



Strategic Plan

October 1, 2023 – September 30, 2025

Jefferson-Blount-St. Clair Mental Health Authority

Two Year Plan Guiding Service Development for the Period
October 1, 2023 through September 30, 2025

Catchment Area and Service Population Focus

The adult recipient populations that are the focus of this planning effort include those who suffer from severe and persistent mental illnesses or who suffer from substance use disorders and living in Blount, Jefferson, and St. Clair Counties of Alabama. This planning effort will also include an examination of services for children/adolescents who have serious emotional disorders or substance use 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 offered by its staff 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 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 use disorders. The Authority will work in concert with the recipients 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 recipient'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 use 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;
- 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;
- Crisis care services; including temporary and extended observation;
- Outpatient services through the Western Mental Health Clinic;
- Certified Peer Specialist services;
- First Episode Psychosis services;
- Specialized residential and day programming for Deaf and hard of hearing adults;
- Youth Mobile Crisis Services (Jefferson County/DHR involved only); and
- Children's EPSDT services, including In-Home Intervention, High Intensity Care Coordination, Low Intensity Care Coordination, Certified Peer Specialists - Youth, Certified Peer Specialist – Youth Parents, and Therapeutic Mentors.

Contractors engaged to provide outpatient services for mentally ill recipients include Eastside Mental Health Center, the UAB Comprehensive Community Mental Health 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 (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) and Hill Crest Hospital. Brookwood Hospital, St. Vincent's East Hospital, Princeton, and Grandview Medical Center also work with shared recipient populations and serve as referral sources and potential inpatient points of entry for our SMI adult population.

Substance Use Treatment and Prevention Services. Substance use services in our catchment area are provided through independently certified agencies. By previous designation from ADMH the Authority retains the responsibility for the planning of substance use 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
- UAB Substance Abuse Program

The substance use service agency directors conduct meetings with recipient advisory groups and provide 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 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. Virtual meetings have been utilized since the summer of 2020 and will likely continue in this fashion for attendance purposes.

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 DMH's statewide planning process. The planning process includes periodic meetings with service providers, family members, and recipients 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 our 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, recipient 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 Executive Director meets monthly with the members of the Family and Recipient Advisory Council to gain the views and opinions of area service recipients and their family members. In addition to this effort, each of the Authority's contractors conducts meetings with its own family/recipient advisory panel in order to gain views and opinions on services from these groups.

The Crisis Care Center stakeholder committee established in 2020 to improve the Authority's proposal for funding in FY22 expanded after our community received notice of its award in October 2021. The expanded committee includes the following members:

James Meador-Woodruff, UAB Health System, Senior Vice President for
Mental Health Services

Kim Wigley, St. Vincent's East Hospital, Administrative Director of
Behavioral Health

Susan Sallin, NAMI Birmingham, President

Brandon Johnson, City of Birmingham, Director of the Office of Peace and Policy
Judge Stephen Wallace, Jefferson County Circuit Judge, Mental Health Court
Wayne Rogers, Jefferson County Sheriff's Department, Executive Assistant
Chris Retan, Aletheia House, Executive Director
John McGuinness, M.D., NAMI Birmingham
Judge Sherry Friday, Jefferson County Probate Court
Robin Sparks Davis, Community Foundation Greater Birmingham, Mental Health Initiative
Meg McGlammery, Crisis Center, Inc., Executive Director
Anthony Reynolds, ADMH, Director of Crisis Services
Amy Allon, IOP Services, LLC, LICSW
Emily Roebuck, Crisis Center, Inc., 988 Call Center Director
Granville Andrews, Birmingham Police Department, CSO
Sabrina Scott, JBS, Craig Crisis Care Center Director
Malissa Galliher, JBS, Clinical Director
Jim Crego, JBS, Executive Director

This group met monthly after the notice of award until January 2023 to oversee the development and opening of the Craig Crisis Care Center on March 23, 2023. The committee most recently met on May 9, 2023, and will meet one more time in the calendar year 2023.

Along with these meetings, annual surveys of family and recipient satisfaction are conducted to evaluate the perception held in these groups regarding the Authority's services. A residential satisfaction quality of life survey is administered by peer staff to a portion of JBS residential recipients each quarter. The survey results are reported to the JBS Board and Recipient & Family Advisory Council by the Authority's Clinical Director.

II. Two Year Plan Components

A. Description of the Catchment Area's Population. The 2020 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 use 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 2020.

Blount County was found to have 59,134 residents during the census. Of these, 22.9% are under 18 years of age, 58.4% are 18 to 65 years of age, and 18.7% are 65 years of age or older.

The census found there were 674,721 residents in Jefferson County. Of these, 22.8% were below the age of 18, 60.9% were adults 18 to 65 years of age, and 16.3% were 65 years of age or older.

The count of residents revealed St. Clair County had a population of 91,103 residents. Of these, 22.5% were under 18 years of age, 60.6% were 18 to 65 years of age, and 16.9% were 65 years of age or older at the time of the census.

The M-5 area had a population of 824,958 according to the 2020 census. This is the largest population of individuals served by any catchment area in the state. Over the last 3 years, this catchment area has taken 3,100 commitment petitions and seen a total of 829 individuals committed into the care of DMH for treatment of a severe and persistent mental illness, and 527 people admitted to Bryce Hospital. Please find a summary of this data in the table below:

	# of Commitments	# Placed at Bryce
FY21	270	178
FY22	306	204
FY23	253	145
Total	829	527

The need for local acute psychiatric care is obvious upon review of this data. Jefferson County alone continues to account for a majority of the commitments into the state's care each year.

B. Assessment of Catchment Area Needs. The needs assessment for this two-year plan was conducted using a continuous planning method. Planning meetings included service pattern reviews conducted with:

1. Regular monthly family/recipient advisory group meetings;
2. Monthly meetings of the NAMI-Birmingham (including family members and recipients) chapter;

3. Craig Crisis Care Center meetings held between JBS and representatives of local psychiatric hospital units.
4. Craig Crisis Care Center stakeholder meetings held monthly to prepare for the opening of the crisis care center.

C. Previous Plan Goals and Impact on the 2023-2025 Two-Year Plan.

FY21-FY23 MI Goal 1 – *Expand crisis services to prevent unnecessary visits to the emergency departments of local hospitals or incarceration.*

The 2021 award of funding for a crisis care center allowed us to satisfy Objective 1 of this goal. While we did not meet Objective 2 to open the crisis care center within 6 months, services did begin on March 23, 2023. Funding for Mobile Crisis Teams was the third Objective of this goal, and it has been partially achieved via FY23 funding for a 24/7 Youth Mobile Crisis Team serving DHR involved youth in Jefferson County. We will continue to pursue funding for adult mobile crisis services in our area in future years.

FY21-FY23 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 residential services for the NGRI population.

FY21-FY23 MI Goal 3 – *Expand Peer services by opening an adult Drop-In Center in Blount County and a transitional age Drop-In Center in Jefferson County.*

We were not successful in our desire to open either of these much-needed drop-in centers. A number of factors came into play in preventing this goal from being achieved, including an inability to secure a location for the adult Drop-In Center in Blount County. We met with two different property owners and the cost to develop/renovate the structure available was not affordable. We are still pursuing property in Oneonta and hope to acquire or lease a proper space in the near future.

The transitional age Drop-In Center in Jefferson County did not get much traction as we put a great deal of resources into getting the Craig Crisis Care Center up and running.

FY21-FY23 MI Goal 4 – *Pilot an apartment setting that offers current peers affordable housing and enlists them to serve as resident managers of the property. Scattered site apartments are becoming too expensive, and landlords are less interested in working with our population.*

No progress was made in achieving this goal. The first objective of this goal was to get support from ADAP. This single site apartment property is in conflict with their push for integration of our recipients into scattered site community living. We did not submit a proposal of this Peer Resident Manager apartment setting during the past two fiscal years. The rising rental cost of scattered site apartments with a reduction in landlords to work with, however, continue to make this concept attractive.

FY21-FY23 SA Goal 1 – *Seek expansion of substance use treatment services in Blount and St. Clair Counties.*

Hope House continues to be the only SU service provider in Blount County. Additional funding to allow for expansion of services and providers will be needed in the next two years. A treatment provider for St. Clair County has not yet been identified but will continue to be pursued.

FY21-FY23 SA Goal 2 – *Increase the availability of detoxification services in the M-5 area. This goal has been carried over from the last plan. The Alcohol and Drug Abuse Treatment Center operates a detoxification service at its Pearson Hall location, but more services are still desired and needed.*

Alcohol and Drug Abuse Treatment Centers, Inc. dedicated its Pearson Hall facility to be a detoxification service provider for the M-5 area. The Craig Crisis Care Center opened in March 2023 and also provides crisis detoxification services.

FY21-FY23 SA 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. 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.*

Medication assisted treatment continues to be offered by Fellowship House via its special MAT clinic at the Cooper Green/Mercy outpatient facility. This program has done very well and maintenance (funding) of this effort will continue to be important in the next two years.

D. Services and Needed Expansion.

Children's Services. 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. Furthermore, the need for child psychiatrists has never been greater. The Authority has been utilizing locum tenens since 2020. Dr. Deborah Gordon works in a full-time capacity, but we are looking to hire another child psychiatrist or psychiatric nurse practitioners, to work under Dr. Gordon's supervision to meet the prescriber demands in our community and eliminate the use of costly locum tenens.

Expansion via the School Based Mental Health initiative has placed staff in six schools in the FY21-FY23 period, including the Magic City Acceptance Academy. We are hopeful to add SBMH sites in future years, including at the Midfield School System, Trussville City Schools, and St. Clair County Schools.

A significant impact has been felt in the provision of children's services as a result of the settlement reached between the state and the Alabama Disabilities Advocacy Program regarding EPSDT services and the implementation of these services. This settlement required ADMH 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; Certified Peer Specialist-Youth; Certified Peer Specialist-Youth Parent; and Therapeutic Mentoring.

ADMH has made on-going changes to EPSDT operational procedures in the past two years that have increased access to In-Home and other EPSDT services previously bottle necked by the High Intensity Care Coordinator gatekeeper requirements. Unfortunately, we experienced a great deal of staff turnover during this transformation, and workforce shortages have compounded this problem. Vacant staff positions in all disciplines within Children's Services has led to supervisors spending more time recruiting and interviewing, than training new staff, which has led to a reduction in services. It will be critical for us to see stability with the EPSDT requirements in order for our service levels to rise.

Mental Illness Adult Service. Services recognized as needing expansion include crisis services, peer services, housing, and supported employment. Mobile crisis services for individuals in a mental illness or substance use crisis is an obvious complement to the newly opened Craig Crisis Care Center. Emergency Department Navigators and expansion in telehealth service are additional crisis service offerings to augment the Craig Crisis Care Center in order to maximize its impact in the community.

The crisis care center not only allows individuals to receive proper care in the most appropriate and least restrictive setting, but it can lead to an expansion in telehealth services as rural hospitals, mobile crisis teams, and law enforcement also begin to have access to treatment services while in the field. If the telehealth service is not appropriate, the referral source will always have the option to bring the individual to the Craig Crisis Care Center.

Peer programs have been implemented through the Bryce outplacement program and continue to be a focus for expansion. Peers play a significant role in the Craig Crisis Care Center, and we are looking to add more via a drop-in center for adults, similar to our 1920 Club in Jefferson County, in Blount County to provide a place for residents of our Stonebrook MOM Apartments and community consumers to attend. The location would be staffed with peers.

Housing is a chronic need for our population. Scattered site apartments are becoming more and more expensive. Additionally, our population has severely damaged our working relationship with property managers in our community. It is a constant struggle to find desirable scattered site apartments. Thus, if funding were available, we would be interested in purchasing an apartment property so we could serve as landlord. While clinical services would not be offered on site, we would like to pilot a property that included housing for adult peers who would also serve as resident managers. We think this model has merit and is a tremendous alternative for those ready to leave a MOM setting.

Continued funding for the M-5 area to purchase acute hospital care for individuals facing commitment to the state through probate courts is also essential.

Substance Use Services. The opening of the Craig Crisis Care Center serving individuals in a substance use crisis has been the most significant SU service expansion. Substance use has been the leading presenting symptom of those admitted to the CCCC to date. Maintaining funding for increased detoxification

services through Pearson Hall is critical over the next two years and will be a referral source for the Craig Crisis Care Center, when appropriate. Other needs surfaced in the planning meetings, include 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 use service consumers and continues to work closely with UAB.

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 ADMH contracts. It is therefore vital that the Authority continue to participate in the service planning efforts arranged by ADMH.

At the present time, over half of the residents of Bryce Hospital are from Jefferson County. This is not a new finding and given the county's population (nearly 675,000), this fact will remain a constant for many years to come. Due to Birmingham's medical resources, including the largest concentration of hospitals and psychiatric beds in the state, individuals from across Alabama consistently seek treatment in our city. We desire additional mental illness funds for this region to be applied to services for individuals who are civilly committed but have nowhere to go. The Bryce Hospital beds are full and local inpatient psychiatric facilities are regularly on diversion, as individuals wait for six months or longer to be transferred to Bryce.

III. Goals and Objectives

FY23-FY25 Mental Illness Goal 1. *Expand crisis services to augment the Craig Crisis Care Center in its efforts to prevent unnecessary visits to the emergency departments of local hospitals or incarceration.*

Objective 1: Secure funding for adult mobile crisis teams, telehealth services, and emergency department navigators.

Objective 2: Integrate the new crisis services with the Craig Crisis Care Center to provide our area a crisis continuum of care.

FY23-FY25 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.

FY23-FY25 Mental Illness Goal 3. *Expand Peer services by opening an adult Drop-In Center in Blount County.*

Objective 1: Identify facility and hire staff to oversee Blount County Drop-In Center for community-based consumers and residents of our MOM Apartment.

Objective 2: Ensure maximum utilization of the Drop-In Center by locating it in an area that is easy for residents to access, provides a welcoming environment, and healthy lunch.

FY23-FY25 Mental Illness Goal 4. *Prepare for CCBHC revolution.*

Objective 1: Participate in ADMH sponsored virtual learning events led by MTM Consulting Services.

Objective 2: Lay the groundwork for CCBHC implementation as early as FY26. This will require providing integrated and coordinated care across a spectrum of behavioral health and substance use disorder services in a manner that is consistent with CCBHC criteria.

FY23-FY25 Substance Use Goal 1. *Seek expansion of substance use treatment services in Blount and St. Clair Counties.*

Objective 1: Support Hope House and the establishment of a second provider in Blount County to expand services. Blount County Sheriff Mark Moon has requested ADMH support due to the large number of inmates with a substance use diagnosis in his jail, as well as increased law enforcement activity in Blount County involving substance use.

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.

FY23-FY25 Substance Use Goal 2. *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 ADMH. 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 Counties will need to be identified along with the funding sources.*

Objective 1: Pursue funding for expansion of medication assisted therapy by identifying federal and state grant opportunities.

Objective 2: Engage Fellowship House to educate rural providers on the benefits and provision of MAT services to spur interest in pursuing funding for said services.

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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