

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 2026 and 2027

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 Use Treatment (SU)

Demographics (of population by county):

Population of Riverbend Counties by Race, 2020 Actual Census

County	Population	White	Black	Other
Colbert	54,428	43,760	8,817	1,851
		80.4%	16.2%	3.4%
Franklin	31,704	29,073	1,395	1,236
		91.7%	4.4%	3.9%
Lauderdale	93,564	81,401	9,356	2,807
		87.0%	10.0%	3.0%
Total	179,696	154,237	19,568	5,894
		3.6%	85.8%	11.0%
State	5,024,279	3,471,777	1,346,507	205,995
		100%	69.1%	26.8%

Riverbend Consumers by County by Race, Fiscal Year 2025

County	Consumers	White	Black	Other
Colbert	1,340	909	320	118
		67.8%	23.9%	8.3%
Franklin	872	728	43	101
		83.5%	4.9%	11.6%
Lauderdale	2,360	1,730	440	190
		73.3%	18.6%	8.1%
Other	301	238	34	29
		79.1%	11.3%	9.6%
Total	4,873	3,605	837	431
		74.0%	17.2%	8.8%

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Population of Riverbend Counties by Age, 2020 Actual Census

County	Population	18 and under	19 - 65	66 and over
Colbert	54,428	14,478	28,793	11,157
		26.6%	52.9%	20.5%
Franklin	31,704	10,018	16,264	5,421
		31.6%	51.3%	17.1%
Lauderdale	93,564	23,017	51,367	19,180
		24.6%	54.9%	20.5%
Total	179,696	47,513	96,424	35,758
	3.7%			
State	5,024,279	1,416,847	2,738,232	869,200
	100%	28.2%	54.5%	17.3%

Riverbend Consumers by County by Age, Fiscal Year 2025

County	Consumers	18 and under	19 – 65	66 and over
Colbert	1,340	546	739	55
		40.7%	55.1%	4.1%
Franklin	872	313	510	49
		35.9%	58.5%	5.6%
Lauderdale	2,360	842	1,394	124
		35.7%	59.1%	5.3%
Other	301	72	215	14
		23.9%	71.4%	4.7%
Total	4,873	1,773	2,858	242
		36.4%	58.6%	5.0%

Riverbend Consumers by County by Primary Service Population, Fiscal Year 2025

County	Consumers	SMI	SED	SU
Colbert	1,526	679	650	197
		44.5%	42.6%	12.9%
Franklin	903	478	312	113
		52.9%	34.6%	12.5%
Lauderdale	2,656	1,229	992	435
		46.3%	37.3%	16.4%
Other	306	87	90	129
		28.4%	29.4%	42.2%
Total*	5,391	2,473	2,044	874
		45.9%	37.9%	16.2%

*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
 - Family Counseling

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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 Use Level I Outpatient (Co-Occurring)
Adult Substance Use Level II.1 Intensive Outpatient Treatment
Adolescent Substance Use Level I Outpatient (Co-Occurring)
Adult In-Home Intervention
High Intensity Care Coordination (including Child and Adolescent In-Home Intervention, Parent Peer Support, Adolescent Peer Support, and Therapeutic Mentor Services)
Case Management and Low Intensity Care Coordination
Basic Living Skills
 Individual
 Group
Psychoeducational Services
 Individual
 Group
Assertive Community Treatment (ACT)
Peer Support Services
Substance Use 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
Stepping Up (Colbert and Lauderdale Counties)

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 Use Treatment (SU).

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.

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In March of 2025, Riverbend conducted a formal Community Needs Assessment in accordance with CCBHC requirements. This data has been significant in identifying barriers to treatment and areas for growth.

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

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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

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
- Dream Center
- Facilitation/Multi-Needs Teams
 - Colbert, Franklin and Lauderdale Counties
- Family Health Care Clinics
- 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)
- Law Enforcement Agencies (all municipalities in the catchment area)
- Loaves and Fishes
- MOMS Inc.
- NAMI Shoals

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North Alabama Council of Local Governments (NACOLG)
North Alabama Skills Center
One Place
Pediatricians
Room in the Inn
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.
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
Decatur Morgan Hospital, Decatur
North Alabama Medical Center, Florence
Helen Keller Memorial Hospital, Sheffield
Hillcrest Hospital, Birmingham
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

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Colbert, Franklin and Lauderdale Counties
Juvenile Probation
Colbert, Franklin and Lauderdale Counties
Mental Health Court
Lauderdale County
Probate Judges
Colbert, Franklin and Lauderdale Counties
Veterans' Court
Lauderdale County

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

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 Tusculumbia 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 in the state's revenues. DMH funding for Assertive Community Treatment (ACT), In-Home Intervention Adult have been level

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funded since their inception in 2003. Local revenue has increased very little for the past 30 years at nearly \$230,000 annually. These factors result in minimal funds being available to provide indigent services. Demand for services is greater than resources available.

Substance Abuse Services

Sunrise Lodge opened in June 1987. The facility consists of two double-wide trailers. Over 30 years of operation, it is estimated that over 6,500 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

Medicaid Match must be certified as representing expenditures eligible for Federal Fiscal Participation. Riverbend's only source for Match is 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 Use Services

Riverbend consumers include 16.2 % whose primary treatment need is substance use. 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 and costly. 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 have been increased but must be maintained at a level where needed non-emergent medically necessary services continue to be available within 72 hours of the identified need. This would be achieved through the conversion to CCBHC status.

Substance Use Services

Riverbend, with local court systems and other governmental agencies, 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 for additional physical facilities.

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Plan: Goals/Objectives

1. Goal:

To become a Certified Community Behavioral Health Clinic (CCBHC).

Objective:

Meet all of the CCBHC Certification Criteria which will result in improved quality of services and financial stability through a prospective payment model.

2. Goal:

To acquire additional funding for the provision of additional outpatient substance use treatment. Replace current Level III.5 residential treatment facility.

Objective:

Work with local court systems and other governmental entities in locating grants/additional funding for substance use treatment services.

3. Goal:

Implement the MyCare platform to deliver on-demand Behavioral Health resources in our hard-to-reach rural communities. MyCare will deliver live, face-to-face support from licensed clinicians to our consumers in need while seamlessly delivering the necessary activities for continuity of care.

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

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Alabama Department of Mental Health Contract
Medicaid
Medicare
Third Party Insurance
Patient Fees
Donations (Riverbend Foundation)

November 1, 2025

Board Approved: 11/20/2025

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