

**AGENDA**

**Alabama Department of Mental Health  
Board of Trustees Meeting  
*In-Person / Virtual*  
Friday, November 18, 2022  
10:00 am  
Commissioners Conference Room**

I.	Call to Order	Donna Foster, Asst. Vice-Chair	
II.	Roll Call	Kimberly Boswell, Commissioner and Secretary to the Board	
III.	Review and Approval of Agenda	Donna Foster	..... 1
IV.	Review and Approval of September minutes		..... 2
V.	Commissioner's Report	Kimberly Boswell	
VI.	Divisional Reports		
	A. Administration Division	Natasha Jackson, Associate Commissioner	..... 12
	B. MH/SA Division	Nicole Walden, Associate Commissioner	..... 13
	C. Developmental Disabilities Division	Kathy Sawyer, Associate Commissioner	..... 14
	D. Public Information Office	Malissa Valdes, Officer	..... 15
	E. Legislative and Constituent Affairs	Ada Katherine van Wyhe, Chief of Staff	..... 16
	F. Board/Stakeholder Discussion		
VII.	Other Business	Donna Foster, Asst. Vice-Chair	
VIII.	Adjournment		

**ALABAMA DEPARTMENT OF MENTAL HEALTH  
BOARD OF TRUSTEES  
FRIDAY, NOVEMBER 18, 2022  
MEETING MINUTES**

A meeting of the Alabama Department of Mental Health Board of Trustees was held on Friday, November 18, 2022, in-person and virtual.

**Call to Order**

Vice-Chair Ms. Donna Foster welcomed members and called the meeting to order at 10:05 am.

**Roll Call was conducted:**

**BOT Members Present:**

Kim Boswell, Commissioner (In-Person)  
Dave White, Governor's Senior Policy Advisor, representing  
Governor Kay Ivey (In-Person)  
Donna Foster (In-Person)  
Dr. Cynthia Bisbee (Zoom)  
Larry Bailey (In-Person)  
Rodney Barnes (In-Person)  
Dr. Sandra Parker (Virtual)  
Leslie Sanders (Virtual)  
William Pete Cobb (Virtual)  
Judge Christopher Hughes (Virtual)

**BOT Members Absent:**

Dr. Pippa Abston  
Lt. Governor Ainsworth  
Speaker Mac Mccutcheon  
Judge Sheri Friday  
Dennis Stripling

**Others Present:**

Kathy Sawyer, Associate Commissioner for DD  
Natasha Jackson, Associate Commissioner for Administration  
Nicole Walden, Associate Commissioner for MH/SA  
Tommy Klinner, Chief Legal Counsel  
Malissa Valdes, Director of Public Information  
Ada Katherine van Wyhe, Chief of Staff  
Lynn Frost, Executive Assistant  
Berenice Artis, Administrative Assistant



Questions:

Mr. White asked about the \$1 million for infant and early childhood mental health care (Pediatric Access to Telemental Health services "PATHS) and if we could use more. The Commissioner responded yes; we could use more. That was a conservative number estimated by Children's of Alabama because they are ultimately running the program. There are enough pediatricians out there who are eager to participate in the PATHS program. We are working with the trusted individuals where people are showing up at their offices, such as a pediatrician or primary care doctor. Often people wait until they are in a crisis before they will ask for help. Anytime we can get to that trusted individual, like a pediatrician, where the parent and child trust them, then we can intervene earlier and not wait until someone is in crisis. It is an efficient way to deliver services early in that child's life, so they get the appropriate therapy or mental health consultation.

Dr. Parker asked how PATHS is being done and what is the plan for expansion. Commissioner said that more information can be sent. The project has been running for several years. Children's uses the ECHO model for provider consultation and technical assistance. If the pediatrician has a child in their practice who is on medication, and they are unsure if they should increase or decrease the medication, they may use the ECHO model for the consultation and technical assistance and training directly from Children's. Through that same system they have the capacity to offer tele-mental healthcare if they are not already connected with a psychiatrist or with a therapist. Children and families can easily go to their pediatrician's office for a telehealth visit or they can do a telehealth visit from home. This opportunity is available to the children and families who are in that pediatrician's caseload.

Dr. Parker asked how the pediatricians sign up for this. Commissioner noted pediatricians have been recruited by Children's since the PATHS program began in 2019. It is available to any pediatrician who wants to participate. The rural communities are being targeted and prioritized for participation due to lack of access to mental health services. Unfortunately, if the pediatrician is trying to get a child into one of our community mental health centers, often there is a four to six week waiting list.

Dr. Parker asked if the Department contracts with certain child psychiatrists to provide mental health services. PATHS is housed out of Children's of Alabama in Birmingham. Dr. Parker asked if AltaPointe could participate. The partnerships are growing, so if we get this appropriation, it will expand further. The scope of PATHS has been focused on in the original federal grant proposal submitted to HRSA in August 2019. If we are successful in securing state funding for PATHS, then this is the conversation we need to have. Conversations have taken place with Alabama Medicaid to look at reimbursement for these services which would certainly open it up to other providers as well. Ms. van Wyhe added that when the grant was originally written in 2019 by ADMH for HRSA, Children's was the best fit for the grant proposal because it is the only hospital with a Psychiatric Intake Response Center (Pirc) line. PATHS is open to all professionals who work in the sixty-two participating pediatric practices with a scope of over 130

professionals. Commissioner Boswell said we are beginning to see a build out of child and adolescent services. The PIRC line is available statewide.

#### Strategic Planning:

- Strategic Plan Grid - The purpose of the Strategic Plan is to guide all decision-making over the next three to four years. We thought it was important to develop and set strategic priorities aligned with goals. We want to identify and build on the strengths of our organization, as well as identify and address our challenges, and we want to include a diverse group of stakeholders. Sixty-three different stakeholders were included in the 2021-2022 strategic planning process representing over thirty-five different organizations.
- The agency's FY24 budget request is aligned with the top two priorities: system of care and partnerships, and workforce development.

#### ADMH Branding (logo and narrative)

- Work was done with a company to design a couple of options for a new logo and the two options were sent out to all ADMH employees for a vote. The vote was 271 to 56 for the new logo and brand.
- Commissioner Boswell shared the narrative that was developed. We worked with the company to establish why we exist, what we hope to do, how we serve, and where we are going. Where we are going is an important part for the Board of Trustees. Commissioner Boswell read that section "All Alabamians deserve integrated responsive mental health care. As a single point of entry for services, we can all make healthier stronger individual families and communities when we provide open access to care. With core attendance to be transparent and trustworthy, ADMH staff, providers, and partners will provide the highest quality education, training, and services. We are bridge builders. ADMH is a reliable partner, proactive and efficient. Our organization is committed to making care easy to use for everyone at every phase of life. We are united in our efforts to give compassion and empathy care to all we serve."
- The logo was displayed on the screen. The colors have meaning and are associated with the national colors for mental health/mental illness - green; substance use disorder community - purple; developmental/intellectual/physical disabilities - purple. The logo will also be interactive.

## **Administration Division - Natasha Jackson**

- The Administration Division provides vital support to the ADMH. Updates for the Division are centered around Workforce, Organizational Health, and System of Care.
- Two compensation plans were implemented in the Bureau of Human Resources to improve recruitment and assist with retention of facilities staff.
- The Bureau of Finance is still looking to recruit the position of Chief Financial Officer.
- There has been a major phone upgrade within the Bureau of Information Technology.
- The Office of OBRA continues the ongoing collaboration with Medicaid to process Level II Evaluations for Medicaid Certified nursing homes.
- The Office of Policy and Planning is fully staffed. A director was hired with experience having served in the Developmental Disabilities Division. Commissioner Boswell thanked Lavonda Blair, our Internal Auditor, for filling in until a CFO can be hired.

### Questions:

Mr. White asked about the staffing plan. Commissioner Boswell said our goal is 80% staffing. We brought in a rapid staffing company on emergency contract this summer. There are still 178 people that are part of the staffing company. For our permanent employees, we are at 70% at the Harper Center, 50% at Bryce, and 30-40% at Taylor Hardin. Taylor Hardin was the most critical situation. As soon as the job announcements were made effective with the \$2.00 an hour increase, an increase in job applications was seen.

## **MH/SA Division - Nicole Walden**

- Schools and Narcan:
  - There was one death and three students got ill at Selma High School due to an overdose of fentanyl in a CBD gummy. We do not believe it was their intent nor their knowledge they were taking fentanyl. The problem is getting naloxone into schools which often do not have funds to pay for naloxone. Work is being done with school systems and providers to come up with a plan to get naloxone in every school system. It is our understanding the Selma school system only had two kits. There is a company, Emergent, which has agreed to give 500 kits to the state to school systems that do not have funding. The school systems are required to train on the naloxone system. The School Resource Officers are considered first responders/law enforcement and can request two kits at a time, and as they are used more kits are available upon request. We will need to know what happened to the kits so it can be reported to the funding sources.

### Questions:

Mr. White asked about funding. There are two funding sources: federal block grant funds through the substance abuse block grant and the SOAR grants. Mr. White asked if work was being done with the State Department of Education. Yes, when it was realized Emergent could not provide any additional kits until after January 2023, work began with the Jefferson County Health Department and the Alabama Department of Public Health.

- Crisis Centers
  - There are three established crisis centers (AltaPointe, Wellstone, and Carastar). Data is being collected on the services and will be published in an annual and quarterly report card. Carastar in Montgomery was originally planning for their ribbon cutting in January 2023. This has been postponed until February due to construction delays at their permanent location. JBS in Birmingham has also had construction delays, so their ribbon cutting may be postponed until February as well. Indian Rivers in Tuscaloosa secured a temporary location with an opening scheduled for January 2023. A permanent location has been acquired so meetings have begun with their architecture and builders. Spectracare in Dothan has put a deposit on a building and is completing inspections with due diligence to purchase. Commissioner Boswell commented the Tuscaloosa and Dothan communities have really been engaged.
  
- Housing - MI Community
  - A lot of work is being done with the Community Mental Health Centers around the Alabama Housing Finance Authority Plan. The focus has been to develop an exit strategy for the Wyatt units that have either reached their Y15 obligations and what is going to happen the end of the 20-year obligations. Future housing plans are being made for relocation of people, rental assistance and other needs as the program nears its end. There are meetings with the CMHB's to maximize existing housing resources as a result of a point-scoring incentive.
  
- School-Based Mental Health
  - ALSDE and ADMH continue to work collaboratively on the continuation of the ALSDE Mental Health Services Coordinator position. Certification is ongoing and work continues with ALSDE to develop continuing education topics and expand/improve mental health services.
  
- State Opioid Coordinator
  - Work on the Connect Alabama app around behavioral health services and treatment finder is ongoing. Integrating 211 and telehealth assessments as well as Peer RX is ongoing. Work on "gas station toppers" in targeted counties most impacted by the opioid crisis continues.

- Substance Use Treatment and Prevention:
  - The State Opioid Response Grant (SOR3) began 10/1/22. The federal SOR grant funds medicated assisted treatment (MAT) and treatment for stimulant use disorders as well as prevention efforts. A needs assessment of Alabama's continuum care for SUD services has been completed. This was designed to identify strengths and gaps in Alabama's SUD prevention and treatment system. This needs assessment will be used to fund and prioritize substance abuse treatment and prevention in the state.

Questions:

Mr. White about funding for the SOR grant. It was about \$16 million for one year and we feel confident we will get this funding for the second year. It is being used for MAT services.

**Developmental Disabilities Division - Kathy Sawyer**

- System of Care and Partnerships
  - Community Waiver Program
    - Total Enrollment of 177
    - Operates in 11 Counties across 5 DD Regions
  - Intellectual Disabilities Waiver (ID)
    - Operates in 67 Counties
    - Total Enrollment of 4,531
  - Living at Home Waiver (LAH)
    - Operates in 67 Counties
    - Total Enrollment 540
  - Waiver Waiting List (as of 11/2/22) is 1,630
  - FY24 Budget Request (\$5.1M)
    - Reduce/Eliminate Wait List

- Professional Workforce:

There are no state operated DD facilities. The last was Partlow Developmental Center which closed several years ago. We now operate a community-based system in Alabama through community licensed providers.

- 170 Licensed Providers Statewide
  - Operates a total of 1,123 Residential and Day settings.
- The Division of Developmental Disabilities employs a total of 226 staff
  - Five DD Regional Offices employs 135 staff (located in Decatur, Jefferson County, Montgomery, Mobile and Tuscaloosa)
  - Autism Services employs 40 staff
  - Infant and Early Childhood Services employs 16 staff
- Central Administration Offices employs 40 staff

- FY24 Budget Request (\$11.1 M)
  - Pay increases for Support Coordinators to average \$23.43/hour
  - Pay increases for Direct Support Staff to average \$14.51/hour
  
- Home and Community Based Settings Rule Compliance
  - Home and Community Based services waivers make up approximately 80% of Alabama's funding for Intellectual and Disability Services.
  
- Current State of Compliance
  - As of January 2022, only 21 states had approved final state transition plans.
  - Alabama's initial state transition plan was approved in 2017; plans are to submit the final state transition plan in December 2022.
  - The final state transition plan will focus on CMS' Recalibrated Strategy which recognized the impact of the Public Health Emergency and workforce shortage on states' ability to come into compliance.
  
- Mandated Requirements by March 13, 2023
  - Privacy, dignity, respect and freedom from coercion and restraint
  - Control of personal resources
  - A lease or other legally enforceable agreement providing similar protections
  - Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit
  - Access to food at any time
  - Access to visitors
  - Physically accessibility
  - Person-centered service plan documentation of modifications to relevant regulatory criteria

The providers are aware of these requirements. We have worked to give them every tool we know how to get them prepared to come into compliance.

- Recalibrated Strategy
  - States and providers must fully implement the following remammg criteria possible and develop a plan and timeline for full implementation
  - Access to broader community
  - Opportunities for employment
  - Option for a private unit and/or choice of a roommate
  - Choice of non-disability specific settings.

- Working with the Alabama Medicaid Agency
  - Implement Quality Improvement Plans to address deficiencies in systems such as Support Coordination, Certification, and Monitoring.
  - Complete compliance reviews of 100% of all providers' policy and procedures. There are approximately 170 providers. We will only be looking at the providers that came on board prior to 2014 which is approximately 90.
  - Conduct follow-up onsite reviews of 95% sample of setting to determine compliance. All 818 settings will have to be reviewed in the next 2 ½ months.
  - Provide new education and training programs on the HCBS Rule for individuals, families, and providers.
  
- Town Hall meetings were recently held in each of the regions where we reached out to individuals and families who are recipients of these waivers. Alabama has a lot of work because we have families and individuals who are not wanting to be integrated. The families and individuals have aggregated that they remain in segregated settings. They want more of the day programs and not wanting to be integrated into the broader community. There are providers who have not engaged in this concept and philosophy of true inclusion and true integrated in the community. This transformation is huge. All the states had a call with CMS and they made it clear that the March 17, 2023 date is final.
  
- There are three areas that are issues for us: workforce, housing, and behavioral challenges. There is a workforce shortage in the country, and it has impacted our providers to retain and recruit staff. Affordable housing for the people we serve is another issue. And the third is the behaviorally challenged. We must safely serve these individuals in these community settings.
  
- Success Story:
  - With a dedicated and hard-working team of staff and providers across the state, Alabama will meet expectations and ensure citizens of our state with intellectual and developmental disabilities continue and hopefully, a more robust system of care!
  
  - With the manpower from MH/SA, Advocacy and DD Council, all settings will be reviewed in the next 2 ½ months. The communications are very clear that we must come into compliance. At the end of February, we will know where we are with compliance across these settings. At that point we will have to be prepared for transitioning. Any provider setting that is not compliant, the federal funds stop March 17<sup>th</sup>. We must be prepared for that if we have settings that cannot get into compliance. We will have to transition those people out of those settings who do want to be in waiver

services. There are 600 certified beds in Alabama that are not being used. There are 73 providers who have applied for certification. We must deal simultaneously with the provider and capacity issue to accommodate what will happen if we have to transition people out of settings. We will have providers who will not be able to get into compliance or who will not want to participate in waiver services. We have a great team and staff, and we believe the provider community will step up and get it done.

#### Questions:

Mr. White asked if individuals refuse to abide by federal regulations, why do we have to serve them. The public obligation we have is to provide people with services to meet their most critical need. Commissioner Boswell commented that many of those families who are opposed to community integration have private pay and are not waiver-eligible individuals. The things that people are expected to be in compliance with by March 2023 are pretty simple items (i.e., locks on the door, lease agreements, privacy, access to food and visitors). They are not the more challenging aspects of the rule such as community integration as part of the recalibration strategy. Assuming we have communicated and given people the right tools, people should be able to come into compliance based on the things that are required by March 2023. Associate Commissioner Sawyer said one of the challenging areas of compliance is the right to visitors at any time. The provider must accommodate an individual if they want overnight visitors. Or, they must have food at any time. There is a reality that food could be requested at any hour of the night.

#### **Office of Public Information - Malissa Valdes**

- An HCBS Community Intranet was built. This is for HCBS providers only. This will be their technical addendum to the work the DD offices are doing. There is a group testing this site, going through the topics and details. This will help guide them to meet compliance. This should go live after Thanksgiving.
  
- Alabama Crisis System of Care Progress Report (attached)

#### **Office of Chief of Staff - Ada Katherine van Wyhe**

- Update on the CCBHC Provider Costing Report
  - Of the nineteen Community Mental Health Centers, 18 have opted to take part in the Certified Community Behavioral Health Clinic (CCBHC) implementation and preparation process. This is a multi-phase, multi-year process. This is a transformation for the entire delivery system of care. Providers have been investing their time, energy, and effort in this process.
  - Twelve of the eighteen participating Community Mental Health Centers have finalized their data for inclusion in the Costing Report by the deadline. The other six will be included in a revised version of the final report.

- There were five areas in the preliminary report that we are working on to have a successful and sustainable transformation effort.
  - Increase productivity to reduce cost
  - Decrease costs
  - Review collection percentages and denial rates
  - CCBHC costing data
  - Training

**Stakeholder Discussion**

No discussion

**Other Business**

No other business

**Adjournment**

There being no further business before the group, the meeting was adjourned at 12:05 pm. Ms. Foster and Commissioner Boswell thanked the members for their participation.

Respectfully Submitted:

\_\_\_\_\_ Date: \_\_\_\_\_  
Kimberly G. Boswell  
Secretary of the Board and Commissioner

\_\_\_\_\_ Date: \_\_\_\_\_  
Dr. Pippa Abston, Vice-Chair of the Board