

Jefferson-Blount-St. Clair Mental Health Authority

Two Year Plan Guiding Service Development for the Period October 1, 2019 through September 30, 2021

Catchment Area and Service Population Focus

The adult consumer populations that are the focus of this planning effort include those who suffer from severe and persistent mental illnesses or who suffer from substance abuse disorders and who live in Blount, Jefferson, and St. Clair Counties of Alabama (designated as the M-5 catchment area). This planning effort will also include an examination of services for children/adolescents who have serious emotional disorders or substance abuse disorders.

Vision Statement: *The Jefferson-Blount-St. Clair Mental Health Authority is committed to the provision of high quality services to individuals in the least restrictive setting necessary and appropriate for their care.*

The Authority will strive to follow this vision in all aspects of its operations including the programs directly provided by its staff and in the support that its staff offers to those providers under contract to the Authority. Customer satisfaction, both with directly provided services and contractor services, will provide the barometer by which the Authority will gauge how closely it realizes this vision.

Mission Statement: *The Authority is dedicated to serving individuals who live in Blount, Jefferson, and St. Clair Counties and who suffer from the effects of severe and persistent mental illness, children who suffer from the effects of serious emotional disturbances, and those area citizens who suffer from substance abuse disorders. The Authority will work in concert with the consumers it serves, their family members, and the local providers with whom it contracts for services to assess, prioritize, plan, develop, and implement a comprehensive system of care to address the needs of the area's citizens. Through the programs that it operates the Authority will strive to promote each consumer's human worth, dignity, and quality of life by providing services that are individualized, culturally relevant and empowering and which are provided in a manner that is normalizing and respectful of their rights and responsibilities.*

Overview of Directly and Contracted Services in the Catchment Area

The Authority is responsible for the development and implementation of service plans for the mentally ill and substance abuse populations. It meets these responsibilities through a combination of services that it provides through its own employees and through contractors.

Mental Illness Services. The Authority directly provides the following mental illness services on a catchment area-wide basis:

- Residential programs (group homes, apartments, Foster homes);
- Case management for adults and children;
- PACT services;
- Specialized adult outreach services (e.g. forensic services);
- Specialized children's outreach services;
- Services for homeless individuals through the PATH and HUD Permanent Supported Housing grants
- Acute psychiatric care in local hospitals through contractual arrangements;
- Urgent care to rapidly engage adults in psychiatric services;
- Outpatient services through the Western Mental Health Clinic;
- Certified Peer Specialist services;
- First episode psychosis services.

Contractors engaged to provide outpatient services for mentally ill consumers include Eastside Mental Health Center, the UAB Comprehensive Community Mental Health Center, the Crisis Center, AIDS Alabama, Gateway, Choices of Alabama, Glenwood, and Capitol Care South. These programs are all certified by the Department of Mental Health (DMH) as either Community Mental Health Centers (Capitol Care South, Eastside, Glenwood, and UAB) or as Certified Community Service Providers (Crisis Center, AIDS Alabama, Gateway, and Choices of Alabama). The executive directors of these providers meet on an as-needed basis with the Authority's executive director to address service development and coordination issues within the catchment area.

Psychiatric inpatient care for the catchment area is provided through contractual agreements with the University of Alabama Hospital (UAB Hospital), Hill Crest Hospital, and Brookwood Hospital.

Substance Abuse Treatment and Prevention Services. Substance abuse services in the M-5 area are provided through independently certified agencies. The service contracts between DMH and these providers flowed through the Authority in the past, but were removed from the Authority's contract by DMH at the end of FY12-13. By previous designation by DMH the Authority retains the responsibility for the planning of substance abuse services for its catchment area, and will thus continue in that role during the next two years. The organizations engaged to provide these services include:

- Alcohol and Drug Abuse Treatment Centers, Inc.
- Aletheia House
- Fellowship House
- Gateway, Inc.
- Hope House, Inc.
- UAB Substance Abuse Program

The substance abuse service agency directors meet with the Authority's director on a regular basis to coordinate treatment and prevention services in the catchment area. The meetings take place every other month through the designated SAMI group (Substance Abuse Mental Illness planning and discussion group). These meetings also provide a forum for the discussion of service development needs for the catchment area. Each provider is responsible for conducting meetings with consumer advisory groups and then provides the input from these groups to the Authority during service planning/coordination meetings.

Human Rights Committee. In addition to its service planning responsibilities, the Authority has also initiated a cross-discipline Human Rights Committee to serve the entire catchment area. All service providers that contract for services through the Authority, or that work cooperatively in planning efforts with the Authority, have signed agreements to participate on this committee with the Authority.

I. Two Year Service Plan Development

The Authority initiates a structured review process every two years to examine its service continuum for needed areas of expansion or revision. This planning cycle is designed to allow stakeholders within the Authority catchment area to provide meaningful input to the DMH's statewide planning process. The planning process includes periodic meetings with service providers, family members, and consumers throughout the two year planning cycle and a formal review process that is initiated

in April of the year in which the two year cycle ends. The process includes focused meetings with each stakeholder group to obtain input into service needs in the area. Monthly service coordination/review meetings that include key stakeholders provide an ongoing review and planning process that allows the Authority to constantly update its service plan and revise the area's continuum of care to meet service needs as they arise. These regular planning/coordination meetings provide a basis from which continuous enhancements can be made to the quality of services provided in the M-5 catchment area.

There are numerous stakeholders that participate in the area's planning process. The Authority's contract service providers are one obvious group of stakeholders. Family member advocacy groups, consumer support groups, and agencies that receive and pay for the Authority's services also contribute to the planning process. In addition to the contractor service planning/review/coordination meetings described earlier in this document, the Authority's director meets monthly with the members of the Family and Consumer Advisory Board to gain the views and opinions of area service consumers and their family members. In addition to this effort, each of the Authority's contractors conducts meetings with its own family/consumer advisory panel in order to gain the views and opinions on services from these groups.

The monthly meetings between the Authority's director and stakeholder representatives provide information regarding the services implemented in the area. The meetings include sessions not only with service contractors but also with family/consumer representatives. Along with these face-to-face meetings, annual surveys of family and consumer satisfaction are conducted to evaluate the perception held in these groups regarding the Authority's services.

II. Two Year Plan Components

A. Description of the Catchment Area's Population. The 2010 census provides the basic population demographic information for Blount, Jefferson, and St. Clair Counties. In addition, service recipient counts provided by contractors, DMH-supplied needs data (such as the prevention needs data book and the profile of substance abuse treatment needs), and hospitalized patient listings provided by DMH are used to provide an indication of service populations in the catchment area. The population figures that are presented below are taken from the actual census count for 2010.

Blount County was found to have 57,332 residents during the census. Of these, 24.6% are under 18 years of age, 60.7% are 18 to 65 years of age, and 14.7% are 65 years of age or older.

The census found that there were 658,466 residents in Jefferson County. Of these, 23.5% were below the age of 18, 63.4% were adults 18 to 65 years of age, and 13.1% were 65 years of age or older.

The count of residents revealed that St. Clair County had a population of 83,593 residents. Of these, 23.7% were under 18 years of age, 63.2% were 18 to 65 years of age, and 13.1% were 65 years old or older at the time of the census.

The M-5 area had a population of 799,391 according to the 2010 census. This is the largest population of individuals served by any catchment area in the state. Over the last 10 years, this catchment area has seen a total of 2,794 individuals committed into the care of DMH for treatment of a severe and persistent mental illness. And, 2,640 of these individuals were returned to the area following treatment in a state facility. In fiscal year 2012-2013, 233 people were committed into the state's care from the M-5 area, with 163 people placed at Bryce. As anticipated, the number of commitments from the M-5 area to Bryce fell sharply during the last two planning cycles due to the services and supports put into place during these cycles. In FY13-FY15 we had 371 commitments to Bryce, 273 during the FY15-FY17 period, and 215 for the recently completed FY17-FY19 time frame. The probate courts in the three counties of the service area received over 1,400 commitment petitions in the last year, with Jefferson County accounting for the majority of the filed petitions. The need for local acute psychiatric care is obvious when these data are viewed against the total placements into Bryce from Region 2. Jefferson County alone continues to account for 60% of the commitments into the state's care each year.

The three-county service area presents a mixed picture of needs for substance abuse treatment and prevention services. Among all of Alabama's counties, Blount County still ranks 56th in terms of needing additional substance abuse services. Jefferson County ranks 23rd in the ranking of service need, while St. Clair County is ranked 45th. In other words, compared to other counties in Alabama, Blount continues to be among the 12 best counties to live when substance abuse is examined. St. Clair is also listed as having a low overall need for substance abuse treatment services, while Jefferson County received a middle-of-the-road ranking in its need for additional services. The three counties presented a mixed picture of the need for substance abuse prevention services according to the DMH Substance Abuse Division's ratings book. Blount County was found to have a very low risk for substance abuse while also having very poor level of protective factors that might reduce the development of substance abuse (rank of 54, which is 13th worst in the state). St. Clair County was ranked very low in protective factors (62nd, 6th worst in the state) but as having a relatively low risk level (17th place). Jefferson County, however, had a very high risk (58th in the state) for youth developing substance abuse problems but there was a decent level of protective factors (rank of 14 statewide, indicating a fairly high level of protection) available to the county's residents.

B. Assessment of Catchment Area Needs. The needs assessment for this two year plan was conducted using a continuous planning method in place of the discrete planning meeting method used in prior years. This change was necessitated by the anticipated start of Medicaid managed care and the style of collaboration meetings required for that process. In August of 2017 the state Medicaid Agency suspended development of the RCO managed care effort in Alabama. Planning meetings included service pattern reviews conducted with:

1. Regular monthly family/consumer advisory group meetings;
2. Meeting with NAMI-Birmingham (including family members and consumers);
3. Meetings of substance abuse providers regarding prevention and treatment efforts during SAMI planning meetings;
4. Jefferson County access to care meetings held between the mental health centers and representatives of local psychiatric hospital units.

C. Previous Plan Goals and Impact on the 2019-2021 Two-Year Plan.

MI Goal 1 – *Expand crisis response services that will provide local hospital care and transitional support services in order to reduce the area’s reliance upon state psychiatric hospitals for inpatient care.*

DMH has continued to provide funding for this effort via \$7.5 million for Region 2 and \$2.73 million for the M-5 catchment area. This funding will continue to allow for timely discharges from Bryce to the community and help reduce hospital overcrowding. It is essential the DMH provided funding continue to ensure these services remain. A growing population of individuals adjudicated as NGRI (not guilty by reason of mental disease or defect) occupying beds at Bryce is reducing the number of beds available for those under civil commitment and increasing the pressure and demand on local hospital care and crisis response services.

MI Goal 2 – *Maintain funding to support the achieved downsizing of Bryce Hospital.*

Physical plant conditions at Bryce require that it operate no more than 268 beds on any given day. Services put in place by Region 2 providers must continue over the next two years, as well as be supplemented by new residential services for the NGRI population.

MI Goal 3 – *Move the Urgent Care Clinic to a 24-7 operational posture and develop crisis residential programs to support rapid entry into care in the service area. Add another focus of rapid entry into care in Jefferson County through development of a first-break psychosis program. Also, add supported employment services to the array of services available through the Authority.*

The goal to have a 24-7 Urgent Care Clinic and crisis residential programs to support rapid entry into care requires a tremendous financial investment and was not attained previously. It continues to be an ideal solution to the pressure on Bryce and local hospitals, but is cost prohibitive at this time.

The first episode psychosis treatment program in Jefferson County (NOVA) is operational and will need continued funding in its efforts to treat people 15 to 25 years of age who are experiencing their first episode of florid symptoms of psychotic illness.

Supported Employment services continue to be a gap in our continuum of care. In May of 2019 we provided DMH a Letter of Commitment to serve as a grant site for a Supported Employment IPS grant. Additionally, we have had multiple meetings with the Alabama Department of Rehabilitation Services in the summer of 2019 regarding a supported employment service system augmented by peer

services for the MI population. We are hopeful one, or both, of these ventures will allow us to offer supported employment services within the next two years.

SA Goal 1 – Seek expansion of substance abuse treatment services in Blount and St. Clair Counties.

SA contract funds have been moved to Hope House to expand services in Blount County. Additional funding to allow for further expansion of services will be needed in the next two years, as well. A treatment provider for St. Clair County has not yet been identified, but will continue to be pursued.

SA Goal 2 – Increase the availability of detoxification services in the M-5 area. Alcohol and Drug Abuse Treatment Centers, Inc dedicated its Pearson Hall facility to a detoxification service provider subsequent to this goal for the M-5 area.

SA Goal 3 – Expand MAT offerings to all counties in the M-5 area.

Medication assisted treatment has expanded in our area, led by Fellowship House establishing a special MAT clinic at the Cooper Green/Mercy outpatient facility subsequent to a 2017 grant award. This program has done very well and maintenance (funding) of this effort will be important in the next two years.

D. Services and Needed Expansion.

Children’s Services. The previous children’s program service expansion that took place in the M-5 area will continue to be a focus of support. The outplaced service units at DHR, Family Court, and local school systems need continued local support to stay active and available. The Authority will strive to maintain these services over the next two years. The need for psychiatric services for children remains at the top of the list of needs for children. The Authority hired its own Child Psychiatrist, Dr. Vinita Yalamanchili, in November 2018, and employs Dr. Leesha Ellis-Cox at the Western Mental Health Clinic to see children. We will also continue to look for service partners so that physician psychiatric services for children can be expanded.

A significant impact has been felt in the development of children’s services as a result of the settlement reached between the state and the Alabama Disabilities Advocacy Program regarding EPSDT services. This settlement has required DMH to add more services to the array of offerings currently available to children in Alabama. Services included as a part of the EPSDT settlement are as follows: In-Home; Intensive Care Coordination; Psychoeducation – Family Support and Education; Peer-Youth; Peer-Adult; and Parent Peer Support.

The Authority will be adding an In-Home team in Blount County through the support of DMH in early FY20. The Nova program began in early 2017 and satisfies a requirement of the federal mental health block grant program which demands that states develop services for people ages 15-25 experiencing their first episode of a psychotic illness. The services are presented through a pattern that is similar to the DMH-defined Assertive Community Treatment team and will be continued during the 2019-2021 period.

Mental Illness Adult Service. Support services recognized as needing expansion include peer-to-peer services, housing, transportation, and supported employment. Peer counseling and peer mentoring programs have been implemented through the Bryce outplacement program and continue to be a focus for expansion. The new ability to bill for peer services to Medicaid, will be the primary source of this expansion. The *Hunter, et al v. Beshear* class action settlement has led to the development of a forensic MOM (medication, observation, and meals) style apartment in Jefferson County. This property opened in August 2019 and, when fully occupied, will house 20 NGRI males referred from group homes across the state. The emptying of these group home beds will allow appropriate consumers at Taylor Hardin Secure Medical facility to move into community group home beds and alleviate some of the pressure on jails awaiting the transfer of NGRI consumers to Taylor Hardin.

The Authority is also the recipient of a recent HUD grant expansion award, increasing funding for permanent community supported apartment resources from 20 beds and 2 case managers to 30 beds and 3 case managers, effective July 1, 2019. This award was made available through the local Homeless Continuum of Care. The other expansion services mentioned, transportation and supported employment, will require significant infusions of funding to implement. As discussed in the MI Goal 3 section on page 7, significant in-roads have been made in our effort to embark on offering supported employment services as early as next year, if the funding is made available.

Crisis services for mentally ill individuals and alternatives to state psychiatric hospitalization comprise the other major category of suggestions for mental illness service expansion. Our psychiatric urgent care clinic currently operates on a 40-hour per week basis. The need has been recognized to move the operation of the clinic to a 24-7 platform, and that change will be a major area of planning focus in the FY19-21 period. Continued funding for the M-5 area to purchase acute hospital care for individuals facing commitment to the state through probate courts is essential.

Substance Abuse Services. Maintaining funding for increased detoxification services through Pearson Hall is critical over the next two years. It is also desirable that a range of available services be developed from hospital-based programs to outpatient services. Other needs surfaced in the planning meetings, including the need for dual-diagnosis treatment settings that are readily available at all levels of care. On-going funding of a Fellowship House operated MAT clinic will be important for this region, as well. The Recovery Organization of Support Specialists (ROSS) provides peer support services to substance abuse service consumers and has worked closely with UAB. ROSS is a welcome addition to the SA service delivery system in Birmingham.

E. Resource Development and Allocation. The financial data continue to reveal that 95% of the Authority's funding in any given fiscal year is comprised of state or federal funds that are derived through DMH contracts. It is therefore vital that the Authority continue to participate in the service planning efforts arranged by DMH.

At the present time, expansion of crisis services has been contemplated for this region based on the fact that over half of the residents of Bryce Hospital are from Jefferson County. This is not a new finding, and given the county's population (over 650,000) this fact will remain a constant for many years to come. For this reason, future additional mental illness funds for this region should be applied to services that can divert individuals from placement into the state's care in an inpatient psychiatric facility. Local funding from area governments for such efforts is unlikely to be obtained in the next several years.

III. Goals and Objectives

Mental Illness Goal 1. Expand crisis response services that will provide local hospital care and transitional support services in order to reduce the area's reliance upon state psychiatric hospitals for inpatient care. This goal is clearly in concert with DMH planning efforts.

Objective 1: Funding for this effort has already been provided by DMH in the amount of \$7.5 million for Region 2 and \$2.73 million for the M-5 catchment area. Maintenance of this funding must be a priority in order to sustain the growth in area programs. Attainment of this objective can be measured through the contract supplied to the Authority by DMH for FY19-20 and FY20-21.

Objective 2: Support discharges from DMH facilities to improve patient flow through state institutions. Increasing the pace of discharges from Bryce will help reduce hospital overcrowding. The Bryce waiting list will reflect progress toward this goal. Specific to this effort will be the successful implementation of additional community residential programs dedicated to individuals adjudicated as NGRI (not guilty by reason of mental disease or defect) by circuit courts. This objective will be measured by the states compliance with the *Hunter, et al v. Beshear* settlement.

Mental Illness Goal 2. Maintain funding to support the achieved downsizing of Bryce Hospital.

Objective 1: Monitor, along with Region 2 service partners, the number of beds operated by Bryce Hospital. The average daily census at Bryce will be used to monitor this objective. Bryce must operate no more than 268 beds on any given day to stay within its operational limitation.

Objective 2: Provide services in accordance with the downsizing plan in partnership with Region 2 providers. This objective will be measured by continuation of services to achieve the downsizing and by funding being made available by DMH for these efforts.

Mental Illness Goal 3. Move the Urgent Care Clinic to a 24-7 operational posture and develop crisis residential programs to support rapid entry into care in the service area. Add another focus of rapid entry into care in Jefferson County through maturation of our first-break psychosis program. Also, add supported employment services to the array of services available through the Authority

Objective 1: Expand hours of care at the Urgent Care Clinic and develop at least two crisis residential programs, each providing 16 beds for patients, in Jefferson County.

Objective 2: Maintaining funds in a contract from DMH will allow the urgent care clinic program to continue during FY19-21. Expanded funding will be sought through DMH.

Objective 3: In concert with DMH, continue the first-break psychosis treatment program in Jefferson County (NOVA program). This program is intended to engage people 15 to 25 years of age who are experiencing their first episode of florid symptoms of a psychotic illness. The program uses a team

approach to care and follows the structure of what is known as ACT (assertive community treatment) in Alabama. A team of 4 FTE employees is utilized to provide the first-break program services, and the team will include a MA-level primary therapist, a BA-level case manager, nurse, peer support specialists, and family support specialists.

Objective 4: Develop supported employment services in the M-5 area, starting first in Jefferson County. The need for this type of effort is clearly evidenced by the trend of disability entitlement application rejections received by consumers served in the Authority's programs. Most disability applications seeking a first-time award are being met with rejection letters that suggest that an applicant has the ability to work and should seek employment. Such letters are received even by individuals who have a clearly established mental illness and who have been treated several times in a state institution. By offering supported employment services, the Authority will be showing consumers a path to self-sufficiency as well as helping them to participate more fully in society. The Authority is seeking funding opportunities through DMH and the Alabama Department of Rehabilitation Services to support implementation of this service.

Substance Abuse Goal 1. Seek expansion of substance abuse treatment services in Blount and St. Clair Counties.

Objective 1: Support Hope House in its attempt to expand its services. Funding has previously been moved from one SA service contractor to Hope House to aid in this effort. Additional funding will depend on service funding increases that are made available by DMH. This objective can be measured by looking into Hope House's contract with DMH for increases in funding directed to The Hope House.

Objective 2: Identify a treatment provider that can open and staff a public sector treatment office in St. Clair County. This objective may take quite a while to achieve.

Substance Abuse Goal 2. Increase the availability of detoxification services in the M-5 area. This goal is carried over from the last plan. The Alcohol and Drug Abuse Treatment Center has begun operating a detoxification service at its Pearson Hall location, but more services are still desired and needed.

Substance Abuse Goal 3. Expand MAT offerings to all counties in the M-5 area. This goal will be achieved only through the receipt of additional funding in the region from DMH or another source, such as the opioid lawsuits. Fellowship House is currently serving Jefferson County, and maintenance of these funds will be necessary to continue this effort. Treatment providers in Blount and St. Clair County will need to be identified along with the funding sources.

Thank you for taking the time to review this service development plan. Any questions or comments regarding this plan can be directed to:

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