Alabama Department of Mental Health Board of Trustees Meeting

In-Person / Virtual
Friday, February 20, 2026
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 10:10 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, Chair)
Rodney Barnes
Dr. Cynthia Bisbee
William "Pete" Cobb
Judge Sherri Friday
Dr. Edward Hall
Colin Harris
John Scherer
Mayor Charles Ward

Trustees Absent:
Catherine Gayle Fuller (Proxy for Lt Governor Will Ainsworth)
Jade Wagner (Proxy for Speaker Nathaniel Ledbetter)
Leslie Sanders
Judge Christopher Hughes
Johnna Breland

Interested Parties Present:
Collier Tynes Dixon, Chief of Staff
Andrea Hutchings, Director of Legislative and Constituent Affairs
Brooke Hibbard, Associate Commissioner for Administration
Malissa Valdes, Director of Public Information
Camille Cumuze, Associate Commissioner for Developmental Disabilities
Nicole Walden, Associate Commissioner for Mental Illness & Substance Use
Jacob Dubin, Interim Chief Legal Counsel
Dr. Christine Rembert, Director of Facility Services
Sheila Black, Administrative Assistant to the Commissioner's Office

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

There were no additions to the agenda. Pete Cobb moved to accept the agenda as presented; Rodney Barnes seconded. Agenda accepted unanimously. (Attachment 1)

IV. Review of the November 21, 2025, BOT Minutes – Vice Chair Donna Foster

There were no corrections to the November 21, 2025, minutes. Mayor Ward moved to accept as written; Pete Cobb seconded. Agenda accepted unanimously. (Attachment 2)

V. Commissioner's Report – Commissioner Kimberly Boswell

A. Commissioner Boswell shared the ADMH FY27 Budget Request Presentation that was presented at the Joint General Fund Budget Hearings on January 29, 2026. There are three main sections of the presentation:
   - Section 1 - The Context: The 2010 Dismantling of the Public Mental Health System
   - Section 2 - Rebuilding the System: Innovative Solutions, Enduring Impact
   - Section 3 - Managing the Challenge: Risks, Flexibilities, and Opportunities

In Section 1 of the presentation, Commissioner provided the Board with important historical context. In FY 2010, ADMH received a $43 million cut in General Fund dollars due to proration. This ultimately resulted in the loss of 725 beds, including 525 civil commitment beds and 200 DD facility beds. Further, 1,865 staffing positions were lost and four state facilities closed. Due to DD services being an entitlement program that would result in a lawsuit if removed, the $43 million funding cut hit mental health programs much harder.

In Section 2 of the presentation, Commissioner reviewed statistics on current programs and the efforts to rebuild the system:

- Currently, there are 486 involuntary beds in the community.
- Since July of 2022, 988 has had over 158,000 contacts.
- Six Crisis Centers have opened and offered over 28,000 evaluations.
- Mobile Crisis Teams have served almost 11,000 adults and 2,000 child/adolescents.
- The School-Based Mental Health Collaboration has therapists in over 100 school systems around the state and served over 12,500 children last year.
- Alabama now has four new 16-bed units delivering substance use treatment in Dekalb, Lee, Madison, and Walker counties. The number will grow.
- Additionally, the state saw a 30% decrease in overdose deaths between April 2024 to April 2025 and ADMH has distributed more than 96,000 kits of Narcan.
- Alabama has successfully implemented federal requirements for the Home and Community Bases Services (HCBS) Final Rule. This is important because if it was not successful, we would have lost more than 81% of the DD budget.
- Over the last year, $12M has been invested in Veterans' services in Alabama, much coming from the Veterans Mental Health Steering Committee. Among our Veterans the greatest risks for suicide are having a Traumatic Brain Injury (TBI) and a substance use disorder.

Commissioner reviewed the Department's five-year financial goals.

The Five-Year Financial Goals included increasing civil commitment beds, implementing crisis services and Stepping Up in all 67 counties, and increasing community bed rates to sustainable funding levels including beds for high need cases. 779 more civil commitment beds are still needed, we've completed funding the remaining counties for Stepping Up, and a rate study for community bed rates will be completed in 2026.

In Section 3 of the presentation, Commissioner reviewed challenges, risks, and opportunities. There are a few challenges that we needed to manage. Approximately $245M in one-time funding flowed through our budget from 2020-2025, which hindered predicting the rising expenditures in the Developmental Disabilities program. Further, many new earmarked programs were added to our budget, which required time to launch. This resulted in experiencing increases in one-time carryforward funds without flexibility to redirect funds to other budget challenges. We are adapting to the increase in the rates of suicide, accidental overdose deaths, and increased rates of anxiety and depression, which have all stressed the system.

Our greatest risk is the deficit in the Developmental Disabilities program ($28M), which we are continuing to manage with the one-time funds we still have. However, this is not sustainable. This was our number one priority in discussions with the executive budget office because 1) residential rates were calculated at an average cost, which turned out not to be the best way and turned out to be insufficient to implement the rates due to the increase in complex cases with one-to-one staffing ratios, and 2) there was an FMAP increase which affected the budget. We do have a plan for this year, but after that it will be a challenge.

Another risk reviewed with the Board was the risk of being contempt of court for Hunter vs. Boswell federal consent decree. The department presented a plan to Judge Thompson to open new beds (including a new 16-bed forensic group home), along with hiring forensic navigators, increasing compensation for evaluators and psychologists, expanding jail-based restoration services, and introducing legislation to help reduce the wait list. The court seemed pleased with this plan.

A proposed 72-hour hold bill was identified as a significant risk. Currently the state has a 15.1 beds per 100,000, which the recommended minimum is 30 per 100,000. If a 72-hour bill was passed, it would overwhelm our system and place the department in a position where we could not comply with the law. The department noted that unlike other states (FL), Alabama does not have a dedicated funding stream to support this Act.

There is a great opportunity to use the community behavioral health clinics (CCBHC) to expand crisis services. This is an opportunity for community mental health centers to use existing state dollars to convert to this model, which means Medicaid reimbursement for some services we do not get reimbursed for currently, without a significant impact on state dollars.

The Commissioner recapped her presentation noting the greatest risks of the $28M deficit in the DD program, Taylor Hardin Waitlist, and the Civil Commitment Bed Shortage. She noted that due to the flexibility in the Special Mental Health Fund, which is where ADMH has expended the funds for the forensic services, we also will be standing up an Intermediate Care Facility for the DD program, as we do not have any beds in the state for that level of care and are desperately needed. We are also funding the 19 counties that are outstanding for the Stepping Up initiative to get us to the full 67 counties. The Commissioner briefly mentioned the new funding stream from the Materials Harmful to Minors Tax (Act 2024-97), where the current estimates are projecting revenue of $8M. She also reiterated the opportunity we have with CCBHCs to expand crisis services and transition to a financial model that provides the resources needed to run the programs. Rural Health Transformation will provide some start-up costs for CCBHC, helpful for those rural centers who may struggle with the start up of CCBHC.

Board member, Dave White, encouraged the other board members to read the project narrative for the Rural Health Transformation Program, as it will move quickly once ADECA issues the request for proposals. Mr. White stated that if there are not any applicants or decent proposals, the state will not be able to access the funds. Mr. White highly encouraged the other board members to help get the information out to ensure there are good applicants and applications.

Commissioner ended the presentation with this question: "Will Alabama continue its transformation, or will history repeat itself?" The Commissioner reported that the department does not anticipate significant new funding from General Fund or ETF dollars over the next three to four years.

VI. Divisional Reports

A. COS and Legislative/Constituent Affairs Report –Collier Tynes Dixon

(Attachment 3)

- We have been tracking more than 175 bills on behalf of the department. Ms. Tynes updated the board on two bills that were previously reported:
  HB66 – Invisible Medical Condition Bill (a method to display on your driver license/id card that you have an unseen medical condition). It is currently on the Governor's desk as it passed the house and senate earlier this week. This allows people to voluntarily say they have a condition that will notify the officers if they see behavior beyond the norm. This is not our bill, but we do support it. There is another bill that deals with license plate designations, but I believe that bill has slowed down.
  HB487 – Opioid Settlement Fund Bill. The Oversight Commission met this week and in the version we received, ADMH will have $26.36M. Funding delineation explained: $2M will go to Medicaid State Match, $1M for Residential Detox, $1M for Narcan Distribution, $4M for 988 (a $500,000 increase from previous year), $8.93M for Prevention Treatment Recovery Grants, $7.5M for Civil Commitment Beds (a $2.5M increase from the previous year), $1.3M for the Continuation of the Statewide Marketing Campaign, $500,000 for Adolescent Substance Use Treatment (a new line

item), and $130,000 for Medical Education by Alabama Society of Addiction Medicine.

- We are excited to have Scott Cochran as part of the Opioids Take campaign. In the near future, you may see advertisements with him telling his story and encouraging others to seek help or help others if they have an Opioid Use Disorder.
- We are partnering with NYU to implement Trauma Systems Therapy (TST), which will focus on kids who are likely to have a history of trauma, and due to that trauma, have escalated behaviors. Two of our providers, AltaPointe and Wellstone, will begin to use TST.

B. Division of MHSU –Nicole Walden, Associate Commissioner (Attachment 4)

- Stepping Up – Letters of interest have been released to the remaining 19 counties inviting them to join Stepping Up, which would complete our goal of serving every county in the state. However, Dallas and Perry Counties' jails are not yet operational. We are looking at how to use a Stepping Up case manager in these counties even though there is not a jail. We may be adjusting to having a case manager for every county in the state. They have two weeks to reply to the letter of interest.
- Forensic Services – As of today we have 167 beds in our census. *Correction to MHSU Report*: "…admit a minimum of eight (8) new patients per <u>week</u> until…" It should be eight per <u>month</u>.
- Forensic Navigator Program – We are implementing a new program, which is part of our goal to get out of mediation and get the waiting list number down to 100. We will have one employee assigned to each of our four mental health regions whereas a liaison between the mental health centers, the ADMH, the courts, Stepping Up, and service providers, to promote coordination of resources and offer person-centered services.
- 988 – Our answer rate is 90%, our seventh month in a row! We are now moving towards texting within the next six months. We hope the rate will increase.
- Strategic Housing Plan – In 2023-2024, Alabama was reported as one of five states in the nation that has experienced more than a 25% increase in homelessness. We applied for, and received, two SAMSHA Learning Collaboratives that will focus on "How do we change the system?" These collaboratives start in March and end in August (Homelessness and Serious Mental Illness Learning Collaborative, and Housing on Re-entry -- both centered on someone with an MI or SU disorder). AC Walden will provide an update in August on the progress we have made.

C. Division of Developmental Disabilities – Camille Cumuze, Associate Commissioner (Attachment 5)

- In December, Kathy Sawyer and AC Cumuze traveled the state and held listening sessions with families, providers, and some federal visitors, which went well. Some of the feedback included more services. We did share the funding limitations. Ms. Sawyer will provide a summary of these sessions, and they will be distributed to the board.

- On behalf of DHR, we have recently enrolled 18 new individuals on the CWP waiver. This has been a challenge due to the large number of children in crisis, the county waiver restrictions, and the fact that there is a small number of CWP providers.
- ICF Development – We are making plans to use a portion of the Harper Center as an Intermediate Care Facility. We want to find a provider to staff and run the program. Using this established facility will cut start-up costs. Although small this will be a relief on the DD system by placing the more complex cases at a higher level of care than what we have with the hope of successful treatment/intervention to transition into our community program without rotating in and out of hospitals and our crisis beds. It feels like an investment to get something like this running, but we have waiver individuals whose daily costs are so high that getting the facility up and running and moving them in will save state dollars.
- The Community Waiver Program (CWP) comes to an end this year. We are looking at decisions about what waiver programing looks like in Alabama for the future. We are looking, with the blessing of Alabama Medicaid and CMS, to consolidate into one waiver. The administrative burden of the three waivers is tremendous, not only on the department but on the provider agencies and Medicaid: very difficult to manage. Some waivers have more limits, some are broader. Our goals in seeking to condense to one waiver is to reduce the administrative burden on everyone in our system, implementing tighter budgeting/cost structure (caps on services, reign in costs to manage resources), and to manage our provider network making sure they have been well-trained and have the best intentions for our individuals, as well as to prevent rapid expansion of our provider network when the need is not necessarily there. Dave White asked about the expiring community waiver and what the projection is. AC Cumuze explained that it will depend on the timeline of the new waiver. Individuals will continue to be served. Everything continues as-is until individuals have their new waiver.

D. Division of Administration – Brooke Hibbard, Associate Commissioner
(Attachment 6)

- Workforce Initiative - As of December 2025, staffing has increased for the facilities and department-wide. We have stopped using emergency contract employees as we've been able to increase staff hires. To increase recruitment and retention efforts, we are hiring for a new mental health recruitment & retention specialist position that will focus on being more visible at community events and job fairs across the state. We have been reviewing the classification and pay information for nurses and psychologists. We are partnering with the state personnel department to post job announcements on their social media page.

E. Office of Public Information – Malissa Valdes, Public Information Officer
(Attachment 7)

- Mental Health Matters license plates have been in production, and they will be sending email vouchers to those who have pre-purchased. Plates will still be able to order, beginning April 1, for $50.
- We have implemented exciting campaigns regarding the PTSD and Veterans Mental Health Programs, communication plans, and shared graphics that speak on PTSD and related subjects.
- Our Annual Report is almost complete and will be sent to print soon. There are many testimonies in it this year. We will mail or deliver to your locations.
- Friday, May 8, will be the Strike Out Stigma Baseball Night at the Biscuits Stadium. We hope Rodney will be interested in throwing out the first pitch again! There will be a variety of stakeholders present sharing their resources. May is also Mental Health Awareness Month, and DD Awareness starts next Monday (February 23, 2026).

F. Bureau of Legal Services – Jacob Dubin, Interim General Counsel
(Attachment 8)

- ADMH Legal continues to make inroads towards compliance with the Hunter v. Boswell federal consent decree, which is going into its 10th year. The initiatives the commissioner is supporting are from other sources that have proven very effective. The courts seem impressed with our efforts, results not withstanding yet.
- Legal stays busy, handling 200 cases this past quarter. Our long-term general counsel, Tommy Klinner, retired this month, and hopefully by our next meeting we should have a new general counsel.

G. Board/Stakeholder Discussion
No reports.

VII. Other Business
None.

VIII. Next Meetings
All meetings begin at 10:00 a.m.

A. May 15, 2026
B. August 21, 2026
C. November 20, 2026

IX. Adjournment
There being no further business before the board, the meeting adjourned at 11:34 a.m.

Respectfully Submitted:

Kimberly G. Boswell 8/21/26

Kimberly G. Boswell Date
Secretary of the Board and Commissioner

Donna Foster

8/21/26

Donna Foster — Date
Vice Chair of the Board