

Jefferson-Blount-St. Clair Mental Health Authority

Two Year Plan Guiding Service Development for the Period October 1, 2025 through September 30, 2027

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, UAB 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.

In 2025, local area concerns about an increase in the criminalization of homelessness led to the Authority taking a lead in developing a work group bringing those who work with the unsheltered together on a monthly basis. The work group is desirous of educating all involved parties of existing community resources for this population. We also plan to identify homeless individuals who are high utilizers of medical, law enforcement, and other services so community providers can work together to effectively help those rotating in and out of our jails and ER. This work group includes the following members:

Alanah Melton, City of Birmingham, Director of Special Projects,
Governmental Affairs, Office of the Mayor
Judge Stephen Wallace, Jefferson County Circuit Judge, Mental Health
Court
Wayne Rogers, Jefferson County Sheriff's Department, Executive Assistant
Michelle Cowan, UAB Police Department
Beth Caine, Vice President, UAB Center for Psychiatric Medicine
Adam Danneman, Jefferson County Public Defender's Office
Eryka Slaughter, Jefferson County Public Defender's Office
Shalanzia Tubbs, Jefferson County Public Defender's Office
Rekita Jackson, Jefferson County Jail
Gordon Sullivan, Executive Director, One Roof
Zatarrah Ruffin, UAB Police Department
Jonathon King, Jefferson County Mental Health Court
Marki Moore, Jefferson County Mental Health Court
Sabrina Scott, JBS, Craig Crisis Care Center Director
Jim Crego, JBS, Executive 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 over 3,000 commitment petitions and seen a total of 838 individuals committed into the care of DMH for treatment of a severe and persistent mental illness, and 476 people admitted to Bryce Hospital or the Harper Center. Please find a summary of this data in the table below:

	# of Commitments	# Placed at Bryce
FY23	253	145
FY24	293	159
FY25	292	172
Total	838	476

In FY25, ADMH funded two commitment beds with Opioid settlement funds, and in FY26, we are receiving additional funding from the General Fund (5 beds) and Opioid Settlement (4 beds) allowing us to have an increase of 9 local hospital bed capacity for committed patients. 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. Stakeholders for our unsheltered SMI population meet monthly to work together to identify high resource utilizers and improve our interaction and care of these individuals.

C. Previous Plan Goals and Impact on the 2026-2027 Two-Year Plan.

FY24-FY25 MI 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.*

No additional funding was received for adult mobile crisis teams, telehealth services, or emergency department navigators in FY23-FY25. However, in our pursuit of CCBHC certification effective 10/1/26, we will include each of these crisis service expansion areas in our service delivery plan and budget for approval.

Integrating the adult mobile crisis team, telehealth, and ED Navigators with the Craig Crisis Care Center (Objective 2) was, likewise, not accomplished in FY23-FY25, but will continue to be an essential part of our crisis services expansion efforts and goals for FY25-FY27.

FY24-FY25 MI Goal 2 – *Maintain funding to support the achieved downsizing of Bryce Hospital.*

ADMH funding for Bryce bed reduction efforts was received throughout FY24-FY25 and continues to have a positive impact on the Bryce Hospital census. 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.

FY24-FY25 MI Goal 3 – *Expand Peer services by opening an adult Drop-In Center in Blount County.*

We were successful in opening the Clubhouse drop-in center in Oneonta in FY24. The Clubhouse opened on April 8, 2024, and is easily accessible to those in Oneonta and Blount County. The Clubhouse is serving 10-15 recipients per day, Monday-Friday, and offers a welcoming environment and lunch for those who attend. Initial activities at the Clubhouse include art classes, music classes, movies, horticulture, and more.

FY24-FY25 MI Goal 4 – *Prepare for CCBHC revolution.*

JBS staff were regular participants in the ADMH sponsored trainings led by MTM Consulting Services in FY24. A group of our management team began meeting in FY25 and much of this work has centered around adding the new assessment tool

forms to our electronic medical records, establishing a training plan for all CCBHC staff and acquiring said training via an agreement with Relias; improving access to our outpatient services; identifying additional staff needed to meet CCBHC certification requirements, and identifying programs that will be carved into the CCBHC and those who will be carved out.

Preparation for certification as a CCBHC will be a primary effort in FY26.

FY24-FY25 SA Goal 1 – Seek expansion of substance use treatment services in Blount and St. Clair Counties.

No progress was made on this goal the past two years. 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.

FY24-FY25 SA 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.

No progress was made on this goal during the last strategic planning period. Fellowship House continues to provide MAT services via its special MAT clinic at the Cooper Green/Mercy outpatient facility. No providers have been identified in Blount or St. Clair County. Additional funding and providers will continue to be pursued.

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 nine schools in the FY24-FY25 period, an increase by three from the previous report. We are hopeful to add SBMH sites in future years, including at the Oneonta City Schools and I3 Academy in Birmingham.

EPSDT services led ADMH to add more services to the array of offerings currently available to children in Alabama in the past several years. Services included as a part of the EPSDT effort include: In-Home; Intensive Care Coordination; Psychoeducation – Family Support and Education; Certified Peer Specialist-Youth; Certified Peer Specialist-Youth Parent; and Therapeutic Mentoring.

Staff turnover and competition for qualified staff continue to hamstring our Children's program positions in all disciplines. We are hopeful operating as a CCBHC will provide us a level playing field relative to staff compensation in FY27.

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 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. Each of these services are included in our CCBHC application.

Peer programs continue to be a focus for expansion. Peers play a significant role in the Craig Crisis Care Center, and also are responsible for the day to day operation of the Clubhouse drop-in center for adults in Blount County. We anticipate adding adult peers to our adult mobile crisis team and outpatient programs when we become a CCBHC.

Housing is a chronic need for our population. With the assistance of Ketcia Barlow at ADMH, we have entered into multiple MOU's with developers and property owners who are benefiting from Low-Income Housing Tax Credits to construct housing developments targeting specific populations, including the elderly and disabled. We are hopeful several of these projects will open in FY27 and allow for new affordable housing opportunities for our recipients.

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. Substance use has been the leading presenting symptom of those admitted to the Craig Crisis Care Center since it opened in March of 2023. 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. Dual-diagnosis treatment settings that are readily available at all levels of care continue to be essential, and will receive a boost when JBS becomes a CCBHC.

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 and evaluations to substance use recipients and continues to work closely with all SU providers in the region.

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, 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

FY26-FY27 Mental Illness Goal 1. *JBS will pursue CCBHC certification effective 10/1/26. 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.*

Objective 1: Provide, or arrange through formal partnerships, the 9 required CCBHC services.

Objective 2: Implement new services in conjunction with CCBHC certification to include, but not limited to, care coordination, enhanced screening services, to include primary care and social needs, and adult mobile crisis.

FY26-FY27 Mental Illness Goal 2. *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: Include adult mobile crisis teams, telehealth services, and emergency department navigators in our CCBHC service plan and costs in our efforts to be a CCBHC.

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

FY26-FY27 Mental Illness Goal 3. *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.

FY26-FY27 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.

FY26-FY27 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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