

Alabama Department of Mental Health Legislative Budget Presentation

Lynn T. Beshear, Commissioner

January 23, 2020



Mission: Serve · Empower · Support

Vision: Promoting the well-being of individuals with mental illness, developmental disabilities and substance use disorders

Wildly Important Goal: Opening the Gateway to Care **War**

Expand our quality workforce by December 2020 **Battle 1**

Assure individuals get the care they need when they need it – the right care to the right individual, at the right time, in the right setting **Battle 2**



Last year, **67,000 Americans** died from drug overdoses. This is more people in a single year than lost their lives during nearly 20 years of fighting in Vietnam



We are on pace to have a **third straight year of declining life expectancy** ...something that hasn't happened in this country since the Spanish flu pandemic a century ago



40% of patients admitted to acute care hospitals were diagnosed with a BH condition; of those, 24% have a co-occurring MH condition and SUD



Someone dies by suicide **every 13 minutes**

What is driving our current crisis in mental health care?



2ND LEADING
MORBIDITY
AND
MORTALITY
CONCERN



SUICIDE 3RD
LEADING
CAUSE OF
DEATH AGES
10-24



SUICIDE RATE
HAS
OUTPACED
NATIONAL
AVERAGE
SINCE 1990



2ND HIGHEST
NUMBER OF
VETERAN
DEATHS BY
SUICIDE



OVER 11,000
OVERDOSES
REQUIRING ER
ADMISSION IN
2019



NEARLY 1,000
DEATHS BY
OVERDOSE

Annual Impact on Alabama

Impact on Law Enforcement and Hospitals

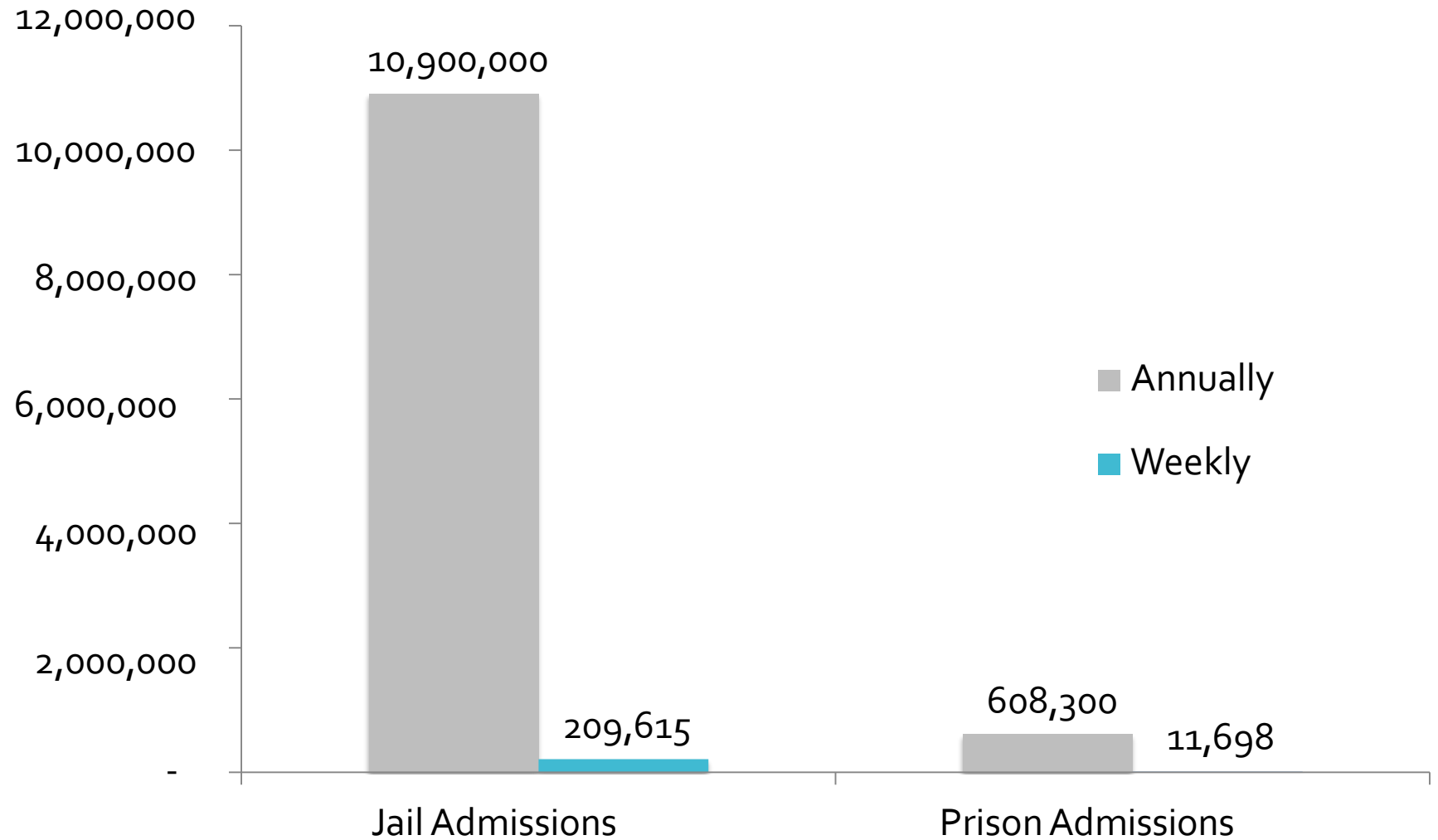
Hospital Emergency Rooms

- Patients in a mental health crisis are boarded three times longer in the ER
- \$1,200 direct loss to the hospital per crisis visit
- \$2,300 lost revenue opportunity cost to hospitals

Law Enforcement

- Spends 145 minutes on the scene of a mental health crisis call
- 75% of women in jail have one or more mental health or substance use diagnoses
- 63% of men in jail have one or more mental health or substance use diagnoses

U.S. Jail Admissions Have a Higher Volume Than U.S. Prison Admissions



Source: Bureau of Justice Statistics, Jail Inmates in 2015, by Minton and Zheng, Washington, DC: GPO, 2016, <https://www.bjs.gov/content/pub/pdf/ji15.pdf>; Bureau of Justice Statistics, Prisoners in 2014,, by Carson, Washington, DC: GPO, 2015, <https://www.bjs.gov/content/pub/pdf/p14.pdf>.

Transform the Crisis Care Continuum
through a “community-up” approach

Bold Goals


- Zero unnecessary admits to hospital emergency rooms
- Zero inappropriate jail bookings
- Decrease use of the most expensive level of care (inpatients beds) for issues that can be treated with a lower level of care

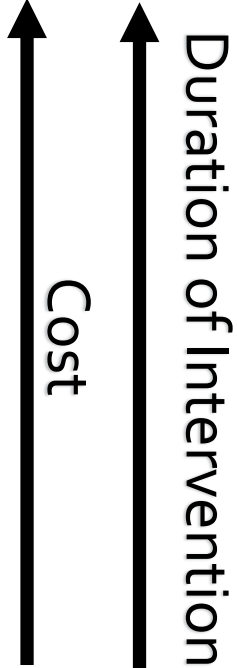
“A crisis is a terrible thing to waste”

Alabama's Current Crisis Care Continuum

SERVICE	AVAILABILITY IN AL
ADMH State Psychiatric Hospital	Available statewide
Acute Psychiatric Inpatient Unit	Available statewide
Crisis Residential Unit (CRU)	DMHFs provide statewide on a regional basis
Hospital Emergency Department	Depends on availability of psychiatrists and/or psych beds
Crisis Service Center (CSC)--includes Temporary Observation and Crisis Diversion Units (CDU)	Does not exist
Urgent Care Programs (less than 24 hrs)	Available in one county (Jefferson)
Peer crisis services	Does not exist
Crisis Mobile Teams	Less than ten exist
Crisis intervention teams (CIT)	Training exists but formalized teams do not exist
Pre-Hospitalization screening	CMHCs provide on a regional basis
Telephone crisis hotlines	CMHCs provide on a regional basis
Warm Line	Available statewide

Crisis Stabilization Services

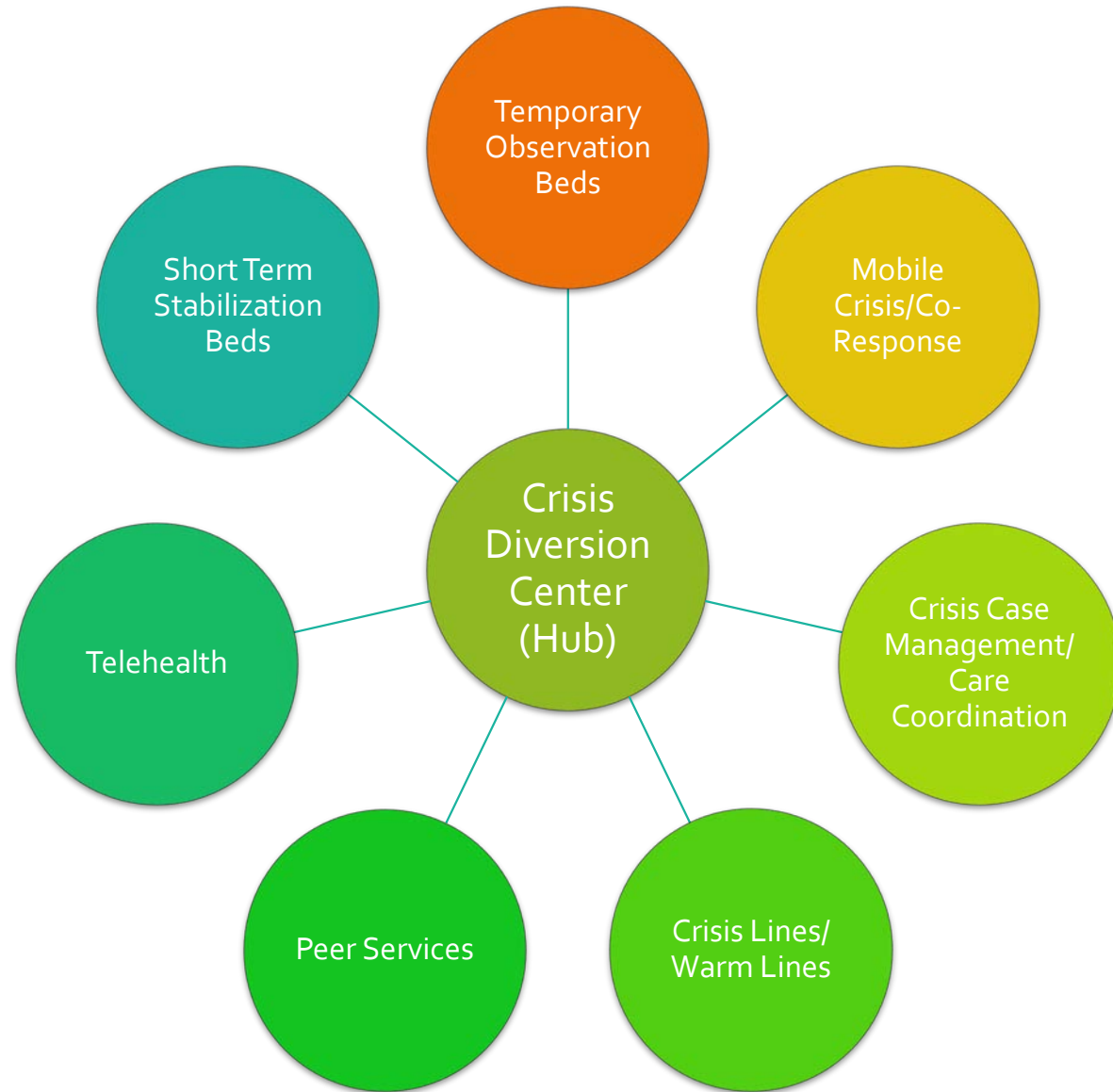




Cost

Duration of Intervention

Crisis Diversion Centers – “The Hub”



Why start with Crisis Stabilization Services?

- We know from our Stepping Up initiative that Law Enforcement needs a place to drop off individuals that are in crisis
- Working with the Alabama Hospital Associations we know that emergency rooms are having to board individuals in a mental health crisis because there is no place for them to go
- We know from 10 years worth of data gathered in Georgia's crisis system:
 - 14% of individuals have a clinical need for inpatient care
 - 54% of individuals have a clinical need for crisis stabilization services
 - 34% of individuals have a clinical need for mobile crisis services

Transforming Crisis Care: The Plan

Request:

\$18,000,000 GF

Phase I

- Open Three Crisis Diversion Centers (contingent on funding)
 - March 31, 2020: Data collection and profile of existing services complete
 - May 15, 2020: DMH issues RFP to community mental health centers
 - July 1, 2020: Award crisis diversion projects
- Build Community and Stakeholder Engagement
 - February 10-14: Multi-stakeholder engagement meetings in 4 regions
 - February 24-28: Follow-up meetings with subject matter experts (Law enforcement, probate judges, hospitals, consumers and advocates) in 4 regions
 - April 29, 2020: Alabama Crisis Redesign Summit

Phase II

- Evaluate the use of mobile crisis teams, telehealth, and other components of the continuum to develop a statewide implementation plan
- Redesign regional planning process for the community mental health centers

Phase III

- Ongoing evaluation, training and technical assistance
 - Evaluate the decrease in inappropriate ER visits, jail bookings and use of inpatient psych beds

Transforming Crisis Care: The Plan

Hunter v. Beshear: Forensic Services Settlement Agreement

FORENSIC SERVICES ARE PROVIDED TO INDIVIDUALS WHO HAVE BEEN CHARGED WITH A CRIME AND THE JUDGE ORDERS A FORENSIC EVALUATION TO DETERMINE IF THEY ARE COMPETENT TO STAND TRIAL, THEIR MENTAL STATUS AT THE TIME OF THE CRIME OR ADJUDICATED NOT GUILTY BY REASON OF INSANITY

THE COURTS CONTROL ADMISSION AND DISCHARGE

NATIONALLY, THERE IS A 76% INCREASE IN FORENSIC ADMISSIONS TO STATE HOSPITALS (1999-2016)

THERE IS AN INCREASE IN REFERRALS AND A DECREASE IN TURNOVER OF BEDS BECAUSE OF THE PERCENTAGE OF INDIVIDUALS WHO ARE HOSPITALIZED FOR LONG PERIODS OF TIME INCLUDING THOSE WHO ARE DETERMINED TO BE UNRESTORABLE

MENTAL EVALUATIONS AND INCOMPETENCY TO STAND TRIAL ARE BEING USED AS A FORM OF JAIL DIVERSION TO SECURE MENTAL HEALTH TREATMENT



Reason for litigation: ADMH failed to provide timely competency mental health evaluations and restoration treatment to pretrial attendees



Class members are persons charged with a crime, detained in jail or out on bond awaiting mental evaluation or competency restoration

Hunter v. Beshear: Forensic Services Settlement Agreement

Forensic Services

Request:

\$7,430,000 GF

\$5,430,000

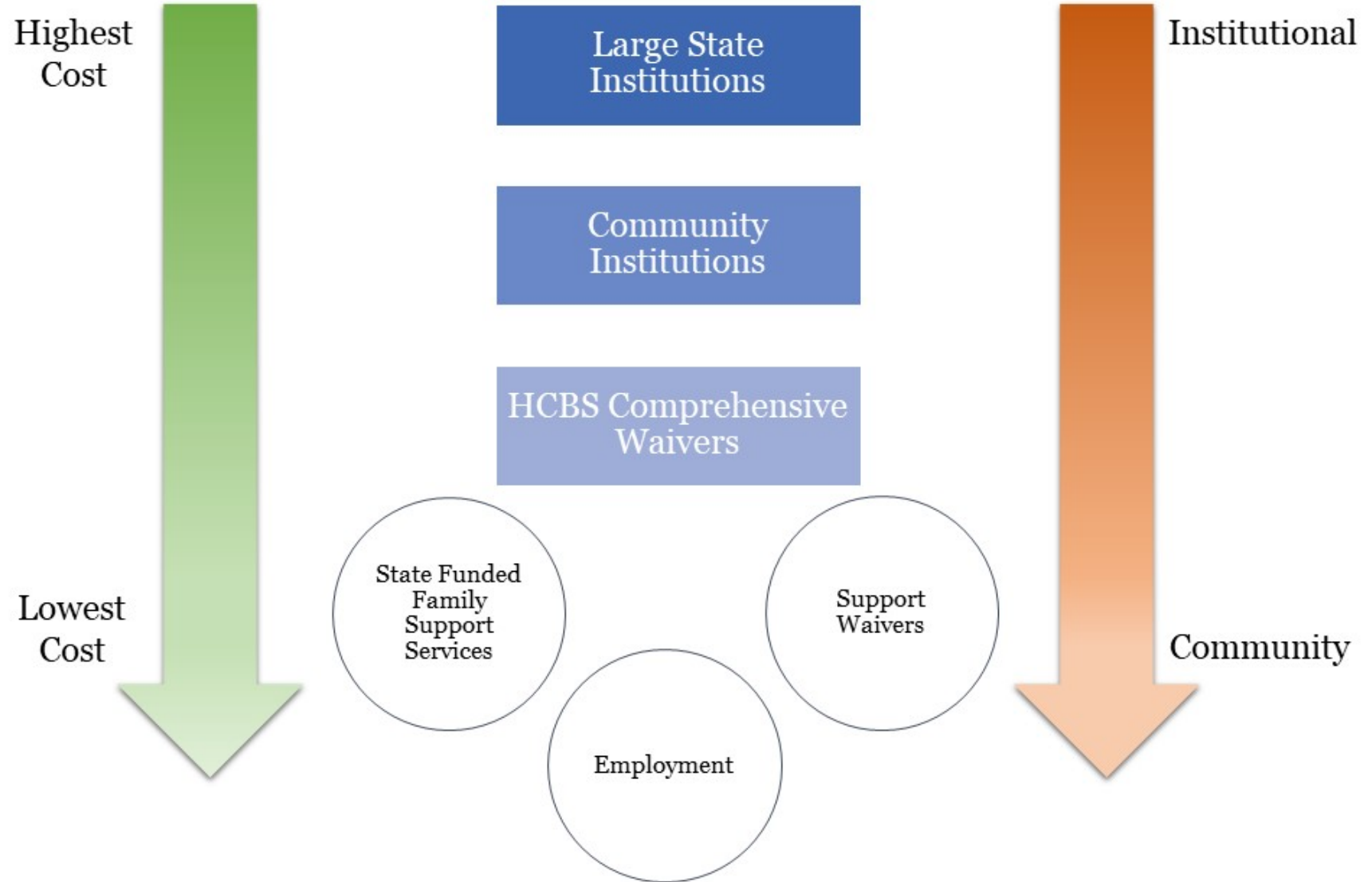
- 16 bed hospital-like secure forensic unit
- 16 bed medical forensic unit
- Establish a permanent outpatient restoration program, which allows restoration to competency to be achieved without individuals having to go to Taylor Hardin Secure Medical
- Increased funding for forensic evaluators

\$2,000,000

- Recruit and retain additional staff (forensic evaluators, psychiatrists, CRNP's and nurses) at Taylor Hardin Secure Medical to decrease the amount of time it takes to move patients through the facility

Nudging the System

The idea is to nudge a system to be person-centered, to support families, and include people more in their own communities.



Personal Care Services

Request:
\$1,484,000 GF



Equates to \$2.25 lower than the national average
five years ago



The rate has been raised just \$1.36 an hour since 2014



Proposed rate increase: From \$4.12 to \$5.50 per 15 minutes for agencies



Proposed rate increase: From \$3.48 to \$4.90 per 15 minutes for workers employed through self-direction



Provides family care givers with periods of rest, while preventing more costly residential group home care



Current rate is \$3.12 per 15 minutes



The increase would raise the rate to \$5.50 per 15 minutes

Respite
Services

Request:
\$894,038 GF

Nurse Delegation Program

Request:

\$1,238,603 GF

The current rate of \$4.00 per day per person has been in place since 2007

In order to assure that providers can recruit and retain workers, we are requesting an increase to \$8.00 per day per person served

In short, this perilously low rate jeopardizes those we serve

School-based Mental Health

An ever growing body of evidence indicates that integrating mental health services and supports directly in the school setting is effective and has substantial benefits including:

- Improve access for more children
- Improve adherence and participation in treatment
- Early problem identification
- Positive impacts on academic and psychosocial functioning

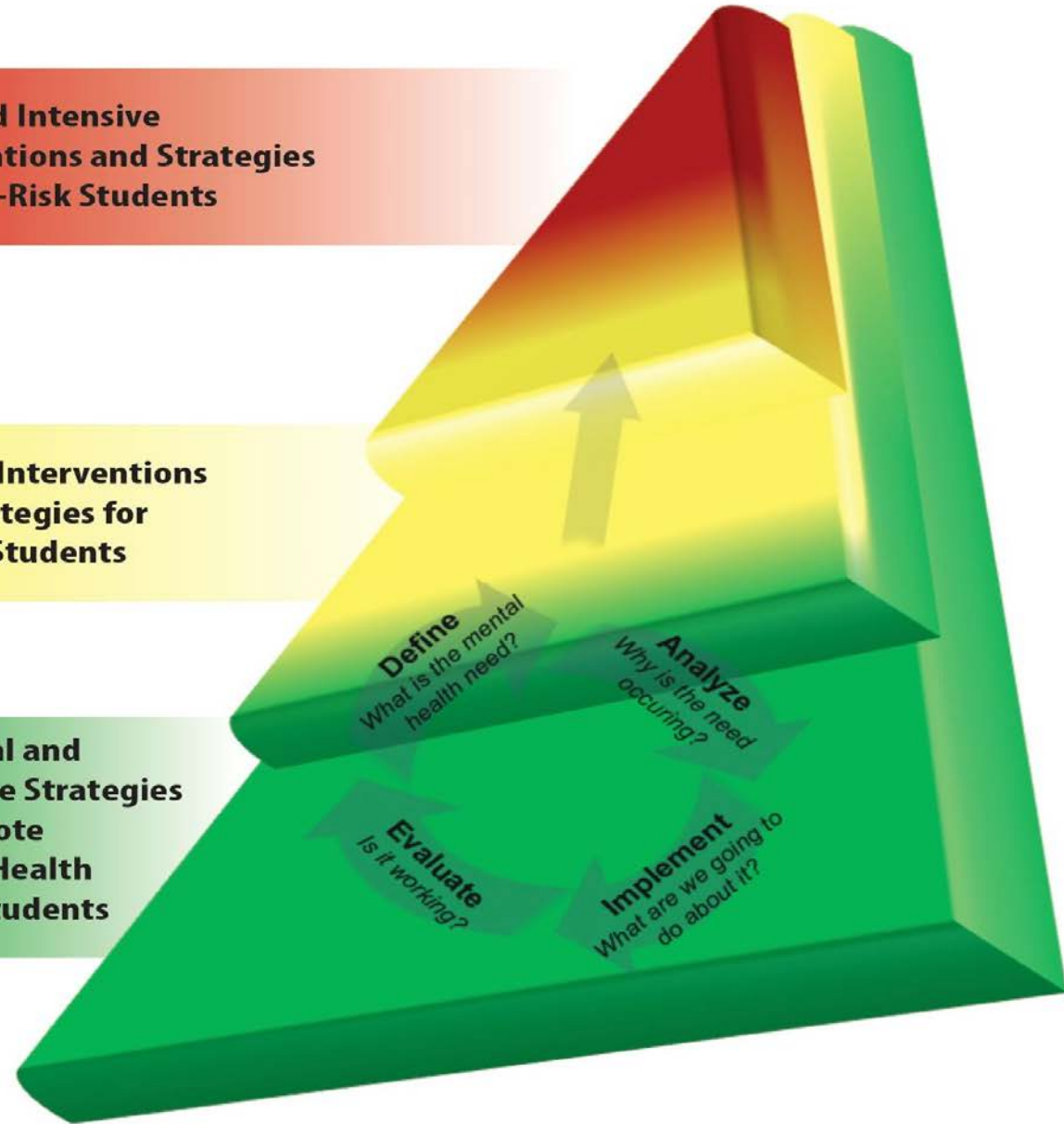


School-based mental health is a broad term!

Tier 3: Targeted Intensive Interventions and Strategies for High-Risk Students

Tier 2: Specific Interventions and Strategies for At-Risk Students

Tier 1: Universal and Proactive Strategies to promote Mental Health for All Students



Wheeler, D. (2017). Student Support Services Project. Florida Department of Education and the University of South Florida.

School Based Mental Health Collaborative

Request:

\$1,000,000 ETF

Evidenced-based practice in collaboration with the
Alabama State Department of Education

Recommendation of The Governor's SAFE Council

Provides a mental health therapist in a LEA to support
students, teachers and parents in collaboration with
professionals in the school system

Funding would expand the number of participating school
systems by 20 LEA's in 2021

Infant and Early Childhood Mental Health Services (IECMH)

Request:

\$400,000 ETF

Problem:

- Alabama is home to 176,395 infants and toddlers
- More than 26% of Alabama babies experience **two or more** Adverse Childhood Experiences (ACEs)

Solution:

- Sustain close partnership with the Department of Early Childhood Education
- Hire **5 additional** Infant and Early Childhood Mental Health Consultants, which will give ADMH a total of 13 full time consultants working in the 5 ADMH DD Regions



Alabama can do better.



Sound public policy is essential.



Sound public policy requires open, transparent and responsive government.



Sound public policy is based on fact, pursues a clear goal and is assessed honestly.

What PARCA
Believes and
What ADMH
Believes

Thank
you!

