Alabama Department of Mental Health Board of Trustees Meeting

In-Person / Virtual
Friday, February 14, 2025
10:00 a.m. – 12:00 p.m.
Commissioner's Conference Room

I. Call to Order

Vice Chair, Donna Foster, called the meeting to order at 10:02 a.m.

II. Roll Call – Commissioner Kimberly Boswell, Board Secretary

Trustees Present:
Vice Chair, Donna Foster
Secretary, Commissioner Kimberly Boswell
Dave White (Proxy for Governor Kay Ivey)
Dr. Cynthia Bisbee
Larry Bailey
William "Pete" Cobb
Rodney Barnes
Dr. Sandra Parker
Leslie Sanders
Judge Christopher Hughes
Colin Harris

Trustees Absent:
Jess Skaggs (Proxy for Lt Governor Will Ainsworth)
Jade Wagner (Proxy for Speaker Nathaniel Ledbetter)
Judge Sherri Friday

Interested Parties Present:
Andrea Hutchings, Director of Legislative and Constituent Affairs
LaVonda Blair, Associate Commissioner for Administration
Malissa Valdes, Director of Public Information
Kathy Sawyer, Associate Commissioner for Developmental Disabilities
Nicole Walden, Associate Commissioner for Mental Illness & Substance Use
Tommy Klinner, Chief Legal Counsel
Dr. Christine Rembert, Director of Facility Services
Krystal McDade, Executive Assistant to Commissioner Boswell
Mary Ogden, Administrative Assistant to the Commissioner's Office
Alander Rocher, reporter for The Alabama Reflector
Alexander Willis, reporter for Alabama Daily News

III. Review and Approval of the Agenda – Vice Chair Donna Foster

There were no additions to the agenda. Dave White moved to accept the agenda as presented; Rodney Barnes seconded. Agenda accepted unanimously.

IV. Review of the December 13, 2024, BOT Minutes – Vice Chair Donna Foster

There were no corrections to the 12/13/24 minutes. Commissioner Boswell moved to accept as written; Dr. Bisbee seconded. Agenda accepted unanimously. (Attachment 1)

V. Commissioner's Report – Commissioner Kimberly Boswell

A. Commissioner Boswell shared the ADMH year in review.
We opened the Bryce Museum in Tuscaloosa, which is seeing 1,000 visitors a month which we did not anticipate. We spent a lot of time on Opioid Settlement Funds and administered significant grant funds over the last year (AC Walden will speak about the positive outcomes from Round 1 and some information from Round 2 in her report). The Crisis System of Care continues to grow, and consumer volume has increased dramatically. We opened the first pediatric crisis center in October in Huntsville, and we're compiling numbers to report. We have seen great improvement in our in-state answer rate for 988. We have begun our transition to Certified Community Behavioral Health Clinics (CCBHC), and we've opened two in Alabama through our Demonstration Grant at Wellstone and AltaPointe.

B. Commissioner Boswell shared a Budget Update:

- ADMH General Fund Trends 2007-2024 Chart shows that in 2010 we faced a setback due to proration, which led to the closure of several state facilities. The General Fund is not growing at the same pace it has in previous years. There is not a general fund supplemental this year. There are multiple plans and multiple reserves so hopefully in Alabama we won't face proration for the next few years. We are in support of the conservative approach to the budget. Alabama is in such good state compared to other states who are struggling now that all the Federal Funds have gone away, which is a testimony to the leadership of Governor Ivey and the Legislature.
- For the ADMH FY 2026 Budget Presentation, we wanted to answer two questions: Over the next five years, how do we rebuild the mental health infrastructure to better serve Alabamians? What do we need to do to address new and emerging needs?
- See slides for FY26 Budget (Attachment 2).
- Our goals to rebuild the mental health infrastructure include increasing civil commitment beds (involuntary treatment) and implementing crisis services statewide (voluntary treatment).
- We created the Veterans Mental Health Steering Committee last year and have held several meetings. On April 1st we will present our comprehensive plan for behavioral health care for Veterans. The committee made <u>three (3) preliminary recommendations</u> leading into session: 1) Establish the Alabama Veterans Resource Center, 2) Expand Traumatic Brain Injury (TBI) Programs in Alabama. Originally, they did not have enough funding to expand beyond two years, but this would allow them to be served no matter when the injury occurred. This is important to veterans because sometimes the symptoms are not recognized as being connected to the brain injury until much later. 3) The SAFER Together legislation is a safe storage bill. We know that if you can put time between a person's thoughts of suicide and lethal means, you can save lives. This would allow safe storage at both law enforcement offices and gun stores. In essence, it's an immunity bill, so if people participate there's no liability on the part of the gun store or law enforcement offices. It is not a Red Flag bill and does not take anyone's guns away.

VI. Divisional Reports

A. COS and Legislative/Constituent Affairs Report – Andrea Hutchings (reporting for Collier Tynes Dixon)

The Legislative Session began February 4th, with Governor Ivey kicking off her state of the state that evening. As the commissioner highlighted, we are excited to see legislation by Representative Hulsey and Senator Chesteen, which are House Bill 166 and Senate Bill 92. The bills would require the removal of cell phones in schools, which we fully support to improve the mental health and well-being of children in Alabama. Collier and I will

continue to monitor all the bills as the session progresses, but we are looking forward to a great session. You may review the legislative report, which is attached. (Attachment 3)

B. Division of MHSU –Nicole Walden, Associate Commissioner

The attached report (Attachment 4) gives you a brief overview of what is going on in the mental health and substance use world. My focus today will be some of the outcomes from the Round 1 settlement funding and briefly discuss Round 2.

When we were awarded round one, there are three categories for which applicants could apply: prevention, treatment, or recovery support. A large theme is Narcan, trainings, outreach, and engagement, which are three important things you see across the continuum.

- Prevention for **Round 1** is about adults and youth, specifically the transitional age of 18-25. Prevention is about making the dangers known and how you can help prevent this from either becoming a problem, or when it is starting to be a problem, and how do we redirect. The numbers the report shows are not 12-month numbers. Some awardees were learning the process and took a few months before getting off the ground. We should see an increase of the numbers when we get to the end. Awardees are listed on our website; $8.5 million was given out: 70% went to treatment, 20% went to prevention, and 10% went to recovery supports.
- Treatment is also for youth and adults. You generally see substance use treatment being outpatient or residential services, but a bit of detox is represented, or "withdrawal management". We encourage medication assisted treatment, which is set aside on its own because it can be provided in an outpatient setting or a residential setting. Many times, at the end of a detox/withdrawal management, you may transition into a medication assisted treatment program.
- Recovery Supports were awarded to nine (9) organizations, which includes anything that's a non-clinical service which helps an individual who's trying to maintain their recovery and get them to a path of recovery, which could be housing, transportation, or peer support services. Because of the way the money is structured and the way it was distributed, they're not quite at the end of their 12 months, so they may be still doing a lot of that work.
- **Round 2**: We have awarded Round 2, see the breakdown in the report. Prevention and treatment are stable. Recovery support has been amazing, all have been awarded to those who received a score of 75 or higher. They are starting to get off the ground, and we should be able to start giving you some numbers from round two in the next three-to-six months. Award information will be updated to the website today and I will send a link.
- A couple of programs haven't spent their money, and the commission voted to allow those funds to be used for co-occurring civil commitment beds. We're doing a pilot project with Association of County Commissions in Blount, Chambers and Escambia Counties. The local commissions will be contributing some of their opioid settlement funds. And, depending on how much that is, the dollars may go a little further than just those three counties. The impact summary is also on the website and a link will be sent to the board.

C. Division of Developmental Disabilities – Kathy Sawyer, Associate Commissioner

- Your packet contains the reporting of the first quarter of the fiscal year (Attachment 5) for DDD. DD Division's budget is roughly around $800 million. Approximately 80% is Federal dollars from the home and community-based waiver federal program.

We continue to operate three waivers in Alabama: Intellectual Disabilities Waiver, the Living at Home Waiver, and the Community Waiver Program. We currently have 1,600 people on the waiting list for these waivers, and despite our work and desires, the wait list continues to grow. We continue to increase enrollments in all three of the waivers (currently served 5,100 individuals across Alabama). The other 20% of those dollars are simply the match dollars for those waivers.

- The CMS Final Access Rule – In November 2024 CMS spent a week in Alabama visiting our programs to do direct observation site visits (Health and Wellness Visit). We do have a very elaborate and comprehensive system to investigate all incidents, and we received a favorable report from CMS, being complimentary about other aspects of our investigative processes. We have a Bureau of Special Investigation which is in essence a law enforcement entity to which we can refer any incidents where there was an alleged crime. They were impressed with our internal advocacy program, which allows individuals entering our programs and services have a direct link to an advocate upon their admission and a place they could call 24/7.
- HCBS Compliance – We completed an extension with CMS to get all the heightened scrutiny reports/summaries posted for public comment. There are roughly 600 summaries to post, 400 are complete, and they speak about each of the settings that are under the home and community-based waiver program in Alabama and how they comply with the requirements of the rule. If interested, go to either the ADMH or Medicaid websites to view the summaries available for public comments.
- We continue to recruit providers of the home and community-base services across the state. You will see where we've streamlined our certification process using the Council for Quality and Leadership, which has gotten positive feedback from our providers, and we look forward to continuing that work.
- We continue to collaborate with DHR on crisis referrals both children and adults on the DHR waiting list. Plans to partner with DHR and develop specialized foster care homes have been discontinued. I had introduced the plan to develop some specialized initiatives and programs to serve children who are in the custody of DHR who also have intellectual disabilities and other challenging behaviors.
- Lastly, we continue to try to reach out to support our community with the psychiatric assistance and developing programs from medical and dental consultation for individuals across the five regions of our system. We are hopeful to finalize our work where we've been meeting monthly with CMS and Medicaid. However, in the last few weeks CMS has canceled meetings, which you can probably imagine that they are not certain where things currently stand for them. We've had much improved relationships with CMS and am proud to say we've been able to be quite successful with a lot of the initiatives we've put forward. We do know, however, that we will not go forward with the amendment of the community waiver referenced earlier because Medicaid has put it on hold. At this juncture, I would agree with Medicaid that it's probably not to anyone's advantage to try to send anything up to CMS at this point, in view of their situation and determining their future.
- DHR has asked for our assistance in placing individuals who are in their custody who they do not have the capacity to serve, or they don't have foster homes to serve. We have an average of 60 referrals of DHR children and adults that we work, but that number grows. We asked DHR to help develop specialized foster care using their model where we would pool our dollars and wanted to target Jefferson County as they're the largest, but there were staffing issues, as well as some issues with their care model. We will push for baby steps, to keep moving forward with discussions.

Leslie Sanders asked Commissioner Boswell to write a short paragraph so she could follow up on the proposal with Gateway to potentially serve some individuals with intellectual disabilities; they've had great recruiting of foster families and training, and we'd like a foster family model rather than the institutional placement-it could be a great icebreaker. The focus of the program is to decrease the number of relinquishments and to work with foster families to provide them with the training and information they need for when the child gets triggered, they can address the behavior and prevent escalation and having the foster families opt out of specialized care. We continue to work with DHR and meet every two weeks as we do believe a joint responsibility. Money enables or disables us to do this as specialized care is very expensive.

D. Division of Administration – LaVonda Blair, Associate Commissioner

Our office continues to provide vital IT support to the ADMH office and facilities, but we realize that those providing the support sometimes need support themselves (Attachment 6). About a year ago we noticed a shift within IT which led us to conduct an organizational assessment led by CLARUS Consulting Group. This assessment's purpose was to identify specific programmatic needs, evaluate goals, and address any barriers to allow leadership the opportunity to address those needs and to propose solutions for organizational challenges.

- We face staffing challenges with our IT workforce, which is a highly competitive field and in demand. We continue to struggle to recruit potential talent, and of course we're competing with other state agencies and outside entities. The agency is reinvesting in employees as a means of career advancement and realignment of skill sets. We've created advancement opportunities and are offering professional development which will, in turn, advance the department. Assessment results showed praise of the supportive management style, and the leadership structure was strong.
- Through the assessment we've created next steps of what we've learned. We're redesigning our current IT processes and systems which has already improved our system management and workflow efficiency, and increased the time allotted to meet the work volume. We plan to purchase clinical software for the facilities to gain in workflow efficiency and increase our storage capacity.
- We've created a BITS triage system to prioritize the requests. We now have an IT steering committee which meets quarterly to discuss needs, progresses, successes, and challenges. It will also identify funding needs and continue to measure these recommendations and gauge our system improvements.
- We've also used CLARUS for individualized coaching, for example, with Dr. Rembert, who stated it was challenging for her, but it helped her organize, strategize, and come up with better processes for work-life balance, as well as engaging with her team better. She stated it was quite effective and is glad the department offered the opportunity.

E. Office of Public Information – Malissa Valdes, Public Information Officer

Our focus for all our divisions is to support them in all aspects of mental health, and we do that in many ways. (Attachment 7)

- We assisted in the Spectracare Crisis Center opening on Monday, February 10th, ensuring that the governor's office and our legislative partners were engaged.
- We are always looking at our website for content and have updated many pages. There is the Opioid Settlement Commission page, and a Veterans Mental Health Steering Committee page. We are currently making DD our focus on our website. People need

to see the waivers but don't always understand the rest of it. We've posted call center numbers and made things very prominent.

- A large topic in the works through January 17th, 2026, is obtaining 1,000 pre-orders for our Mental Health Matters license plate, which I've showcased before. The plate is a visual reminder that mental health matters. Providers have been sharing the plate information as well, and we'll be doing appearances this year to talk about the plates and other ways to support mental health. We've printed 4x6 promotional cards for staff to take to conferences/trainings and produced a PowerPoint slide with which to close their meetings. We ask for your advocacy and sharing of social media information regarding the plate with your constituents, friends, and family. Several board members asked for links so they could share the information and were in support of the initiative. Malissa will send out information and links to the board.

F. Board/Stakeholder Discussion

No reports.

VII. Other Business

Commissioner Boswell introduced her new Executive Assistant, Krystal McDade, to our team, which makes our office fully staffed.

VIII. Next Meetings

All meetings begin at 10:00 a.m.

A. May 16, 2025
B. August 15, 2025
C. November 21, 2025

IX. Adjournment

There being no further business before the board, the meeting adjourned at 11:41 a.m.

Respectfully Submitted:

Kimberly G. Boswell 5/16/2025

Kimberly G. Boswell Date
Secretary of the Board and Commissioner

Donna Foster 5/16/25

Donna Foster Date
Vice Chair of the Board