE	8.76	7.91
TOBACCO USE	36.06	31.60

1. Notable Prevalence Rates
2. 43% of the average population of a four-county area
3. Above 43% of the average number of MH/SU services for a four-county area.
4. Above 43% of the average state funded veteran services for a four-county area.
5. Above 43% of the average for all community resources.
6. Strengths within services: Senior service availability.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	136
SUBSTANCE USE SERVICES	123
VETERAN SERVICES	34
COMMUNITY RESOURCE SERVICES	192
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	39

# 7,140

## VETERANS



state-funded MH/SU service average is higher than population



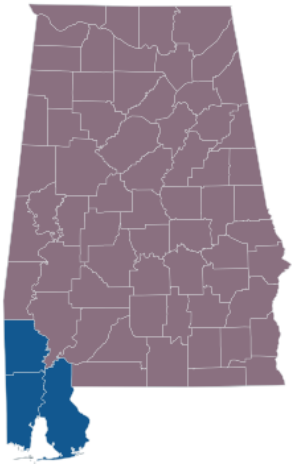
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# ALTAPOINTE II WASHINGTON, BALDWIN, & MOBILE

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.10	10.64
SERIOUS MENTAL ILLNESS	3.05	3.22
CO-MORBID SMI/SUD	0.79	0.42
SUICIDAL IDEATION/PLANNING	3.84	5.79
OPIOID MISUSE	33.74	29.65
ILLICIT DRUG USE	4.00	4.15
ALCOHOL MISUSE	9.26	8.32
TOBACCO USE	31.34	28.67

1. All prevalence rates are low or average.
2. The high population of Mobile and Baldwin skew the service to population ratios in all categories.
3. There is a need for further investigation that the number of services in the counties meets the need of the population.
4. Strengths: the number of veteran specific organizations (29) and the number of higher education institutions (4).

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	205
SUBSTANCE USE SERVICES	283
VETERAN SERVICES	68
COMMUNITY RESOURCE SERVICES	368
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	114

# 47,763

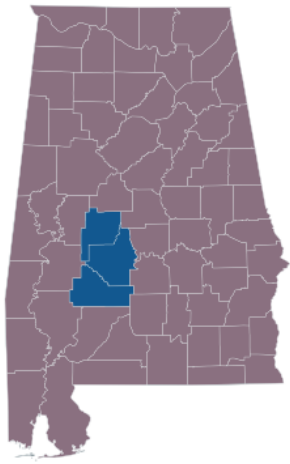
## VETERANS

state-funded MH/SU service average is lower than population

state-funded veteran service average is lower than population

community resource service average is lower than population

veteran specific community resource service average is lower than population



# CAHABA DALLAS, PERRY, & WILCOX

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.51	10.40
SERIOUS MENTAL ILLNESS	3.33	3.15
CO-MORBID SMI/SUD	1.03	0.46
SUICIDAL IDEATION/PLANNING	4.15	5.58
OPIOID MISUSE	35.79	29.23
ILLICIT DRUG USE	4.05	4.11
ALCOHOL MISUSE	8.20	8.59
TOBACCO USE	36.06	27.89

1. Notable prevalence rates
2. Higher service frequencies to population ratios in three of four categories.
3. Strengths:
  - Marion Military Institute
  - Homelessness Prevention
4. Needs: Only one VSO office in the three -county area.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	90
SUBSTANCE USE SERVICES	58
VETERAN SERVICES	5
COMMUNITY RESOURCE SERVICES	128
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	28

# 2,568

## VETERANS



state-funded MH/SU service average is higher than population



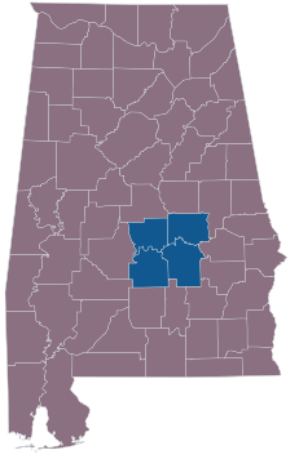
state-funded veteran service average is lower than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# CARASTAR AUTAUGA, ELMORE, LOWNDES, & MONTGOMERY

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	8.01	10.51
SERIOUS MENTAL ILLNESS	3.54	3.38
CO-MORBID SMI/SUD	0.89	0.45
SUICIDAL IDEATION/PLANNING	4.30	5.58
OPIOID MISUSE	33.90	28.37
ILLICIT DRUG USE	4.13	4.11
ALCOHOL MISUSE	9.54	9.03
TOBACCO USE	32.61	25.98

1. All prevalence rates are neither low or high compared to other regions.
2. The frequency of mental health and substance use services is lower than the population average.
3. State and federally funded veteran services and veteran-specific community resources are higher than the population.
4. Community resource frequency is on par with the population average.
5. Strengths include veteran resource presence.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	268
SUBSTANCE USE SERVICES	145
VETERAN SERVICES	124
COMMUNITY RESOURCE SERVICES	401
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	114

# 27,039

## VETERANS



state-funded MH/SU service average is lower than population



state-funded veteran service average is higher than population

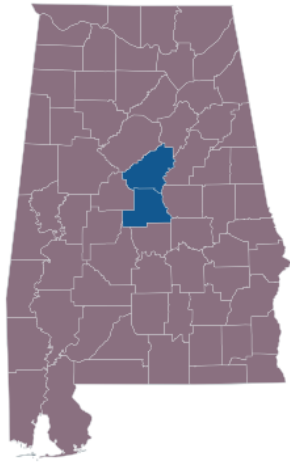


community resource service average is on par with the population



veteran specific community resource service average is higher than population





# CENTRAL ALABAMA WELLNESS (CAW) SHELBY & CHILTON

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.66	10.78
SERIOUS MENTAL ILLNESS	3.45	3.02
CO-MORBID SMI/SUD	0.73	0.38
SUICIDAL IDEATION/PLANNING	4.08	5.98
OPIOID MISUSE	32.88	30.93
ILLICIT DRUG USE	4.06	4.17
ALCOHOL MISUSE	9.80	7.63
TOBACCO USE	29.61	31.61

1. All prevalence rates are average.
2. The high populations skew the service to population ratios in all categories.
3. There is a need for further investigation that the number of services in the counties meets the need of the population.
4. The area has strengths in frequency of case management services and the presence of unique veteran services.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	96
SUBSTANCE USE SERVICES	126
VETERAN SERVICES	10
COMMUNITY RESOURCE SERVICES	237
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	52

# 13,864

## VETERANS



state-funded MH/SU service average is lower than population



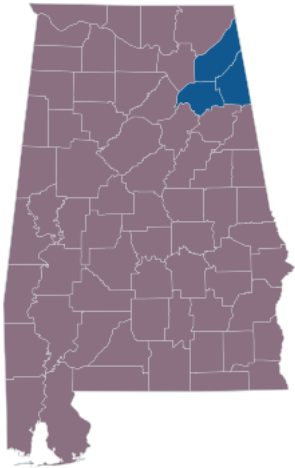
state-funded veteran service average is lower than population



community resource service average is lower than population



veteran specific community resource service average is lower than population



# CED CHEROKEE, ETOWAH, & DEKALB

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.35	10.20
SERIOUS MENTAL ILLNESS	3.35	2.72
CO-MORBID SMI/SUD	0.68	0.40
SUICIDAL IDEATION/PLANNING	3.97	5.58
OPIOID MISUSE	32.87	30.77
ILLICIT DRUG USE	4.03	4.02
ALCOHOL MISUSE	9.58	7.51
TOBACCO USE	29.96	30.2

1. All prevalence rates are neither low or high compared to other regions.
2. Higher service frequencies to population ratios in three of four categories.
3. Strengths:
  - Number of case management services
  - Homelessness prevention frequency
  - High frequency, senior services

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	118
SUBSTANCE USE SERVICES	274
VETERAN SERVICES	29
COMMUNITY RESOURCE SERVICES	245
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	60

# 10,137

## VETERANS



state-funded MH/SU service average is higher than population



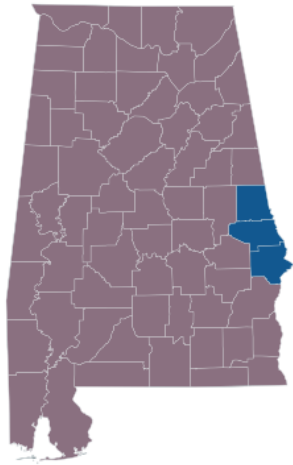
state-funded veteran service average is lower than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# EAST ALABAMA CHAMBERS, LEE, RUSSELL, & TALLAPOOSA

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.67	11.20
SERIOUS MENTAL ILLNESS	3.26	3.63
CO-MORBID SMI/SUD	0.86	0.37
SUICIDAL IDEATION/PLANNING	3.99	6.10
OPIOID MISUSE	32.73	29.04
ILLICIT DRUG USE	3.99	4.24
ALCOHOL MISUSE	9.89	8.74
TOBACCO USE	29.23	28.16

1. Notable prevalence rates.
2. Service frequency to population ratios varied: two higher than the average population, one lower, and one on par.
3. Strengths include the number of case management and homelessness prevention services.
4. Encouraged to look at the influence of Lee County in these numbers.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	211
SUBSTANCE USE SERVICES	198
VETERAN SERVICES	34
COMMUNITY RESOURCE SERVICES	363
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	90

# 20,757

## VETERANS



state-funded MH/SU service average is on par with population



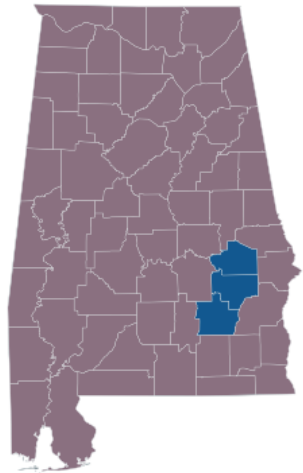
state-funded veteran service average is lower than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# EAST CENTRAL BULLOCK, MACON, & PIKE

## PREVALENCE RATES

PSYCHOLOGICAL DISTRESS	8.95	10.75
SERIOUS MENTAL ILLNESS	4.23	3.20
CO-MORBID SMI/SUD	0.96	0.45
SUICIDAL IDEATION/PLANNING	4.78	5.85
OPIOID MISUSE	34.25	29.70
ILLICIT DRUG USE	4.14	4.19
ALCOHOL MISUSE	9.04	8.44
TOBACCO USE	32.89	29.61

## KEY POINTS

1. Notable prevalence rates
2. All service frequencies were higher when compared to population ratios.
3. Strengths of the area include:
  - High frequency of community and veteran-specific community resources.
  - High frequency of veteran services through the VA and VSO offices
  - High frequency of senior services

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	157
SUBSTANCE USE SERVICES	94
VETERAN SERVICES	73
COMMUNITY RESOURCE SERVICES	204
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	37

# 3,615

## VETERANS



state-funded MH/SU service average is higher than population



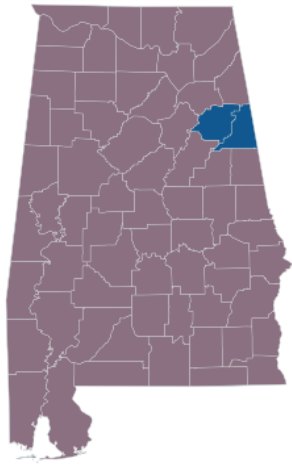
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# HIGHLAND CALHOUN & CLEBURNE

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	6.87	11.39
SERIOUS MENTAL ILLNESS	3.16	3.67
CO-MORBID SMI/SUD	0.81	0.38
SUICIDAL IDEATION/PLANNING	3.81	6.21
OPIOID MISUSE	34.28	28.96
ILLICIT DRUG USE	4.06	4.27
ALCOHOL MISUSE	9.05	8.84
TOBACCO USE	33.07	28.69

1. One notable prevalence rate
2. Three of the four frequency to population ratios are skewed towards higher service frequencies in the area.
3. Of 212 total community resources, 44 of these are attributed to veteran-specific community resources.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	107
SUBSTANCE USE SERVICES	90
VETERAN SERVICES	24
COMMUNITY RESOURCE SERVICES	168
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	44

# 9,018

## VETERANS



state-funded MH/SU service average is higher than population



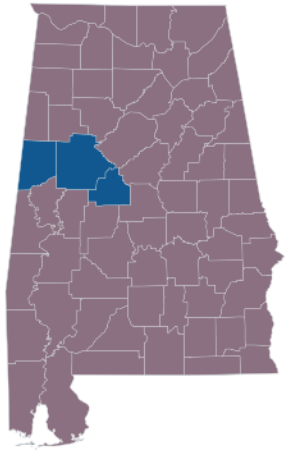
state-funded veteran service average is on par with the population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# INDIAN RIVERS BIBB, PICKENS, & TUSCALOOSA

## PREVALENCE RATES

PSYCHOLOGICAL DISTRESS	7.49	10.49
SERIOUS MENTAL ILLNESS	3.05	3.16
CO-MORBID SMI/SUD	0.82	0.43
SUICIDAL IDEATION/PLANNING	4.14	5.71
OPIOID MISUSE	34.53	29.72
ILLICIT DRUG USE	4.13	4.14
ALCOHOL MISUSE	9.11	8.32
TOBACCO USE	34.76	28.93

## KEY POINTS

1. One notable prevalence rate.
2. Three of the four service frequency ratios were higher than the population for a three-county area.
3. Some strengths of the region include:
  - Community resources for: homelessness prevention, case management, senior services and food assistance.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	222
SUBSTANCE USE SERVICES	159
VETERAN SERVICES	78
COMMUNITY RESOURCE SERVICES	307
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	52

# 14,038

## VETERANS



state-funded MH/SU service average is higher than population



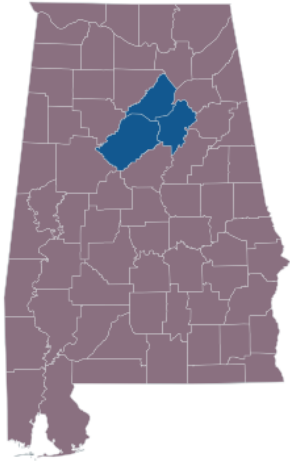
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is lower than population



# JBS JEFFERSON, BLOUNT, & ST. CLAIR

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.88	10.21
SERIOUS MENTAL ILLNESS	3.34	2.78
CO-MORBID SMI/SUD	0.66	0.41
SUICIDAL IDEATION/PLANNING	4.26	5.50
OPIOID MISUSE	32.95	30.22
ILLICIT DRUG USE	4.14	3.97
ALCOHOL MISUSE	9.85	7.74
TOBACCO USE	31.42	28.66

1. One notable prevalence rate.
2. The high populations skew the service to population ratios in all categories.
3. There is a need for further investigation that the number of services in the counties meets the need of the population.
4. The area has strengths in frequency of case management services and the presence of unique veteran services.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	233
SUBSTANCE USE SERVICES	428
VETERAN SERVICES	145
COMMUNITY RESOURCE SERVICES	496
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	120

# 42,286

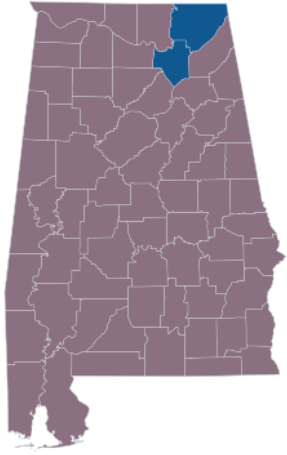
## VETERANS

state-funded MH/SU service average is lower than population

state-funded veteran service average is lower than population

community resource service average is lower than population

veteran specific community resource service average is lower than population



# MOUNTAIN LAKES JACKSON & MARSHALL

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.96	11.27
SERIOUS MENTAL ILLNESS	3.61	3.75
CO-MORBID SMI/SUD	0.61	0.38
SUICIDAL IDEATION/ PLANNING	4.40	6.17
OPIOID MISUSE	33.14	28.86
ILLICIT DRUG USE	4.23	4.29
ALCOHOL MISUSE	9.76	8.95
TOBACCO USE	32.54	28.41

1. One notable prevalence rate.
2. Lower service frequencies to population ratios in three of four categories.
3. On par service frequency to population ratio in one category.
4. Strengths of the area include the high number of substance groups and senior services.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	115
SUBSTANCE USE SERVICES	94
VETERAN SERVICES	24
COMMUNITY RESOURCE SERVICES	106
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	29

# 8,437

## VETERANS



state-funded MH/SU service average is on par with population



state-funded veteran service average is lower than population

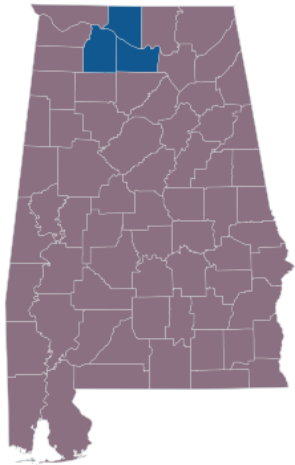


community resource service average is lower than population



veteran specific community resource service average is lower than population





# NORTH CENTRAL LAWRENCE, LIMESTONE, & MORGAN

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	8.21	11.66
SERIOUS MENTAL ILLNESS	3.75	3.74
CO-MORBID SMI/SUD	0.76	0.39
SUICIDAL IDEATION/PLANNING	4.45	6.33
OPIOID MISUSE	32.64	29.11
ILLICIT DRUG USE	4.24	4.29
ALCOHOL MISUSE	10.27	8.83
TOBACCO USE	32.11	28.76

1. Three notable prevalence rates.
2. All community and clinical frequencies fall below the population average for the region.
3. Strengths:
  - Veteran specific community resource services
  - The number of homelessness prevention and case management services recorded.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	125
SUBSTANCE USE SERVICES	84
VETERAN SERVICES	15
COMMUNITY RESOURCE SERVICES	255
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	49

# 16,728

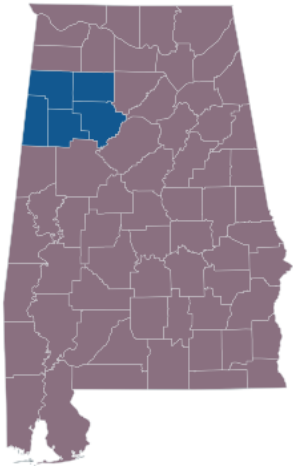
## VETERANS

state-funded MH/SU service average is lower than population

state-funded veteran service average is lower than population

community resource service average is lower than population

veteran specific community resource service average is lower than population



# NORTHWEST

## FAYETTE, LAMAR, MARION, WALKER, & WINSTON

### PREVALENCE RATES

### KEY POINTS

PSYCHOLOGICAL DISTRESS	7.77	10.43
SERIOUS MENTAL ILLNESS	3.80	2.75
CO-MORBID SMI/SUD	0.75	0.36
SUICIDAL IDEATION/PLANNING	4.36	5.77
OPIOID MISUSE	33.83	31.02
ILLICIT DRUG USE	4.25	4.06
ALCOHOL MISUSE	9.47	7.43
TOBACCO USE	34.15	31.63

1. One notable prevalence rate.
2. All community and clinical frequencies fall above the population average for the region.
3. Strengths:
  - High frequency of veteran specific community resources (1 out of 3).
4. Church services largely not captured; so there may be more community resources available in the area.

### STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	251
SUBSTANCE USE SERVICES	204
VETERAN SERVICES	39
COMMUNITY RESOURCE SERVICES	183
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	57

# 7,502

## VETERANS



state-funded MH/SU service average is higher than population



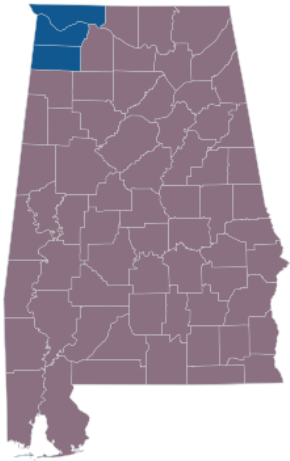
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# RIVERBEND

## COLBERT, FRANKLIN, & LAUDERDALE

### PREVALENCE RATES

### KEY POINTS

### STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	150
SUBSTANCE USE SERVICES	215
VETERAN SERVICES	24
COMMUNITY RESOURCE SERVICES	218
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	48

PSYCHOLOGICAL DISTRESS	6.67	10.33
SERIOUS MENTAL ILLNESS	3.05	2.99
CO-MORBID SMI/SUD	0.73	0.44
SUICIDAL IDEATION/PLANNING	3.53	5.40
OPIOID MISUSE	32.63	28.91
ILLICIT DRUG USE	3.84	3.93
ALCOHOL MISUSE	9.43	8.40
TOBACCO USE	27.56	25.48

- Five notable prevalence rates.
- Varied across population average categories: 2 high, one on par; one low.
- Strengths include:
  - Higher education institution presence; and
  - High numbers of homelessness prevention and senior services.

# 9,989

## VETERANS



state-funded MH/SU service average is higher than population



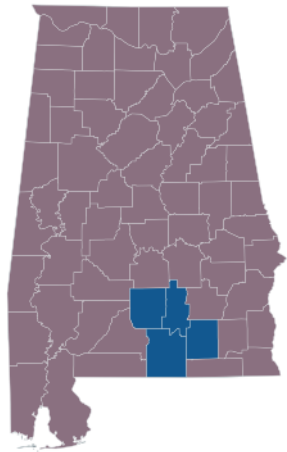
state-funded veteran service average is lower than population



community resource service average is higher than population



veteran specific community resource service average is on par with the population



# SOUTH CENTRAL BUTLER, COFFEE, COVINGTON, & CRENSHAW

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.93	11.13
SERIOUS MENTAL ILLNESS	3.70	3.50
CO-MORBID SMI/SUD	0.83	0.37
SUICIDAL IDEATION/PLANNING	4.35	6.03
OPIOID MISUSE	33.76	29.22
ILLICIT DRUG USE	4.21	4.17
ALCOHOL MISUSE	9.55	8.52
TOBACCO USE	33.73	27.96

1. No notable prevalence rates—all mid-line.
2. All community and clinical frequencies fall above the population average for the region.
3. Strengths of the region include senior service numbers as 80% of male veterans and 50% of female veterans are over 55.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	131
SUBSTANCE USE SERVICES	87
VETERAN SERVICES	34
COMMUNITY RESOURCE SERVICES	188
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	43

# 10,250

## VETERANS



state-funded MH/SU service average is higher than population



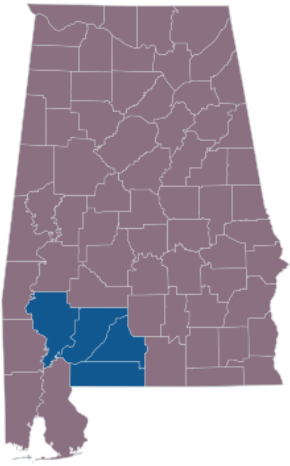
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# SOUTHWEST CLARKE, CONECUH, ESCAMBIA, & MONROE

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	8.11	10.44
SERIOUS MENTAL ILLNESS	3.83	3.28
CO-MORBID SMI/SUD	0.80	0.45
SUICIDAL IDEATION/PLANNING	4.40	5.53
OPIOID MISUSE	33.75	28.51
ILLICIT DRUG USE	4.10	4.06
ALCOHOL MISUSE	9.13	8.85
TOBACCO USE	32.18	25.81

1. One notable prevalence rates.
2. All community and clinical frequencies fall above the population average for the region.
3. All non-therapeutic group services: veteran specific community resources.
4. The area is strong in case management services.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	163
SUBSTANCE USE SERVICES	39
VETERAN SERVICES	34
COMMUNITY RESOURCE SERVICES	173
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	34

# 4,773

## VETERANS



state-funded MH/SU service average is higher than population



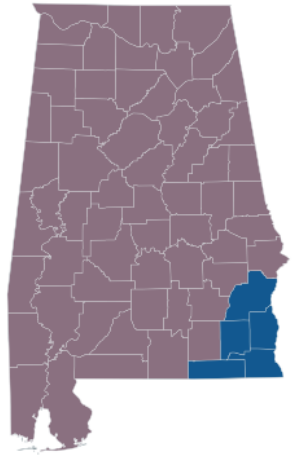
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is higher than population



# SPECTRACARE

## BARBOUR, DALE, GENEVA, HENRY, & HOUSTON

### PREVALENCE RATES

### KEY POINTS

PSYCHOLOGICAL DISTRESS	8.32	11.37
SERIOUS MENTAL ILLNESS	3.81	3.74
CO-MORBID SMI/SUD	0.78	0.38
SUICIDAL IDEATION/PLANNING	4.50	6.20
OPIOID MISUSE	33.27	28.99
ILLICIT DRUG USE	4.20	4.28
ALCOHOL MISUSE	9.78	8.85
TOBACCO USE	32.20	28.30

1. Two notable prevalence rates on the high-end.
2. Three service frequency average were higher; one was on par with a 4% difference between the population and service frequency.
3. A strength of services in the area are the number of homelessness prevention services, specifically targeted towards seniors in the area.

### STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	242
SUBSTANCE USE SERVICES	210
VETERAN SERVICES	53
COMMUNITY RESOURCE SERVICES	273
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	55

# 18,037

## VETERANS



state-funded MH/SU service average is higher than population



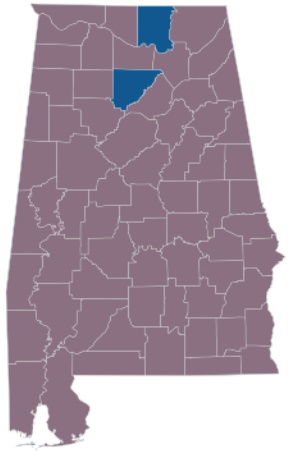
state-funded veteran service average is higher than population



community resource service average is higher than population



veteran specific community resource service average is on par with the population



# WELLSTONE MADISON & CULLMAN

## PREVALENCE RATES

## KEY POINTS

PSYCHOLOGICAL DISTRESS	7.85	9.64
SERIOUS MENTAL ILLNESS	3.39	2.42
CO-MORBID SMI/SUD	0.71	0.44
SUICIDAL IDEATION/PLANNING	4.19	5.17
OPIOID MISUSE	32.68	30.61
ILLICIT DRUG USE	4.13	3.88
ALCOHOL MISUSE	10.10	7.49
TOBACCO USE	30.42	29.0

1. Two notable prevalence rates.
2. When combined, all service to population ratios are lower than the population of the two counties.

## STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	142
SUBSTANCE USE SERVICES	258
VETERAN SERVICES	63
COMMUNITY RESOURCE SERVICES	344
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	66

# 38,958

## VETERANS

state-funded MH/SU service average is lower than population

state-funded veteran service average is lower than population

community resource service average is lower than population

veteran specific community resource service average is lower than population

# 34,224

VETERANS



state-funded MH/SU service average is lower than population



state-funded veteran service average is lower than population



community resource service average is lower than population



veteran specific community resource service average is lower than population

## WELLSTONE

### MADISON

KEY

POINTS: MADISON

- 237 MH/SU Services
- 58 State/Fed Veteran Services
- 232 Community Resource Services
- 43 Veteran Specific Community Resources

1. Lower in all service frequency to population ratios.
2. There is a need for further investigation that the number of services in the counties meets the need of the population.

### CULLMAN

KEY

POINTS: CULLMAN

- 146 MH/SU Services
- 5 State/Fed Veteran Services
- 112 Community Resource Services
- 23 Veteran Specific Community Resources

1. Three of four service frequency to population ratios are higher on the frequency side.
2. Strong in veteran specific community resources and in accessibility of resource information.

# 4,734

VETERANS



state-funded MH/SU service average is higher than population



state-funded veteran service average is lower than population

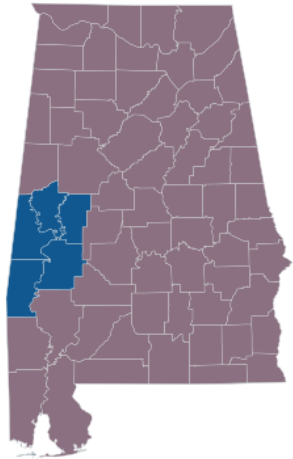


community resource service average is higher than population



veteran specific community resource service average is higher than population





# WEST ALABAMA

## CHOCTAW, GREENE, HALE, MARENGO, & SUMTER

### PREVALENCE RATES

### KEY POINTS

PSYCHOLOGICAL DISTRESS	8.24	10.63
SERIOUS MENTAL ILLNESS	3.83	3.01
CO-MORBID SMI/SUD	1.03	0.37
SUICIDAL IDEATION/PLANNING	4.66	5.91
OPIOID MISUSE	35.65	30.86
ILLICIT DRUG USE	4.28	4.16
ALCOHOL MISUSE	8.63	7.62
TOBACCO USE	38.84	31.21

1. Six prevalence rates in the *top three* of all catchment areas.
2. One prevalence rate in the bottom three.
3. Three of four service frequency to population ratios were higher on the frequency side.
4. Perhaps the most rural catchment area in Alabama with ~13,000 people per county.

### STATE & FEDERALLY FUNDED SERVICES

MENTAL HEALTH SERVICES	167
SUBSTANCE USE SERVICES	124
VETERAN SERVICES	20
COMMUNITY RESOURCE SERVICES	157
VETERAN SPECIFIC COMMUNITY RESOURCE SERVICES	40

# 3,592

## VETERANS



state-funded MH/SU service average is higher than population



state-funded veteran service average is on par with the population



community resource service average is higher than population



veteran specific community resource service average is higher than population

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Clinical Service and Community Resource Analysis:  
**FINAL REMARKS**

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# TOTALS

	TOTAL	AVERAGE	BELOW POPULATION	ON PAR WITH POPULATION	ABOVE POPULATION
<b>MENTAL HEALTH SERVICES</b>	<b>3,329</b>	<b>50</b>	<b>6 (9%)</b>	<b>17 (25%)</b>	<b>44 (66%)</b>
<b>SUBSTANCE USE SERVICES</b>	<b>3,284</b>	<b>49</b>			
<b>VETERAN SERVICES</b>	<b>902</b>	<b>14</b>	<b>25 (37%)</b>	<b>10 (15%)</b>	<b>32 (48%)</b>
<b>COMMUNITY RESOURCES</b>	<b>5,064</b>	<b>76</b>	<b>12 (18%)</b>	<b>7 (10%)</b>	<b>48 (72%)</b>
<b>VETERAN SPECIFIC COMMUNITY RESOURCES</b>	<b>1,165</b>	<b>17</b>	<b>8 (12%)</b>	<b>18 (27%)</b>	<b>41 (62%)</b>

# TOTALS: HIGH/LOW BY CATCHMENT AREA

HIGHEST PERCENTAGE OF MH/SU SERVICES	East Central	Northwest	CED
LOWEST PERCENTAGE OF MH/SU SERVICES	JBS	Altapointe II	Wellstone
HIGHEST PERCENTAGE OF VETERAN SERVICES	East Central	Carastar	Indian Rivers
LOWEST PERCENTAGE OF VETERAN SERVICES	CAW	Altapointe II	Wellstone
HIGHEST PERCENTAGE OF COMMUNITY RESOURCES	Riverbend	East Central	South Central
LOWEST PERCENTAGE OF COMMUNITY RESOURCES	JBS	Altapointe II	Wellstone
HIGHEST PERCENTAGE OF VETERAN SPECIFIC COMMUNITY RESOURCES	East Central	Highland	Carastar
LOWEST PERCENTAGE OF VETERAN SPECIFIC COMMUNITY RESOURCES	JBS	Wellstone	Altapointe II

**What We Know.**

**What We Know.**

**What Do We Need?**

## ***FINAL THOUGHTS***

**What We Know.**

**What Do We Need?**

**What's Next?**

# Alcohol Use Disorders (AUD)

Nicole Walden

Associate Commissioner of Mental Health and Substance Use, ADMH



# Surgeon General's Advisory on Alcohol and Cancer Risk

The direct link between alcohol consumption and cancer risk is well-established for at least seven types of cancer including cancers of the breast, colorectum, esophagus, liver, mouth (oral cavity), throat (pharynx), and voice box (larynx), regardless of the type of alcohol (e.g., beer, wine, and spirits) that is consumed. For breast cancer specifically, 16.4% of total breast cancer cases are attributable to alcohol consumption.

In the U.S., there are about 100,000 alcohol-related cancer cases and about 20,000 alcohol-related cancer deaths annually. Cancer risk increases as alcohol consumption increases. For certain cancers, like breast, mouth, and throat cancers, evidence shows that the risk of developing cancer may start to increase around one or fewer drinks per day.

An individual's risk of developing cancer due to alcohol consumption is determined by a complex interaction of biological, environmental, social, and economic factors.

# The Pew Charitable Trusts

Alcohol is the leading driver of substance use-related fatalities in America: Each year, frequent or excessive drinking causes approximately 178,000 deaths.

Nationwide, nearly 30 million people are estimated to have alcohol use disorder (AUD); it is the most common substance use disorder. AUD is a treatable, chronic health condition characterized by a person's inability to reduce or quit drinking despite negative social, professional, or health effects.

While no single cause is responsible for developing AUD, a mix of biological, psychological, and environmental factors can increase an individual's risk, including a family history of the disorder.

Alcohol use disorder is defined by The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as having symptoms of two or more diagnostic criteria within a 12-month period. The diagnostic criteria assess behaviors such as trying to stop drinking but being unable to, alcohol cravings, and the extent to which drinking interferes with an individual's life. AUD can be mild (meeting two or three criteria), moderate (meeting four or five criteria), or severe (six or more criteria).

# Alabama Veterans

## 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 Catchment Area (Limestone, Lawrence, Morgan)	10.27	Cahaba Catchment Area (Dallas, Wilcox, Perry)	9.89
Wellstone Catchment Area (Madison, Cullman)	10.10	West Alabama Catchment Area (Greene, Hale, Sumter, Marengo, Choctaw)	8.63
Integrea (East Alabama) Catchment Area (Tallapoosa, Chambers, Lee, Russell)	9.89	Altapointe I Catchment Area (Washington, Mobile, Baldwin)	8.76

# Identifying and Preventing AUD

Primary care providers are well positioned to recognize the signs of unsafe drinking in their patients.

While screening for AUD is common, few providers follow up when a patient reports problematic alcohol use. From 2015 to 2019, 70% of people with AUD were asked about their alcohol use in health care settings, but just 12% of them received information or advice about reducing their alcohol use. Only 5% were referred to treatment.

Up to half of all people with AUD experience some withdrawal symptoms when attempting to stop drinking. For many, common symptoms such as anxiety, sweating, and insomnia are mild. For a small percentage, however, withdrawal can be fatal if not managed appropriately. People with moderate withdrawal symptoms can also require medical management to address symptoms such as tremors in addition to anxiety, sweating, and insomnia.

Withdrawal management on its own is not effective in treating AUD, and without additional services after discharge, most people will return to alcohol use.

# Treating AUD: Medications

Medications for AUD help patients reduce or cease alcohol consumption based on their individual treatment goals and can help improve health outcomes. Medications can be particularly helpful for people experiencing cravings or a return to drinking, or people for whom behavioral therapy alone has not been successful. But medications are not often used: Of the 30 million people with AUD in 2022, approximately 2% (or 634,000 people) were treated with medication.

The FDA has approved three medications to treat AUD:

- **Naltrexone**
- **Acamprosate**
- **Disulfiram**

# Treating AUD: Behavioral Therapies

Behavioral therapies can also help individuals manage AUD, and they support medication adherence:

- **Motivational enhancement therapy** focuses on steering people through the stages of change by reinforcing their motivation to modify personal drinking behaviors.
- **Cognitive behavioral therapy** addresses people's feelings about themselves and their relationships with others and helps to identify and change negative thought patterns and behaviors related to drinking, including recognizing internal and external triggers. It focuses on developing and practicing coping strategies to manage these triggers and prevent continued alcohol use.
- **Contingency management** uses positive reinforcement to motivate abstinence or other healthy behavioral changes. It can help people who drink heavily to reduce their alcohol use.

All of these approaches can help address AUD, and no one treatment has proved more effective than another in treating this complicated condition.

# Treating AUD: Recovery Support

Peer support specialists and mutual-help groups can also help people achieve their personal recovery goals:

- **Peer support specialists** are individuals with lived expertise in recovery from a substance use disorder who provide a variety of nonclinical services, including emotional support and referrals to community resources. The inclusion of peer support specialists in AUD treatment programs has been found to significantly reduce alcohol use and increase attendance in outpatient care.
- **Mutual-help groups**, such as Alcoholics Anonymous (AA) and Self-Management and Recovery Training (SMART), support individuals dealing with a shared problem. People may seek out these groups more than behavioral or medication treatment for AUD because they can join on their own time and at no cost, and they may better cater to people's needs related to varying gender identities, ages, or races. Observational research shows that voluntary attendance at peer-led AA groups can be as effective as behavioral treatments in reducing drinking.

People with AUD can use recovery supports on their own, in combination with behavioral treatment or medication, or as a method to maintain recovery when leaving residential treatment or withdrawal management.

# Next Steps

To improve screening and treatment for patients with AUD, policymakers, payers, and providers should consider strategies to:

- **Conduct universal screenings for unhealthy alcohol use and appropriately follow up when those screenings indicate a problem**
- **Connect people with continued care after withdrawal management so that they can begin their recovery**
- **Further the use of medications for AUD**
- **Address disparities through culturally competent treatment and increased access in rural areas**



# Sources

HHS.gov: [U.S. Surgeon General Issues New Advisory on Link Between Alcohol and Cancer Risk](#) 2025

[America's Most Common Drug Problem? Unhealthy Alcohol Use | The Pew Charitable Trusts](#) 2024

[Alabama Veteran Behavioral Health Landscape\\_VitAL](#) 2024

# **Request for Proposals for Pilot Projects**

Collier Tynes Dixon, LMSW

Chief of Staff, ADMH

# RFP Background

- Act 2024-358 allows for ADMH to establish pilot projects with newly appropriated dollars.
  - Pilot projects must deliver evidence-based services.
  - Organizations must be certified by ADMH or agree to become certified by ADMH.
  - Pilot projects must be awarded funding through a fair and transparent RFP process.
  - Pilot projects may begin upon the appropriation of new funds and certification of projects.
- Through Act 2024-426, ADMH was appropriated \$3 million in Opioid Settlement Funds for veterans pilot projects.
- ADMH has drafted an RFP for the committee's review today. The purpose of the RFP is to fund innovative, high quality pilot projects that align with the goals of the Committee's Comprehensive Plan and Evidence-Based Best Practices.

# RFP Timeline

- **RFP Release:** The RFP will be published on ADMH's website, February 7, 2025
- **RFP Questions:** Submit questions via email by February 21, 2025
- **RFP Responses Due:** Submit responses via email by March 24, 2025

RFP questions and responses should be sent to the following email:  
[veterans@mh.alabama.gov](mailto:veterans@mh.alabama.gov)

# RFP Structure

- There are three documents which applicants are encouraged to familiarize themselves with and use to align their responses with the work of the Committee:
  - Act 2024-358
  - The Veterans Behavioral Health Landscape Report
  - The Best Practices: Service Implementation Overview
- There are five sections of the RFP:
  1. Organization Information
  2. Program or Project Information
  3. Budget Narrative
  4. Alignment with Comprehensive Plan Goals, Evidence-Based Best Practices, and Veterans Needs
  5. Attachments (FY24 & 25 Org Budgets, Project Budget, Org Chart, Training Curricula, Staff Listings & Credentials, and Certification Documents)

# RFP Selection Committee

- ADMH will offer the members of the Veterans Mental Health Steering Committee the opportunity to volunteer to be on the RFP Selection Committee.
- ADMH will ensure the membership of the RFP Selection Committee reflects the racial, gender, geographic, urban, rural, and economic diversity of the state.
- Fifty percent of the individuals on the selection committee must be veterans, and the remaining members shall have backgrounds in behavioral healthcare services or administration.
- No one on the Selection Committee can be employed by, on the board of, or contracted with an organization applying for funds.



# **Preliminary Conclusions**

Kimberly Boswell

Chair, Veterans Mental Health Steering Committee

# Thank you

