

## **Broadband USA Applications Database**

**Applicant Name:** Alabama Department of Mental Health

**Project Title:** Alabama Department of Mental Health Connects Communities through Care, Education and Services

**Project Type:** Sustainable Adoption

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### **Executive Summary**

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The Alabama Department of Mental Health (DMH) proposes to advance statewide sustainable adoption of broadband technology through the promotion of health care for vulnerable populations to include the more than 200,000 individuals served annually who have long term mental illnesses; serious emotional disturbance; are recovering from substance abuse; and/or have intellectual disabilities. Alabama is primarily rural and a large area of the state is economically underdeveloped and is either unserved or under served by broadband technology. Treatment services, and resources to support access to psychiatric treatment for these populations are limited. Community providers of mental illness, intellectual disability, and substance abuse services exist in all 67 counties, operate in the most underserved areas of the state, rely upon public resources for the majority of their operating costs, and struggle to attract and retain sufficient numbers of qualified staff to minimally meet the needs of a growing population. Sixty-six of 67 counties qualify for Health Manpower Shortage Designation. The ability to communicate between and among state offices and community providers has become an operational imperative in an era of diminishing public resources. Both state and community providers make every effort to conduct efficient operations so that scarce resources spread as far as possible. Toward that end, DMH has installed video conferencing equipment in its Central Office and state operated locations. Use of video conferencing equipment reduces the costs associated with travel and land-line telecommunication. Alabama ranks as the sixth lowest state in the nation for per capita psychiatric staff resources, lowest in the southeast region. The shortage is even greater for child and adolescent psychiatrists. Facilities and community providers constantly struggle to maintain adequate psychiatric staff. The lack of resources and broadband technology is especially significant throughout the fourteen county area of the state in Central and Southwest Alabama known as the Black Belt.

Through expanded broadband capacity to support the adoption of statewide telepsychiatry, EHR technology and associated HIE;a network of services could more readily be made available to consumers of DMH services, clinical and administrative staff. The primary obstacle facing DMH in its directive to improve broadband adoption rates via telepsychiatry is the lack of funding for “last mile” broadband and HIE equipment installation. Our deficiency in extending the reach of our agency’s health care services to the unserved and underserved populations through use sustainable broadband adoption can be addressed by the installation of broadband equipment and related health information technology components in behavioral health community service provider agencies, local hospital emergency departments and local community health centers. This broadband plan in partnership with community

colleges can link community service providers to the DMH Central Office and its state-operated facilities, and community service providers for training, administrative meetings and case consultations on discharge planning. Delivery of psychiatric services via video conferencing increases the time devoted to direct service rather than traveling between distant county offices.

Our approach is innovative in its use of video conferencing equipment to address multiple needs of consumers, clinical staff and administration through planned use of the equipment during times not designated for direct service delivery. Not only does this maximize equipment efficiencies, but it spreads costs over multiple domains to realize a better return on investment from provider billings and reduced travel costs. Intrinsic benefits that cannot be directly associated to cost benefit analysis are the expected improvement in consumer outcomes and cooperation generated between and among community and state agency partners. The collaboration planned between a rural hospital, Community Health Center and a Community Mental Health Center has implications for future models of care in the community by “co-locating” health care providers via telemedicine.

The area to be served is state wide. DMH operates seven mental illness facilities and one intellectual disabilities facility, which provide inpatient treatment. Additionally, DMH contracts with some 385 community providers in over 1,000 community locations in all 67 counties of the state.

39% of consumers of mental illness services are children and adolescents. 35% of all consumers are minorities. An estimated 80 % of consumers of DMH supported services live below the poverty level. The rate of unemployment among adult service consumers receiving substance abuse services is 32%. 68% of consumers receiving mental illness services are not in the work force while 17% who are in the work force are unemployed. We estimate that at least 40% of all consumers experience co-occurring health disorders, contributing to higher rates of morbidity than that of the general population.

DMH is poised to implement this project through the qualifications of DMH staff assigned to the project for project management, policy and procedures and technical expertise. Additionally, DMH Finance Office staff has over 40 combined years of experience in the management of DMH’s multimillion dollar budget, which includes federal awards and has both the programmatic and financial infrastructure to manage the reporting requirements.

DMH has had experience with implementation of telepsychiatry projects since 2002 and has just undergone the installation of a video conferencing network in the Central Office and state operated facilities which has been quite successful. State staff are very enthusiastic about use of the equipment for state wide trainings and meetings with a high utilization rate of the equipment. 10 jobs for support staff may result.