

AltaPointe Health Systems, Inc.

Strategic Plan

October 1, 2017 – September 30, 2019

Counties Served

Mobile, Baldwin, Clay, Coosa, Randolph, Talladega and Washington counties in Alabama

Brief History

AltaPointe Health Systems, “AltaPointe” (formerly Mobile Mental Health Center) was established in 1957 as the primary provider of services to the mentally ill in Mobile County, Alabama. In the late 1990s, the corporation set about strategically to design a course of development to meet the current and future service needs of its patient base including expansion of service array, diversification of funding streams, and strategic partnerships with other healthcare entities. Today, AltaPointe serves the communities of Mobile, Baldwin, Clay, Coosa, Randolph, Talladega and Washington counties of Alabama as the 310 Authority for planning and service provision to the mentally ill, developmentally disabled and those with a substance use disorder.

Description of Services/Supports Provided

Mental Illness

Services provided directly by AltaPointe are:

- 24-hour crisis/emergency services
- After-hours mobile crisis response team
- Adult inpatient psychiatric services for Probate Court evaluation, crisis stabilization and treatment
- Adult residential services including intermediate care facilities with partial hospitalization services, medical group homes, group homes with specialized behavioral services, small capacity group homes including one for deaf patients, basic group homes, semi-independent living apartments, Shelter Plus care, permanent housing for the homeless, and other community based residential care designed to assist patients in various phases of recovery from mental illness

- Adult outpatient services for seriously mentally ill adults including psychiatric, nursing, counseling, case management, ACT, and Bridge team services provided through 12 sites in Mobile, Baldwin, Clay, Coosa, Randolph, Talladega and Washington counties
- Integrated services for adults in local federally qualified health center
- On-site behavioral health/substance abuse assessments and brief counseling in local FQ look-alike
- On-campus behavioral health referral and treatment services at local FQ look-alike
- Adult day treatment and rehabilitative day programs
- Supportive housing
- Supported employment
- Jail diversion services for seriously mentally ill adults
- Transitional age residential group homes
- Independent living program for transitional age youth
- Intensive in-home intervention teams for children, adolescents, and adults
- Specialized intensive in-home intervention teams for adolescents with juvenile justice involvement
- Specialized intensive in-home intervention teams for transitional age youth
- Mental health assessment services provided in local health department and juvenile court
- Outpatient services for seriously emotionally disturbed children and adolescents at seven sites in Mobile, Baldwin and Washington counties
- Child and adolescent day treatment/educational services
- Specialized child and adolescent intensive after school services for the dually diagnosed DD/SED population
- School-based mental health services in 105 sites over 11 school districts
- Child and adolescent inpatient psychiatric services
- Child and adolescent intensive residential services
- 52-desk educational day treatment program for SED children in partnership with Mobile County Public School System
- 30-desk educational day treatment program for SED children in partnership with Baldwin County Public School System
- In-house full service pharmacy services

Sub-contracted services to the mentally ill

AltaPointe also provides foster home and assisted living home services to adults through sub-contracts with Bayou Oaks, Tajuacha I and II, G&M House, Carrington Place and Carrington Specialty.

Substance Use Disorders

AltaPointe provides treatment for adults with substance use disorders on an outpatient basis. Specific services include:

- Medication assisted treatment
- Intensive outpatient program including services to the dually diagnosed
- Special Women's intensive outpatient program
- Prevention services in Baldwin County
- Adult outpatient treatment – north region

Sub-contracted Services for Substance Use Disorders

AltaPointe sub-contracts for services to adolescents provided through The Bridge, Inc. that provides an adolescent residential program for males and an adolescent outpatient program in Mobile and Baldwin counties.

AltaPointe provides prevention services directly in Baldwin County. A variety of programs are provided aimed at specific target populations and addressing specific risk factors in the community. In addition, the Baldwin County prevention program acts as a bridge builder to improve prevention services for Perry, Wilcox, Marengo, Sumter, Greene, Lowndes, and Washington Counties through the Partnership for Success grant. Prevention services are discussed more fully in the Prevention Plan for AltaPointe.

Developmental Disabilities

Services to persons with developmental disabilities in Mobile County are developed and provided through sub-contracts issued by Region III of the Alabama Department of Mental Health. The office contracts directly with and provides oversight of services provided by Volunteers of America, The Learning Tree, MARC, AltaPointe, L'Arche, ECI, Inc., as well as several independent contractors providing foster home services. AltaPointe is directly responsible for case management services in Mobile County.

A comprehensive array of services and supports are developed and provided to individuals with intellectual and developmental disabilities and their families who reside in Talladega, Clay, Coosa and Randolph Counties. These services are provided through contractual arrangements with the Department of Mental Health Developmental Disabilities Division. Intellectual disabilities services and supports may range from information and referral, to case management or hourly services, to maximum supports that provide 24 hour care.

The service array includes:

- Day habilitation
- Residential services
- Skilled nursing
- Behavior therapy
- Physical therapy
- Occupational therapy
- Respite care
- Case management

Population Served

AltaPointe provides or ensures the provision of services to seriously mentally adults; seriously emotionally disturbed children and adolescents; developmentally disabled children and adults; and those adults and adolescents with a substance use disorder in the service area.

The metropolitan area including Mobile County is 2,828 square miles. The City of Mobile is the dominant urban area in the county with cities of Saraland, Prichard, Chickasaw, Bayou la Batre and other townships lying north and south of Mobile. The most recent estimated population for the Mobile SMSA is 607,696 with a median age of 35.7. The population is 68% Caucasian, 28% African-American, 1.7% Hispanic and 0.5% other origin. Median household income for the area is \$43,876.

Baldwin County, one of the fastest growing counties in Alabama, is a mixed rural, urban and Gulf Coast tourist area of 1,590 square miles bordering Mobile, Clarke, Escambia and Monroe counties of Alabama and the Florida state line. The county seat is in Bay Minette; other municipalities include Daphne, Fairhope, Foley, Spanish Fort and the Gulf Shores/Orange Beach area. The most recent census places the population at 200,111 of which 83% are Caucasian, 9.5% African-American, 4.6% Hispanic and 3% other origin. There is a heavy influx of “snowbirds” or retirees from northern states and Canada who reside in the coastal region during the winter season.

Washington County is located in southwest Alabama and enclosed by the Mississippi state line, Choctaw County, the Tombigbee River and Mobile County. The county is 682,000 acres and about 1,065 square miles. About 88% of the land is situated forest and pine plantations. Urban areas include the towns of Chatom (where a satellite office of AltaPointe is located), McIntosh and Millry. Washington County’s population is approximately 17,069. Farming is an important aspect of rural Washington County.

The counties in the north region of Clay, Coosa, Randolph and Talladega are largely rural with a total population of approximately 129,000. The racial makeup in the region is primarily Caucasian and approximately 30% Black or African American. AltaPointe has outpatient offices in Sylacauga, Talladega, Lineville, and Roanoke communities and other residential and day habilitation services throughout three of the four counties.

Mission Statement

AltaPointe Health Systems plans and facilitates a comprehensive healthcare system that promotes the wellness and recovery of people living with mental illness, substance use disorders and developmental disabilities.

Vision Statement

AltaPointe will be recognized as an industry leader in providing an innovative and comprehensive healthcare system that promotes and advances best clinical practices, education, staff development and satisfaction, strategic partnerships, and advanced technology.

Planning Cycle

As the 310 Authority board for the region served, AltaPointe continuously gathers information to assess needs in the community and plan for services to the mentally ill, the developmentally disabled, and those with substance use disorders. A formal plan for services is developed no less than every two years.

Key Stakeholders and their Roles

Community providers provide information on services currently being performed as well as information on patient demographics, funding sources, development opportunities, barriers to services and patient needs for services.

Patient and family input provides primary source information on services provided and is sought primarily through patient Perception of Care Surveys distributed monthly by AltaPointe's Performance & Improvement department and other providers. The surveys solicit specific suggestions and comments on care and treatment from patients and their family members.

The Consumer Council for AltaPointe, consisting of patients and/or legal guardians of child or adolescent patients who have volunteered to work with AltaPointe administration, provides a

patient's perspective on the quality of services provided and suggestions for programmatic or operational modifications to better serve patients. The Council was founded on the premise that patients of AltaPointe should have input into matters concerning patient care. The Council meets with AltaPointe Performance Improvement staff and provides suggestions for improvement. The Performance Improvement Department takes the ideas and suggestions to the Performance Improvement Committee, consisting of the 310 Leadership team, for consideration, implementation or feedback.

Leadership and management staff of AHS meet monthly with, and play an active role in, the local affiliate of the National Alliance on Mental Illness (NAMI). Topics addressed include patient and family needs for services, access to care, barriers to services and other issues that impact effective service delivery to the mentally ill. All information received is reported to the appropriate member of the leadership staff of AHS immediately following each meeting for problem resolution and exploration of ideas. Over the years, the NAMI membership has provided AHS with valuable information on access to care, crisis intervention services, residential care needs and other service needs of the seriously mentally ill.

The Region III and V offices of the Alabama Department of Mental Health (DMH) serve the local areas for services to the developmentally disabled and are fully responsible for the monitoring and evaluation of services to this population. Through contract with DMH, AltaPointe's DD case management department provides the initial assessment of persons seeking services, assists DMH in management of the waiting list for services provided through the various Medicaid waivers, monitors services provided to persons receiving waiver services, and provides monitoring of the group homes providing dual DD/MI services the service areas.

Method of Needs Assessment

AHS meets as needed with each of the major providers under contract with the 310 Board for state or local funding, as well as several other agencies and stakeholders in the communities served, to review current service provision and to assist in the assessment of service needs for the area. Those participating in the assessment process include community providers that provide services funded by DMH, patients, family members, the AHS Patient Council, the local affiliate of NAMI, the Regional offices for Developmental Disabilities Services for the State of Alabama, as well as other agencies in the community providing services to our patients such as local primary care providers, federally qualified health centers, hospitals, jails, DHR offices, and school systems.

Annually, the AHS Leadership Team reviews its Strategic Plan including the mission and vision statements, budget, clinical and administrative programming and staffing in light of service needs, emerging trends, new treatment alternatives, and program funding for specific community needs.

When a specific service need is noted and funding identified, the Division Director, program manager and other clinical or administrative personnel design a program to meet the need, developing the program description for approval by leadership and third-party funding source, where applicable.

The AHS Consumer Council, the local affiliate of NAMI, patients and families provide additional sources of information to assist in the assessment of needs for mental illness services. Surveys elicit information on meeting the treatment needs of the patients, patient knowledge of service provision and access to services, involvement in the treatment plan, etc.

Often needs are identified through contact with other agencies in the community that call on AltaPointe to address a particular need. AltaPointe enjoys a respectful working relationship with the various local public school systems, Strickland Youth Center of Mobile, various federally qualified health centers, local and state DHR, and other agencies and healthcare providers in the community where needs and resources are identified and explored.

Because of our proximity to the Gulf of Mexico and its related industries, AltaPointe is often called upon to assist in needed crisis response and disaster relief services. In cooperation with local, state and federal authorities, AltaPointe develops programming to address the mental health needs as identified.

Finally, AltaPointe's certification, accreditation and licensing processes occasionally identify areas of weakness in addressing a particular need in the community.

Information gathered from each of the areas above is reported to the various leadership team members and considered in the annual review of the Strategic Plan.

Prevention Services

Needs for the proposed prevention services (identified in the Strategic Plan for Prevention Services) are identified by compiling and analyzing available information regarding demographic data, youth survey data, and risk and protective factor data for the catchment area. This process solicits input and involvement from key leaders in the community, in addition to service providers.

Other assessment tools/data sources utilized to identify prevention and treatment needs for adolescents include:

- 2015 Census Data for Baldwin, Mobile, and Washington counties
- Alabama Kids Count Data for Baldwin, Mobile, and Washington counties
- Alabama DMH Youth Survey Data for Baldwin, Mobile, and Washington counties
- Alabama DMH Risk & Protective Factors Data for Baldwin, Mobile, and Washington counties

- Alabama DMH Indicators of Prevention Need for Baldwin, Mobile, and Washington counties
- Alabama DMH Epidemiological Profile for Baldwin County
- PRIDE Surveys for Baldwin County for Baldwin County
- Alabama Alcoholic Beverage Control Board Compliance Data for Baldwin County
- Children’s Policy Council Needs Assessment for Baldwin County
- Student Incident Reports for Baldwin County

Developmental Disabilities Services

The waiting list for patients seeking services for developmental disabilities is the primary basis for assessing the service needs of this population. The case management staff, through its intake process, performs a criticality review that identifies day habilitation, residential and support services needed for each individual to be served. Needs are addressed with service provider to determine service capacity. In all instances, individual choice is the driving force in identification of the service provider.

Areas of Greatest Unmet Need

Mental Illness

For a variety of reasons, many persons with serious mental health issues do not receive adequate medical care for their primary care needs. Many of AltaPointe’s adult mentally ill patients do not see a primary care physician on a regular basis. Consequently, serious medical issues may be going undiagnosed and untreated.

Medication non-compliance is particularly prevalent among the seriously mentally ill leading to inconsistent treatment compliance and a revolving door of recidivism in inpatient and residential placements.

BayPointe Hospital has seen a dramatic increase in average daily census of children. We need to ensure there are sufficient numbers of inpatient and residential care beds for children and adolescents in need of psychiatric care.

There is a need to provide specialized services for persons dealing with trauma, especially with returning veterans.

With very little private psychiatry throughout the service area, there is an increasing demand for outpatient child and adolescent psychiatry services.

There is a need for bilingual treatment providers particularly to service the Hispanic population, in Baldwin County, and the Cambodian, Vietnamese and Laotian populations in south Mobile County.

Substance Use Disorders

Residential or inpatient treatment for women.

Medically supervised and non-medical detox program.

Public education regarding available community services available to combat the opioid crisis.

Peer specialists.

Developmental Disabilities

There is a continued need for sufficient psychiatric services.

Residential crisis stabilization and respite services are needed especially with recent and expected future moves of individuals to the community.

Summer programming for school-age children is needed to ensure skills are maintained.

Transportation to support employment and community integration.

Prevention

Funding for an incinerator to dispose of prescription drugs collected at the nine permanent drop boxes in Baldwin County

Funding for evidence-based student alcohol and drug surveys for data collection and evaluation purposes

Funding for an evidence-based curriculum targeted for transitional age students

Funding for the Underage Drinking Task Force and Marijuana Task Force

Funding for recovery support

Needed Expansions

Mental Illness

AltaPointe continues to acknowledge the importance of ensuring its population served receives proper attention to their medical care needs. We will work with local primary care providers to develop effective integration of care beyond co-location. We need to explore various partnership arrangements with primary care providers up to and including full integration of services and stand-alone primary care services.

With the acquisition of Cheaha Regional Mental Health Center, AltaPointe continues to assess the adequacy of services provided in the north region with special attention to increased psychiatric time, expansion of school-based programming and adequacy of outpatient facilities.

Additional psychiatric time for children and adolescents is needed throughout the service areas.

The south region continues to look for ways to expand its jail diversion program to divert mentally ill adults who do not meet the definition of SMI or those with primary substance use disorders toward treatment services rather than incarceration, when appropriate.

Continue to review treatment needs of the medically fragile including care coordination through local Alabama health homes.

Continue to explore need for expanded telehealth in order to make services more accessible, particularly in the more remote areas of the catchment areas served.

Substance Use Disorders

Expansions in outpatient services to adolescents including individual, group and family counseling could be utilized.

Additional residential treatment capacity for adults.

There is additional need for psychiatric services for the dually diagnosed to address the needs of those who have non-SMI mental health issues but who need psychotropic medication.

Medication assisted treatment for north region.

Developmental Disabilities

Personal care services.

Respite care services.

Additional psychiatric services in the community.

Prevention Services

Additional funds for prevention services would allow for expansions in current prevention services and the student drug testing program in Mobile County.

Additional funding for Baldwin County prevention services would be used to help to educate residents on using permanent prescription drug drop box locations, decreasing access and availability of alcohol and other drugs, and improved data collection to address drug trends.

Current Funding Resources

AltaPointe receives funding from various federal, state and local sources through contracts and grants as well as Medicaid, Medicare, SEIB, PEEHIP, private insurance and private pay.

Future Funding Resources

In addition to the above resources:

AltaPointe is always open to pursuing additional programming and related funding of services offered through the Alabama Department of Mental Health.

Although not currently being actively pursued, AltaPointe plans to remain vigilant about changes to the Medicaid funding mechanism since this represents a significant portion of its revenue stream.

A return to the Medicaid Emergency Psychiatric Demonstration project or alternative method of Medicaid reimbursement for the IMD (Institute for Mental Disease) operated by AltaPointe at its EastPointe facility would allow for much-needed Medicaid reimbursement for inpatient services to adults 21-65 years of age.

AltaPointe has had a modest positive response recently to requests for federal and state grant funding in various services to adults. It is anticipated that continued success with grant funding will support many of the additional needed services that have been identified.

Goals/Objectives

Goal

Expand child and adult inpatient capacity.

Objectives

- a. Gain certificate of need (CON) recognition of the 60 CON-exempt inpatient beds at BayPointe Hospital for child and adult services.
- b. Increase adult inpatient capacity.
- c. Increase children's residential bed capacity at BayPointe Hospital.
- d. Continue to educate local officials regarding adequacy of resources for inpatient evaluations.
- e. Continuously assess and develop clinical programming to ensure treatment interventions address the intensity of the clinical presentation of patients while ensuring patient and staff safety.
- f. Continue to work with marketing staff to facilitate appropriate referrals and discharge follow-up with referral services.

Goal

Maintain corporate readiness for changes in healthcare delivery and reimbursement.

Objectives

- a. Stay abreast of national and statewide trends in healthcare financing with particular attention to pressures on state, Medicaid and Medicare funding sources.
- b. Advocate at local and state level for reimbursement models designed to maximize treatment outcomes and efficient delivery of care.
- c. Continue to work closely with Alabama health home organizations to provide co-morbid care coordination of services to Medicaid recipients in Regions B and E.

Goal

Work with healthcare community to achieve triple aim of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care.

- a. Explore opportunities for expansion through mergers and acquisitions with the goal of achieving maximum efficiencies.
- b. Pursue available opportunities for behaviorally-led integration of primary care, particularly for the specialty populations served.

- c. Work in concert with local federally qualified health centers, FQ look-alike organizations, and independent providers to coordinate care for specialty populations.

Goal Expand service capacity in north region of AltaPointe Health.

Objectives

- a. Purchase or construct new outpatient offices in Clay and Randolph counties and the City of Sylacauga that are more conducive to mental health service provision and accessible to population served.
- b. Establish more mobile service provision for patients living in Coosa County.
- c. Continue to expand school-based and day treatment services throughout the service area.

Goal

Achieve maximum efficiency in operations of services related to state hospital closure, i.e., UR/UM, Centralized Services Center, CarePointe, Crisis Response Teams, petition diversion efforts.

Objectives

- a. Work closely with AHS Information Technology department to develop advanced analytics in Human Resources, Performance Improvement, and Finance & Accounting for monitoring organizational processes.
- b. Utilize reports to monitor performance and re-direct efforts as identified.

Plan Monitoring & Evaluation

Mental Illness and Substance Use Disorders

AltaPointe Health Systems, Inc., the primary service provider for services to the mentally ill in the seven-county region, is certified by the Alabama Department of Mental Health, accredited by The Joint Commission and licensed by the Alabama Department of Public Health. These regulatory bodies monitor the quality of services provided to AltaPointe patients against standards of care promulgated by each certifying body.

Through its Performance Improvement Department, patient and family surveys provide timely monitoring of services provided by AltaPointe. Results of the surveys are forwarded through the various sub-committees of AltaPointe's Performance Improvement program to the Performance Improvement Committee which consists of the top management of the corporation. In addition, AltaPointe employs Patient Needs Specialists whose primary responsibilities are to assist patients and families with problem resolution. As a member of the Performance Improvement

department, the Patient Needs Specialist has direct contact with the Director of Performance Improvement allowing a free exchange of suggestions, recommendations and complaints made by our patients.

Annually, AHS' leadership team evaluates the organization's performance during the past year, in terms of resource allocation, service provision and patient satisfaction. This organization-wide review is followed by individual program and departmental reviews and goal-setting, steering the various components of the organization toward congruent goals and objectives. Specific review of programming is conducted to ensure that they meet the current needs of the community.

Our service provision is addressed and programs evaluated for efficacy, comprehensiveness, viability and need. Throughout the year, review of clinical programming and the administrative infrastructure needed to manage the organization is continuous and dynamic to avail AltaPointe of emerging opportunities for advancements in the field of behavioral healthcare and to evaluate its performance in meeting the needs of its patients.

Sub-contractors of services for treatment and prevention services conduct independent satisfaction surveys of recipients of services and conduct pre-and-post-service tests to monitor individual programs' effectiveness with a specific target population.

Patients serving on the Consumer Council of AltaPointe provide direct input and evaluative services to the organization's leadership on the services they receive. The Director of Performance Improvement works directly with the Consumer Council to explore and evaluate service provision and access to services.

Developmental Disability

The Alabama Department of Mental Health Regional offices conduct an annual survey developed by the National Association of State Directors of Developmental Disabilities Service and Human Services Research Institute of individuals receiving services throughout the regions served. The survey seeks direct input from individuals on such matters as provider courtesy, safety and environment, service satisfaction, personal satisfaction, community inclusion, and patient rights. The results are compared with national norms through the National Core Indicator project.

In addition, individual providers of services to the developmentally disabled conduct surveys of patients served to determine patient satisfaction with services/supports and staff.