

# Riverbend 310 Board Plan

**Name of 310 Board:** Riverbend Center for Mental Health

**Mission Statement:**

Riverbend Center for Mental Health shall provide the residents of Colbert, Franklin and Lauderdale Counties access to a comprehensive array of professional, medical and rehabilitative services for the diagnosis and treatment of mental illnesses, substance abuse and emotional conditions.

**Vision Statement:**

To be the model provider of mental health services in the State with a reputation of effectiveness to the extent that Riverbend will be the first choice of those seeking help.

**Dates of Plan Coverage:** Calendar Years 2020 and 2021

**Counties Served:** Colbert, Franklin, Lauderdale

**Populations Served:**

**Description of type of populations served:**

- Seriously Mentally Ill Adults/Elderly (SMI)
- Severely Emotionally Disturbed Children & Adolescents (SED)
- Substance Abuse Treatment (SA)

**Demographics (of population by county):**

**Population of Riverbend Counties by Race, 2018 Census Estimate**

County	Population	White	Black	Other
Colbert	54,762	44,138	8,872	1,752
		80.6%	16.2%	3.2%
Franklin	31,363	28,728	1,412	1,223
		91.6%	4.5%	3.9%
Lauderdale	92,387	80,376	9,331	2,680
		87.0%	10.1%	2.9%
<b>Total</b>	178,512	153,242	19,615	5,655
		<b>3.7%</b>	<b>85.9%</b>	<b>11.0%</b>
<b>State</b>	4,887,871	3,377,518	1,309,950	200,403
		<b>100%</b>	<b>69.1%</b>	<b>26.8%</b>

**Riverbend Consumers by County by Race, Fiscal Year 2019**

County	Consumers	White	Black	Other
Colbert	1,992	1,353	427	212
		68.0%	21.5%	10.7%
Franklin	1,093	900	48	145
		82.4%	4.4%	13.3%
Lauderdale	3,307	2,402	567	338
		72.7%	17.2%	10.3%
<b>Other</b>	630	427	46	157
		67.8%	7.3%	25.0%
<b>Total</b>	7,022	5,082	1,088	852
		<b>72.4%</b>	<b>15.5%</b>	<b>12.2%</b>

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**Population of Riverbend Counties by Age, 2018 Census Estimate**

County	Population	18 and under	19 - 65	66 and over
Colbert	54,762	14,512	29,353	10,897
		26.5%	53.6%	19.9%
Franklin	31,363	9,754	16,308	5,301
		31.1%	52.0%	16.9%
Lauderdale	92,387	22,912	50,905	18,570
		24.8%	55.1%	20.1%
<b>Total</b>	178,512	47,178	96,566	34,768
		<b>3.7%</b>	<b>26.4%</b>	<b>54.1%</b>
<b>State</b>	4,887,871	1,383,267	2,678,553	826,051
		<b>100%</b>	<b>28.3%</b>	<b>54.8%</b>

**Riverbend Consumers by County by Age, Fiscal Year 2019**

County	Consumers	18 and under	19 - 65	66 and over
Colbert	1,992	795	1,130	67
		39.8%	56.8%	3.4%
Franklin	1,093	398	641	54
		36.5%	58.6%	4.9%
Lauderdale	3,307	1,131	2,001	175
		34.2%	60.5%	5.3%
Other	630	145	458	27
		23.1%	72.6%	4.3%
<b>Total</b>	7,022	2,469	4,230	323
		<b>35.2%</b>	<b>60.3%</b>	<b>4.5%</b>

**Riverbend Consumers by County by  
Primary Service Population, Fiscal Year 2019**

County	Consumers	SMI	SED	SA
Colbert	1,992	932	845	306
		46.8%	42.5%	15.4%
Franklin	1,093	628	398	128
		57.5%	36.5%	11.8%
Lauderdale	3,307	1,651	1,188	600
		50.0%	36.0%	18.2%
Other	758	211	141	167
		27.9%	18.6%	22.1%
<b>Total*</b>	7,022	3,422	2,572	1,201
		<b>48.8%</b>	<b>36.7%</b>	<b>17.1%</b>

- Dual diagnosed may result in a total greater than 100%.

**Supports and Services Currently Provided:**

- Outpatient Designated Mental Health Facility
- Consultation and Education
- Nurse Delegation Program
- Emergency and After Hours/Holiday On-Call Services
- Adult, Child and Adolescent Outpatient Services
  - Intake Evaluation
  - Physician/Medical Assessment and Treatment
  - Crisis Intervention
  - Individual Counseling

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Family Counseling  
Group Counseling  
Medication Administration  
Medication Monitoring  
Partial Hospitalization Program (Adult)  
Adult Intensive Day Treatment Programs  
Adult Rehabilitative Day Programs  
Child and Adolescent Mental Illness Day Treatment Programs  
Mental Health Care Coordination  
Adult Substance Abuse Level I Outpatient (Co-Occurring)  
Adult Substance Abuse Level II.1 Intensive Outpatient Treatment  
Adolescent Substance Level I Outpatient (Co-Occurring)  
Adult In-Home Intervention  
Child and Adolescent In-Home Intervention  
Case Management  
Basic Living Skills  
    Individual  
    Group  
Psychoeducational Services  
    Individual  
    Group  
Assertive Community Treatment (ACT)  
Peer Support Services  
Substance Abuse Level III.5 High Intensity Residential Adult Male  
Mental Illness Residential Care Home Specialized Behavioral  
Mental Illness Residential Three Bed Specialized  
Mental Illness Residential Medication, Observation Meals (MOMs)  
Mental Illness Residential Semi-Independent Living  
Adult Hospital Psychiatric Services

### Description of Planning Process/Cycle

Every two years in accordance with the Alabama Department of Mental Health's (DMH) Administrative Code - Administrative Standards for 310 Boards, Riverbend Center for Mental Health's Board of Directors develops and adopts a plan of services. This plan specifies the type, the quantity and location of services to be provided to the populations defined by DMH as Seriously Mentally Ill Adults/Elderly (SMI), Severely Emotionally Disturbed Children & Adolescents (SED) and/or those in need of Substance Abuse Treatment (SA).

### Methods & Results of Needs Assessment

#### How needs are assessed:

Annually, information obtained from stakeholders regarding community needs/services is reviewed by the Management of Riverbend. Management then prioritizes the identified needs based on Riverbend Center for Mental Health's Board of Directors adopted Operating Philosophy, Beliefs and Values.

Citizens of the Shoals come from diverse backgrounds and experience varied mental health needs of the community. Organization-wide services will be coordinated to insure

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continuity with other community resources. When the needs of an individual and the needs of society are in conflict, Riverbend will strive to assure that the individual's rights are protected within the limits of societal needs.

Our service delivery processes will be monitored to ensure they remain appropriate, effective, and available in the changing healthcare environment, both financially and medically. While various treatment approaches are recognized, the primary approach of Riverbend for non-seriously mentally ill consumers will be short-term, goal directed interventions.

Seriously mentally ill and substance abusing consumers will be provided levels of care which meet their needs and are based on nationally established medically necessary criteria.

Expressed and anticipated needs of consumers, families and referral sources will have primary consideration when designing services and establishing policies and procedures. We will encourage feedback and respond appropriately.

A formal performance improvement process will be maintained in order to assure that consumers receive the highest quality of services possible. Responsiveness at every level of the organization will be our goal.

There will be an ongoing assessment of personnel policies to insure the fair treatment of the individual employed. We will strive to see that our staff is well trained and well paid. Staff whose performance is superior will be recognized.

The financial stability of Riverbend must be of primary consideration; therefore, financially self-supporting programs will be given priority, as no governmental entity has the obligation to appropriate financial aid. While we are committed to concern for the whole person, there is recognition that no one agency can be all things to all people. Therefore, we will limit our involvement at the point where it is determined we are not demonstrating or cannot demonstrate effectiveness.

### **Stakeholders/Community Providers & Their Involvement**

Riverbend's Board of Directors solicits and obtains information through participation in regularly scheduled meetings and/or surveys with a wide range of key stakeholders. Using the information gathered from these meetings and surveys, the Board identifies both met and unmet community mental health needs. The needs are prioritized by the Board, with key stakeholders impacted by the specific need having an opportunity to provide feedback. Because of the widely diverse group of stakeholders, the Board's plan is reflective of the community as a whole. Stakeholders are also solicited regarding the development and sharing of resources to meet identified needs.

Current active key stakeholders of Riverbend include but are not limited to the following:

#### **Recipients of Services**

Consumers  
Families

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## State of Alabama Agencies

Alabama Medicaid Agency  
Department of Human Resources  
Colbert, Franklin and Lauderdale Counties  
Department of Mental Health  
Department of Youth Services  
Department of Rehabilitation Services  
Department of Public Health  
Colbert, Franklin and Lauderdale Counties

## Community Agencies and Advocacy Groups

Alabama Head Injury Foundation  
Aletheia House  
Anakwenze Psychiatric Outreach  
Area Agency on Aging  
Bradford Health Services  
Children's Policy Council  
Colbert, Franklin and Lauderdale Counties  
Coalition of Alzheimer's and Related Disorders (C.A.R.D.)  
Colbert-Lauderdale Attention Homes, Inc.  
Community Action Agency of Northwest Alabama  
Cramer's Children Center  
Day-by-Day Support Group  
Dogwood Terrace  
Facilitation/Multi-Needs Teams  
Colbert, Franklin and Lauderdale Counties  
Family Health Care Clinic's  
Florence Housing Authority  
Health Connect America  
Help Center  
Homeless Care Council of Northwest Alabama  
Hospice of the Shoals  
Independent Living Associates  
Integrated Behavioral Health (IBH)  
Loaves and Fishes  
MOM's Inc.  
NAMI Shoals  
North Alabama Council of Local Governments (NACOLG)  
North Alabama Skills Center  
Safeplace, Inc.  
Salvation Army  
Sheffield Housing Authority  
Shoals Crisis Center  
Shoals Sharing Group: Consumer Advocacy  
Shoals Treatment Center  
Social Security Administration  
Southern Wellness Services, Inc.

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Substance Abuse Council of Northwest Alabama Inc. Freedom House  
The Healing Place a Center for Loss and Change, Inc.  
Tuscumbia Housing Authority  
Veterans Affairs Health Clinic

## Riverbend Board Governing Bodies

City of Florence  
City of Muscle Shoals  
City of Russellville  
City of Sheffield  
City of Tuscumbia  
Colbert County Commission  
Franklin County Commission  
Lauderdale County Commission  
Town of Killen  
Town of Rogersville

## Hospitals

Bryce Hospital, Tuscaloosa  
North Alabama Medical Center, Florence  
Helen Keller Memorial Hospital, Sheffield  
Mary Starke Harper Geriatric Psychiatry Center, Tuscaloosa  
Red Bay Hospital, Red Bay  
Russellville Hospital, Russellville  
Shoals Hospital, Muscle Shoals  
Taylor Hardin Secure Medical Facility, Tuscaloosa

## Legal Authorities

Community Mental Health Officers  
Colbert, Franklin and Lauderdale Counties  
County Drug Courts  
Colbert, Franklin and Lauderdale Counties  
Juvenile Judges  
Colbert, Franklin and Lauderdale Counties  
Juvenile Probation  
Colbert, Franklin and Lauderdale Counties  
Probate Judges  
Colbert, Franklin and Lauderdale Counties

## Developmental Disabilities

ARC of the Shoals  
SCOPE 310

## Nursing Homes

Florence Nursing & Rehabilitation Center  
Burns Nursing Home  
El Reposo Nursing Facility  
Generations of Red Bay

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Glenwood Center  
Lauderdale Christian Nursing Home  
Mitchell-Hollingsworth Nursing and Rehabilitation Center  
Russellville Health Care, Inc.  
Cottage of the Shoals and Rehabilitation Center  
Keller Landing Care and Rehabilitation Center  
Cypress Cove Care and Rehabilitation Center  
Terrace Manor Nursing and Rehab, Inc.

### **Schools**

City of Florence Board of Education  
City of Muscle Shoals Board of Education  
City of Russellville Board of Education  
City of Sheffield Board of Education  
City of Tuscumbia Board of Education  
Colbert County Board of Education  
Franklin County Board of Education  
Lauderdale County Board of Education  
Northwest-Shoals Community College  
University of North Alabama

### **Areas of Greatest Identified Unmet Needs:**

#### **Funding for Indigent Services**

Riverbend's operation has been dependent on its contract with DMH. It uses the state funds intended for indigent care to have state Match funds to provide Medicaid Rehabilitation Option services and generate federal revenue. This contract is not guaranteed and is subject to fluctuations of the state's revenues. The DMH line item funding for outpatient services was reduced by over 15% from the fiscal year 2009 to 2010 and has been level funded since or ten years. Other services, Assertive Community Treatment (ACT), In-Home Intervention Adult have been level funded since their inception in 2003, or for 17 years. Local revenue has been stagnant for the past 30 years at nearly \$200,000 annually. These factors result in minimal funds being available to provide indigent services. Demand for services is greater than resources available.

#### **Substance Abuse Services**

DMH contract funds for adult substance abuse treatment have been reduced by over 13% since fiscal year 2013 and have been level funded since or for seven years. Services have had to be eliminated despite the continuing increase in demand for services. DMH provides only \$5,000 annually for adolescent substance abuse treatment.

Sunrise Lodge opened in June 1987. The facility consists of two doublewide trailers. Over 30 years of operation, it is estimated that over 12,000 men have been treated in the facility. The facility needs to be replaced.

### **Description of Services/Supports Provided and Needed Expansions**

#### **Funding for Indigent Services**

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Medicaid Match must be certified as representing expenditures eligible for Federal Fiscal Participation. Riverbend's only source for Match are the state dollars contained in its contract with the DMH. Appropriations from local governing bodies that have been authorized to provide funding to Riverbend under ACT 310 (Code of Alabama, Section 22-51-14) could be used for Match but DMH has no mechanism to allow for this. This Match funding needs to be separated from funding intended to provide indigent services. If the state were to expand Medicaid under the Affordable Care Act, benefits would be made available to a large number of currently uninsured individuals.

### **Substance Abuse Services**

Riverbend consumers include 17% whose primary treatment need is substance abuse. As the majority of individuals seeking services have no insurance, funding of services is currently solely dependent on Riverbend's contract with DMH. Given the age of Sunrise Lodge, the type of construction and use of the facility, maintenance needs are constant. The current facility is not handicap accessible.

### **Resource Development & Allocation – Current and Future Funding Resources for Planned Expanded Capacity**

#### **Funding for Indigent Services**

Both state and local entities are petitioned to increase available funding for indigent services. Service capacity needs to be increased and be maintained at a level where needed non-emergent medically necessary levels of care services are available within 72 hours of the identified need. At this time, given Alabama's lack of revenue to support the General Fund, it is questionable if the DMH will be level funded. If it is not, it is expected that additional cuts will be passed on to the community mental health centers.

#### **Substance Abuse Services**

Riverbend, with local court systems, is exploring treatment funds associated with Drug Courts. Plan to continue to respond to any DMH Requests for Proposals that provide outpatient treatment for adults and adolescents that will not require the need of additional physical facilities.

Given the bleak outlook for additional revenue and numerous years of level funding, no expansion of services are being planned. Decisions are being made regarding the reduction of services.

### **Plan: Goals/Objectives**

- 1. Goal:**  
Access to Medically Necessary Services for individuals identified as SMI/SED consumers will be available within 72 hours.

#### **Objective:**

Increase availability of funds from the State of Alabama and local governments at a level that meets with service demands.

- 2. Goal:**

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To acquire additional funding for the provision of outpatient substance abuse treatment. Replace current residential treatment facility.

**Objective:**

Work with local court systems in finding grants for treatment funding. Maximize use of current resource as leverage.

**Plan: Monitoring and Evaluation**

The plan is developed for presentation and adoption by the Riverbend Center Board of Directors by the Management of Riverbend Center for Mental Health under the direction of the Chief Executive Officer.

**Implementation:** Following Board adoption of the plan, the administrative and/or program service area responsible for implementation meets with key stakeholders to address the needs of the plan. As resources are realized, necessary actions are then taken to begin implementation.

**Monitoring:** Monitoring of the two-year plan is done through Riverbend's Performance Improvement Program. The results of the monitoring of the plan are reported to Riverbend's Executive Board by the Chief Executive Officer's monthly Information Report and oral monitoring reports. Any additional information is also presented and recorded in the Executive Board minutes.

**Evaluation:** Evaluation is accomplished by way of feedback given from key stakeholders during the regularly scheduled meetings and surveys. This information, along with information gathered by Riverbend's Performance Improvement Program, is then presented to the Board for discussion and use in future planning.

**Funding Resources**

Riverbend's funding resources are as follows:

- Local Government Appropriations
- Alabama Department of Mental Health Contract
- Medicaid
- Medicare
- Third Party Insurance
- Patient Fees
- Donations

November 21, 2019

