



ALABAMA DEPARTMENT OF
MENTAL HEALTH
BOARD OF TRUSTEES

FRIDAY, February 16, 2024
10:00am ~ 12:00pm

RSA Union Building
MH Commissioner's Conference Room
Suite 517
Montgomery, Alabama

Alabama Department of Mental Health
Kimberly G. Boswell, Commissioner
RSA Union Building, 100 North Union Street, Suite 520
Montgomery, Alabama 36130



Board of Trustees Meeting
In-Person / Virtual
Friday, February 16, 2024, 10:00 am-12:00pm
Commissioner’s Conference Room

AGENDA

I.	Call to Order	Donna Foster, Vice-Chair	
II.	Roll Call	Kimberly Boswell, Commissioner & Secretary to the Board	
III.	Review and Approval of Agenda	Donna Foster, Vice Chair	2
IV.	Review and Approval of November 17, 2023 Minutes	2
V.	Commissioner’s Report	Kimberly Boswell ADMH Budget Opioid Settlement Fund	2-7
VI.	Divisional Reports		
	A. Legislative and Constituent Affairs	Collier Tynes Dixon, Legislative & Constituent Affairs Director 2024 Legislative Session	8-10
	B. Division of MH/SU	Nicole Walden, Associate Commissioner	10-12 Update CCBHC
	C. Division of Developmental Disabilities	Byron White, Community Waiver Program Director . . .	12-13
	D. Public Information Office	Malissa Valdes, Public Information Officer.	13
	E. Division of Administration	LaVonda Blair, Associate Commissioner	13 -15
	F. Board/Stakeholder		
VII.	Other Business	Donna Foster, Vice-Chair	
VIII.	Adjournment		

**ALABAMA DEPARTMENT OF MENTAL HEALTH
BOARD OF TRUSTEES
FRIDAY, February 16, 2024
MEETING MINUTES**

A meeting of the Alabama Department of Mental Health Board of Trustees was held on Friday, February 16, 2024, in-person and virtual.

Call to Order

Vice-Chair Donna Foster welcomed members and called the meeting to order at 10:01am.

Roll Call was conducted:

BOT Members Present:

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

BOT Members Absent:

Lt. Governor Will Ainsworth
Speaker Nathaniel Ledbetter
Rodney Barnes

Others Present:

Byron White (Representing Kathy Sawyer, Associate Commissioner, DDD)
LaVonda Blair, Associate Commissioner for Administration
Nicole Walden, Associate Commissioner for MH/SU
Tommy Klinner, Chief Legal Counsel
Malissa Valdes, Director of Public Information
Beverly Johnson, Director, Prevention Services
Berenice Artis, Executive Assistant
Jontai Reynolds, Administrative Assistant
Collier Tynes, Legislative & Constituent Affairs Director
Kiarah Holloway, PIO (Virtual)
Dr. Christine Rembert (Virtual)

Review and Approval of Agenda

Ms. Foster asked if there were additions to the Agenda and for approval. Larry Bailey motioned to accept the Agenda and Dennis Stripling properly seconded. Approved by acclamation without additions, deletions, or oppositions.

Review and Approval of November 17, 20123 BOT Minutes: Vice Chair Foster introduced the minutes for a motion to approve and Larry Bailey motioned to approve, and it was properly seconded by Dennis Stripling with no discussions, additions or oppositions.

Commissioner's Report:

Commissioner Boswell conducted the Roll Call where a Quorum was established. She proceeded to share some additional information regarding the Budget presentation she presented to the Legislature. Commissioner Boswell addressed other sections of the Budget request other than the money parts.

Commissioner shared some further aspects on plans of where the Department is going and what the Department will be working on over this next year. Additionally, she will be reporting more in depth information on the Opioid Commission and decisions that have been made with that group.

This year, Commissioner advised there was a different approach in presenting the budget through the use of a Gap Analysis. The Gap Analysis began with the destination and where we see ourselves going. For the Department, the goal is to have every Alabamian, in every county, having 24/7 mental health care access, recovery supports and live a full life in their community.

It was important to show the state of mental health in Alabama, so data from The State of Mental Health in America 2023 and mental health in Alabama was used to show the status of national and state averages for workforce, youth, and adult mental health. The national average regarding the workforce ratio is 1:350, one mental health provider for every 350 individuals and in Alabama the ratio is 1:850, one mental health provider for every 850 individuals, a workforce shortage in Alabama is double the national average, so workforce was a huge topic of conversation.

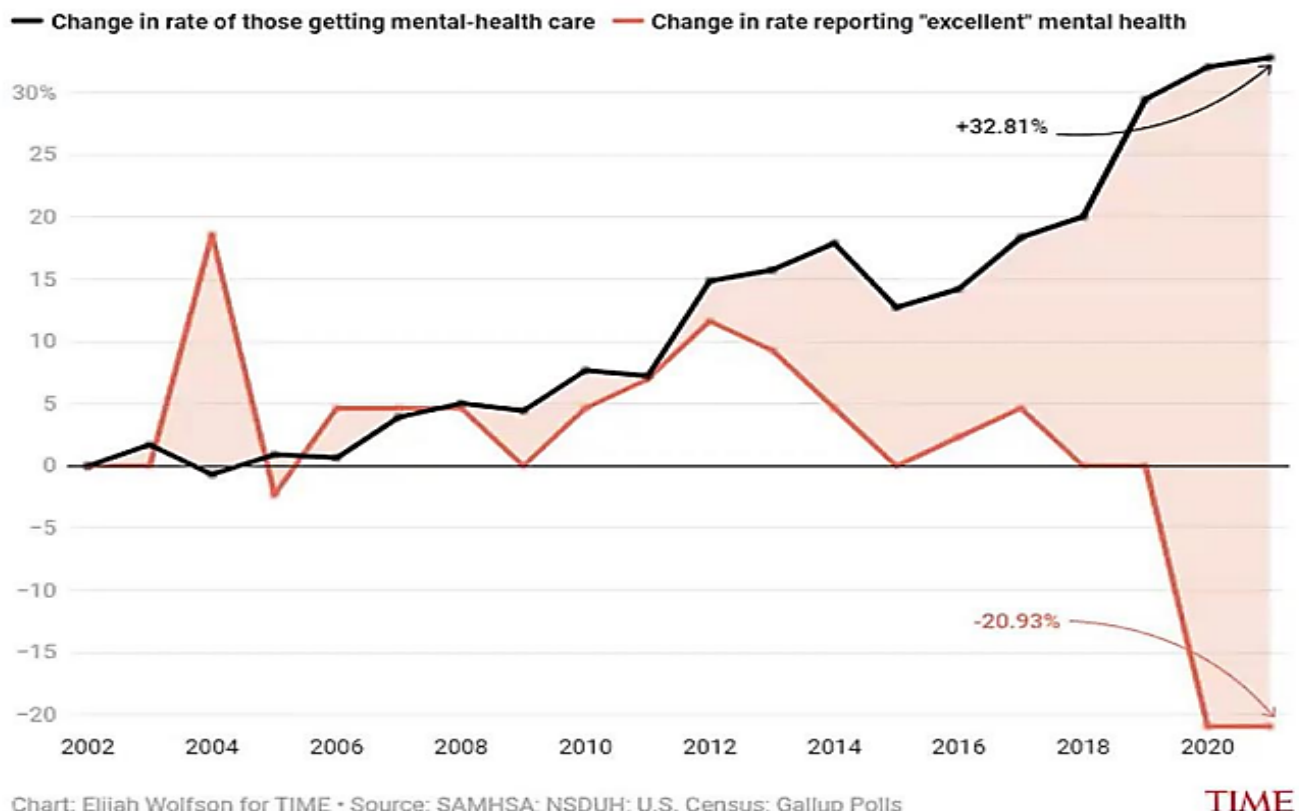
In Alabama 797,000 adults, 21.24% reported a mental illness; 563,000 Alabama adults reported a substance use disorder. The percentage of youths in the state of Alabama who reported a severe major depressive episode; 48,000, 13.2%. There are some other rather disturbing statistics surrounding youth mental health that was also shared during the Budget Presentation. In Alabama, 186,000 Alabamians, 4.96%, reported serious thoughts of suicide as of the end of this reporting period. Adding the total adults reporting a mental illness and those reporting substance use disorder represents about 26% of the Alabama population.

Everything the Department has been doing with the crisis system of care is about improving access to care. When looking at the crisis system of care and improving access to care, one of the questions we're addressing is if we are improving and impacting access to care. According to the graph pictured, the black line shows the increase in access to care from 2002 to 2020. Nationally and in Alabama, as well, there has been a 32% increase in access to care.

The issue is the orange line in the graph as it represents the change in the rate of people reporting excellent mental health. Over the same time frame, 2002 to 2020, there has been a decrease by nearly 21%. Although we are improving access to care, unfortunately more people consider their mental health not excellent, so we have more people in need of mental health care, even though we are increasing access to care.

Is mental-health care working in the U.S.?

Since 2002, the share of Americans getting mental-health care has grown by 1/3rd; the share of those reporting "excellent" mental health has fallen by nearly as much



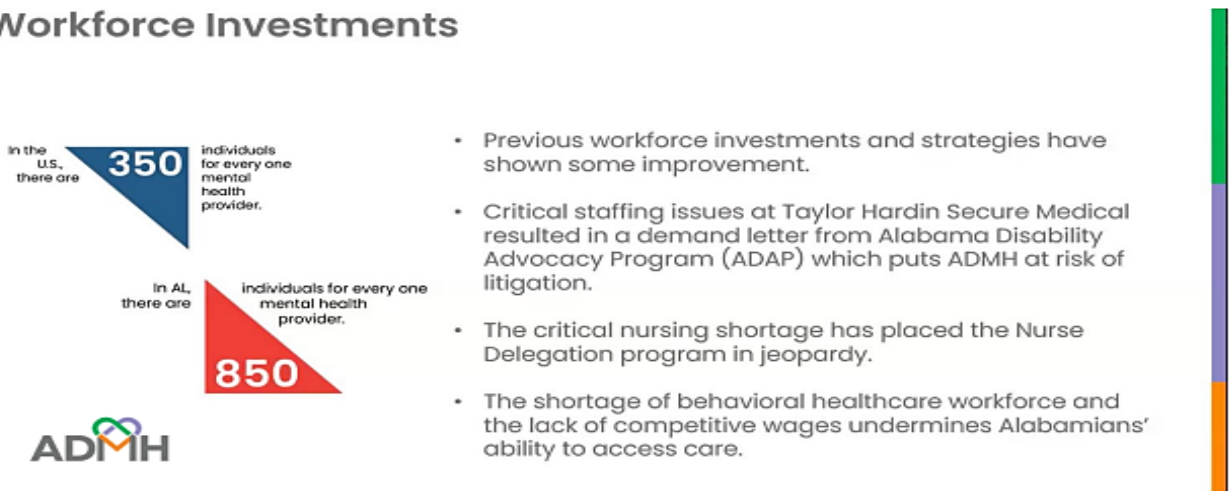
Pictured below is a recap of the FY25 General Fund and Education Trust Fund showing ADMH requested increases.



Workforce investments has been increasingly discussed and some of the previous investments and strategies have shown improvements. Improvements at facilities is shown with recruitment and retention at Bryce and Harper doing well, however Taylor Hardin continues to be a struggle for a variety of reasons.

Because of issues at Taylor Hardin, the Department received a demand letter from ADAP (Alabama Disabilities Advocacy Program) and we entered into a settlement agreement with them around clinical care and critical staffing issues at Taylor Hardin. The nursing shortage has impacted the Nurse Delegation Program (NDP). Though it was part of our budget request, but it did not come out in the Governor’s budget as a funded request. We figured out a way within the Department to address some of the issues that we were funding around the NDP, so we believe we will be able to address these concerns around NDP with some existing funds.

Workforce Investments



- **Dave White asked what is the Nurse Delegation Program?**

Commissioner Boswell responded the Nurse Delegation Program is a very unique program which allows nurses in our certified provider settings to delegate certain nursing tasks, mainly medication administration, so that we do not have to hire several additional nurses in order to get medication to our individuals. To accomplish this, the nurse trains and supervises those individuals who are doing the medication administration. All of this lives in the Nurse Practice Act, unique to the ADMH. The Department of Education may be the only other agency that is allowed to do Nurse Delegation.

Due to the lack of competitive wages for our nurses, we've had real issues recruiting nurses for these positions. Another issue involved in the NDP is reflected in the fact that nurses put their licenses at more risk when delegating medication administration, so getting nurses willing to come in and do this task has been a real challenge.

- **Dave White further inquired if the Department worked with Peggy Benson, Alabama Board of Nursing Executive Officer. He advised they're looking at creating licensed medication assistants, folks below the RN level, more of a certification and regulate them.**

Commissioner Boswell confirmed ADMH does work with Peggy Benson and are looking at a committee and also working with the Board of Nursing regarding regulatory relief as it is a highly structured program that requires a lot of training. The Department wants to approach the Nursing Board with some things that would provide some relief or improve our outcomes for the program.

Crisis Care

Crisis Care

The Gap: Only 24 counties have all three components of the Alabama Crisis System of Care and the 988 answer rates are significantly below the national average.


Crisis Services in the System of Care	Annual Cost	Current	Need
Adult Mobile Crisis Teams	\$500,000 per Team	5*	23
Crisis Centers	\$7 million per Center	6.5	11
988 Capacity	\$2 million per Call Center	3	11

The Plan: Alabama Crisis System of Care Available in all 67 counties:

- Consider a 988 surcharge to fund additional services
- Use current CMHC self-assessment to make funding decisions

**FY25 Request:
\$3,000,000 General Fund**

ADMH *Five Adult Mobile Crisis Teams include those specifically state funded. Excludes teams funded through temporary federal funding.



Crisis Care is the other big topic of conversation for the Department of Mental Health. Currently, there are 24 counties with all three components of the Alabama crisis system of care. The 988 answer rates are not where they need to be and are significantly below the national average with staffing issues and funding contributing to this issue.

The above Crisis Care frame gives an idea of what it would take to expand crisis care, all three components, to all 67 counties. The 988 Surcharge Bill is out there and part of the conversation again, but we are not sure if that bill is going to drop again, but we are still in ongoing conversations to determine how we could potentially fund crisis services in all 24 counties.

Self-Assessments – Community Mental Health Centers

There have been discussions regarding self-assessments with the community mental health centers. At this point, we know which community health centers are ready to stand up crisis care and other services. We have them in tiers, Tier I, Tier II and Tier III and moving forward any funds we receive related to crisis care would be distributed based on those self-assessments.

Civil Commitment Bed/Extended Care Bed Shortage

This is a conversation that began after the submission of our budget request. The Association of County Commissions started having a lot of conversations with us and we began looking at civil commitment numbers. We were hearing from some communities that the numbers were really going out the roof with one of these counties, Madison County.

We've also heard this from some of the smaller communities. While we have expanded crisis care, there is still a significant shortage of commitment beds for those who are a danger to themselves or others. We have not figured out exactly what the funding source will be for this. This will be a big part of the conversation moving forward; how do we potentially fund crisis beds, civil commitment crisis beds and extended care beds.

The Department is working pretty hard with the Probate Judges and others to take a deep-dive into the numbers. What we know currently and what we are hearing from the Association of County Commissions is we have a lot of mentally ill people in our jails. There are three categories of people who are currently in jails around the state--the 340 awaiting transfer to Taylor Hardin Secure Medical Facility that are part of the *Hunter v. Boswell* lawsuit, substance use disorder individuals and lastly, those who have a mental health issue.

We are looking to use some of the opioid settlement funds to partner with local sheriffs and local jails in three counties, Chambers, Blount and Escambia. Those three counties we will be partnering with to figure out how to get individuals with substance use disorder out of jail.

ADMH is hoping to allow them to use some of their local opioid funds to do the assessment fees. The assessments cost \$200 per person and working with recovery organizations, figure out the level of care they need and get them into a treatment bed. That will help us sort out how many individuals in jail need a civil commitment. During the budget presentation, Commissioner Boswell stated she advised policymakers that not all people in jail have a mental illness.

Developmental Disability Crisis Residential Services

Another important topic of conversation involve discussions concerning the partnership the Department has with DHR. Throughout the state, ADMH has 90 individuals who were referred to the Department from DHR, hospitals and homeless shelters who may be a danger to themselves or others and require specialized care. This is going to be an ongoing conversation. This year FMAP funding is being used and we are evaluating if we can use that funding next year.

Enhanced Supports for Developmental Disabilities

There was a small request for some specialized services in the community for developmental disabilities. The focus here was on improving the likelihood that someone can live in the community without having to be in a group home setting. With Enhanced behavioral support and a meeting with Benchmark, we realized there is a certain level of understanding in behavioral supports that really need to be in place for every single provider.

Some of this involves developing existing provider capacity to address behaviors that happen in the current setting. We are also looking at housing assistance and assistive technology. There is new technology available today that can help support people within their homes.

- **Leslie Sanders expressed concerns regarding youth and mental health because this is a growing population and them falling in between the cracks of ADMH and DHR, creating a huge gap. She supports getting the right people together to start discussing and helping share these children and their needs as the normal social workers are not equipped to handle these issues.**

Commissioner Boswell responded the Department has done a better job on the developmental disabilities side. In looking at the mental health side, Commissioner advised she attended DHR Commissioner Buckner's budget hearing and listened to some of the issues she was presenting in describing children with really serious emotional disturbances and other categories.

This is where the Commissioner commented that ADMH may be missing the boat so that is the topic for an upcoming meeting with A/C Walden. The Department recently forwarded an Interagency Agreement with DHR and procedures about crisis cases.

We have requested from DHR their top ten crisis cases, and the Department will figure out to address those. Commissioner related phone calls received regarding an Auburn case concerning a 13-year-old that ADMH had to immediately get into a hospital setting. This reflects the importance of getting ahead of these cases as there are so many cases out there, so this is next conversation with DHR.

On the developmental disabilities side, the Department is more organized, however, we need to spend more time on the mental health side figuring out between juvenile court, schools and DHR and what is happening to kids. Commissioner reported ADMH stood up mobile crisis teams for kids, a pilot program, but the disconnect is the Department struggling to get referrals. There are systemic issues with the Department and DHR as we are standing up services that will help, but not getting the kids believed to need these services.

- **Dave White inquired if children could go to crisis diversion centers and be admitted to them?**

Commissioner Boswell responded children, age 16 and up. WellStone in Huntsville, AL is standing up a child and adolescent unit, opening in the fall 2024 and will offer adult, child and adolescent services. Tommy Klinner, Legal Bureau, advised that at age 14 a child maintains the right to dictate their own healthcare and at age 19, a child is of adult age in Alabama as at 18, you're able to vote.

There have been additional inpatient beds stood up at Decatur West in the Decatur area and the Shoals Hospital presented to the CON (Certificate of Need) Board a request to stand up child and adolescent beds. The good news is that we're seeing more hospitals deciding to open child and adolescents beds.

- **Dave White questioned if East Alabama is one of these hospitals and how many civil commitment beds ADMH has available?**

Commissioner responded that East Alabama broke ground for a free-standing hospital that will serve both adults and children. At this time, the timeline to open is unknown, but they broke ground February 5, 2024. They are the only hospital in the state that has commitment beds for kids, so they need space for inside the existing hospital for other things making them highly motivated to move their psych services to that free-standing facility.

There are around 800 civil commitment beds, and this total does not include our state hospitals. This total is also a combination of 16-bed crisis residential programs run by our community mental health centers and community beds that our community mental health centers purchased at a Hillcrest or some other hospitals that are operated by that hospital because that hospital wanted to be a designated mental health facility.

Bullock County and Crenshaw hospitals also wanted to be designated mental health facilities and agreed to take our civil commitment folks with Bullock County having 39 beds and also some crisis beds for individuals with developmental disabilities and a mental health issue. They recently increased this number from two to four beds. AltaPointe and Baptist South have both agreed to provide those services, crisis residential for folks who have an intellectual disability and a mental health issue.

- **Dave White asked Commissioner Boswell if she had spoken with other folks in the areas and facilities in Southeastern states for actions they are taking or ideas that may be useful here in Alabama.**

Commissioner referenced The Link Center, a technical assistance center that is in the works, as these are issues that are nationwide. On the website regarding this assistance center, there is not much information available. Commissioner advised of her disappointment that this center of excellence has not yet been stood up in a way that would be helpful. It will be a big topic of conversation at this year's national conference, so the hope is to hear from other states who are doing some innovative things.

- **Dave White asked if The Link Center of Excellence was sponsored by SAMHSA?**

Commissioner advised The Link Center is a joint venture between SAMSHA and the two national associations, NASMHPD (National Association of State Mental Health Program Directors) and NASDDDS (National Association of State Directors of Developmental Disabilities Services).

Substance Use

The Opioid Commission appropriated \$8.5 million of the Opioid Settlement money to ADMH and in the middle of December 2023 the Department sent out an RFP to establish a competitive grant process to provide this money to agencies and individuals who provide service in the three categories listed. The Department received 52 Request for Proposals (RFP) and 33 were funded.

Below is a breakdown on the categories and amounts funded.

Award Process

ADMH received 52 submissions to the Request for Proposal. Of the proposal submitted 63% were funded. The following amounts were awarded to each category:

CATEGORY	PERCENTAGE OF \$8.5M	MAXIMUM FUNDING AMOUNT	# PROPOSALS SUBMITTED	# PROPOSALS AWARDED
Prevention	20%	\$1,700,000	18	11
Treatment	70%	\$5,950,000	24	15
Recovery	10%	\$850,000	10	7
Total	100%	\$8,500,000	52	33



Award Process

RFPs were ranked in order of final score within each of the categories above. Awards were offered in order of final score – in amounts determined by proposed budgets – until funding in each category was no longer available. This process resulted in a diverse pool of awardees across the state.

ORGANIZATION TYPE	# PROPOSALS SUBMITTED	# PROPOSALS AWARDED
Community Mental Health Centers	6	6
Faith-Based Organizations	4	4
Nonprofits	37	20
County Health Department	1	1
Hospitals/Federally Qualified Health Centers	3	1
Veterans Organizations	1	1



On the front end, Commissioner reported the Department set some specific guidelines and principles that the Department felt the opioid settlement funds needed to be spent on prevention, treatment and recovery. Projects needed to be able to demonstrate best practices and not supplanting existing funds.

The different types of broad and diverse groups that applied are shown above. We are currently looking at supplanting and other disqualifying issues. One program was disqualified due to having received a direct appropriation of \$1.4 million from opioid settlement funds. ADMH didn't require organizations to be certified by ADMH, however they were given four months to become certified.

Opioid Settlement Fund Request

Commissioner Boswell advised of a funding request from the Opioid Commission, \$4.1 million in Opioid Settlement Funds for Medicaid match as the Department struggled with Medicaid match this year. More people are getting medication-assisted treatment, which means ADMH must have more Medicaid match in order to be able to provide those services.

Detox continues to be an issue and was identified in the Needs Assessment, a variety of different levels and types of detox needed around the state. An additional \$1 million was put in the budget for detox. Detox needs to be more graphically disbursed around the state as ADMH tends to have the same providers.

Additional funding was requested for Prevention and Improved Outcomes as there is a lot we can be doing with our youth around fentanyl. There is now a youth fentanyl challenge as well as many other innovative and creative, evidence-based programs that could impact youth in a positive way.

Summation

In wrapping up her report, Commissioner Boswell spoke of a transformation within the organization. On the Mental Health & Substance Use side, the before system only offered two choices, inpatient or outpatient services.

At any of our state hospitals, an individual might get access to some community services, MOMS or other programs, available between 8-5 and 19 different points of access, contact names and numbers, separate services for mental health and substance use and no primary care. If a person had not gone through a civil commitment proceeding, the only resource would be outpatient services.

The system the Department is moving to include 988, an easy to remember, three-digit number; mobile crisis, 24/7, 365 Crisis Centers. We are also moving towards the integrated care model known as CCBHCs (Certified Community Behavioral Health Clinics) with integrated services for mental health, substance use and physical health.

On the Developmental Disabilities side, our people lived in either an institution or were segregated within the community with little or no outside engagements or settings. Day programs were segregated with the community as well, with limited choices.

ADMH is about individuals living in their own homes with the people they choose, enjoying the support and engagement of family and friends. Individuals will also be able to acquire a job, volunteer or retire, but remain engaged and becoming a meaningful and contributing member of their community. This will allow individuals to achieve their personal potentials for independence, inclusion and self-sufficiency.

- **Judge Christopher Hughes stated he could not figure out the facility where they've broken ground in Opelika. He advised he was trying to discern the relationship between ADMH, its involvement and functions with the East Alabama Medical Center and asked for some clarification.**

Commissioner Boswell responded the East Alabama project is the hospital's initiative to stand up a free-standing psychiatric hospital. ADMH got involved and engaged in the process primarily because currently the adolescent unit that East Alabama operates includes ten beds that are commitment beds for kids who are in the custody of the Department.

For planning purposes, ADMH became engaged on the front end of the process and East Alabama requested funding to construct that facility and did receive a supplemental appropriation that was included in our budget. ADMH now has a contractual relationship in order for them to receive the supplemental funding.

The Department is very supportive of any efforts East Alabama has in expanding child and adolescent beds as well as adult psychiatric beds, although realistically, for adults that hospital will be for paying customers and will not provide indigent care. For children and adolescents, most have a payer source, but on the adult side, those needing psychiatric care and don't have the ability to pay, must still be treated and our community mental health centers.

- Divisional Reports -

Legislative & Constituent Affairs Report – Collier Tynes Dixon

Collier began her report advising the Legislative Session is in the 6th day of the session and predicts it will be a busy session. The session convened on February 6th and the Governor presented her state-of-the-state address. In the Governor's remarks were highlights of a few bills that will be major topics of conversation.

- SB1- sponsored by Garlan Gudger and contains language that ADMH negotiated with the Secretary of State in the last session concerning ballot harvesting and making sure that individuals with disabilities are still able to receive assistance. The Bill passed the Senate.
- HB151 & HB152 - the Gaming Bill passed the House and now headed the Senate. This bill is important to ADMH as it establishes the Gaming Trust Fund. The Gaming Trust Fund acts similar to the Education Trust Fund or the General Funds where 95% of the revenues would go to the Gaming Trust Fund. The Legislature would then appropriate the funds each year for non-recurring, non-educational purposes and mental health and developmental disabilities are listed as appropriate expenditures for the Gaming Trust Fund. It also directs up to \$200,000 of the unclaimed prize money to go to the Department for treatment of compulsive gambling disorders and educational programs related to the disorder.
- HB129 & SB61 – A Legislative priority for the Governor, The Choose Act establishes \$7,000 educational savings accounts for families. In the first two years, it will assist low-income families and the first 500 credits will be reserved for students with special needs, with IEPs (Individualized Education Program) or 504 plans.
- At this point, more than 84 bills that have been filed in the Legislature are being tracked and this list will grow.
- There has also been the Age Verification Bill filed by Representative Ben Robbins to prevent youths' access to pornographic content and taxes certain businesses that engage in this activity at 10% and all gross receipts would come to the Department.

- 988 Bill – At this time we are not sure if this bill will be filed or not. As drafted, the surcharge fee has been reduced from \$0.98 cents to \$0.50 cents, so we will be keeping an eye on this bill and the gaming bill.
- The Governor published her recommended budgets to the Legislature February 7th. In the General Fund Budget, ADMH received an \$11.8 million increase for staffing and support for Taylor Hardin, for forensic service improvements as well as a proposed 2% COLA for state employees, SEIB increase and inflationary operational costs.
- We also received \$9.4 million in the supplemental budget with \$8.4 million going to Taylor Hardin for emergency staffing and \$1 million for Bullock County Hospital Bridge Fund to keep 31 psych beds operational while the hospital converts to a new model. In the Education Trust Fund, the Department did not have any decreases, but received increases for Camp Asca and Rainbow Omega.
 - **Larry Bailey questioned for any of the bills that may not pass, should we be contacting our representatives to contact and encourage their support and vote?**

Commissioner commented that we do not know about 988 as that bill has not dropped. She remarked that as we and our families all have our individual views, it is up to that person. She commented the Department anticipates changes to the commitment law with a bill developed through the Association of County Commissions. When this bill drops, Commissioner noted there will be conversations as it has been reviewed, changes suggested and foresee a lot of questions about what this means as people see it.

There are a couple of legislative pieces still out that we do not yet have sponsors for. There are two bills drafted, the NGRI Bill and the repeal of antiquated language for commitment proceedings. Collier added that additional education is needed and following meetings with both Chairmans of the House and Senate judiciary committees, where one was interested in sponsoring, but concerned with the amount of bills he's sponsored and the other needs more education on the commitment process.

The next important step is meeting with the Judges' Association to give them a heads up about the two bills as anyone who sponsors them will want to be informed of what opposition is going to say. Tommy Klinner, Legal Bureau and Collier met with Taylor Nichols, Assistant Attorney General, Department of Finance because that issue is causing some pains with the Comptroller's Office, but the Department is happy to have the support of Finance.

- **Dave White asked the nature of the issue with Taylor Nichols.**

Collier responded the issue with Assistant Attorney General Nichols involved particular judges using the antiquated commitment statues and this is costing a lot of money.

MH/SU Division Report – Nicole Walden, Associate Commissioner

CCBHC Updates

Associate Commissioner Walden opened her report with updates on Certified Community Behavioral Health Clinics (CCBHC). A/C Walden presented that CCBHCs must comply with the following requirements:

- Must have 24/7, 365 crisis services available.
- Must be able to care for anyone who requests services regardless of ability to pay or their diagnosis.
- Must meet high quality standards for any services they offer and be able to connect patients with cares as soon as possible.

A/C Walden provided the nine (9) core CCBHC services that clinics must provide:

1. Crisis services
2. Screening
3. Psychiatric rehabilitation services
4. Outpatient primary care
5. Targeted case management
6. Peer, family support and counselor services
7. Community-based mental health care for veterans
8. Treatment planning
9. Outpatient mental health and substance use services

These core services can be accomplished in several ways, but if they cannot offer all nine of the core services, they must have a collaborative agreement with another agency who can provide these services.

The two CCBHCs that are going to go up with our CCBHC Demonstration Application are not going need a collaborative agreement as they have the capability to offer all nine of these services. What they are going to have is a Partnership Agreement. An example of a partnership agreement is shown when an individual reports to a CCBHC needing housing services, while that CCBHC may not offer this service, they should have a partnership with someone within the community who offer this service.

The Department is working with consultants during this transition and NetSmart Contract and Clive Contract are the two newest contracts. NetSmart Contract is the model used to collect data, communicate from state agency to state agency and CCBHCs. This vendor has provided this service in other states and numerous other CCBHCs with huge success.

The Clive Contract group ties into the NetSmart Contract, which has been successful in the state of Oklahoma. Clive Contract will work with the Department as the agency prepares its Information Technology infrastructure for CCBHC reporting using programmatic consultation.

Certification

A/C Walden advised that the Certification requirements for any clinic about to transition into a CCBHC is nearly complete for Tier I and Tier II providers. For the Demonstration Application, the Department will emphasize two clinics, WellStone and AltaPointe. These two Tier I providers will be eligible for CCBHC certification and will be in the grant application that will be submitted in March 2024.

ADMH is working to finish certification criteria for Tier I and Tier II providers. All future clinics will be added annually and are required to meet the national certification level, must have their payment system in place and must be certified as a CCBHC by the state in order to be a part of the Demonstration Application. In July 2025, Tier II providers who meet the certification criteria will be eligible for designation as CCBHCs.

Provider Manual

Another item ADMH is working on is developing a Provider Manual for providers that clearly define the certification criteria process. For each criteria, providers must show proof of implementation and this manual will help in accomplishing certification. There were a broad base of 7-8 committees with members from staff, providers and outside individuals working on this provider manual.

Demonstration Application

The Department is in the Planning stages of the grant and actively working with the consultants on the Demonstration Application which is due March 20, 2024.

- States will be notified no later than June 17, 2024 if they have been selected.
 - All of the states that received a planning grants in 2016 and 2023 were eligible to apply for the Demonstration Application.
 - Only ten (10) states will be awarded the Demonstration Application. At least thirty (30) states applied.
 - The awards at SAMSHA level will be based on quality of application and geographic distribution and Alabama has not been one. This puts the state in a positive position and our Demonstration Application stronger with a start date July 1, 2024 versus other states with a start date of September 2024.
-
- **Dave White asked who will be providing the grant, the amount and the commitment required from the state?**

A/C Walden responded that SAMSHA will provide the grant. There is no specific amount due to being based on an enhanced FMAP with Medicaid, a 90-10 enhanced rate. Currently, our rate is 72-28, so this is significant for the agency. If selected for the Demonstration Application, there is a four-year commitment and at the end of four years, it is determined not to work for us we can end it. The Department believes this will work, will transform the work we're doing, the quality of care and the number of people we can help.

Commissioner Boswell added that if at end of the four years, this is working, the game plan is to convert to either a Medicaid state plan amendment or an 1115. Presently, a lot of the services described are not currently billable under Medicaid rehab options. If this plan is successful, future funding strategies would be to have these services, including crisis services, billable through Medicaid.

Some of the funding strategies exist now in the form of state appropriations that have been given to community mental health centers for crisis services. Commissioner offered that if \$7 million per crisis center if those services became billable through Medicaid for eligible individuals. In Alabama, this is an issue as 45% of the people ADMH serve are not Medicaid eligible, but it would make available those state dollars for match for those services.

DDD Division Report – Byron White, Community Waiver Program Director

(Due to a family emergency, Associate Commissioner Sawyer was absent.)

Byron presented the following information:

- There are currently 1,610 individuals on the Waiver Waiting List
- On the ID waiver in all 67 Alabama counties, 4,352 received services
- The Living at Home waiver for all 67 Alabama counties, 506 received services
- For the Community Demonstration Waiver Program, in the counties of Baldwin, Elmore, Houston, Jefferson, Limestone, Madison, Mobile, Montgomery, Morgan, Tuscaloosa and Walker, 434 enrolled in this waiver.

For the last year and a half, Byron reported a lot of work has been ongoing in the DD Division regarding HCBS Compliance and presented the following information:

- For 640 residential settings, there were 100 corrective actions, 640 compliant and 0 non-compliant.
- For 54 non-residential settings, there were 11 corrective actions, 54 compliant and 0 non-compliant.

Other initiatives from DDD

- Other additional resources were new crisis residential/evaluation beds and services opened at Glenwood with 8 beds for children and 8 beds for adults; BayPointe for 2 child evaluation beds; Bullock Hospital with 2 additional adult stabilization beds and Project Transition, launched in early January, recently opened ten (10) crisis coordination cases in the state and has made a positive impact.

Rate Increases/Waiver Amendments

- The ID and LAH waiver rate increases for direct support and support coordination services were approved by Medicaid and providers began new billing rates in January.
- ID and LAH waiver amendments are still under review by Medicaid and CMS for finalization

New Certified Beds and Services

- In the last quarter, there were 35 new residential beds certified across the state with Region I-23, Region II-2, Region III-5, Region IV-3, and Region V-2 .
- A new ADMH-DDD Support Home Model, non-HCBS and similar to a foster home, was approved and will be funded with all state dollars.
- **Dave White asked the status of Rainbow Omega and the meaning of CWP.**

Commissioner Boswell responded that Rainbow Omega choose to discontinue HCBS services. Discussions took place with Rainbow Omega regarding their choice. Their model of service delivery is very different but works for many families, providing high quality services. They currently have about 67 people and only 19-20 individuals were on the Waiver and ADMH agreed to continue to give them state dollars attached to the wavier slots for those on the Waiver. CWP stands for Community Waiver Program.

Office of Public Information – Malissa Valdes, Public Information Officer

- Melissa advised that much work has been done on the Annual Report and expect it to be completed a little early this year.
- She reported a visit at SpectraCare is planned with her and other ADMH staff, March 1st to view the progress of their crisis center. An update on inviting the Governor and grand opening will be announced at a later date.
- 988 – The Department received a small amount from media to be able to do production of some videos and media graphics and expect it to run for several months. Printed materials coasters, cards, posters, etc., have been packaged and will be sent to all 19 mental health centers, prevention and substance use providers, chambers of commerce, social organizations, ADMH partners and providers.
- Workforce recruitment and retainment continues to be the focus of attention with PIO offering support to facilities and the Central Office through survey completion, attain staff perceptions and graphics on the Department’s social media pages to showcase opportunities for employment.
- DD Awareness month is May, and a Proclamation Signing Ceremony at the Capitol will take place March 14th. Mental Health Awareness month is May and Strike Out Stigma will be held at Biscuit Stadium, Friday, May 3rd.

Division of Administration – LaVonda Blair, Associate Commissioner

Office of Policy & Planning

- The Office of Policy and Planning which includes the Office of Certification Administration processed 294 provider certification applications and processed 85 site visit reports.

Nurse Delegation Program

- The Nurse Delegation Program trained 38 nurses and update 36 existing Medication Assistance Supervising nurses on program changes. During this time, ADMH also created and received curriculum approval from Peggy Benson, Executive Director, Board of Nursing.

Office of OBRA PASSR (Omnibus Budget Reconciliation Act) PASRR Preadmission Screening and Resident Review):

- OBRA staff provided PASRR training courses to over 100 nursing homes, hospitals, home health, hospice and stake agency stakeholders on PASRR regulatory requirements and other responsibilities.
- The PASRR Program processed 2,316 Level II Screening applications to determine the appropriate nursing facility level of care.

Bureau of Information Technology:

- ADMH's Bureau of Information Technology (BITS) successfully upgraded the to newest EHR (Electronic Health Record) Customer Relationship Management, Dynamics 365, version 9.1.
- The Bureau's Security Officer has been tasked with working on an IT Security Plan and remediations.

Bureau of Human Resources

- For the week ending January 5th, contract workers through Maxim Healthcare Staffing at the facilities were: Bryce Hospital-52, Harper-28 and Taylor Hardin-53 for a total of 133 contract workers.
- Efforts to continue the stabilization of the workforce have resulted in the successful implementation of temporary hourly Mental Health Worker, LPN, and RN positions and increased the pay grades for LPN1 and LPNII.
- Establishment of a new Support Coordinator series for the Division of Developmental Disabilities Community Waiver Program
- Retitled the Security Officer series classifications to Police Officer.
- Modified the Mental Health Social Worker III minimum qualifications.

Bureau of Finance:

- Act 2023-500 paved.

Land and Facilities Management Office:

- Life Safety conducted 4,152 inspections for FY2023.
- Land Sales/Leases, for FY2023, generated \$1.178 million through the management

Stakeholder Discussion

No discussion

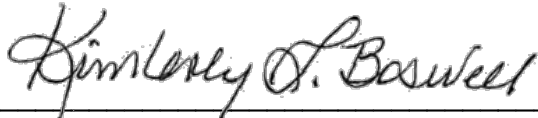
Other Business

Adjournment

There being no further business before the group, the meeting adjourned at 11:30am.

The next BOT meeting is scheduled for Friday, **May 10, 2024.**

Respectfully Submitted:



Date: 5/10/24

Kimberly G. Boswell
Secretary of the Board and Commissioner