

State of Mental Health:

Designing and Delivering Effective, Efficient,
and Equitable Public Mental Health Services

Public Affairs Research Council of Alabama Annual Forum
March 7, 2025



Kimberly G. Boswell, Commissioner
Alabama Department of Mental Health

State of Mental Health

ADULTS

587,000

Alabama adults reported a substance use disorder

15.19%

17.82% U.S. Ranking

931,000

Alabama adults reported a mental illness.

24.09%

23.08% U.S. Ranking

The percentage of adults reported serious thoughts of suicide

210,000

Alabamians

5.44%

5.04% U.S. Ranking

The percentage of suicide mortality (per 100,000 individuals)

827
deaths.

15.87%

23.08% U.S. Ranking

YOUTH

The percentage of youth who reported a severe major depressive episode

19.41%

20.17% U.S. Ranking

76,000
Alabamians.

On average,
one in six
U.S. children
aged 2-8
years

have a diagnosed
mental, behavioral,
or developmental
disorder

17.4%

15% U.S. Ranking

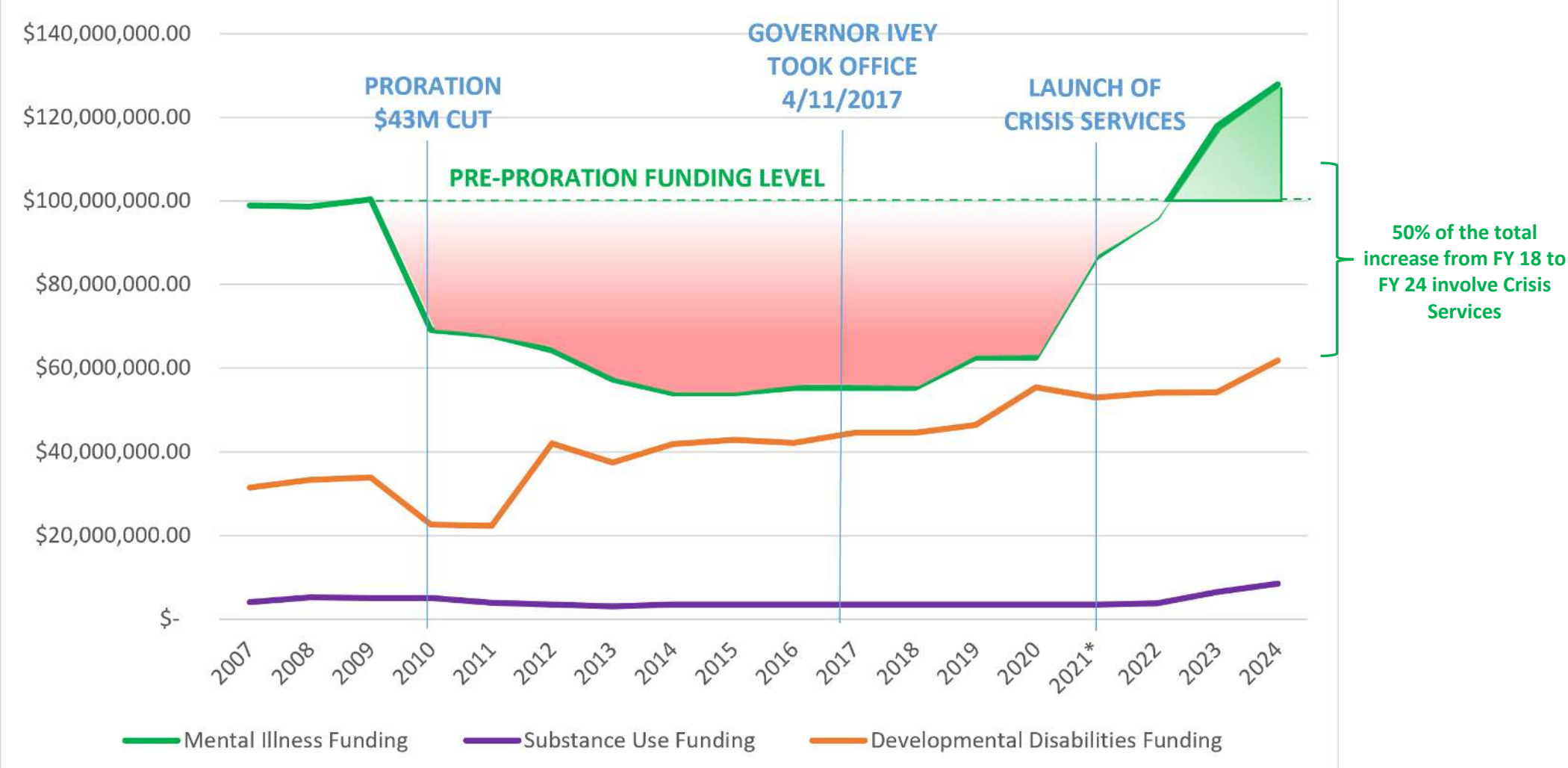
Suicide, the
leading cause
of death

3rd

2nd Cause of death U.S. Ranking

for ages
10-24

ADMH General Fund Trends



Since FY 2018, ADMH has received a **\$102,811,890 (95%)** increase in the General Fund Budget.



The Mental Health of Children and Youth

What Impacts the Mental Health of Children and Youth?

Adverse Childhood Experiences (ACES)

- The degree to which we can address childhood trauma of any origin, determines a child's future mental health and educational success.
- Child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of substance use, and a significant contributor to leading causes of death such as heart disease and diabetes.
- Trauma-based behaviors in children are often misdiagnosed. For example, **traumatized children can have similar symptoms as children with ADHD, Anxiety, or Depression.** However, trauma and post traumatic stress require different evidence-based interventions.

The higher the ACE score, the greater the likelihood an individual may experience mental health disorders such as depression, post-traumatic stress disorder, anxiety, and sleep disorders; and to engage in behaviors such as early and high-risk sexual behaviors and substance use.

Adverse Childhood Experiences (ACES)

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through divorce, abandonment, death, or other reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Adverse Childhood Experiences (ACES)

6. Did you live with anyone who went to jail or prison?
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
9. Did you feel that no one in your family loved you or thought you were special?
10. Did you experience unwanted sexual contact?

We know which children will struggle by the time they are in Pre-K.

Experiences Early On Impact How Our Children Learn

x 3.5

Higher preschool
expulsion rates
than K-12

x 10

Expelled or suspended
young students are
more likely to drop out
of high school,
experience academic
failure, have negative
school attitude

x 8

Expelled or
suspended young
students are more
likely to be
incarcerated later
in life

ADMH Infant and Early Childhood Mental Health Consultation

In collaboration with the Alabama Department of Early Childhood Education, ADMH IECMH Consultants work to effectively respond to a child's needs so behavioral challenges are better addressed and teacher stress is reduced.

IECMH Consultants help identify and support very young children who are at risk of or demonstrating mental health conditions by providing training and support to their families and/or professionals serving the children and/or families.

ADMH IECMH Consultation provides support in:

- **First Class Pre-K Classrooms –statewide**
- **PATHS enrolled primary care practices– statewide (limited but expanding)**
- **Part C Early Intervention– statewide**
- **The Lovelady Center – Birmingham**

2024-25 First Class Pre-K Regions

Region 1

Pam Turner – RD
Willie Smith
Assigned IECMHC

Region 3

Angie Smith – RD
Willie Smith
Assigned IECMHC

Region 5

Amanda Johnson – RD
Johnece Smith
Assigned IECMHC

Region 7

Misty Blackmon – RD
LaWana Kennedy
& Angela Hayes
Assigned IECMHC



Region 2

Felicia Mason – RD
Lakeshia Thomas
Assigned IECMHC

Region 4

Kimberly Ford – RD
Lakeshia Thomas
Assigned IECMHC

Region 6

Marcia Jackson – RD
LuCrystal Hopkins
Assigned IECMHC

Region 8

Gidget Haslam – RD
Chelsea Taylor
Assigned IECMHC

ADMH Contact for Information

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334-544-9213

Children's Services Pilot

Piloting Trauma Systems Therapy

- In partnership with Gateway in Birmingham, ADMH seeks to train providers in Trauma Systems Therapy (TST) and *Never Look Away* Training.
 - TST is an evidence-based clinical and organizational model
 - *Never Look Away* Training is an evidence-based training for professionals
 - Both were established at NYU's Department of Child and Adolescent Psychiatry, and currently implemented and trained by Gateway through a SAMHSA grant
- ADMH will pilot Trauma Systems Therapy with the following professionals and settings:
 - Infant and Early Childhood Mental Health Consultants in First Class Pre-K
 - School-Based Mental Health Therapists and ALSDE Mental Health Service Coordinators
 - A pediatric hospital setting and residential treatment facility
- Funding will support training and technical assistance needed from the Trauma Systems Therapy Training Center at New York University.

“Our health care system today is not set up to optimally support the mental health and well-being children and youth. We must reimagine how health care organizations and health professionals prevent, identify, and address mental health challenges.”

U.S. Surgeon General: *Protecting Youth Mental Health Advisory*

- [Parents report] Pediatricians are among the most trusted advisors when their children are in crisis.
- 60% of parents said they would go to their doctor to talk about teen mental health treatment *before* they would talk to a mental health provider, a school guidance counselor or even a close friend.



Pediatric Access to Telemental Health Services (PATHS)

PATHS increases access to mental health care by building capacity for primary care providers in Alabama communities to diagnose, treat and manage mild to moderate behavioral health conditions in children and adolescents.

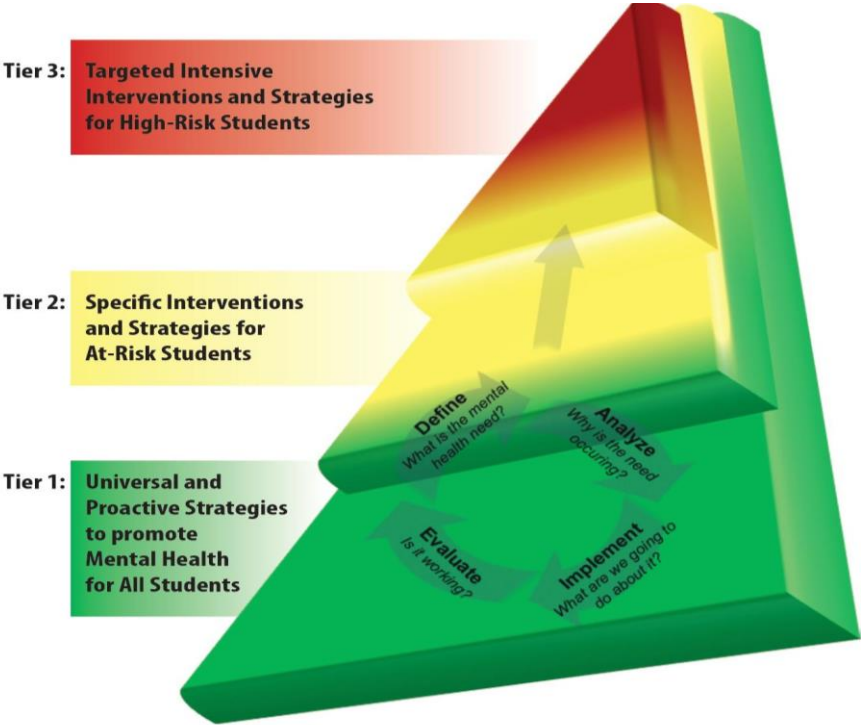
PATHS provides:

- Behavioral health consultation for primary care providers
- Educational programs in the treatment of a variety of behavioral health disorders
- Care coordination related to complex conditions or comorbid disorders
- Referrals to behavioral health resources in the patient's community where available
- Behavioral health services via telemedicine between a patient in a primary care office and a PATHS professional at Children's of Alabama, when specialist intervention is needed

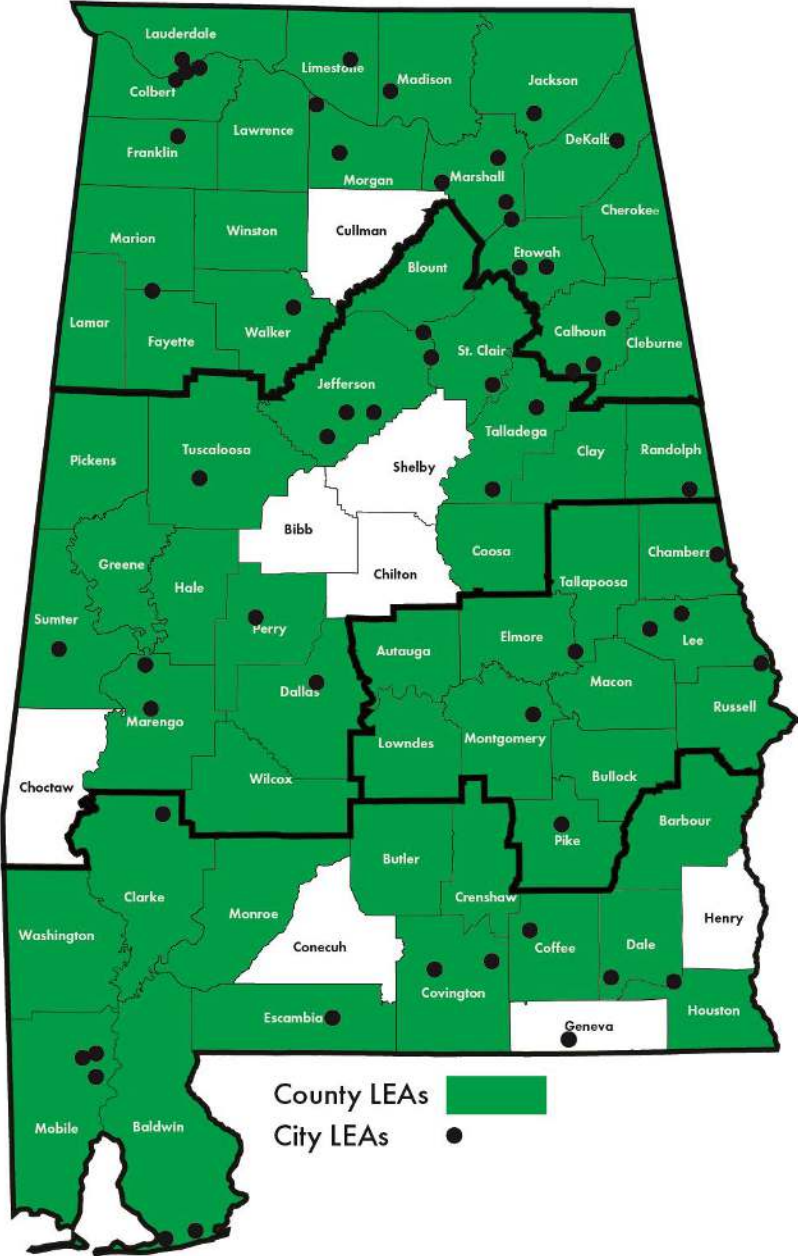
As of March 2024, there are **122** primary care practice sites and **452** individual providers enrolled in PATHS.

School Based Mental Health Collaboration

In the 2023–2024 school year, more than **11,000 students** were served through the program in **115 school systems**.



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

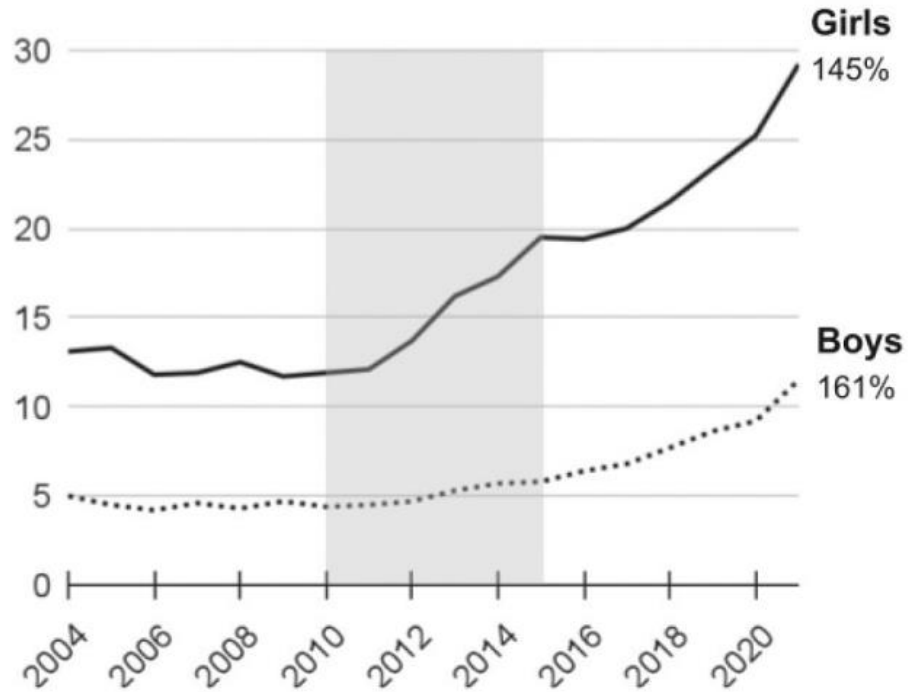


- City Local Education Agencies (LEAs):**
- | | |
|--------------|--------------------|
| Albertville | Linden |
| Andalusia | Magic City |
| Aniston | Acceptance |
| Arab | Midfield |
| Athens | Muscle Shoals |
| Attalla | Opelika |
| Auburn | Opp |
| Bessemer | Orange Beach |
| Boaz | Oxford |
| Breakthrough | Pell |
| Charters | Phenix |
| Brewton | Pike Road |
| Chickasaw | Roanoke |
| Daleville | Russellville |
| Decatur | Saraland |
| Demopolis | Satsuma |
| Dothan | Scottsboro |
| Elba | Selma |
| Florence | Sheffield |
| Fl. Payne | Sylacauga |
| Gadsden | Talladega |
| Geneva | Talladega |
| Gulf Shores | Tallassee |
| Guntersville | Thomasville |
| Hartselle | Troy |
| Huntsville | Trussville |
| Jacksonville | Tuscaloosa |
| Jasper | Tuscumbia |
| Lanett | University Charter |
| Leeds | Livingston |
| | Winfield |

Youth Mental Health

Major Depression Among Teens

Increase since 2010



Percent of U.S. teens (ages 12–17) who had at least one major depressive episode in the past year, by self-report based on a symptom checklist.
Source: U.S. National Survey on Drug Use and Health.

Emergency Room Visits for Self-Harm

Increase since 2010

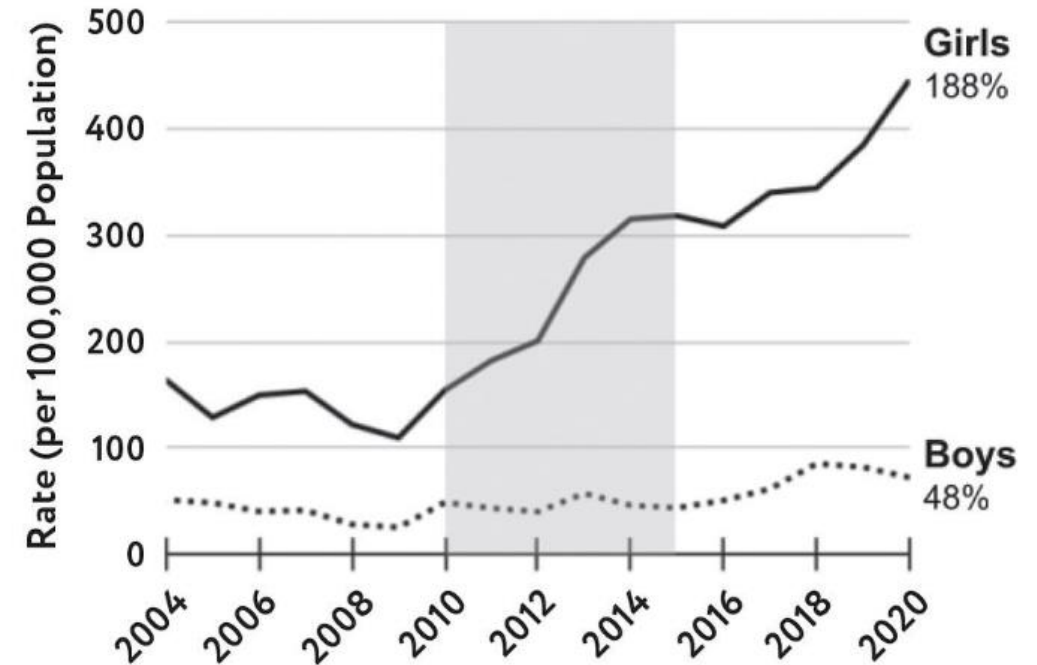


Figure 1.4. The rate per 100,000 in the U.S. population at which adolescents (ages 10–14) are treated in hospital emergency rooms for nonfatal self-injury. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)²⁰

Youth Mental Health

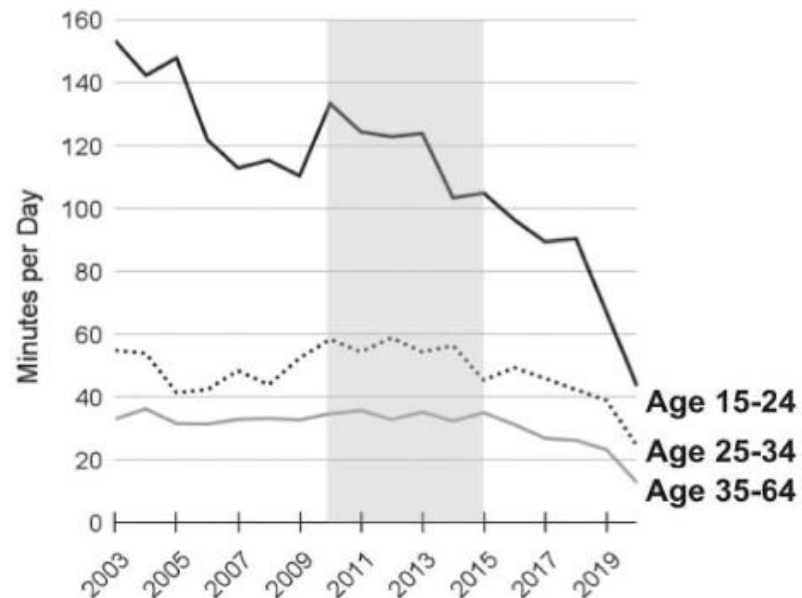
Social Media and its Impacts

The Four Foundational Harms of the Phone-based Childhood

- Social Deprivation
- Sleep Deprivation
- Attention Fragmentation
- Addiction

When you eat a food you like, you get a small hit of **dopamine**, which is why you then want the second bite even more than the first. This happens to children with video games and social media, and it happens by design. The creators of these apps use every trick in the psychologists' toolkit to hook users as deeply as slot machines hook gamblers.

Daily Time With Friends, By Age Group



Youth Mental Health

Social Media and its Impacts

- Adolescents who spend more than three hours a day on social media **face double the risk of anxiety and depression symptoms**, and the **average daily use**, as of the summer of 2023, **was 4.8 hours**.
- Adolescent social media use is **predictive of a subsequent decrease in life satisfaction** for certain developmental stages including girls (11–13 years) and boys (14–15 years old).

What can we do?

- No smartphones before high school
- No social media before 16
- Phone-free schools
- More independence, free play and responsibility in the real world

– Jonathan Haidt, The Anxious Generation, 2024

Youth Mental Health Crisis – Connectedness

No matter how great the education policy, we can't expect our children to thrive in the classroom when they are dealing with unmet mental health needs, trauma, homelessness, and hunger.



- Students who arrive to the classroom from a stressful environment don't internalize new information at the same rate as children who enter the classroom in a calm state.
- Year after year, traumatized students learn at a slower and slower rate.
- The school environment can be a great place to rewire the brain from toxic stress and trauma.
 - Address cell phones in schools
 - Develop strong connections through sports, music singing and other activities that help rewire the brain

Designing and Delivering Effective Care

Five Year Goals

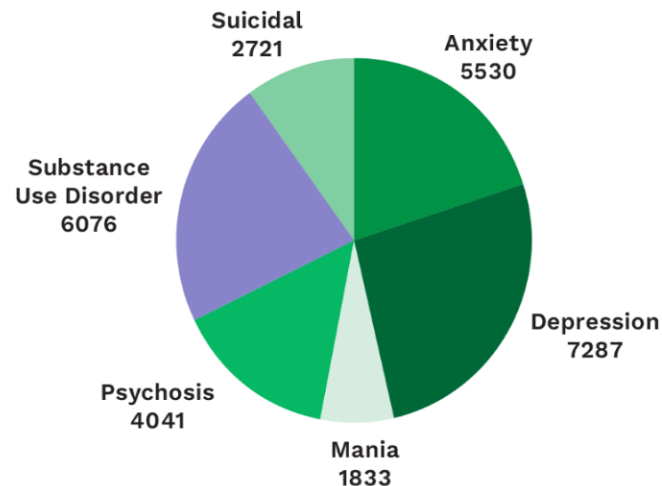
- Implement crisis services in all 67 counties.
- Converting the public mental health system to CCBHC – an integrated care model.
- Increase civil commitment beds to 30 per 100,000 Alabama residents.

Somewhere to Go: Crisis Centers

Cumulative Data from
May 2021–December 2024

PRESENTING SYMPTOMS*

Individuals may present with Multiple Symptoms



BY THE NUMBERS

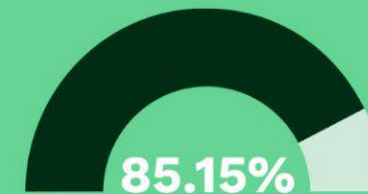
16,558 Evaluations

12,457 Individuals who Avoided ER Admission^{1*}

2,760 Individuals who Avoided Jail Admission^{1*}

1,252 Law Enforcement Drop-offs*

FOLLOW-UP & READMISSION



Rate of Follow-up

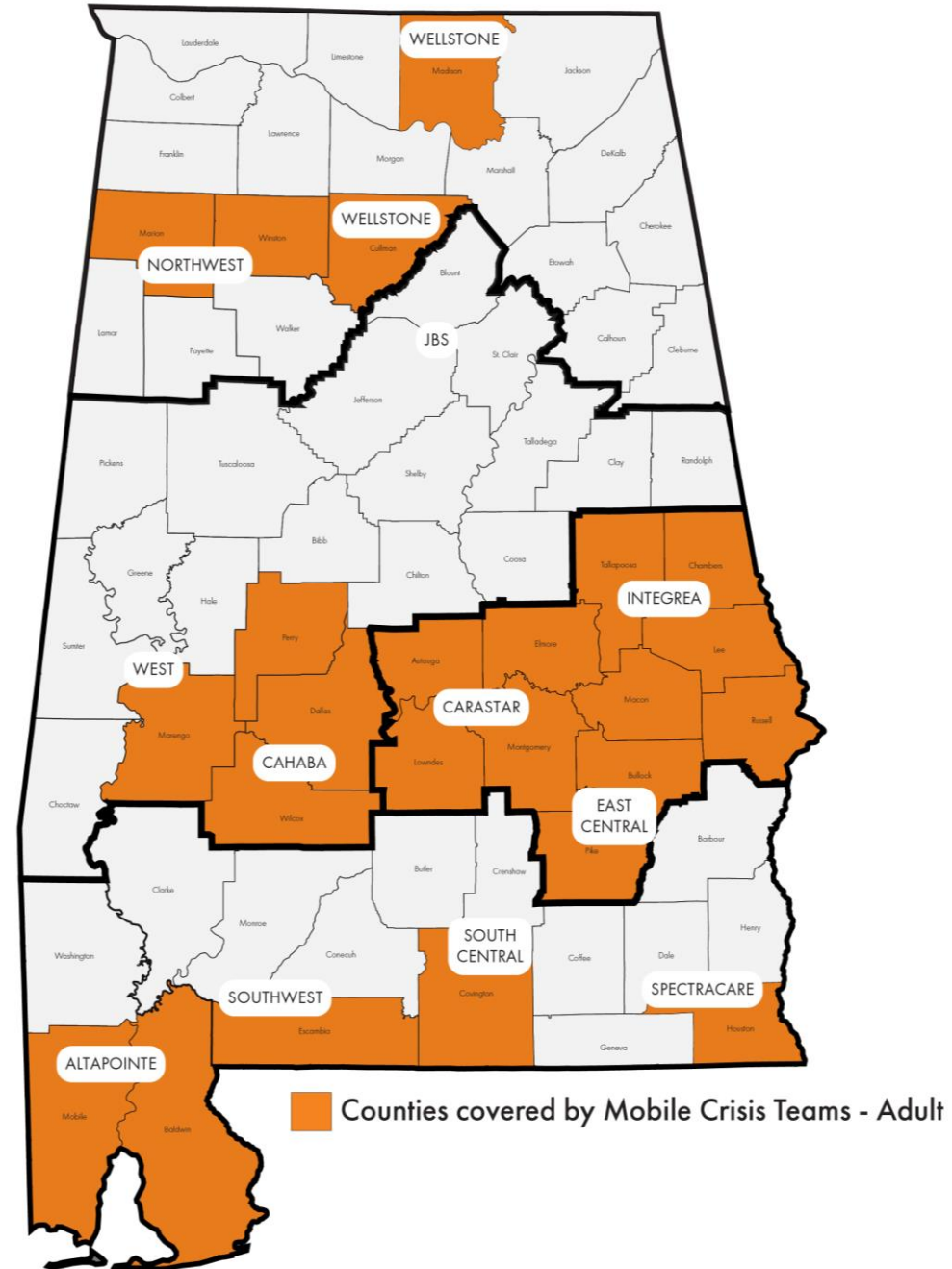


Rate of Readmission
(within 30 Days)

Someone to Come to You: Mobile Crisis Care

Cumulative Data from
October 2022–November 2024

1,140 children and 8,802 adults have
been served by mobile crisis teams
since October 2022.



Someone to Call: 988

Cumulative Data from
July 2022–December 2024

IN-STATE ANSWER RATE



July
2022



December
2024

AVERAGE SPEED TO ANSWER



July
2022



December
2024

80,318

Total # of Calls

114,979

Total # of Contacts
A call, text or chat
to the 988 Suicide &
Crisis Lifeline

12,621

Total # of Chats

22,400

Total # of Texts

Civil Commitment Beds and Crisis Beds

Involuntary Beds (Crisis Residential and Contracted)

Type	Number
Crisis Residential (at certified providers)	188
Contracted (at hospitals)	214
State Facilities (Bryce & Harper)	285
TOTAL	687

Involuntary Commitment:

The act of a person deemed to have a mental illness, who is mandatorily placed, in custody for treatment, or ordered to undergo treatment in the community for mental illness

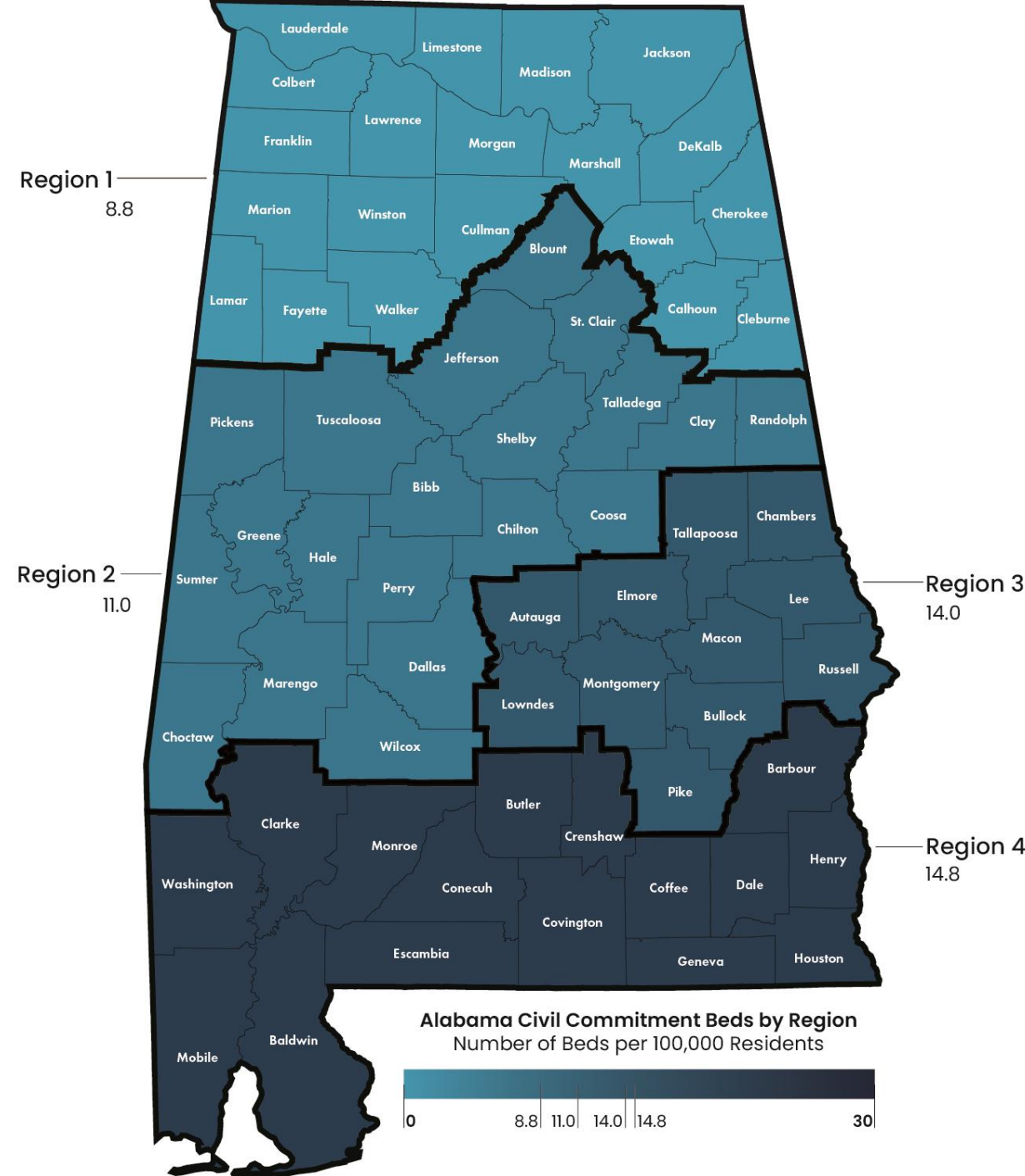
Voluntary Beds (Crisis Centers)

Type	Number
Temporary Observation	88
Extended Observation	57
TOTAL	145

Voluntary Commitment:

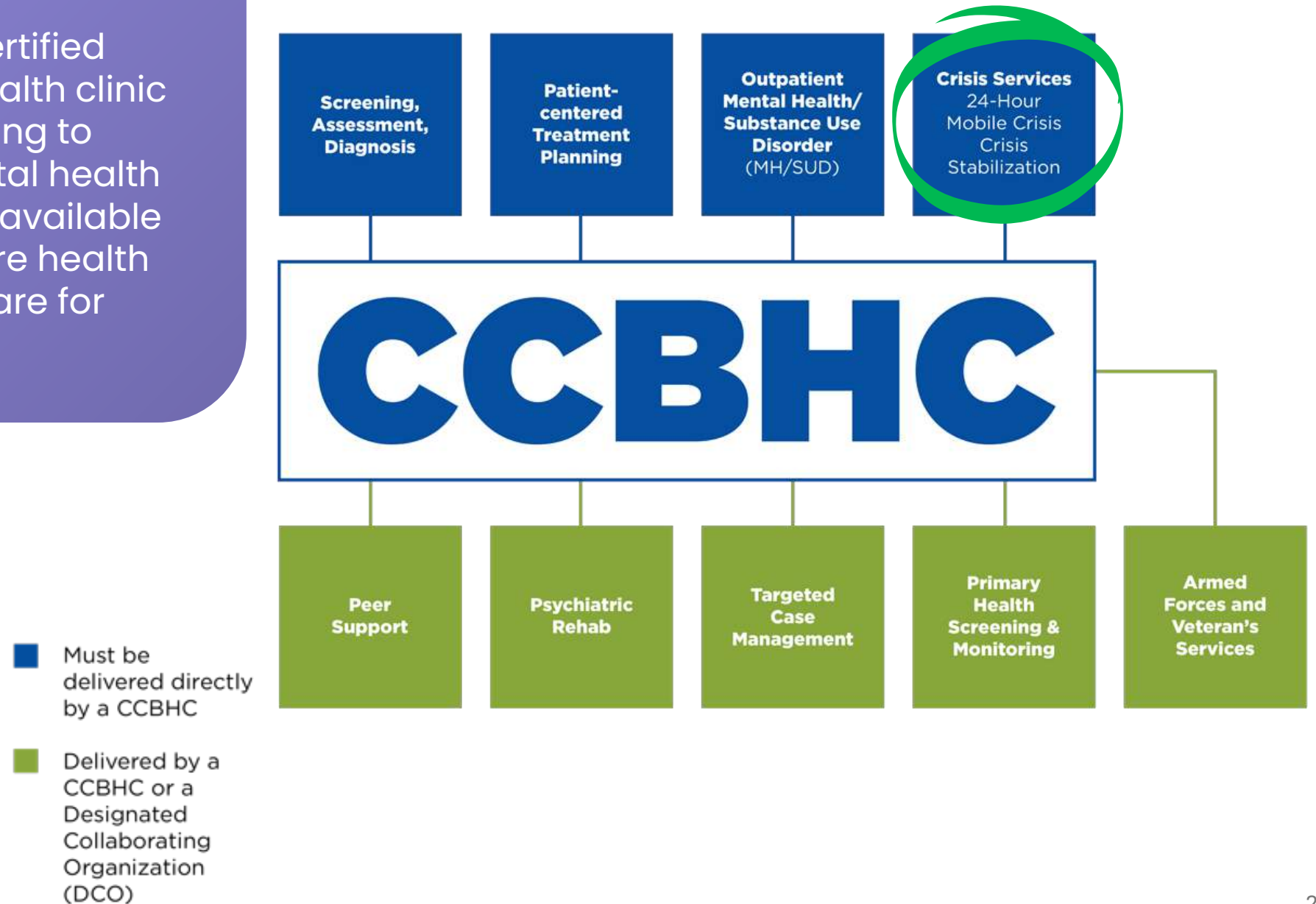
The act of a person who chooses and agrees to enter a mental health facility for treatment.

Civil Commitment Bed Shortage



The CCBHC Model

A specially-designated certified community behavioral health clinic that receives flexible funding to expand the scope of mental health & substance use services available in the community to ensure health equity and high-quality care for underserved populations.

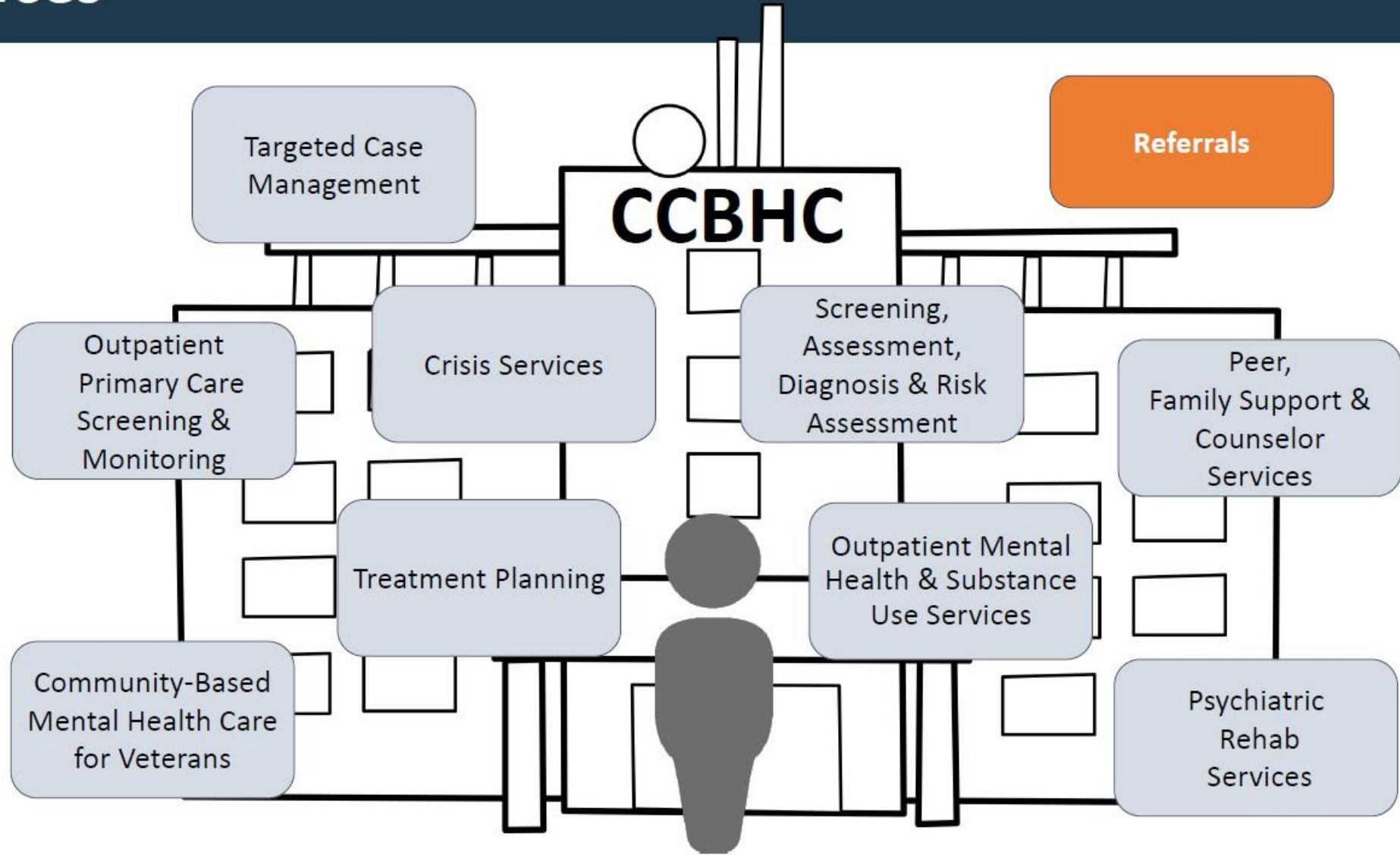


Required Services

CCBHCs must provide 9 required services directly or through a Designated Collaborating Organization (DCO).

CCBHCs must serve individuals **with mental health and substance use disorders across the lifespan**, including adults with serious mental illness, youth and children with serious emotional disturbance and individual with co-occurring mental health and SUD.

CCBHCs may refer out to other service providers but are still responsible for coordinating care with other service providers.



Thank You

Kimberly G. Boswell Commissioner

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