MENTAL HEALTH AWARENESS IN ALABAMA

Celebrating Alabama's Progress

Certified Public Manager® Program
CPM Solutions Alabama 2021

AUM
CERTIFIED PUBLIC
MANAGER PROGRAM

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The research, findings, and recommendations presented in this white paper do not represent the views of any agency or organization, but rather the collective educational research and analysis from a diverse group of participants in the Certified Public Manager® Training Program.

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INTRODUCTION

We all know them. A mother with postpartum depression. An alcoholic father. A brother with suicidal thoughts. A sister with an eating disorder. A cousin addicted to drugs. A schizophrenic uncle. A child with severe anxiety. A friend unable to get out of bed. We all know them, but are we aware that they are all suffering from a mental health disorder? Do we understand the severity of these disorders? Do we see the signs of mental health distress? Do we know how to help? Mental health awareness aims to answer these questions. It involves addressing the stigma surrounding mental health, educating the public to the signs and symptoms of mental health disorders and challenges, and highlighting the services and support provided to those suffering from poor mental health.

The importance of mental health awareness has taken on new life in the wake of the COVID-19 pandemic. As the pandemic has spread throughout the United States, it has not only caused tragic outcomes in terms of physical health, but also on the mental health of citizens across the nation. While the pandemic multiplied existing mental health challenges, it has helped shine a light on the initiatives organizational leaders across Alabama have implemented to alleviate existing mental health challenges that were heightened by the pandemic.

The *Mental Health Awareness in Alabama* CPM Solutions Project team will examine Alabama's progress in strengthening mental health awareness for citizens by:

(1) Reviewing the 2021 State of Mental Health in America Report to determine Alabama's mental health rankings and identifying areas where progress can be made.

(2) Researching initiatives implemented in Alabama, including Crisis Diversion Centers, Rural Crisis Care projects, and School Based Mental Health Collaboration, as well as similar initiatives in surrounding states to strengthen mental health for citizens.

(3) Identifying and highlighting the progress that has been made to strengthen mental health awareness, including Mental Health First Aid and Crisis Intervention training in Alabama, and proposing recommendations to further strengthen mental health awareness for citizens of Alabama.

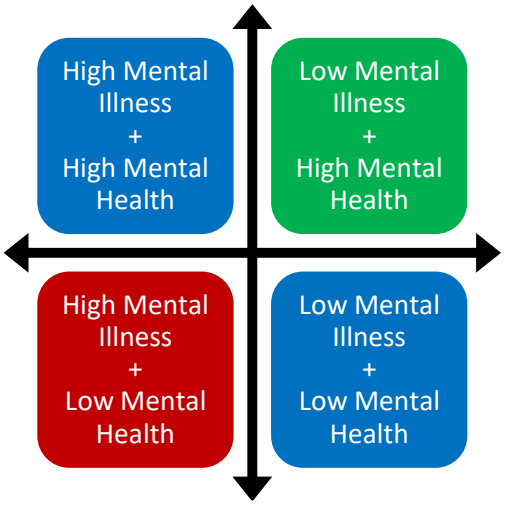
BACKGROUND

WHAT IS MENTAL HEALTH?

Mental health includes our emotional, psychological, and social well-being, affecting how we think, feel, and act (Centers for Disease Control and Prevention, 2018). Many factors impact our mental health over time, including social, psychological, and biological factors. The World Health Organization states that poor mental health is often associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, an unhealthy lifestyle, physical ill-health, and human rights violations. However, poor mental health does not necessarily mean that a person is suffering from a mental health disorder, also referred to as mental illness. Though more than 50% will be diagnosed with a mental illness or disorder at some point during their lifetime (Kessler, Angermeyer, Anthony, & et al., 2007), studies have shown that nearly 85% of adults aged 25 to 74 suffer from moderate to poor mental health at some point during their lifetime (Keyes, Mental illness and/or mental health? Investigating axioms of the complete state model of health, 2005). Further, these studies showed that those individuals suffering from poor mental health functioned as badly on most outcomes as those with a mental illness (Westerhof & Keyes, 2010).

MENTAL HEALTH AWARENESS

Understanding that the presence of mental health is about more than the absence of mental illness is a crucial component of mental health awareness campaigns. This involves educating the public to the difference between mental health and mental illness, the signs and symptoms of mental illness and poor mental health, and the different treatment approaches. Once people understand what mental health and mental illness are, the next component of mental health awareness campaigns is directing people to the services providing support and treatment in their communities. This information should be accessible and easy to understand.



Keyes Model of Mental Health

Finally, mental health awareness campaigns must address the stigma surrounding mental health. A person may understand that they are suffering and know where to turn for help, but if they are afraid to seek that help for fear of judgement, there could be catastrophic consequences. There are many national organizations, such as the National Alliance on Mental Illness [NAMI], that focus on raising awareness about mental health and addressing this stigma. For mental health services and information in Alabama, the citizens depend on the Alabama Department of Mental Health.

Alabama Department of Mental Health

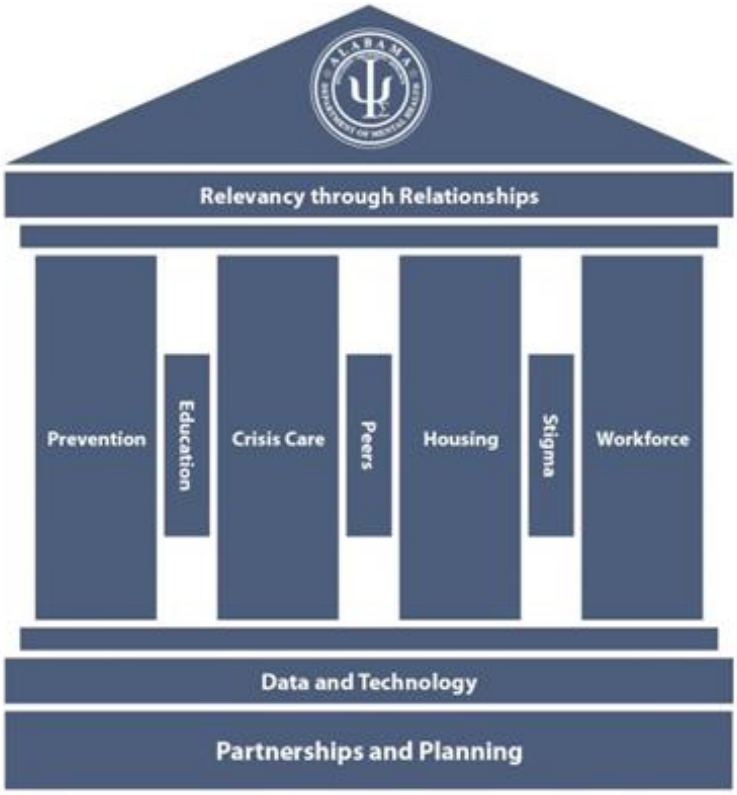
The Alabama Department of Mental Health (ADMH) was formed in 1965 with the vision of promoting the health and well-being of Alabamians with mental illnesses, developmental disabilities, and substance use disorders (ADMH, 2021). Currently, there are three major divisions in ADMH: the Division of Administration, the Division of Developmental Disabilities, and the Division of Mental Health and Substance Abuse. For the past four years, over half of the ADMH revenue has come from Medicaid and other federal grants, while an average of 12% came from the Alabama state general fund and 22% came from the special mental health fund:

	FY 2017	FY 2018	FY 2019	FY 2020
Federal, Local, Misc.	61%	61%	61%	60%
State General Fund	12%	11%	12%	13%
Mental Health Fund	23%	22%	22%	21%
Total Revenue	$935,698,775	$962,512,985	$1,004,152,949	-

During that time, over 95% of all ADMH expenditures provided direct services, with roughly 50% of the expenditures associated with developmental disability community services, 7% associated with substance abuse community services, and 9% associated with the three state-run mental health facilities: Bryce Hospital, Mary Starke Harper Geriatric Center, and Taylor Hardin Secure Medical Facility (ADMH, 2020). Of the remaining, approximately 27.5% of the expenditures were associated with mental illness community services. The majority of those services are provided by community mental health centers.

In 1967, Alabama Act Number 310 provided "for the formation of public corporations to contract with [ADMH] in constructing facilities and operating programs for mental health services" (DMH/MR, 1975), now known as 310 board community mental health centers. There are currently nineteen community mental health centers across the state. Each center receives funds through a contract with ADMH, and a board governs each center and its contracts. The funds allocated in the contracts must be used for programs that have been certified by ADMH, and the centers cannot refuse services for which they have been certified to provide. The centers may also enter contracts with other entities to provide certified services if the board and ADMH agree (ADMH, Mental Illness Community Programs, 2021). In addition, these centers may provide or oversee specialty services that are not paid for through the center's contracts (e.g., services that are directly funded by ADMH) (Hurley, 2021).

During fiscal year 2019, the community mental health centers served 105,302 Alabamians, accounting for 70% of all those served by ADMH during that time (ADMH, 2020). During fiscal year 2020, the centers served 99,313 Alabamians, or 72% of all those served (ADMH, Annual Report FY20, 2021). Given that these centers are responsible for a significant portion of the services provided by the Alabama Department of Mental Health, it is important to determine if the services provided are meeting the needs of Alabamians.



ADMH Pillars Strategy

MENTAL HEALTH IN AMERICA

For the years 2020 and 2021, the organization Mental Health America, Inc. (MHA) developed a report comprised of data from all 50 states and the District of Columbia for the purpose of evaluating the state of mental health across the United States. The goal of the report is to provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation; to track changes in prevalence of mental health issues and access to mental health care; to understand how changes in national data reflect the impact of legislation and policies; and to increase dialogue with and improve outcomes for individuals and families with mental health needs (Reinert, Nguyen, & Fritze, The State of Mental Health in America, 2020).

2021 State of Mental Health in America Report

In the 2021 report, MHA identified 15 public health measures and ranked the states in categories such as "Prevalence of Mental Illness" and "Access to Care" based on their performance on these measures. Detailed information on the 15 measures can be found in the report. Below is a description of some of the categories and the 2021 Alabama rankings (out of 51 states/districts):

Category	**Alabama 2021 Rank**
Adult Prevalence of Mental Illness	40th
Adults with Substance Abuse Disorder in the Past Year	20th
Adults with Serious Thoughts of Suicide	17th
Youth Prevalence of Mental Illness	13th
Youth with Substance Abuse Disorder in the Past Year	14th
Youth with Severe Major Depressive Episode (MDE)	2nd
Adult Access to Care	36th
Uninsured Adults with a Mental Illness	47th
Youth Access to Care	49th
Children with Severe MDE Receiving Consistent Treatment	35th
Mental Health Workforce Availability	51st
Overall Ranking	**36th**

The 2021 rankings provide insight into the areas in which Alabama is currently succeeding and the areas in which Alabama must strive to improve. But while these rankings are a valuable tool

in this regard, it is also important to determine Alabama's progress to this point. We do this in part by addressing the key findings in the 2021 report and comparing Alabama's ranks in 2021 to those in the same categories in the 2020 report.

Key findings in the 2021 report were: (1) Youth mental health is worsening; (2) The prevalence of mental illness among adults is increasing; (3) Suicidal ideation amongst adults is increasing; (4) There is still an unmet need for mental health treatment amongst youth and adults; and (5) The percentage of adults with a mental illness who are uninsured increased for the first time in nearly a decade (Reinert, Nguyen, & Fritze, The State of Mental Health in America, 2020).

(1) Youth mental health is worsening.

The 2021 report shows that Alabama ranks above average in the youth with mental illness categories. Further, Alabama improved in the youth with severe major depressive episode (MDE) and youth with substance abuse disorder categories. But Alabama's rank in overall youth prevalence of mental illness actually worsened, dropping from 8th in the 2020 report to 13th in the 2021 report. Although 13th is still well above average, the data suggests that while treatment for MDE and substance abuse disorders has been successful, more youth in Alabama are being diagnosed with a mental illness.

(2) The prevalence of mental illness among adults is increasing.

Alabama's rank in the adult prevalence of mental illness category was 37th in the 2020 report and 40th in the 2021 report. Therefore, the prevalence of mental illness among adults in Alabama is increasing and remains well below average.

(3) Suicidal ideation amongst adults is increasing.

Alabama's rank in the adults with serious thoughts of suicide category was 6th in the 2020 report and 17th in the 2021 report. Though both ranks are above average, suicidal ideation amongst adults in Alabama increased by 14% between the time periods evaluated for each report.

(4) There is still an unmet need for mental health treatment amongst youth and adults.

Alabama's ranks in the adult and youth access to care categories were 37th and 49th, respectively, in the 2021 report. Both ranks are below average, with youth access to care in Alabama ranking as one of the worst in the nation in both the 2021 report and the 2020

report. However, adult access to care in Alabama has improved: in the 2020 report, 64.3% of adults in Alabama with a mental illness reported receiving no treatment; in the 2021 report, 56.7% of adults in Alabama with a mental illness reported receiving no treatment. Though there is still an unmet need for treatment amongst adults and youth in Alabama, it appears that significant strides are being made to address the treatment needs for adults.

One important area impacting access to care is mental health workforce availability. Alabama ranked last in the nation (51st) in both the 2020 and 2021 reports in the mental health workforce availability category. It will prove difficult to increase access to care if Alabama does not increase its mental health workforce.

(5) The percentage of adults with a mental illness who are uninsured increased for the first time in nearly a decade.

Alabama ranked 47th in the adults with a mental illness who are uninsured category in both the 2020 and 2021 reports. While the number of uninsured adults did not increase, Alabama still ranks as one of the worst in the nation in this category.

The key findings in the State of Mental Health in America report illustrate the areas in which the nation and Alabama must improve. The need to address these mental health concerns took on a new urgency in 2020 and 2021 as the world battled the COVID-19 pandemic.

Impact of the COVID-19 Pandemic on Mental Health

Although the long-term impacts of the COVID-19 pandemic may not be known for some time, the physical impacts of COVID-19 on the world's population are widely documented. To date, over 4.76 million deaths have been attributed to COVID-19 worldwide (WHO, 2021), with 691,500 deaths in the United States, and 14,300 deaths in Alabama (CDC, 2021). Though the physical toll has been catastrophic, the impacts of COVID-19 on the mental health of the nation have been disastrous. In addition to the trauma associated with the risk of contracting the virus, business closures and lockdowns led

Although Alabama makes up 1.5% of the US population, the state has accounted for 2.0% of all COVID-19 related deaths in the US.

to increased rates of isolation and loneliness, financial struggles, and housing and food insecurities. In its 2021 spotlight on COVID-19 and mental health, MHA found that, of the people it screened for symptoms of anxiety or depression during the height of the COVID-19 pandemic, 27% attributed their mental health problems in part to the coronavirus while over 70% attributed their mental health problems in part to feelings of loneliness and isolation (MHA, 2020). MHA also found that the number of people looking for help with anxiety and depression has sharply increased, with young people struggling the most and more people reporting frequent thoughts of suicide and self-harm. In the workplace amidst widespread lockdowns, a third of employees are reporting feeling symptoms of depression often, while two-thirds of employees are reporting feeling symptoms of depression sometimes (SHRM, 2021). And as is the case with many traumas, people often turn to drugs to cope. In 2020, deaths from drug overdoses soared to more than 93,000, a nearly 30% increase from 2019 that most experts attribute to the destabilizing effects of the pandemic (Bernstein & Achenbach, 2021).

The COVID-19 pandemic has been unique in that it has impacted the entire world's population. It is often easy to overlook the impacts of more isolated disasters, such as a hurricane, a terrorist attack, or an epidemic like the Ebola outbreak in West Africa. But it is impossible to ignore the impacts of a worldwide pandemic. One positive outcome has been the impact on mental health awareness. Though the pandemic has increased existing mental health challenges and introduced new concerns, more people than ever are talking about the importance of mental health awareness and asking how to receive help. Where can we turn to for mental health services? Has the pandemic affected how mental health services are administered? What existing services or initiatives are in place already? The entire country has had to address these questions and many more given the current state of mental health in America. The Alabama Department of Mental Health provided access to multiple resources for those seeking information and help regarding the COVID-19 impacts on mental health. As opposed to developing initiatives to specifically address COVID-19, ADMH has highlighted the importance of its existing initiatives, and used the opportunity to demonstrate just how vital these services are to the mental health and well-being of the citizens of Alabama.

ALABAMA MENTAL HEALTH INITIATIVES

The State of Mental Health in America report detailed the most pressing mental health concerns in the nation, and the COVID-19 pandemic only exacerbated the growing mental health crisis. An important factor in the report, and amplified by COVID-19, is that mental health concerns affect everyone: people of all ages, genders, ethnicities, social classes, etc. Because mental health problems affect everyone, Alabama has developed several initiatives with different target groups in mind. This report will highlight the following: (1) School-Based Mental Health, (2) Crisis Diversion Centers and Rural Mobile Crisis Care, and (3) Mental Health First Aid.

SCHOOL-BASED MENTAL HEALTH

ALABAMA

Alabama's School-Based Mental Health Services is a collaboration between the Alabama Department of Mental Health and its providers and the Alabama State Department of Education and Alabama's local education agencies. The goal of the School-Based Mental Health (SBMH) Program is to ensure children and adolescents, both general and special education, have access to high quality mental health prevention, early intervention, and treatment services. Expected outcomes and performance indicators of SBMH are improvements in school attendance and behavior rates; promotion and graduation rates; student/family engagement; total level of life domain functioning improvement; delinquent behavior; family/youth perception of care; and social connectedness. Funding for the SBMH projects vary by location and can include local funds such as school contracts and local grants; state funds; and grant funds. Currently, all nineteen community mental health centers and 71 school systems participate in the School-Based Mental Health Collaboration Program (ADMH, SBMH Partners Distribution List, 2021).

The Alabama State Department of Education (ALSDE) and ADMH have had a relationship for many years. Prior to 2010, the majority of the mental health services for students were provided away from the students' assigned schools. However, ALSDE and ADMH officials found that students often struggled to return to their assigned schools after offsite treatment, in large part due to the stigma surrounding mental health. Alabama's SBMH Collaboration Program was born in part from the idea that students would be better served if treatment occurred in the schools.

The SBMH Program was officially formed in 2010 with no additional funding (i.e., existing funds were reallocated to fund the SBMH Collaboration Program). Though school systems are not required to participate in the SBMH Collaboration Program, ADMH's goal is to provide access to these services to all students in the state (Hammock, 2021). To be most effective, comprehensive mental health services in schools must be provided by an on-site master's level mental health professional employed by a community mental health center (CMHC) in collaboration with teachers, administrators, and families. These mental health professionals will provide systems of prevention for all students, early intervention for students at-risk (selected), and treatment services for students with identified problems based on a three-tier system:

** Services provided as needed in escalating tiers, and services listed not exhaustive in nature.*

In order to provide these services, school systems must verify that they meet eight standards required to be considered a "School Based Mental Health Collaboration Partner", including formalizing the relationship between the local school system and its community mental health center counterpart and participating in data collection and reporting (ADMH, SBMH Collaboration Model Description, 2014). As youth mental health is worsening across America, the services provided as part of the SBMH Collaboration Program can be instrumental in improving youth mental health. The State of Alabama has begun to recognize the impact of School-Based Mental Health, providing an additional $750,000 in funding each of the last two years to fifteen community mental health centers for the purpose of expanding SBMH Collaboration services (ADMH, ADMH Initiatives, 2021). This investment by Alabama is important, as evidenced by the creation of similar programs in neighboring states.

GEORGIA AND MISSISSIPPI

In Georgia, the school-based mental health program is called the Georgia Apex Program (Apex). It is funded and managed by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), and, like Alabama, Apex is a partnership between community-based mental health providers and local schools and school districts. Piloted in 2015, Apex provides services based on a three-tier system, with Tier 1 focused on universal prevention, Tier 2 on early intervention, and Tier 3 on intensive intervention. Though only five years old, Apex received a $4.2 million appropriation from the Georgia General Assembly in 2018 for the expansion of the program, and a $8.4 million appropriation in 2019 for the same purpose. In addition, the Center of Excellence for Children's Behavioral Health, located at Georgia State University, provides ongoing evaluation of the program (DBHDD, 2021). By 2020, Apex services were offered in 565 schools, a 313% increase from Year 1, and 78% of those schools are located in rural Georgia (Center of Excellence for Children's Behavioral Health, 2020).

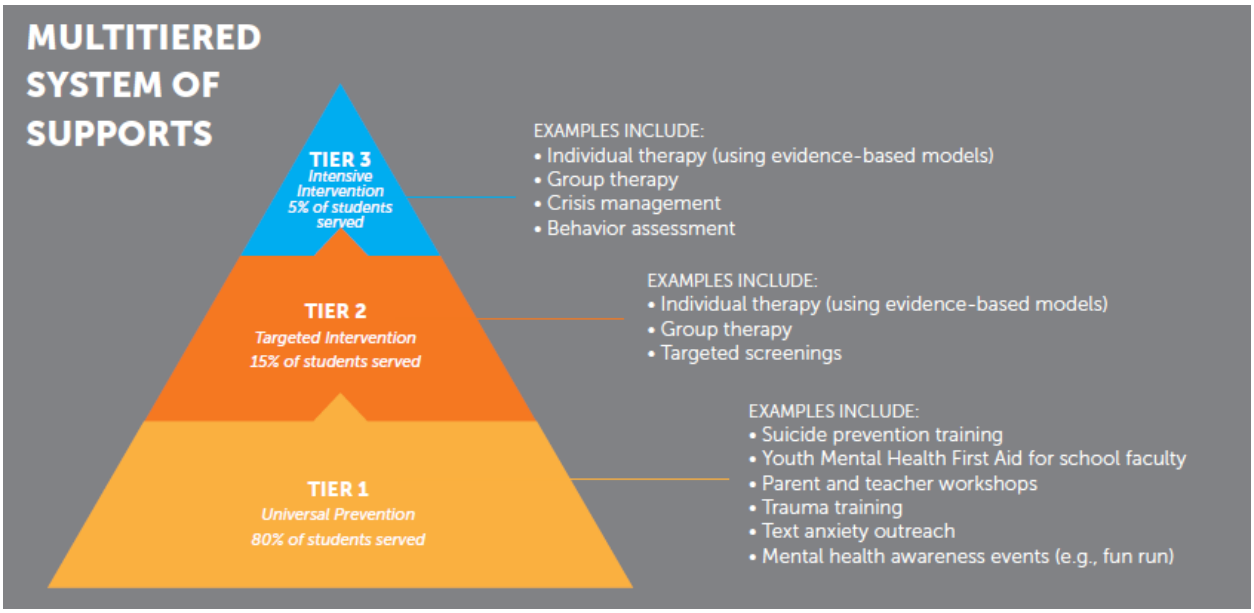
In Mississippi, the Mississippi School Safety Act of 2019 created a partnership between the Mississippi Department of Mental Health (MDMH) and the Mississippi Department of Education (MDoE). The Act requires the following: MDMH shall develop a Memorandum of Understanding to be used by certified providers and mental health facilities in providing mental health services to local school districts, and MDoE shall establish three pilot sites in six school districts to provide

students in K-5 with skills to manage stress and anxiety. The results of this initiative will be measured, reported, and used in consideration of statewide implementation (MDoE, 2021).

PROGRAM COMPARISON

ADMH, DBHDD, and MDMH have all provided mental health services for youth and children since the creation of those departments. However, the emergence of school-based mental health services in the past decade marks a significant shift in the approach to addressing youth mental health issues. And the recent investments made by all three states specifically meant to expand (or create) these programs suggests that school-based mental health services are making a difference.

For comparison purposes, Alabama's SBMH Collaboration Program and Georgia's Apex Program are based on nearly identical models, and, though Mississippi's initiative is in its infancy, it appears that they will follow a similar model. The three-tier approach is designed to impact all students by providing intensive treatment for those in need, increasing awareness amongst all students in an effort to prevent serious mental health issues, and identifying issues as early as possible to intervene before their mental health significantly deteriorates. A 2020 report based on interviews with three SBMH providers in Georgia found that school-based mental health programs work best when they include multi-tiered services to provide comprehensive support (Voices for Georgia's Children, 2020) such as:



This finding is supported by a study published by Georgia State University (GSU) which concluded that SBMH programs have a positive impact on school climate, including decreases in discipline incidents over time (DiGirolamo, et al., 2021). Though the report and study evaluated the SBMH program in Georgia, the findings should apply to Alabama as well given the similarities between the programs. However, the absence of similar studies of Alabama's SBMH Collaboration program highlights a stark contrast between the states regarding the availability of information and data. Ensuring that information is readily accessible is a key component to raising mental health awareness. In addition to the publicly available report and GSU study, Georgia's DBHDD website provides a factsheet and FAQ regarding the Apex program, as well as a detailed program evaluation made up of data from the first four years of the program. Conversely, Alabama DMH's website simply provides a brief description of SBMH, an update on extra funding and the number of entities participating in the program, and a map of Alabama highlighting the counties where SBMH is available. Lack of detailed information makes it difficult to raise awareness, track program progress, and identify areas for improvement.

In addition to the positive aspects of SBMH programs, the 2020 Voices for Georgia's Children report identified significant barriers to the success of these programs, including workforce shortages, salary and funding restraints, clinician burnout, and lack of clearly defined roles. Given the potential impact on youth mental health, it is vital that Alabama invest the time, money, and resources in addressing these barriers and achieving the goal of making the SBMH Collaboration Program available to all students in the state.

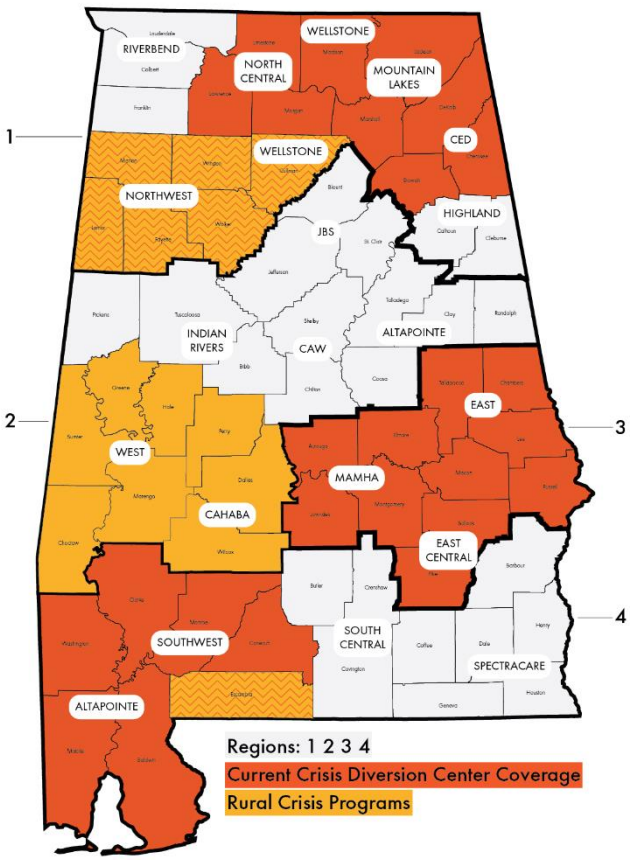
Crisis Diversion Centers / Rural Mobile Crisis Care

Alabama

In 2020, ADMH received $18 million to establish the first pilot Crisis Diversion Centers in Alabama. These centers are designated places for communities, law enforcement, first responders, and hospitals to take individuals that are in mental health or substance abuse crisis (ADMH, Crisis Diversion Centers, 2021).

Within the last two years, five community mental health centers across the state received additional funds for the creation of rural mobile crisis care units (ADMH, Rural Crisis Care

Programs, 2021). These units are called in to evaluate and transport individuals that are in mental health or substance abuse crisis to the appropriate locations to receive treatment. Currently, the Crisis Diversion Centers and the mobile crisis care units serve 41 of the 67 counties in the state.



When a mental health crisis occurs, individuals often end up in an emergency room or in jail. Jail will provide no solutions for an individual in mental health crisis, and an emergency room only has the resources to stabilize the individual in the moment. The major goals of the Crisis Diversion Centers and the rural mobile crisis care units are to reduce the number of hospitalizations and arrests; reduce the frequency of admissions to hospitals; help individuals in crisis achieve stability; and achieve sustained recovery and provide linkage to community agencies and organizations, psychiatric and medical services, crisis prevention, and intervention services (ADMH, Crisis Diversion Centers, 2021). The goal to achieve sustained recovery is critical to the success of these programs. Sustained recovery means not only providing immediate treatment to address a crisis but following up with the individual and determining if continuous treatment or medication is required.

There is not a significant amount of data currently available regarding the services provided by the Crisis Diversion Centers, as the first only just began limited operations in May 2021. However, data from the year-old mobile crisis unit operated by the community mental health center Wellstone, Inc. in Cullman County has shown the potential value of these two initiatives. In its first 9 months, the Wellstone, Inc. mobile crisis unit responded to 248 calls, just over half of which

resulted in the individual receiving treatment at an outpatient facility. Wellstone, Inc. estimates that its intervention in these cases prevented 180 emergency room visits and inpatient psychiatric stays, saving hospitals roughly $660,000 (Van Dyke, 2021). While this is exactly the kind of result these mobile crisis units are intended to produce, it is worth noting that the Wellstone, Inc. mobile crisis team is only serving an average of one individual per day. This is due in part to staffing issues made worse by the pandemic. But more importantly, the Crisis Diversion Centers and mobile crisis care units rely on the cooperation of local law enforcement in order to be successful. The mobile crisis care units in particular rely almost exclusively on referrals from law enforcement. That means these units must cultivate a relationship with local law enforcement, and the officers must be sufficiently trained to be able to identify individuals that may be in mental health crisis. Given the preliminary successes of the Wellstone, Inc. mobile crisis care program, it is in the best interest of Alabama's citizens and Alabama's law enforcement community that the Crisis Diversion Centers and mobile crisis care programs are made a priority.

Georgia and Mississippi

Georgia's crisis care model is built around the Georgia Crisis & Access Line (GCAL). This statewide toll-free call center operates 24/7, and its professionals will provide telephonic crisis intervention services, dispatch mobile crisis teams, assist individuals in finding an open crisis or detox bed across the state, and schedule appointments for services (Georgia Collaborative, 2021). Mobile crisis response services accessed via GCAL provide immediate on-site crisis management through assessment, de-escalation, consultation, and referral with post-crisis follow-up to assure linkage with recommended services. In addition, Georgia's DBHDD operates five Behavioral Health Crisis Centers (BHCC) which provide community-based, 24/7 walk-in access to psychiatric assessment, intervention, and counseling for individuals experiencing a crisis, substantial and overwhelming stress, or a change in behavior that severely impairs functioning or causes increased personal distress. Services are designed to prevent ER visits or psychiatric inpatient hospitalization and include

temporary observation; mobilization of natural supports; and linkage to other appropriate levels of care or other services needed to effectively support the individual. Finally, DBHDD operates eighteen Crisis Stabilization Units which provide short-term psychiatric treatment and stabilization in a community setting (DBHDD, 2021).

Mississippi DMH also operates a 24/7 helpline that provides information about where to obtain services. Those services include Mental Crisis Response Teams (MCeRT) which work closely with law enforcement to reduce the likelihood that a person experiencing a mental health crisis is unnecessarily placed in a more restrictive environment like jail, a holding facility, a hospital, or inpatient treatment. MCeRT services are available in all 82 counties in Mississippi which are covered by thirteen regional offices, and each region has a designated MCeRT contact number. In addition, Mississippi utilizes Crisis Intervention Teams (CITs). CITs are the product of a partnership between local law enforcement officers and a variety of agencies, including Community Mental Health Centers, primary health providers and behavioral health professionals. Officers who have received crisis intervention training respond to individuals experiencing a mental health crisis and divert them to an appropriate setting to provide treatment, ensuring individuals are not arrested and taken to jail due to the symptoms of their illness. Finally, there are thirteen Crisis Stabilization Units operating in Mississippi which provide stabilization and treatment services to persons who are in psychiatric crisis (MDMH, 2021).

Program Comparison

The crisis care models in all three states strive to accomplish the same goals. However, there are two major differences between the services provided in Alabama and those provided in Georgia and Mississippi: availability and accessibility. Crisis care services, including mobile crisis care units, are available to all citizens in Georgia and Mississippi. In Alabama, the Crisis Diversion Centers and mobile crisis care units only serve 41 of the 67 counties in the state, or roughly 60% of the state's population. All Alabamians deserve equal care opportunities, so it is imperative that Alabama joins its neighboring states in offering these crisis services to all its citizens. In addition, Alabama must address the issue of accessibility for those in the counties where those services are currently available. Both Georgia and Mississippi have 24/7 helplines in place to assist those in mental health crisis. Those helplines are widely publicized on their respective mental health

department websites and the social media accounts associated with their mental health departments. Alabama DMH does not appear to currently offer a central helpline, though it does publicize the contact numbers for the three Crisis Diversion Centers and individual helplines for each county. However, the mobile crisis care units rely almost exclusively on law enforcement for referrals. A central call center responsible for screening calls for those in mental health crisis will likely be necessary for these crisis services to reach all of those in need.

In addition to the attainable goals of reducing hospitalizations, inpatient treatment, and arrests, and achieving sustained recovery, these crisis care systems will save lives. A study of 17 states found that about 22% of fatalities due to the use of lethal force by law enforcement over a four-year period were mental health related (Degue, Fowler, & Calkins, 2016). Alabamians in mental health crisis deserve the opportunity to receive treatment and investing in the Alabama Crisis System of Care will provide those opportunities.

Mental Health First Aid

Mental Health First Aid (MHFA) is managed and operated by the National Council for Mental Wellbeing in partnership with the Missouri Department of Mental Health. MHFA is a course that teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives them the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis (NCMW, 2021).

Youth MHFA is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth MHFA is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders (NCMW, 2021).

Youth MHFA training is administered by certified instructors. Individuals may be certified in both adult and youth MHFA. Instructor certification is offered in-person or online and lasts 3-5 days. MHFA is a national initiative, so training is the same no matter where you are located. The MHFA training is provided by the certified instructors as an 8-hour course (NCMW, 2021). The Alabama Legislature has previously allotted $250,000 for MHFA instructor training. Alabama currently has approximately 100 certified youth MHFA instructors (Warfield, 2021).

MHFA 5-Step Action Plan

- Assess for risk of suicide or harm.
- Listen nonjudgementally.
- Give reassurance and information.
- Encourage appropriate professional help.
- Encourage self-help and other support strategies.

National initiatives like MHFA are great opportunities to increase mental health awareness in Alabama. There are several advantages to investing in youth MHFA, including:

(1) Any individual can receive training and/or instructor certification.

The fact that there are no restrictions on who can receive training or certification means that these courses have the potential to reach a vast audience. Ideally, each school or school system would be staffed with a mental health coordinator who could become a certified instructor. But the lack of such a position does not prevent schools from having a certified instructor on staff since anyone can participate in the certification process.

(2) Alabama does not have to devote resources towards developing training materials.

Developing materials for training courses requires a significant amount of time, people, and money. Because the MHFA training and certification materials are established at a national level, the only investment Alabama has to make is the cost of training and certification.

With one in five teens and young adults living with a mental health condition (NCMW, 2021), training like youth MHFA can be critical to identifying and helping those in need. For Alabama to be able to meet the mental health needs of all its citizens, the state must continue to invest in and promote national initiatives like MHFA.

RECOMMENDATIONS

This report has highlighted several initiatives implemented in Alabama to strengthen the mental health of its citizens, as well as how Alabama ranks in the 2021 State of Mental Health in America report. In order to further strengthen the mental health of Alabama's citizens and increase mental health awareness in the state, our team recommends that: (1) Alabama increase funding for ADMH, including raising salaries and hiring additional staff; (2) ADMH restructure the contract system with the CMHCs; and (3) ADMH upgrade its online media presence.

INCREASE FUNDING/STAFF

The School Based Mental Health Collaboration Program, Crisis Diversion Centers, Rural Mobile Crisis Care, and Mental Health First Aid all have the potential to significantly improve the mental health of Alabama's citizens. However, none of these services are currently available to all Alabamians. As previously noted, the Crisis Diversion Centers and Rural Mobile Crisis Care units only serve 41 of the 67 counties in the state. The SBMH Collaboration Program is not offered by the school systems in 21 Alabama counties. And 100 certified youth MHFA instructors cannot provide training for all of the schools and childcare programs in the state. Further, for the last two years, Alabama has ranked last in mental health workforce availability according to the 2020 and 2021 State of Mental Health in America reports.

In order to realize the full potential of these services and be able to offer them to all its citizens, Alabama must address its staffing shortage. One common approach to attracting and retaining talent is increasing the base salary for employees. Another incentive that has become more popular in the last decade is offering to pay off some or all student loan debt in exchange for working in more rural areas, such as a program created by Texas lawmakers in 2015 (Walters, 2015). Any approach to increasing the size of the workforce will require additional funding, as will expanding the services highlighted in this report to all areas in the state.

Consolidation of Care – Contract System

An increase in funding alone will not be sufficient given how funding is currently distributed by ADMH. The state does not provide equitable care to all Alabamians, in part due to the structure of the contracts between ADMH and the community mental health centers and these centers. Each year, the community mental health centers must renegotiate their contracts with ADMH. However, the new contracts are not based on anticipated need but prior services provided. So, the community mental health centers are limited in their ability to request funds from ADMH for expanding services. And if the centers search for funding elsewhere, such as grant funds, they may be competing against other community mental health centers and private entities for those limited opportunities.

Our team recommends that ADMH restructure the contract system so that there is an equitable share of funding and that funding can be allocated based on need. With all mental health providers in the state receiving an equitable share of funding, implementation of the programs available and the services they provide would be more consistent, and all Alabamians would have access to equal care.

Upgrade Online Media

Ensuring that information is readily accessible is a key component to raising mental health awareness. In the course of researching the Alabama initiatives highlighted in this report, it was noted that ADMH's website was lacking key information. Only brief descriptions of these initiatives are available on the website. It would be more helpful if the website included a list of specific services provided by these programs, including which services are provided in each county. In addition, it is not clear on the website's main page how to contact a provider in the case of a mental health crisis. A list of contact numbers for each county is available on ADMH's website, but some of the contact numbers are not accurate according to the providers' websites. The more difficult it is to find this type of information, the less likely people will be to turn to ADMH when they are in need. A comprehensive upgrade of ADMH's website will be a significant step towards raising mental health awareness in the state.

Once the website is upgraded, ADMH must ensure that people are aware of the website. For children, teens, and parents, this is best accomplished by providing information at schools and childcare facilities. Considering 70% of Americans use at least one form of social media (Pew, 2021), ADMH should regularly promote its website on social media, including specific links to aid those in crisis. Finally, ADMH should consider establishing a central call center with one contact number. A single phone number is considerably easier to promote on a website, on social media, on local news, at town halls, and so on. The more accessible ADMH makes information for those in mental health crisis, the more people they will be able to help.

CONCLUSION

The importance of mental healthcare and mental health awareness cannot be overstated. The mental health of Americans is worsening, and more people than ever are struggling with their mental health as a result of the COVID-19 pandemic. Alabama has made significant strides towards addressing the mental health crisis, including initiatives like the School Based Mental Health Program, Crisis Diversion Centers, Rural Mobile Crisis Care, and Mental Health First Aid. These initiatives can and will improve the mental health of Alabamians, which will result in lives saved. But the state must continue to invest in, promote, and expand these programs if they are to succeed. The *Mental Health Awareness in Alabama* CPM Solutions Project team believes that the recommendations provided herein will help Alabama succeed in its endeavor to provide sufficient mental health care to all its citizens.

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