PA2023-002

RECEIVED
Apr 12 2023
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

APPLICATION FOR ADJUSTMENT TO THE ALABAMA STATE HEALTH PLAN

SIX (6) CHILD/ADOLESCENT AND SIX (6) ADULT INPATIENT PSYCHIATRIC BEDS

LEE COUNTY, ALABAMA

East Alabama Medical Center

East Alabama Health

TABLE OF CONTENTS

APPLICANT IDENTIFICATION

An applicant for Plan Adjustment must be filed in accordance with SHPDA Rule 410-1-3-.09 and accompanied by the administrative fee specified in Rule 410-2-5-.04(c)(5). The application must include the name of the applicant, physical address, telephone number, the contact person and mailing address, telephone number, and e-mail address.

NAME OF THE APPLICANT

East Alabama Medical Center

PHYSICAL ADDRESS OF THE APPLICANT

2000 Pepperell Parkway
Opelika, Alabama 36801
(334) 749-3411

TELEPHONE NUMBER OF THE APPLICANT

(334) 749-3411

CONTACT PERSON

Laura Grill, President/Chief Executive Officer
East Alabama Medical Center
2000 Pepperell Parkway
Opelika, Alabama 36801
(334) 528-1310
laura.grill@eamc.org

ADMINISTRATIVE FEE

$3,500.00

PROJECT DESCRIPTION

Provide a narrative statement explaining the nature of the request, with details of the plan adjustment desired. (If the request is for additional beds, indicate the number and type, i.e., Psychiatric, Rehabilitation, Pediatric, Nursing Home, etc.) The narrative should address availability, accessibility, cost, quality of the health care in question, and state with specificity the proposed language of the adjustment.

East Alabama Medical Center's request is based on the unmet need for inpatient child/adolescent and adult psychiatric beds within Lee County and its surrounding counties. East Alabama Medical Center ("EAMC") is a 314-bed inpatient acute care facility. Included in the 314 beds is a 28-bed psychiatric unit which consists of 14 child/adolescent psychiatric beds and 14 adult psychiatric beds. Of the 14 child/adolescent psychiatric beds, 9 of the beds are used as adolescent commitment beds and is currently the only adolescent commitment unit in our state. East Alabama Medical Center is asking for an additional six (6) child/adolescent psychiatric beds and six (6) adult psychiatric beds to be added to the bed need methodology for Lee County. By allowing these new beds to be added to the bed need methodology for Lee County, it will allow EAMC to continue its strategic plan to build a freestanding psychiatric hospital in Lee County by combining its existing beds with the requested beds mentioned above.

For decades, state leaders in Alabama have highlighted the lack of access to adequate mental health care in our state. In fact, the Alabama Department of Public Health ("ADPH") has identified mental health and substance abuse as the greatest current health concern in Alabama as indicated in the 2020 Alabama State Assessment which can be found in Exhibit A. The Substance Abuse and Mental Health Services Administration ("SAMHSA") has stated that between 2017 and 2019 the percentage of Alabama adults with any mental illness who sought mental health services was 41%. SAMHSA also released a Behavioral Health Barometer for Alabama in 2020 which can be found in Exhibit B. In this report, SAMSHA stated that between 2016 and 2019 the annual average prevalence of major depressive episode in Alabama for youth aged 12 to 17 years of age was 12.6% compared to 8.2% of youth aged 12 to 17 years of age between 2004 and 2007. There is no doubt that these numbers will continue to increase without the proper care and facilities available to help individuals who have a mental health condition.

While many regions of Alabama have struggled with the lack of psychiatric providers, EAMC has recruited multiple psychiatrics to its service area and provides community access to mental health care through partnerships with Auburn University, East Alabama Mental Health Center, and the Alabama Department of Mental Health. As previously stated, EAMC houses and operates the only adolescent commitment unit in the state of Alabama. In addition, EAMC supports The Exceptional Foundation of East Alabama which services clients ages 18 and over with intellectual and development disabilities, including autism spectrum disorders.

To continue its commitment to having psychiatric providers in its service area, EAMC is planning on applying with Accreditation Council for Graduate Medical Education ("ACGME") to begin a

psychiatric residency program. This program supports the likelihood that many of those residents will elect to remain and practice in EAMC's service area, further strengthening the ability to supply psychiatric providers in its service area as well as the state of Alabama.

Based on all the actions that EAMC has taken, it is evident that there is a commitment to continue to strengthen its services to taking care of children/adolescents and adults who need inpatient psychiatric care. Therefore, EAMC is requesting that the Statewide Health Coordinating Council ("SHCC") approve an adjustment to the Alabama State Health Plan with the following language:

410-2-4-.10 Psychiatric Care

(4) Plan Adjustments. Consistent with this provision, the SHCC has recognized the need for:

> ***The State Health Coordinating Council ("SHCC") has recognized the need for an additional twelve (12) inpatient psychiatric beds in Lee County, Alabama, with six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services.***

SERVICE AREA

Describe the geographical area to be served. (Provide an 8 ½" x 11" map of the service area. The map should indicate the location of other similar health care facilities in the area.)

The geographical area for the proposed plan adjustment is Lee County. The map in Appendix A shows the location of the current child/adolescent and adult psychiatric beds in Lee County. Currently, the only provider of child/adolescent and adult inpatient psychiatric beds in Lee County is EAMC.

Since Lee County is in the Southeast Region for psychiatric planning purposes, the map also includes the locations of all psychiatric providers within the planning region.

POPULATION PROJECTIONS

Provide population projections for the service area. In the case of beds for a specific age group, such as pediatric beds or nursing home beds, document the existence of the affected population. An example for nursing home beds is the number of persons 65 and older. The applicant must include the source of all information provided.

The 2020 Census data indicated that the number of residents in Lee County was 174,241. By 2040, it is projected that the population of Lee County will increase by 32.6% to a population of 231,089. Within the Southeast Psychiatric Planning Region, the population for the entire region

was 1,115,039 in 2020 and is projected to reach 1,229,545 by 2040 which is a 10.3% increase. Within the Southeast Psychiatric Planning Region, Lee County will experience the largest increase in population growth between 2020 and 2040.

Population Projections for Lee County and the Rest of the Southeast Psychiatric Care Region

	Census					Change 2020-2040	
	2020	2025	2030	2035	2040	Number	Percent
Lee County	174,241	188,453	202,665	216,877	231,089	56,848	32.6%
Autauga County	58,805	62,452	66,099	69,745	73,392	14,587	24.8%
Barbour County	25,223	24,333	23,444	22,554	21,664	-3,559	-14.1%
Bullock County	10,357	10,042	9,726	9,411	9,095	-1,262	-12.2%
Butler County	19,051	18,506	17,961	17,416	16,871	-2,180	-11.4%
Chambers County	34,772	34,367	33,961	33,556	33,150	-1,622	-4.7%
Coffee County	53,465	55,850	58,235	60,619	63,004	9,539	17.8%
Covington County	37,570	37,583	37,596	37,610	37,623	53	0.1%
Crenshaw County	13,194	13,092	12,989	12,887	12,784	-410	-3.1%
Dale County	49,326	49,409	49,493	49,576	49,659	333	0.7%
Dallas County	38,462	36.609	34,756	32,902	31,049	-7,413	-19.3%
Elmore County	87,977	93,305	98,632	103,960	109,288	21,311	24.2%
Geneva County	26,659	26,892	27,125	27,357	27,590	931	3.5%
Henry County	17,146	17,358	17,569	17,781	17,993	847	4.9%
Houston County	107,202	111,666	116,130	120,593	125,057	17,855	16.7%
Lowndes County	10,311	9,566	8,821	8,075	7,330	-2,981	-28.9%
Macon County	19,532	18,458	17,383	16,309	15,235	-4,297	-22.0%
Montgomery County	228,954	230,419	231,885	233,350	234,816	5,862	2.6%
Pike County	33,009	33,844	34,679	35,514	36,349	3,340	10.1%
Russell County	59,183	61,471	63,760	66,048	68,336	9,153	15.5%
Wilcox County	10,600	9,993	9,386	8,779	8,171	-2,429	-22.9%
Southeast Region Total	1,115,039	1,143,668	1,172,295	1,200,919	1,229,545	114,506	10.3%

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama

NEED FOR THE ADJUSTMENT

Address the current need methodology. If the application is to increase beds or services in a planning area, give evidence that those beds or services have not been available and/or accessible to the population of the area.

In calendar year 2021, EAMC was forced to deny close to 500 individuals (255 children/ adolescents and 239 adults) access to inpatient mental health care due to lack of beds available. With an expanded dedicated facility, EAMC could provide much needed care to these individuals in its service area and across the state.

In addition, Lee County has historically been one of the fastest-growing counties in Alabama. From 2020 to 2040, it is projected that the population of Lee County will increase by 32.6% to a population of over 230,000. With that growth will come the increasing demand for inpatient psychiatric services.

CURRENT AND PROJECTED UTILIZATION

Provide current and projected utilization of similar facilities or services within the proposed service area.

Child/Adolescent Inpatient Psychiatric Services

Total child/adolescent inpatient services were trending upward in FY 2019 and FY 2020. There are few admissions because nine (9) of the existing fourteen (14) child/adolescent psychiatric beds are used as an adolescent-commitment beds for the state of Alabama and these patients stay longer than a traditional acute care psychiatric unit. In addition, due to the COVID-19 pandemic in 2020 and 2021 some of the rooms had to be converted to private rooms instead of semi-private to prevent the spread of the disease which limited admissions. It should be noted that in FY 2022 the patient days were similar to what the unit was experiencing prior to the COVID-19 pandemic.

Year	Admissions	Patient Days
FY 2022	13	2,376
FY 2021	12	1,789
FY 2020	6	2,634
FY 2019	14	2,286
FY 2018	11	1,871

Adult Inpatient Psychiatric Services

Total adult inpatient services were trending upward in FY 2018 and FY 2019. Due to the COVID-19 pandemic in 2020 and 2021 some of the rooms had to be converted to private rooms instead of semi-private to prevent the spread of the disease which limited admissions. However, the patient days in FY 2022 exceed the number of patient days that were occurring per fiscal year prior to the COVID-19 pandemic.

Year	Admissions	Patient Days
FY 2022	741	5,901
FY 2021	682	4,641
FY 2020	686	4,295
FY 2019	901	5,359
FY 2018	948	5,247

With the number of denials that EAMC had for psychiatric services in calendar year 2021, it is projected that the need for these inpatient psychiatric services will continue in the years to come.

STAFFING

If additional staffing will be required to support the additional need, indicate the availability of such staffing.

EAMC is a regional referral center that provides comprehensive health care services which already includes child/adolescent and adult psychiatric inpatient and outpatient services. Based upon its experience operating these services, its current relationships with its psychiatrists on the medical staff, its relationships with the nursing schools at Auburn University and Southern Union State Community College, and its plan to apply with ACGME to begin a psychiatric residency program, EAMC does not foresee any difficulty in staffing these additional beds.

EFFECT ON EXISTING FACILITIES OR SERVICES

Address the impact this plan adjustment will have on other facilities in the area both in occupancy and manpower.

The proposed Plan Adjustment is expected to have little to no impact on existing providers of child/adolescent inpatient psychiatric services and adult inpatient psychiatric services. The closest provider for inpatient child/adolescent services in the Southeast Region is in Montgomery County and closet providers for adult inpatient psychiatric services is in Montgomery and Bullock Counties. These facilities are outside of EAMC's normal service area. As previously stated, EAMC houses and operates the only adolescent commitment unit in the state of Alabama. Furthermore, there is not another provider of child/adolescent and adult psychiatric inpatient services in Lee County.

The current providers of child/adolescent and adult psychiatric inpatient services in the Southeast Psychiatric Care Region are listed in the table below.

Facilities with Child/Adolescent or Adult Psychiatric Beds in the Southeast Psychiatric Care Region

County	Facility	Child/Adolescent Beds	Adult Beds
Bullock	Professional Resources Management, Inc.	0	20
Crenshaw	Crenshaw Community Hospital	0	15
Crenshaw	Beacon Children's Hospital	28	0
Dale	Dale Medical Center	0	13
Houston	Laurel Oaks Behavioral Health Center	46	0
Houston	Southeast Health Medical Center	0	69
Lee	**East Alabama Medical Center**	**14**	**14**
Montgomery	Crossbridge Behavioral Health	18	42

COMMUNITY REACTION

Give evidence of project support demonstrated by local community, civic and other organizations. (Testimony and/or comments regarding plan adjustment provided by community leaders, health care professionals, and other interested citizens).

Letters of support are provided in Appendix B. EAMC believes the community is supportive of this project based on these letters of support.

PROPOSED ADJUSTMENT

The State Health Coordinating Council ("SHCC") has recognized the need for an additional twelve (12) inpatient psychiatric beds in Lee County, Alabama, with six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services.

The proposed adjustment to the State Health Plan proposed to the SHCC is consistent with the following guidelines:

410-2-4-.10 Psychiatric Care

(4) Plan Adjustments

The psychiatric bed need for each region as determined by the methodology is subject to adjustments by the SHCC. The psychiatric bed need may be adjusted by the SHCC if an applicant can prove that the identified needs of a target population are not being met by the current bed need methodology.

410-2-5-.04 Plan Revision Procedures

(2) There are three types of plan revisions:

(a) Plan Adjustment. In addition to such other criteria that may be set out in the SHP, a requested modification or exception to the SHP of limited duration, to permit additional facilities, beds, services, or equipment to address circumstances and meet the identified needs of a specific planning area, or part thereof, that is less than statewide and identified in the State Health Plan. A Plan Adjustment is not of general applicability and is thus not subject to the AAPA's rulemaking requirements. Unless otherwise provided by the SHCC, a Plan Adjustment shall be valid for only one (1) year from the date the Plan Adjustment becomes effective, subject to the exceptions provided in this paragraph. If an Application is not filed with SHPDA seeking a Certificate of Need for all or part of the additional facilities, beds, services, or equipment

identified in the Plan Adjustment within one (1) year of the Governor's approval of the Plan Adjustment, the Plan Adjustment shall expire and be null and void. If an Application(s) seeking a Certificate of Need for all or part of the additional facilities, beds, services, or equipment identified in the Plan Adjustment is filed prior to the expiration of the one (1) year period, the Plan Adjustment shall remain effective for purposes of such pending Certificate of Need Application(s). Such one (1) year period shall be further extended for the duration of any deadline provided by SHPDA for the filing of applications as part of a batching schedule established in response to a letter of intent filed within nine (9) months of the effective date of the adjustment. Upon the expiration of such deadlines, no Certificate of Need Applications shall be accepted by SHPDA which are based, in whole or in part, upon the expired Plan Adjustment.

(3) Application Procedures

(a) Application Procedure for Plan Adjustment. Any person may propose an adjustment to the SHP, which will be considered in accordance with the provisions of SHPDA Rule 410-2-5-.04(4). The proposal will state with specificity the proposed language of the adjustment and shall meet the electronic filing requirements of SHPDA Rule 410-1-3-.09 (Electronic Filing).

AFFIRMATION OF REQUESTING PARTY

The undersigned, being first duly sworn, herby make oath or affirm that she is the President/CEO of East Alabama Medical Center, has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

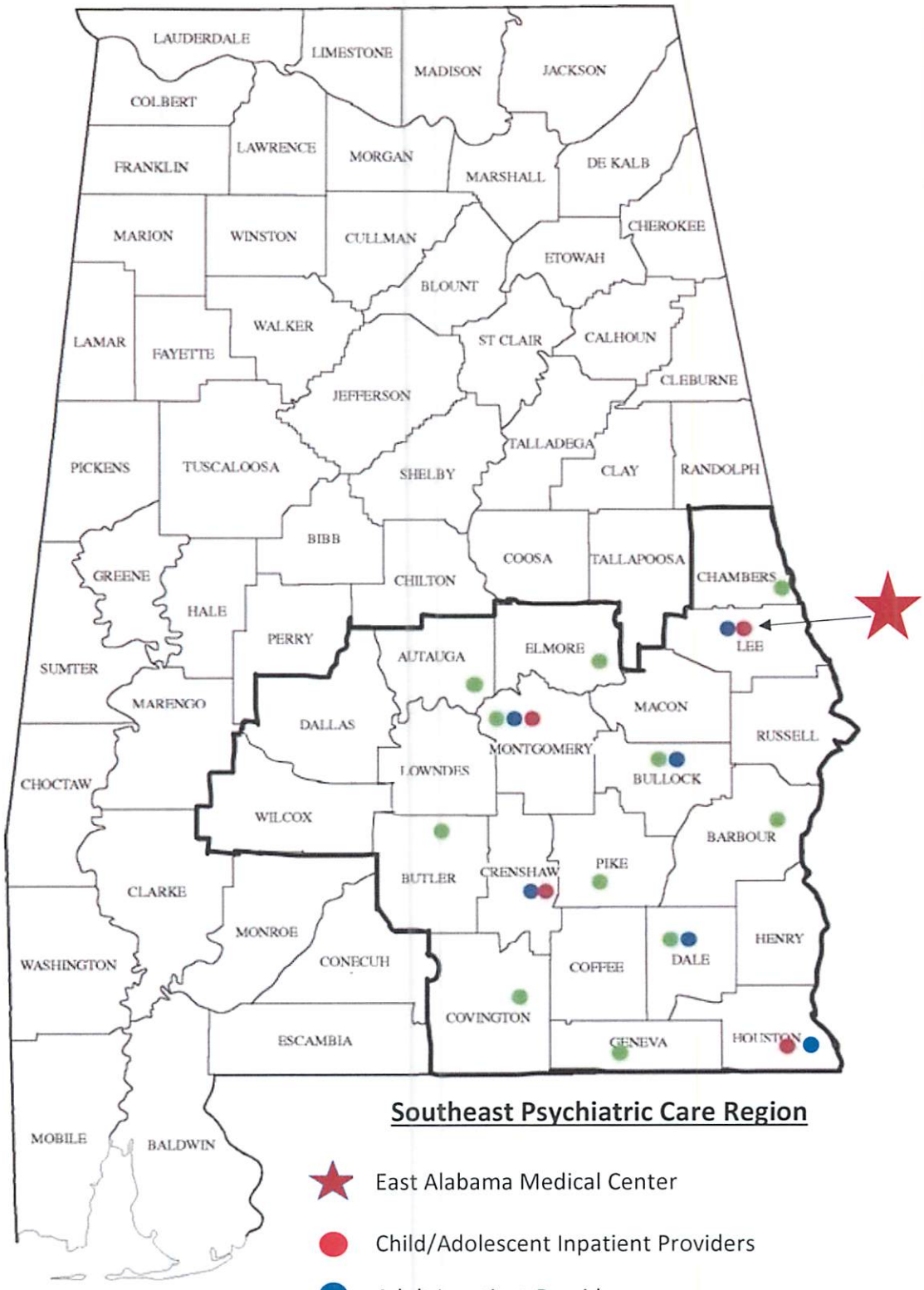
Affiant: _____
Laura D. Grill

SUBSCRIBED AND SWORN to before me this 11 day of April 2023.

_____
Notary Public

My commission expires: 9/8/2025

APPENDIX A
Service Area Map


LAUDERDALE
LIMESTONE
MADISON
JACKSON
COLBERT
FRANKLIN
LAWRENCE
MORGAN
MARSHALL
DE KALB
MARION
WINSTON
CULLMAN
ETOWAH
CHEROKEE
BLOUNT
LAMAR
FAYETTE
WALKER
ST CLAIR
CALHOUN
CLEBURNE
JEFFERSON
PICKENS
TUSCALOOSA
SHELBY
TALLADEGA
CLAY
RANDOLPH
BIBB
GREENE
HALE
CHILTON
COOSA
TALLAPOOSA
CHAMBERS
PERRY
AUTAUGA
ELMORE
LEE
SUMTER
MARENGO
DALLAS
MACON
RUSSELL
MONTGOMERY
CHOCTAW
LOWNDES
BULLOCK
WILCOX
BARBOUR
BUTLER
CRENSHAW
PIKE
CLARKE
MONROE
HENRY
WASHINGTON
CONECUH
COFFEE
DALE
COVINGTON
ESCAMBIA
GENEVA
HOUSTON
MOBILE
BALDWIN
Southeast Psychiatric Care Region
East Alabama Medical Center
Child/Adolescent Inpatient Providers
Adult Inpatient Providers
Geriatric Inpatient Providers

APPENDIX B
Letters of Support

E-mail:
lcso@leecountysheriff.org

SHERIFF OF LEE COUNTY

JAY JONES

P.O. BOX 688
OPELIKA, AL 36803-0688

Phone (334) 749-5651
Fax (334) 749-4835

April 2, 2023

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Proposed Adjustment to the Alabama State Health Plan for Lee County
Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds

Dear Ms. Marsal:

I am writing to express my support for East Alabama Medical Center's ("EAMC") proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County. EAMC is currently the only provider of inpatient psychiatric services in the county and operates the only adolescent commitment unit in the state of Alabama. There is an increased need for inpatient psychiatric services for children, adolescents, and adults in Lee County as well as the surrounding counties.

The Lee County Sheriff's Office has a unique perspective and close relationship with our mental health care providers. Any effort to increase service options has our full support.

EAMC has continued to grow and meet the needs of its growing community since opening in 1952. This proposed adjustment is no exception. Lee County, which includes the Auburn/Opelika area, has continued to grow and desires to have medical facilities that meet the needs of its residents. This project allows EAMC to continue to expand its existing psychiatric services and meet the needs of the community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Jay Jones
Sheriff

ALABAMA
HOUSE OF REPRESENTATIVES

11 S. UNION STREET, MONTGOMERY ALABAMA 36130

REP. JOE LOVVORN
DISTRICT 79
515 OGLETREE ROAD
AUBURN, ALABAMA 36830

DISTRICT: 334-501-7133
OFFICE: 334-242-7540
EMAIL: joe.lovvorn@alhouse.gov

July 14, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Proposed Adjustment to the Alabama State Health Plan for Lee County
Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds

Dear Ms. Marsal:

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EAMC has continued to grow and meet the needs of its growing community since opening in 1952. This proposed adjustment is no exception. Lee County, which includes the Auburn/Opelika area, has continued to grow and desires to have medical facilities that meet the needs of its residents. This project allows EAMC to continue to expand its existing psychiatric services and meet the needs of the community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Joe Lovvorn
Alabama House of Representatives District 79

ALABAMA
HOUSE OF REPRESENTATIVES

11 SOUTH UNION STREET, MONTGOMERY, ALABAMA 36130

REP. DEBBIE WOOD
DISTRICT 38
3011 20TH AVE
VALLEY, ALABAMA 36854

STATE HOUSE: 334-261-0532
DISTRICT PHONE: 706-773-9404
EMAIL: debbie.wood@alhouse.gov

July 18, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Proposed Adjustment to the Alabama State Health Plan for Lee County Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds

Dear Ms. Marsal:

I am writing to express my support for East Alabama Medical Center's ("EAMC") proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County. EAMC is currently the only provider of inpatient psychiatric services in the county and operates the only adolescent commitment unit in the state of Alabama. There is an increased need for inpatient psychiatric services for children, adolescents, and adults in Lee County as well as the surrounding counties.

EAMC has continued to grow and meet the needs of its growing community since opening in 1952. This proposed adjustment is no exception. Lee County, which includes the Auburn/Opelika area, has continued to grow and desires to have medical facilities that meet the needs of its residents. This project allows EAMC to continue to expand its existing psychiatric services and meet the needs of the community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Debbie Wood
State Representative District 38
706-773-9404

ALABAMA
HOUSE OF REPRESENTATIVES
11 SOUTH UNION STREET, MONTGOMERY, ALABAMA 36130

REP. JEREMY GRAY
DISTRICT 83
POST OFFICE BOX 55
OPELIKA, ALABAMA 36830

STATE HOUSE: 334-261-9505
CELL: 334-707-0879
EMAIL: jeremy.gray@alhouse.gov

June 22, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Proposed Adjustment to the Alabama State Health Plan for Lee County Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds

Dear Ms. Marsal:

I am writing to express my support for East Alabama Medical Center's ("EAMC") proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County. EAMC is currently the only provider of inpatient psychiatric services in the county and operates the only adolescent commitment unit in the state of Alabama. There is an increased need for inpatient psychiatric services for children, adolescents, and adults in Lee County as well as the surrounding counties.

EAMC has continued to grow and meet the needs of its growing community since opening in 1952. This proposed adjustment is no exception. Lee County, which includes the Auburn/Opelika area, has continued to grow and desires to have medical facilities that meet the needs of its residents. This project allows EAMC to continue to expand its existing psychiatric services and meet the needs of the community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Jeremy Gray

Jeremy Gray

CITY OF
OPELIKA
alabama

OFFICE OF THE MAYOR
204 South 7th Street · P.O. Box 390
Opelika, AL 36801-0390
(p) 334-705-5150
(f) 334-705-5153
www.opelika-al.gov

May 31, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: *Proposed Adjustment to the Alabama State Health Plan for Lee County Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds*

Dear Ms. Marsal:

I am writing to express my support for East Alabama Medical Center's ("EAMC") proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County. EAMC is currently the only provider of inpatient psychiatric services in the county and operates the only adolescent commitment unit in the state of Alabama. There is an increased need for inpatient psychiatric services for children, adolescents, and adults in Lee County as well as the surrounding counties.

EAMC has continued to grow and meet the needs of its growing community since opening in 1952. This proposed adjustment is no exception. Lee County, which includes the Auburn/Opelika area, has continued to grow and desires to have medical facilities that meet the needs of its residents. This project allows EAMC to continue to expand its existing psychiatric services and meet the needs of the community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Gary Fuller
Mayor

GIG CITY
OPELIKA

City of Auburn
Home of Auburn University

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Dear Ms. Marsal:

I am writing to express my support for East Alabama Medical Center's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds as well as six (6) adult inpatient psychiatric beds. The need for inpatient psychiatric services for children, adolescents and adults in Lee County continues to increase. Aside from being the only provider of inpatient psychiatric services for residents of Lee County, EAMC provides these essential services to residents in surrounding counties.

EAMC opened in 1952. Since that time, the community it serves has grown exponentially and the hospital has grown to meet its needs. The proposed adjustment would allow EAMC to continue to expand its existing psychiatric services and bring top quality care to the area. Lee County, which includes Auburn, desires to have medical facilities with the capacity to treat and care for our growing community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan and the good it will do for the Auburn/Opelika area, Lee County and beyond.

Sincerely,

Ron Anders, Jr.
Mayor of Auburn

144 Tichenor Avenue, Suite 1 • Auburn, Alabama 36830
(334) 501-7260 • FAX: (334) 501-7299 • www.auburnalabama.org

eamc
east alabama medical center

June 6, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Proposed Adjustment to the Alabama State Health Plan for Lee County Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds

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I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Peter J. Lusche, M.D.

eamc
east alabama medical center

June 6, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Proposed Adjustment to the Alabama State Health Plan for Lee County Application for Six (6) Child/Adolescent Inpatient Psychiatric Beds and Six (6) Adult Inpatient Psychiatric Beds

Dear Ms. Marsal:

I am writing to express my support for East Alabama Medical Center's ("EAMC") proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County. EAMC is currently the only provider of inpatient psychiatric services in the county and operates the only adolescent commitment unit in the state of Alabama. There is an increased need for inpatient psychiatric services for children, adolescents, and adults in Lee County as well as the surrounding counties.

EAMC has continued to grow and meet the needs of its growing community since opening in 1952. This proposed adjustment is no exception. Lee County, which includes the Auburn/Opelika area, has continued to grow and desires to have medical facilities that meet the needs of its residents. This project allows EAMC to continue to expand its existing psychiatric services and meet the needs of the community.

I strongly support EAMC's proposed adjustment to the Alabama State Health Plan for the addition of six (6) child/adolescent inpatient psychiatric beds and six (6) adult inpatient psychiatric beds for Lee County.

Sincerely,

Aleiya Butler, M.D.

eamc
east alabama medical center

June 6, 2022

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

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Sincerely,

Christiana Wilkins, M.D.

eamc
east alabama medical center

June 6, 2022

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State Health Planning and Development Agency
100 North Union Street, Suite 870
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Sincerely,

Jennifer Smith, M.D.

EXHIBIT A

2020 Alabama State Health Assessment

Indicator 1: Mental Health and Substance Abuse

2020 Alabama State Health Assessment

ALABAMA PUBLIC HEALTH

Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

March 9, 2022

As State Health Officer of Alabama, I am pleased to present the 2020 Alabama State Health Assessment (SHA). This assessment assists the Alabama Department of Public Health (ADPH) with identifying strengths and areas of improvements for state distributed resources.

The 2020 SHA summary provides updates of 14 health indicators in Alabama, changes in the state's health since 2015, and information on resources available to address these concerns. The 14 health indicators were identified through surveying government and local agencies, community organizations and groups, healthcare providers and support professionals, and residents across Alabama. The SHA also includes data on new, emerging health areas requested by partners.

The pandemic has been a challenging experience, but the heroic efforts remind us that building and maintaining healthy communities requires a collaborative approach. ADPH will continue to be a partner in developing solutions to many community issues. ADPH hopes that the information in this SHA increases your awareness of the health issues in our state, your knowledge of resources and programs that are available, and a drive to become involved in initiatives to create the "Healthy People. Healthy Communities. Healthy Alabama" we envision.

The SHA is also an essential part to ADPH maintaining accreditation, and ADPH welcomes your comments and feedback. For more information about ADPH and our services, please visit our website at www.alabamapublichealth.gov.

Sincerely,

Scott Harris, MD

Scott Harris, M.D., M.P.H.
State Health Officer

Table of Contents

1. Mental Health and Substance Abuse
Ranked AL's First Health Indicator

The concern for mental health and substance abuse moved to number one from its previous second highest rank in the 2015 survey. According to the World Health Organization (WHO), mental health is the "state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community." Mental health affects an individual's mood, emotional, psychological, and social well-being. Family history, biological factors, and life experiences influence mental health. The most common mental health illnesses are anxiety, depression, and post-traumatic stress disorders.[1]

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 41 percent of AL adults sought medical treatment for a mental health issue between 2017-2019. Early signs of declining mental health can be an individual withdrawing from normal social support, displaying negative emotions, completing daily tasks, and abusing substances.[2] Substance misuse and abuse refer to the harmful use of alcohol and illicit drugs, including prescription drugs.[3] There can be physical, social, and psychological harm in addition to criminal penalties for possession of the substance. Often, practitioners see mental health and substance abuse co-occurring. Treatment solutions could include individual and group psychotherapies. Accountability and social support are an instrumental part of the recovery process. Discrimination, poverty, and segregation towards individuals with mental illness are all barriers to seeking treatment.[3] Raising awareness helps reduce stigma towards mental illness.

Vulnerable Populations

Groups at a higher risk of having a persisting mental illness are veterans, individuals who have experienced a traumatic event early in life, and individuals in abusive relationships or families. In the past 20 years, mental illness rates have been rising. While more services are available, rural and minority populations are still underrepresented due to access to care and social stigma.[3]

Geographic Variation

Health outcomes can vary over regions based on the populations and the opportunities to self-manage care. For mental health concerns, the Northeastern Public Health District had the highest suicide rate in 2019. This area also had the highest substance abuse diagnosis prevalence in Medicaid recipients in 2018.

Topics Addressed for This Indicator are:

- Suicide mortality.
- Depression diagnosis among Medicaid recipients.
- Alabama adults with depression.
- Depression among Medicare recipients.
- Schizophrenia among Medicare recipients.
- Mental health professional shortage areas.
- Substance abuse diagnosis in Medicaid recipients.
- Drug-related overdose.
- Drug poisoning mortality.

Highlights

Data by county can be found in the Appendix. Data for mental health conditions and substance abuse prevalence are not as complete or comprehensive as other health indicators. The Centers for Medicare and Medicaid Services only have limited claims data, which do not cover the total population. Data are also retrieved from ADPH Center for Health Statistics, ADPH Office of Primary Care and Rural Health, ADPH Office of Emergency Medical Services (EMS), the Behavioral Risk Factor Surveillance System (BRFSS), and the National Center for Health Statistics:

- In 2019, suicide was the twelfth leading cause of death in AL.
- In 2018, 38.8 percent of the adult Medicaid population-initiated rehabilitation treatment within 14 days of being diagnosed with an alcohol or drug dependency.
- The suicide mortality rate is almost more than four times greater for males compared to females (26.6 deaths compared to 6.9 deaths per 100,000 persons).

Risk Factors:

- Family history.
- Lack of a support system and isolation.
- New, unexpected stressors.
- Chronic illness.
- Difficult life transitions.
- Neglect and abusive relationships.
- Post-traumatic stress disorder.
- Excessive alcohol or previous drug use.

Suicide Mortality

Suicide is one of the leading mental health concerns, ranking as the tenth leading cause of death in the U.S. and twelfth for AL.[4] Suicide is death caused by self-injury with the intent to die:[5]

- The Northeastern Public Health District (Blount, Calhoun, Cherokee, Clay, Cleburne, DeKalb, Etowah, Shelby, St. Clair, Talladega, and Randolph counties) had the highest rate of suicide mortality in AL.

- The suicide mortality rate is nearly more than four times greater for males than females (26.6 deaths compared to 6.9 deaths per 100,000 persons).
- The highest suicide mortality rate for 2019 is among the 35-44 years old age group, with a significant increase since the 2015 CHA (26.5 deaths compared to 18.7 deaths per 100,000 persons, respectively).
- Among white individuals, the suicide mortality rate is 21.8 deaths per 100,000 persons in 2019, compared to 17.3 deaths in the 2015 CHA.

Table 1.1 – Suicide Mortality Rate, 2019

	Count	Rate per 100,000
AL	**804**	**16.4**
U.S.	**47,511**	**14.5**
Public Health Districts		
Northern	184	16.9
Northeastern	158	19.5
West Central	66	15.2
Jefferson	102	15.5
East Central	101	14.3
Southeastern	58	15.3
Southwestern	71	17.2
Mobile	64	15.5
Geographic Variation		
Rural	368	17.5
Urban	436	15.6
Sex		
Female	174	6.9
Male	630	26.6
Race/Ethnicity		
White	697	21.8
AA/black	82	6.3
Household Income		
Not Applicable (N/A)	-	-
Age (in years)		
Under 18	25	2.3
18-24	79	17.7
25-34	129	19.9
35-44	157	26.5
45-54	137	22.2
55-64	119	18.1
65+	158	18.6
Education		
Less than high school	164	-
High school or GED	349	-
Some college	168	-
College graduate or higher	116	-
Unknown	7	-

Depression Diagnosis in Medicaid Recipients

Depression is defined as a persistent depressed mood or loss of interest in activities for more than 2 weeks, causing significant impairment in daily life.[3] The Medicaid population also includes children:

- In 2018, 3.8 percent of AL Medicaid recipients had a diagnosis of depression, a decrease from 5.4 percent in the 2015 CHA.
- In 2018, AL Medicaid recipients who identified as white individuals had more diagnoses than AL Medicaid recipients who identified as AA/black individuals.
- Mobile had the highest percentage of depression in the state.

Demographic information was not available for previous years. For the district level, only confirmed county diagnoses were included in the calculation.

Table 1.2 – Depression Diagnosis Among Medicaid Recipients, 2018

	Count	%
AL	**40,977**	**3.3**
U.S.	**-**	**-**
Public Health Districts		
Northern	7,535	3.1
Northeastern	6,614	3.4
West Central	3,908	3.2
Jefferson	4,086	2.5
East Central	4,878	2.6
Southeastern	4,415	3.8
Southwestern	4,082	4.3
Mobile	5,423	4.6
Geographic Variation		
N/A	-	-
Sex		
Female	28,192	-
Male	12,785	-
Race/Ethnicity		
AA/black	13,006	-
Non-Hispanic Asian or Pacific Islander	95	-
White	22,516	-
American Indian/Alaska Native	122	-
Hispanic	625	-
Unknown/Not provided	3,613	-
Household Income		
N/A	-	-
Age (in years)		
Under 21	13,278	-
21 and over	27,699	-
Education		
N/A	-	-

Adults with Depression

Depression is defined as a persistent depressed mood or loss of interest in activities for more than 2 weeks, causing significant impairment in daily life.[3]

According to BRFSS:

- West Central (25.9 percent) and the Southeastern (26.7 percent) public health districts had the highest prevalence of depression in 2019.
- Females continued to have a higher prevalence of depression with 28.5 percent compared to 19.3 percent in males. In the 2015 CHA, the prevalence of depression was 26.3 percent in females and 17.1 percent in males.
- White adults had a prevalence of depression of 26.6 percent compared to AA/black adults with a prevalence of 17.0 percent. These rates were similar in the 2015 CHA.
- The prevalence is similar throughout age distributions, but sharply declines over age 65 years old with an 18.0 percent prevalence.

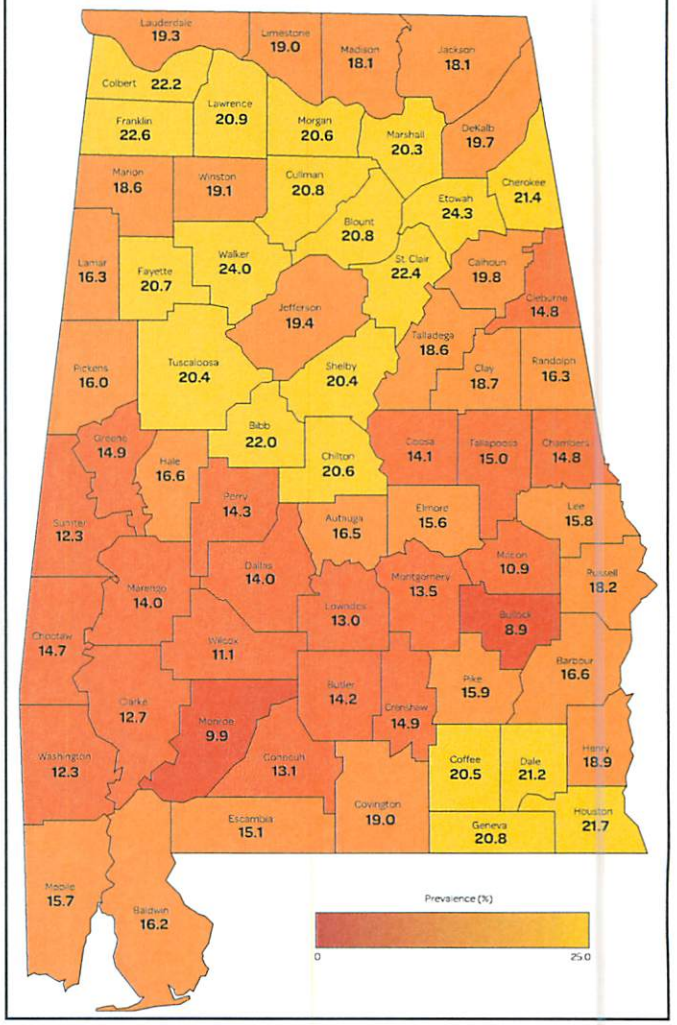
Table 1.3 – Percentage of Adults Who Ever Had Depression, 2019

	%	95% Confidence Interval (CI)
AL	**24.1**	**(22.7-25.4)**
U.S.	**-**	**-**
Public Health Districts		
Northern	25.8	(22.3-29.3)
Northeastern	24.8	(21.5-28.2)
West Central	25.9	(22.0-29.8)
Jefferson	21.1	(17.8-24.5)
East Central	24.4	(20.2-28.6)
Southeastern	26.7	(22.5-30.9)
Southwestern	19.9	(16.5-23.4)
Mobile	21.9	(18.4-25.4)
Geographic Variation		
N/A	-	-
Sex		
Female	28.5	(26.5-30.4)
Male	19.3	(17.3-21.2)
Race/Ethnicity		
White	26.6	(24.9-28.3)
AA/black	17.0	(14.8-19.3)
Household Income		
Less than 15,000	43.5	(38.6-48.4)
$15,000-24,999	30.2	(26.3-34.2)
$25,000-34,999	23.8	(18.5-29.1)
$35,000-49,999	23.7	(19.8-27.6)
$50,000+	18.5	(16.5-20.6)
Age (in years)		
18-24	24.3	(18.7-29.9)
25-34	26.8	(22.8-30.7)
35-44	25.9	(22.4-29.4)
45-54	26.9	(23.7-30.2)
55-64	25.0	(22.3-27.8)
65+	18.0	(16.1-19.8)
Education		
Less than high school	32.8	(28.0-37.6)
High school or GED	24.1	(21.6-26.5)
Some college	25.7	(23.2-28.2)
College graduate or higher	16.4	(14.5-18.2)

Depression Among Medicare Recipients

Depression can be more prevalent for older adults and persons living with a disability as they experience loss,

Figure 1.1 – This map represents the distribution of depression prevalence by county. Medicare provides insurance to persons over the age of 65 years old and some disabilities. Source: Centers for Medicare and Medicaid Services.



grief, and physical pain. Identifying depression symptoms early can help reduce suicides and other health problems.[3]

For Medicare recipients:

- The prevalence of depression was 18.4 percent in 2018, affecting 102,710 members. In the 2015 CHA, the prevalence was 13.3 percent.
- The Northern District had the highest prevalence among AL districts.
- Etowah County (a county within the Northeastern District) had the highest county prevalence in 2018 (24.3 percent). In the 2015 CHA, the highest counties were Cullman and Tuscaloosa (Northern and West Central Districts, respectively).

Additional demographic information is not available at this time.

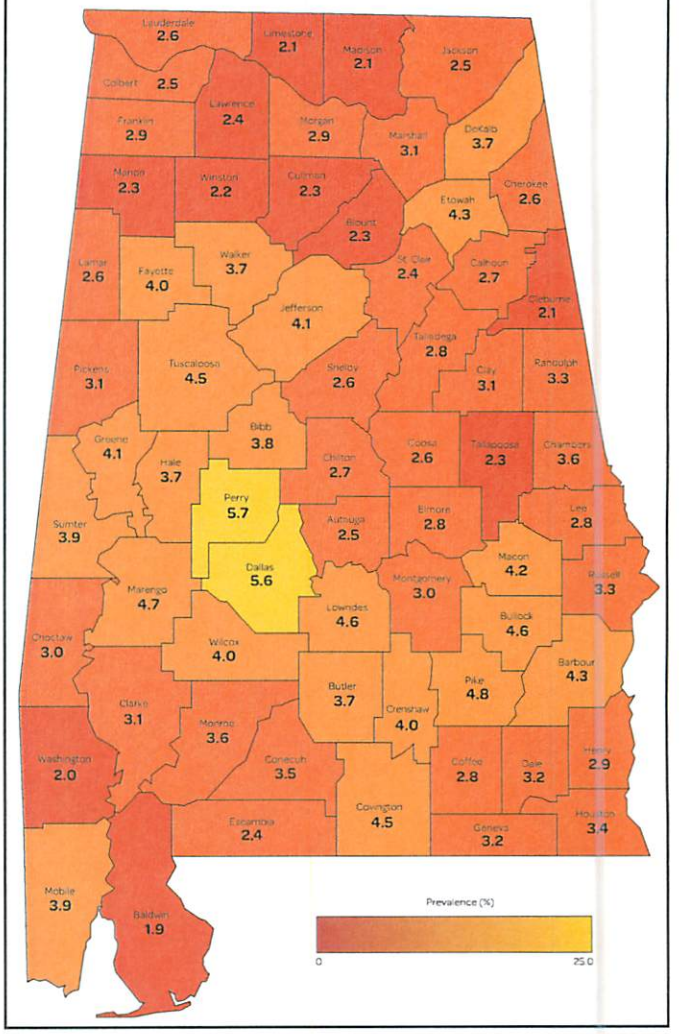
Schizophrenia Among Medicare Recipients

Schizophrenia is a mental health disorder that includes hallucinations, delusions, disorganized speech, grossly disorganized or catatonic behavior, and mood stability symptoms.[3] People diagnosed with schizophrenia hear, see, or believe things that are not real. Approximately half of the individuals with schizophrenia have a co-occurring mental or behavioral health disorder:[6]

- In 2018, there was a state prevalence of 3.1 percent with schizophrenia, affecting over 17,000 Medicare fee-for-service recipients. The prevalence of schizophrenia was 3.5 percent in the 2015 CHA.
- Perry and Dallas counties had the highest percentage of schizophrenia (5.7 percent and 5.6 percent, respectively).

Additional demographic information is not available at this time.

Figure 1.2 – This map represents the distribution of schizophrenia prevalence by county. Medicare provides insurance to persons over the age of 65 years old and some disabilities. Source: Centers for Medicare and Medicaid Services.



Mental Health Professional Shortage Areas

A good system of mental health resources can assist all populations in managing their mental health outcomes, which can include: insurance coverage, reduction of barriers associated with social stigma, and awareness of resources.[3] One critical resource is access to local mental health providers.

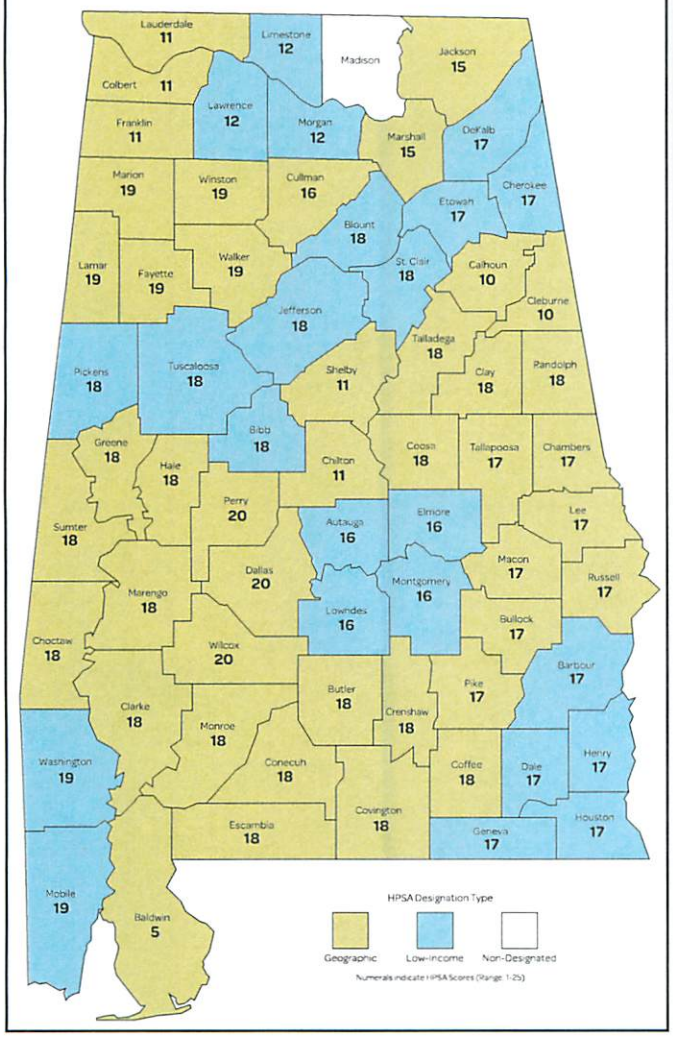
The map in Figure 1.3 depicts:

- Mental health professional areas that have a provider shortage either by geographic or low-income designation.

- Mental health professionals included in this data are medical doctors practicing general medicine and child psychiatry.
- Health Professional Shortage Areas (HPSA) scores range from 1-25, with 25 being the most significant disparity.

In 2018, Madison County was the only county with sufficient mental health professionals to provide services to its residents. However, services were more adequately covered in the Northern Public Health District than the rest of the state.

Figure 1.3 – This map represents the HPSA score, ranging from 1 to 25, for each county. Source: ADPH Office of Primary Care and Rural Health.



Substance Abuse Diagnosis in Medicaid Recipients

Substance abuse is defined as taking a controlled substance in a harmful dose. This could include consumption of alcohol, prescription pain medication, and other illicit drugs.

Following up with long care support and rehabilitation services is important for recovery in this population. In 2018, 38.8 percent of the adult Medicaid population-initiated treatment within 14 days of being diagnosed:[7]

- In 2018, there were 18,037 Medicaid fee-for-service recipients diagnosed with substance abuse in AL.[7]
- The Northeastern Public Health District had the highest prevalence of substance abuse diagnosis with 1.73 percent of all Medicaid recipients.
- Females were diagnosed more when compared to males.

This information was calculated differently in the 2015 CHA and cannot be used to assess an accurate historical trend. For the district level, only confirmed county diagnoses were included in the calculation.

Table 1.4 – AL Substance Abuse Diagnosis in Medicaid Recipients, 2018

	Count	%
AL	**18,037**	**1.5**
U.S.	-	-
Public Health Districts		
Northern	4,018	1.67
Northeastern	3,359	1.73
West Central	2,017	1.67
Jefferson	2,366	1.46
East Central	1,553	0.87
Southeastern	1,496	1.29
Southwestern	1,423	1.26
Mobile	1,565	1.32
Geographic Variation		
N/A	-	-
Sex		
Female	10,876	-
Male	7,161	-

Race/Ethnicity		
White	10,912	-
American Indian/Alaska Native	54	-
Asian	361	-
AA/black	4,419	-
Hispanic	162	-
Other/Not provided	2,471	-
Household Income		
N/A	-	-
Age (in years)		
N/A	-	-
Education		
N/A	-	-

Drug-related Overdose

According to CDC, AL's opioid dispensing rate was the highest prescribing rate in the country with 85.8 medications for every 100 persons in 2019.[8] This rate was significantly higher than the average U.S. rate of 46.7 prescriptions per 100 persons.[8]

The maps show the rates of all drug and opioid overdose emergency response (911 runs) by county in 2018.

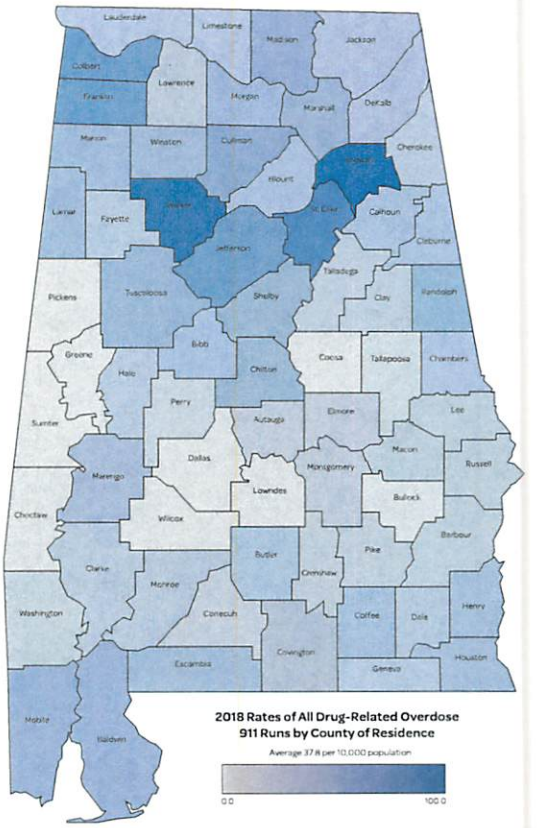
- The average rate of drug-related overdose 911 runs was 37.8 per 10,000 persons, and the average rate of opioid-related overdose runs was 5.5 per 10,000 persons.
- The rate of 911 runs for overdoses were highest in Jefferson County and the surrounding area.

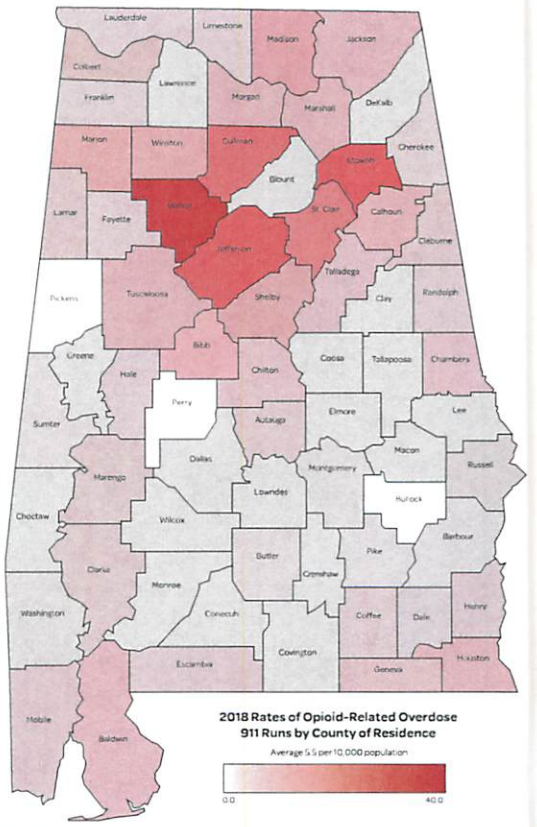
Naloxone is a medication designed to reverse opioid overdose rapidly. One dose of naloxone counts as one administration:

- In 2018, 6,287 doses of naloxone were administered and reported to the Office of EMS, a 34.7 percent increase from 2017 (4,666 doses administered).[9]
- The administration was highest in males 2544 years old with over 1,500 naloxone administrations. The number of administrations may be higher than the number of persons who may receive more than one injection.

This data does not account for outcomes after administration. Naloxone administration may be affected by availability. ADPH plans to utilize Syndromic Surveillance System data by identifying overdoses through emergency room visits.

Figure 1.4 – The number of drug-related overdose 911 runs by county. The map is further broken down into opioid-related runs by county. White counties show areas where data was not collected. Source: ADPH Office of EMS.





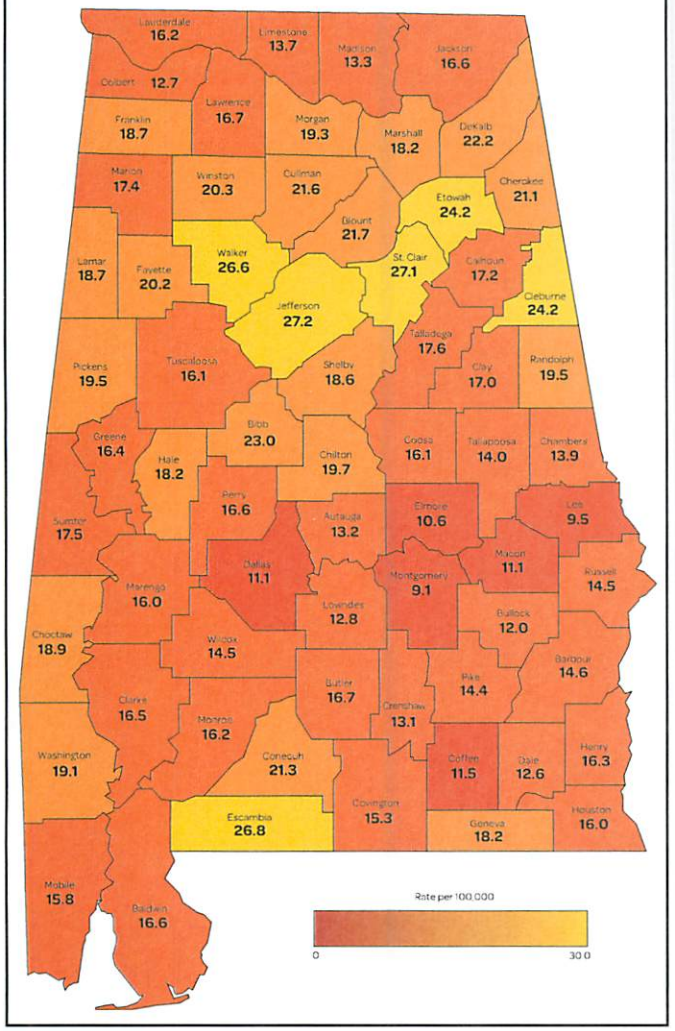
Drug Poisoning Mortality

According to CDC, in 2019, there were 827 drug poisoning deaths in AL with a rate of 16.9 per 100,000 persons compared to the national rate of 23.1 per 100,000 persons. Compared to 2013, there were 648 drug poisoning deaths with a crude rate of 13.4 deaths per 100,000 persons.[10] This includes both intentional and unintentional poisonings noted on death certificates.

In Figure 1.5, the map is modeling age-adjusted drug poisoning deaths from the National Center for Health Statistics:

- In 2019, The highest drug poisoning death rates by county were Russell County with 38.0 deaths, Dekalb County with 32.2 deaths, Jefferson County with 31.0 deaths, and St. Clair County with 25.7 deaths per 100,000 persons.
- In 2013, Walker County previously had the highest death rate with 43.9 deaths per 100,000 persons.

Figure 1.5 – This map represents the mortality rate due to drug poisonings in AL. Source: National Center for Health Statistics.



These rates are an underestimation of the total amount. If poisoning is not suspected, a drug test may not be run. ADPH plans to use Poison Control Center data to better understand the prevalence and distribution in AL.

Data Sources

Table 1.1 – Suicide Mortality, 2019. ADPH, Center for Health Statistics Mortality Files, 2019. Data requested March 2021.

Table 1.2 – Depression Diagnosis Among Medicaid Recipients, 2018. AL Medicaid Agency, 2019. Data requested July 2020.

Table 1.3 – Percentage of Adults Who Ever Had Depression, 2019. CDC, BRFSS, 2019. Data requested March 2021.

Figure 1.1 – Depression Among Medicare Recipients, 2018. Centers for Medicare and Medicaid Services, 2019. Data requested January 2021.

Figure 1.2 – Schizophrenia Among Medicare Recipients, 2018. Centers for Medicare and Medicaid Services, 2019. Data requested January 2021.

Table 1.4 – AL Substance Abuse Treatment Admissions in Medicaid Recipients, 2018-2019. AL Medicaid Agency, 2019. Data requested July 2020.

Figure 1.4 – Rates of Drug Overdose-Related 911 Runs by County of Residence, 2018. ADPH, Office of EMS, 2018. Data requested January 2021.

Figure 1.5 – Drug Poisoning Mortality, 2018. National Center for Health Statistics, 2018. Data requested March 2021.

Written Sources

1. WHO, Mental Well-Being, 2020.
2. SAMHSA, *Behavioral Health Barometer Region 4, Volume 6*. Adult Mental Health and Service Use, 2020.
3. CDC, Mental Health, 2020.
4. CDC National Center for Health Statistics, Age Adjusted Leading Causes of Death, 2019.
5. CDC, Suicide Prevention, 2020.
6. National Institute of Mental Health, Schizophrenia, 2020.
7. National Alliance on Mental Illness, Substance Abuse Disorders, 2020.
8. CDC, U.S. State Opioid Dispensing Rates, 2019.
9. ADPH, Office of Emergency Medical Services, 2018.
10. CDC National Center for Health Statistics, Drug Poisoning Mortality, 2018.

Community Resources

AL Department of Mental Health
Location: Montgomery County, AL
Type: State Government Organization

AL Department of Rehabilitation Services
Location: Montgomery County, AL
Type: State Government Organization

Alabama Suicide Prevention & Resources Coalition
Location: Jefferson County, AL
Type: Non-profit Organization

Brewer-Porch Children's Center
Location: Tuscaloosa County, AL
Type: Research Institution

CDC
Location: Atlanta, GA
Type: Federal Government Organization

Consumer Product Safety Commission
Location: Atlanta, GA
Type: Federal Government Organization

Health Resources and Services Administration (HRSA)
Location: Washington, DC Metro
Type: Federal Government Organization

Hill Crest Behavioral Health Services
Location: Jefferson County, AL
Type: Behavioral Health Facility

Laurel Oaks Behavioral Health Center
Location: Houston County, AL
Type: Behavioral Health Facility

National Institute on Alcohol Abuse and Alcoholism
Location: Bethesda, MD
Type: Federal Government Organization

National Institute on Drug Abuse
Location: Washington, DC Metro
Type: Federal Government Organization

National Suicide Prevention Lifeline
1-(800) 273-8255
Location: Washington, DC Metro
Type: Federal Government Partnership

Sequel Courtland
Location: Lawrence County, AL
Type: Youth Behavioral Health Facility

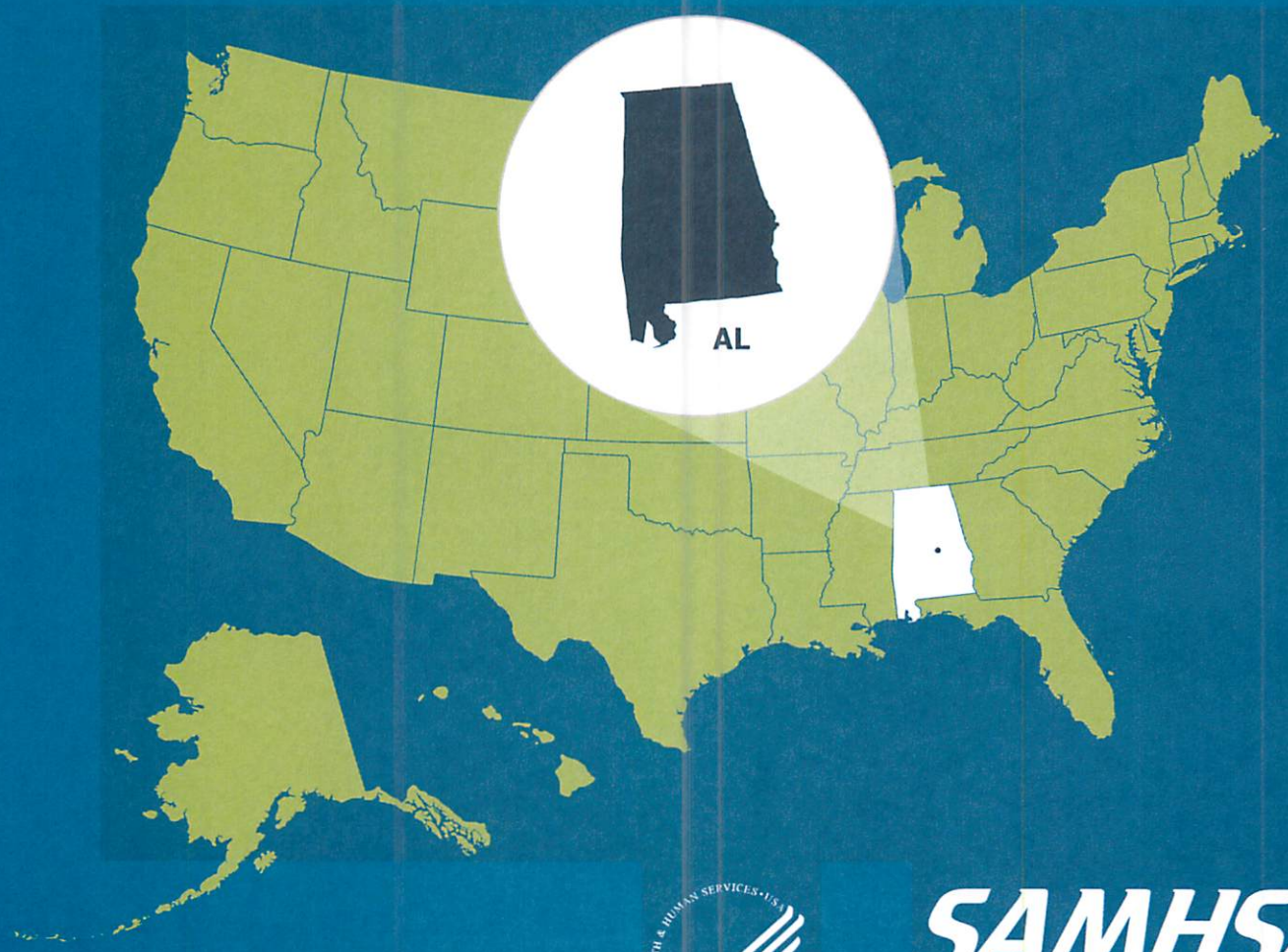
Sequel Tuskegee
Location: Macon County, AL
Type: Youth Behavioral Health Facility

EXHIBIT B
SAMSHA Behavioral Health Barometer Alabama, Volume 6

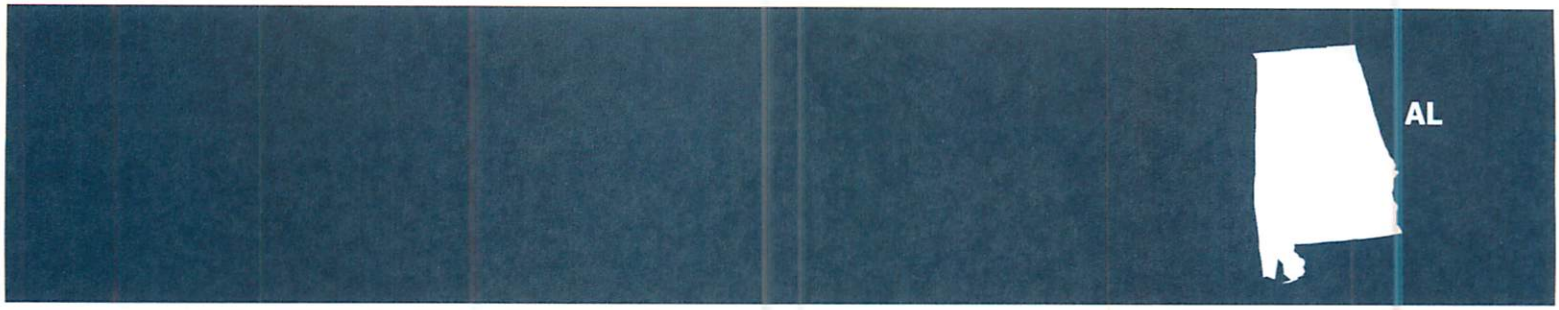
Behavioral Health **Barometer**

Alabama, Volume 6

Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services



SAMHSA
Substance Abuse and Mental Health Services Administration



Acknowledgments

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Electronic Access

This publication may be downloaded at https://store.samhsa.gov.

Recommended Citation

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Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

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Published 2020

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Foreword

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA is pursuing this mission at a time of significant change.

The *Behavioral Health Barometer: Alabama, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services* is one of a series of national, regional, and state reports that provide a snapshot of behavioral health in the United States. The reports present a set of substance use and mental health indicators as measured through the National Survey on Drug Use and Health (NSDUH) and the National Survey of Substance Abuse Treatment Services (N–SSATS), sponsored by SAMHSA.

This array of indicators provides a unique overview of the nation's behavioral health at a point in time as well as a mechanism for tracking changes over time. Behavioral Health Barometers for the nation, 10 regions, and all 50 states and the District of Columbia are published as part of SAMHSA's behavioral health quality improvement approach. Most importantly, the Behavioral Health Barometers provide critical information in support of SAMHSA's mission of reducing the impact of substance abuse and mental illness on America's communities.

Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Introduction

Purpose of This Report

Behavioral Health Barometer: Alabama, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services provides an annual update on a series of topics that focus on substance use and mental health (collectively referred to as *behavioral health*) in the United States. SAMHSA selected specific topics and indicators in this report to represent a cross-section of the key behavioral health indicators that are assessed in SAMHSA data collections, including NSDUH and N–SSATS. This report is intended to provide a concise, reader-friendly summary of key behavioral health measures for lay and professional audiences.

Organization of This Report

This report is divided into sections based on content areas and age groups. It begins with sections on substance use, mental health, and mental health treatment among youth aged 12–17, followed by a section on substance use and mental health among young adults aged 18–25. Next are sections on substance use, misuse, use disorders, and treatment among youth and adults combined and on mental health and treatment among adults aged 18 or older. Figure titles are included above all graphics, including callouts for figure notes that are presented on pages 34–35. These figure notes include additional information about the measures, populations, and analyses presented in the graphics and text. Definitions of key measures and terms included in the report are presented on pages 36–37.

Methodological Information

Statistical tests (t-tests) have been conducted for all statements appearing in the text of the report based on NSDUH data that compare estimates between years or population subgroups. These tests properly account for the variances of each estimate being tested, as well as any joint variability (covariance) due to sample design or among non-mutually exclusive groups (e.g., each state is a subgroup of its respective region, and each region is a subgroup of the total United States). Positive covariance reduces the overall variance of the test statistic and may produce statistically significant results, even when the confidence intervals of each estimate overlap. Unless explicitly stated that a difference is not statistically significant, all statements based on NSDUH data that describe differences are significant at the .05 level. Standard NSDUH suppression rules have been applied for all NSDUH estimates in this report. Pages 27–30 present N–SSATS data, and because N–SSATS provides counts of people enrolled at all treatment facilities (as opposed to providing estimates based on a sample of treatment facilities), conducting significance tests is not necessary. Tables that display all data points included in this report, including tests of statistical significance and standard errors, are available upon request. To request these tables or to ask any questions regarding how to use or interpret the data included in this report, please contact CBHSQRequest@samhsa.hhs.gov.

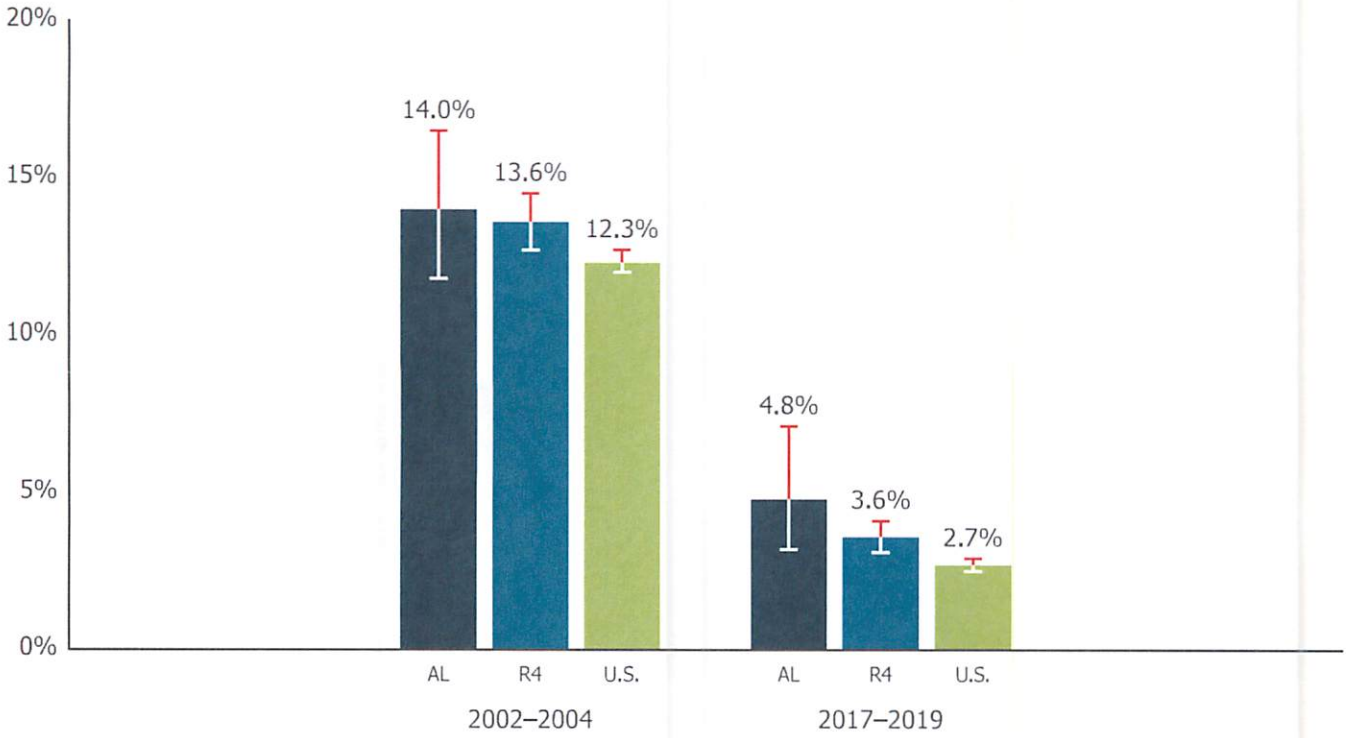
Youth Substance Use

Cigarette Use

Changes in Past-Month Cigarette Use among Youth Aged 12–17 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among youth aged 12–17 in Alabama, the annual average percentage of cigarette use in the past month decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month cigarette use in Alabama was **4.8%** (or **18,000**), similar to the regional average (**3.6%**) but higher than the national average (**2.7%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

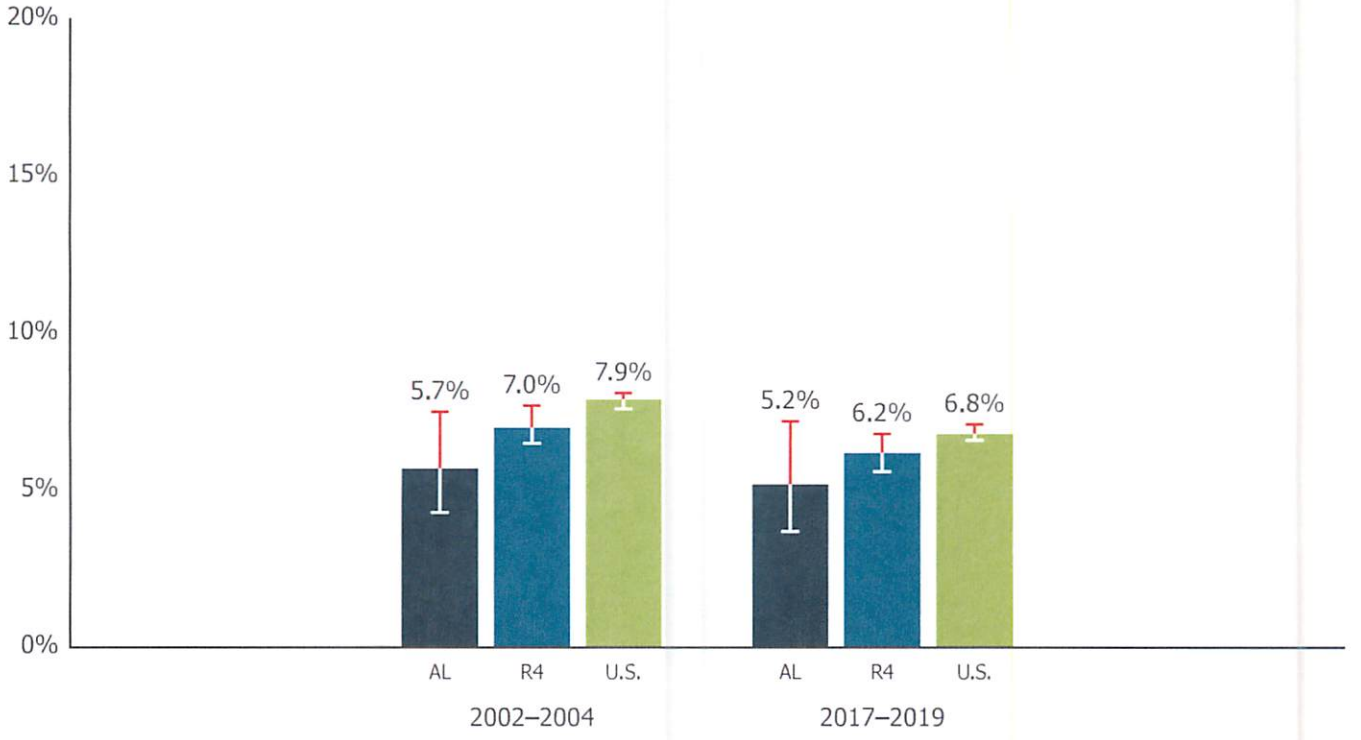
Youth Substance Use

Marijuana Use

Changes in Past-Month Marijuana Use among Youth Aged 12–17 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among youth aged 12–17 in Alabama, the annual average percentage of marijuana use in the past month did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month marijuana use in Alabama was **5.2%** (or **19,000**), similar to both the regional average (**6.2%**) and the national average (**6.8%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

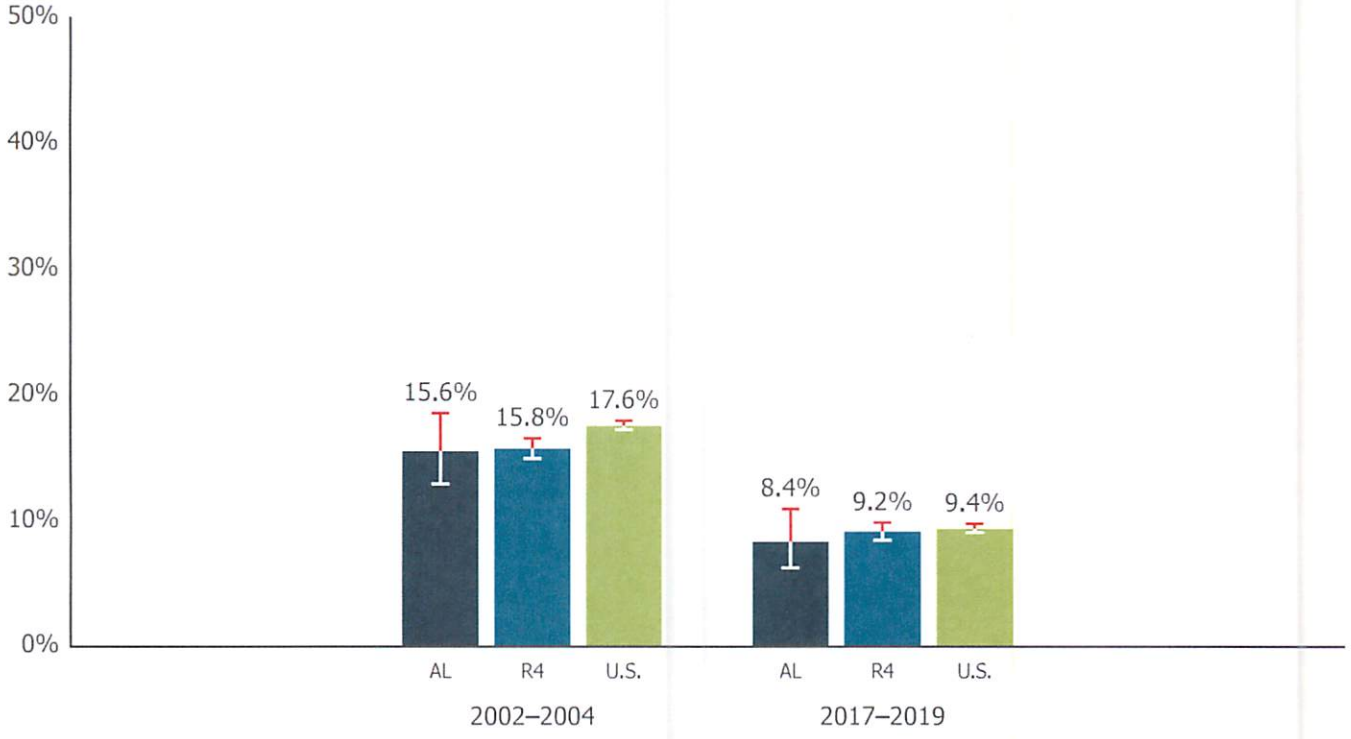
Youth Substance Use

Alcohol Use

Changes in Past-Month Alcohol Use among Youth Aged 12–17 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among youth aged 12–17 in Alabama, the annual average percentage of alcohol use in the past month decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month alcohol use in Alabama was **8.4%** (or **31,000**), similar to both the regional average (**9.2%**) and the national average (**9.4%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

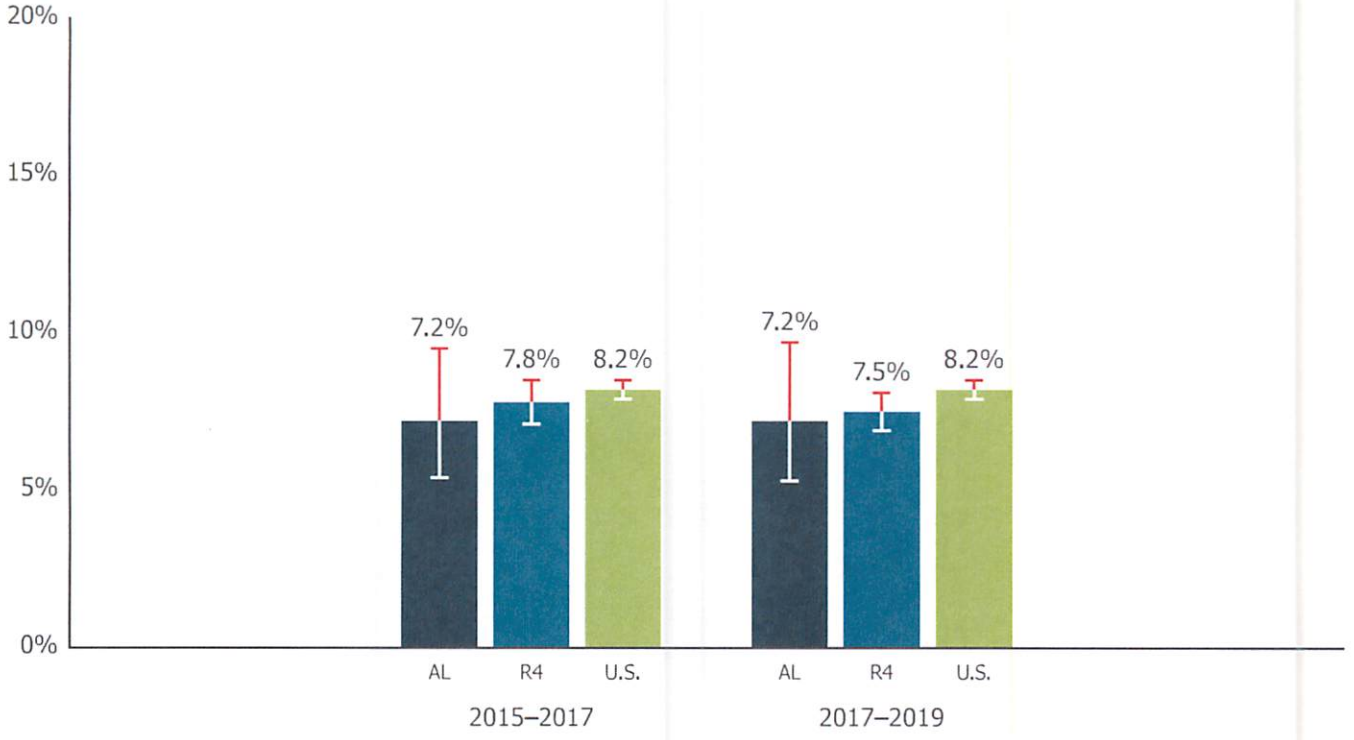
Youth Substance Use

Illicit Drug Use

Changes in Past-Month Illicit Drug Use among Youth Aged 12–17 in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among youth aged 12–17 in Alabama, the annual average percentage of illicit drug use in the past month did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month illicit drug use in Alabama was **7.2%** (or **27,000**), similar to both the regional average (**7.5%**) and the national average (**8.2%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Youth Substance Use

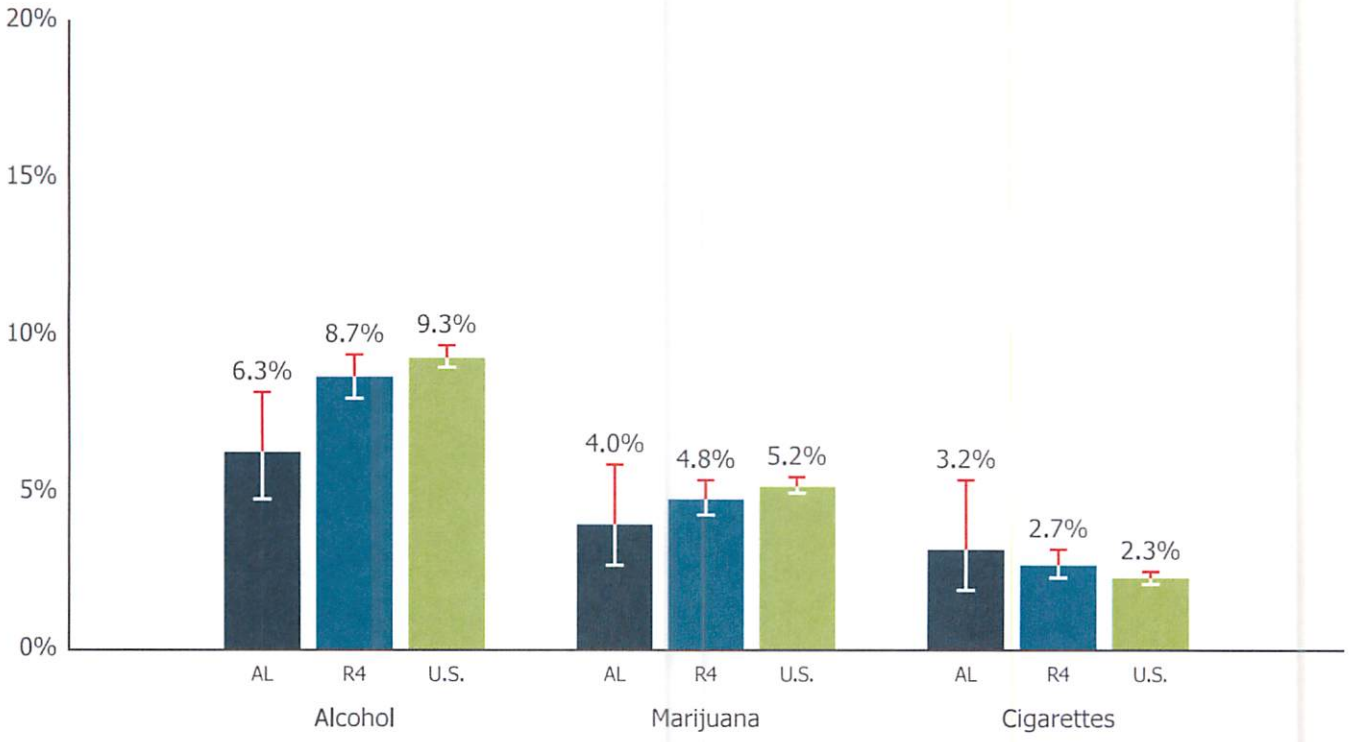
Initiation of Substance Use

Past-Year Initiation (First Lifetime Use) of Selected Substances among Youth Aged 12–17 in Alabama, Region 4, and the United States (Annual Average, 2017–2019)[1]

Among youth aged 12–17 in Alabama, during 2017–2019, an annual average of **6.3%** (or **23,000**) used alcohol for the first time in their lives, lower than both the regional average (**8.7%**) and the national average (**9.3%**).

In Alabama, an annual average of **4.0%** (or **15,000**) used marijuana for the first time in their lives, similar to both the regional average (**4.8%**) and the national average (**5.2%**).

In Alabama, an annual average of **3.2%** (or **12,000**) used cigarettes for the first time in their lives, similar to both the regional average (**2.7%**) and the national average (**2.3%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019.

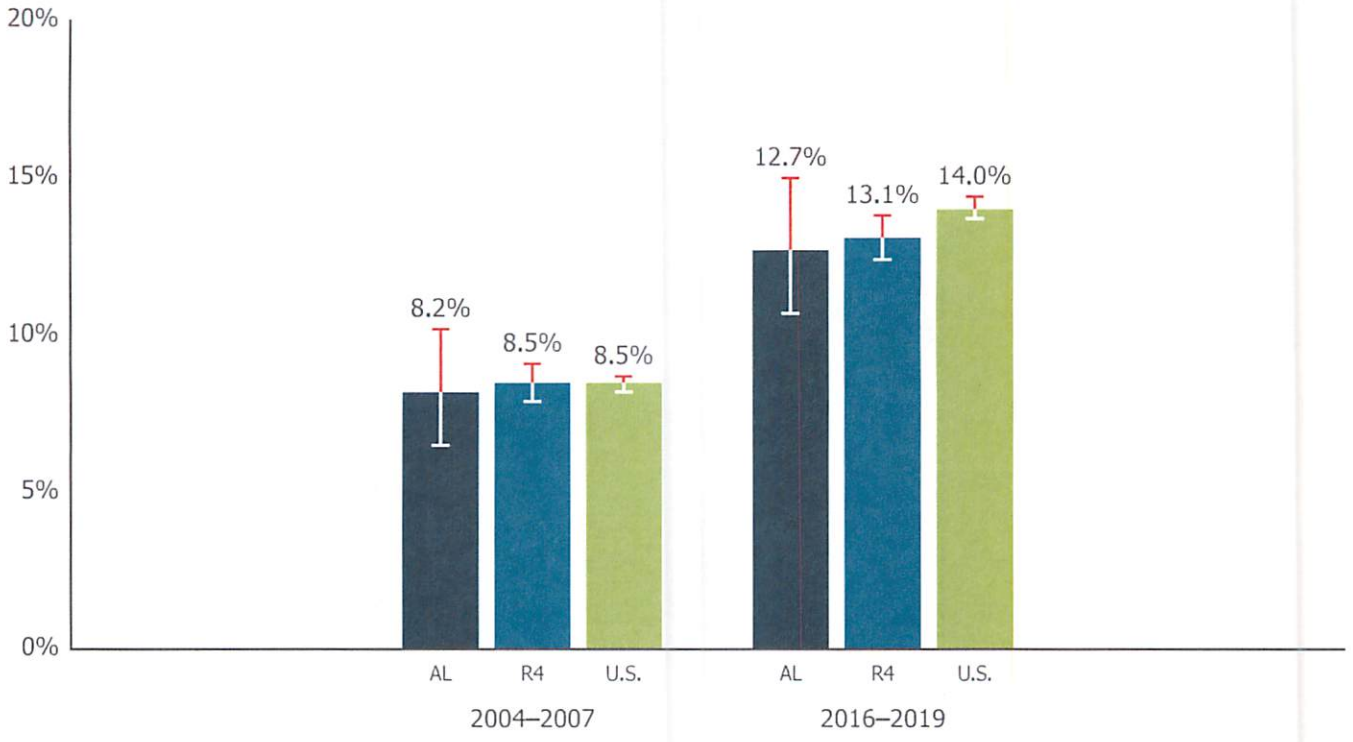
Youth Mental Health and Service Use

Depression

Changes in Past-Year Major Depressive Episode (MDE) among Youth Aged 12–17 in Alabama, Region 4, and the United States (Annual Averages, 2004–2007 and 2016–2019)[1,2]

Among youth aged 12–17 in Alabama, the annual average percentage with an MDE in the past year increased between 2004–2007 and 2016–2019.

During 2016–2019, the annual average prevalence of past-year MDE in Alabama was **12.7%** (or **46,000**), similar to both the regional average (**13.1%**) and the national average (**14.0%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

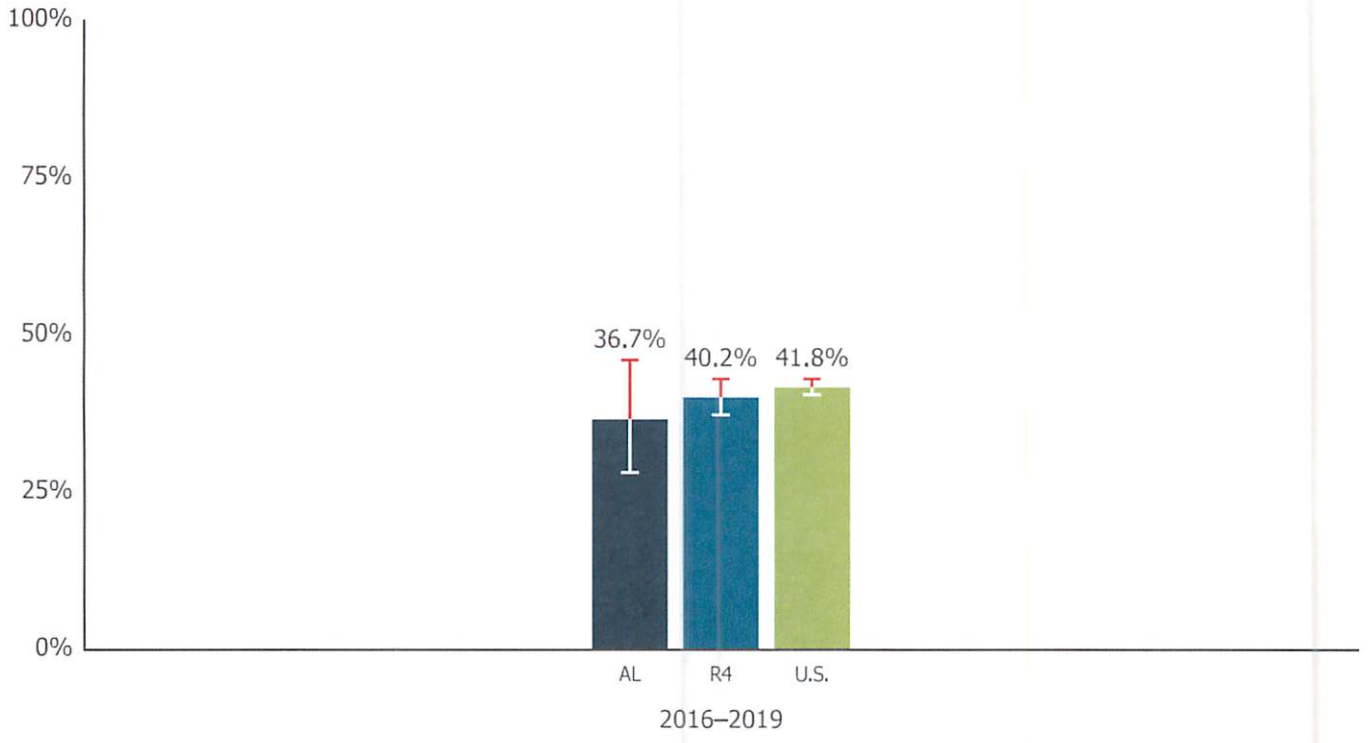
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2004–2007 and 2016–2019.

Youth Mental Health and Service Use

Depression Care

Past-Year Depression Care among Youth Aged 12–17 with Major Depressive Episode (MDE) in Alabama, Region 4, and the United States (Annual Average, 2016–2019)[1,3]

Among youth aged 12–17 in Alabama during 2016–2019 with an MDE in the past year, an annual average of **36.7%** (or **16,000**) received depression care in the past year, similar to both the regional average (**40.2%**) and the national average (**41.8%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016–2019.

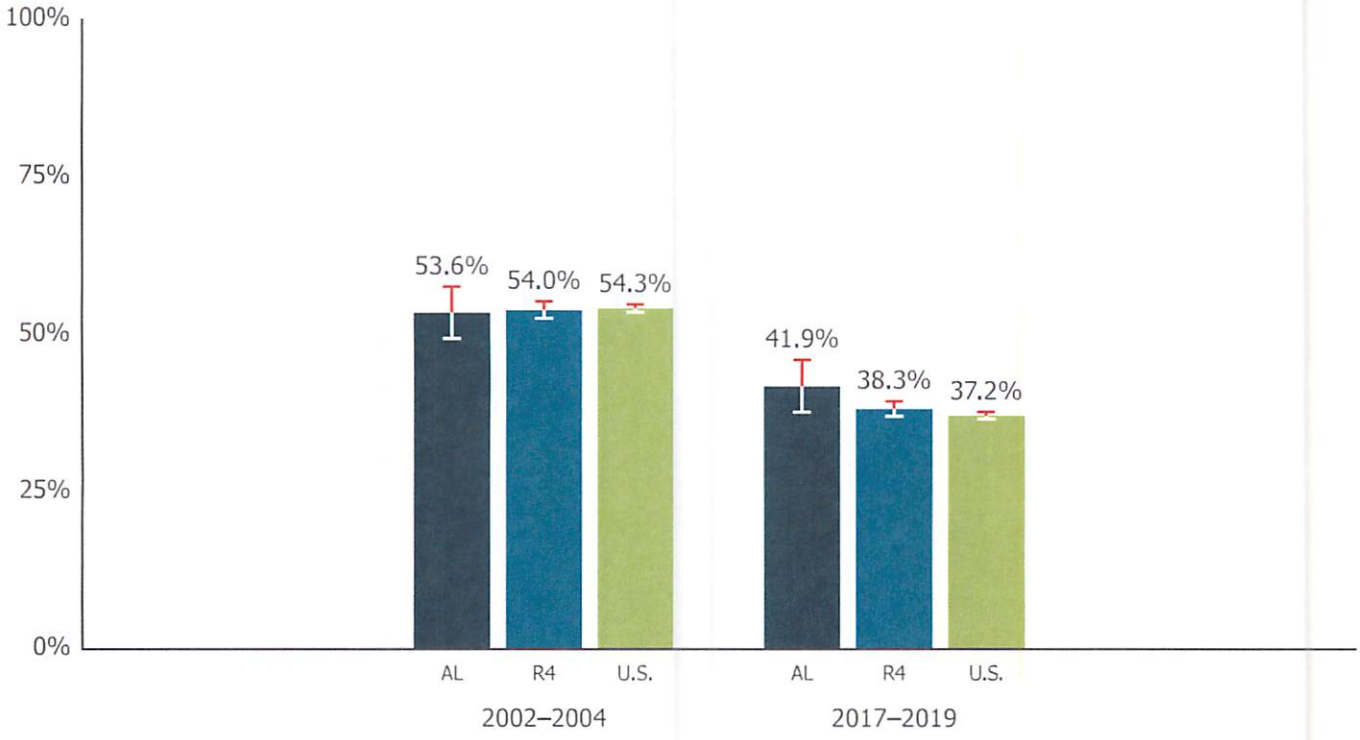
Young Adult Substance Use and Use Disorders

Tobacco Use

Changes in Past-Year Tobacco Use among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of tobacco use in the past year decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year tobacco use in Alabama was **41.9%** (or **213,000**), similar to the regional average (**38.3%**) but higher than the national average (**37.2%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

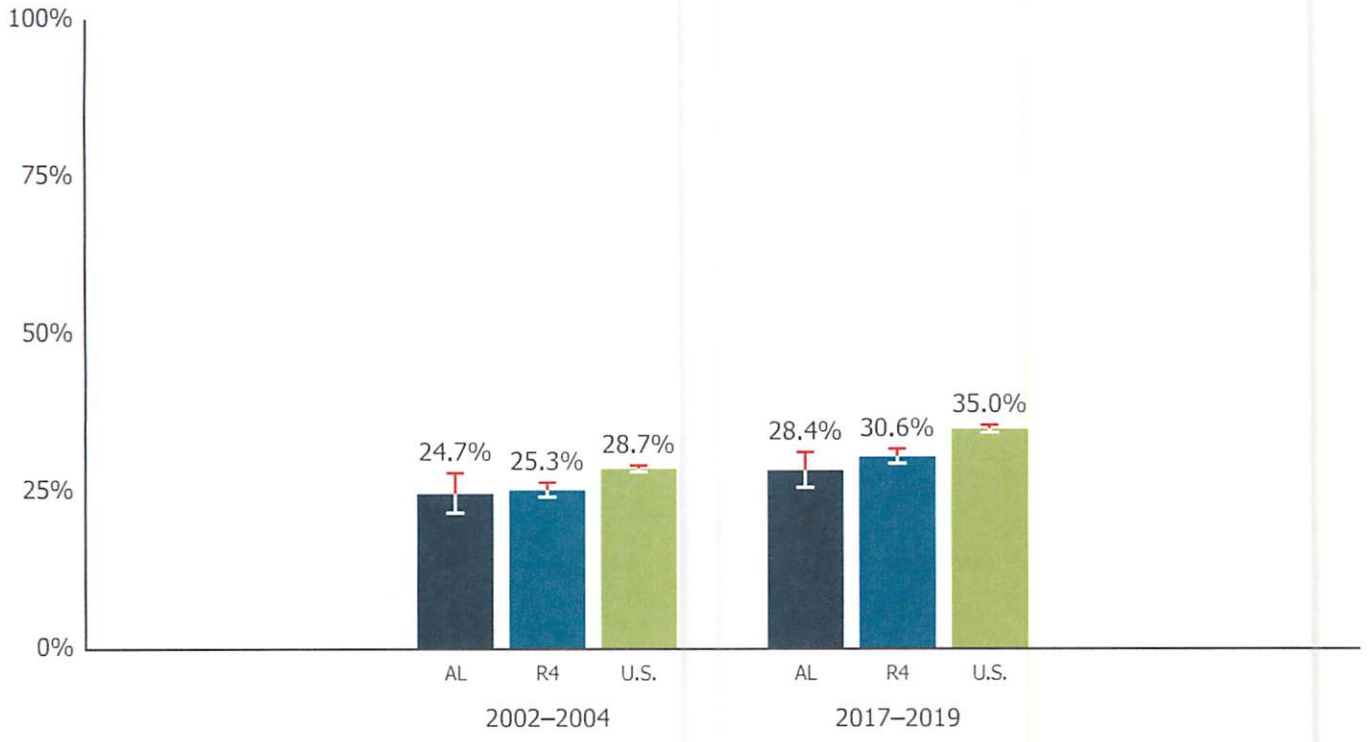
Young Adult Substance Use and Use Disorders

Marijuana Use

Changes in Past-Year Marijuana Use among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of marijuana use in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use in Alabama was **28.4%** (or **144,000**), similar to the regional average (**30.6%**) but lower than the national average (**35.0%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

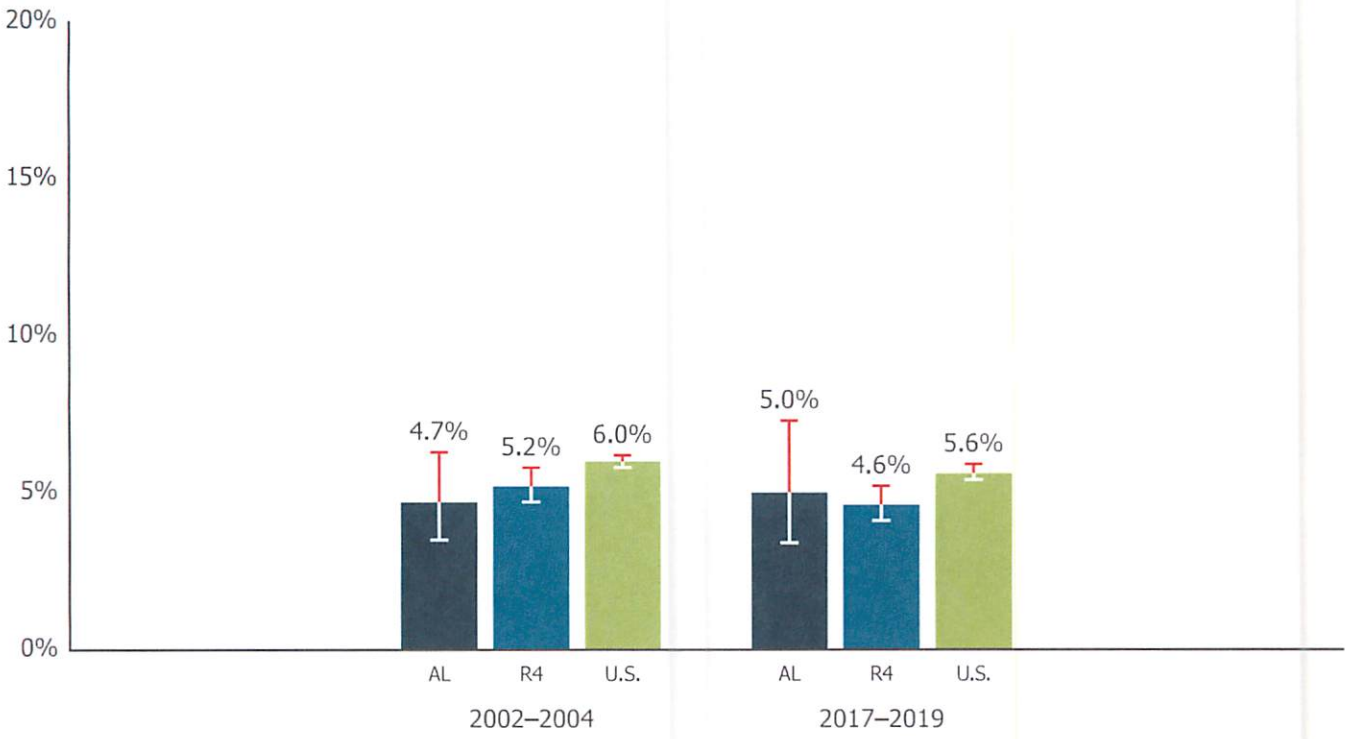
Young Adult Substance Use and Use Disorders

Marijuana Use Disorder

Changes in Past-Year Marijuana Use Disorder among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of marijuana use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use disorder in Alabama was **5.0%** (or **25,000**), similar to both the regional average (**4.6%**) and the national average (**5.6%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

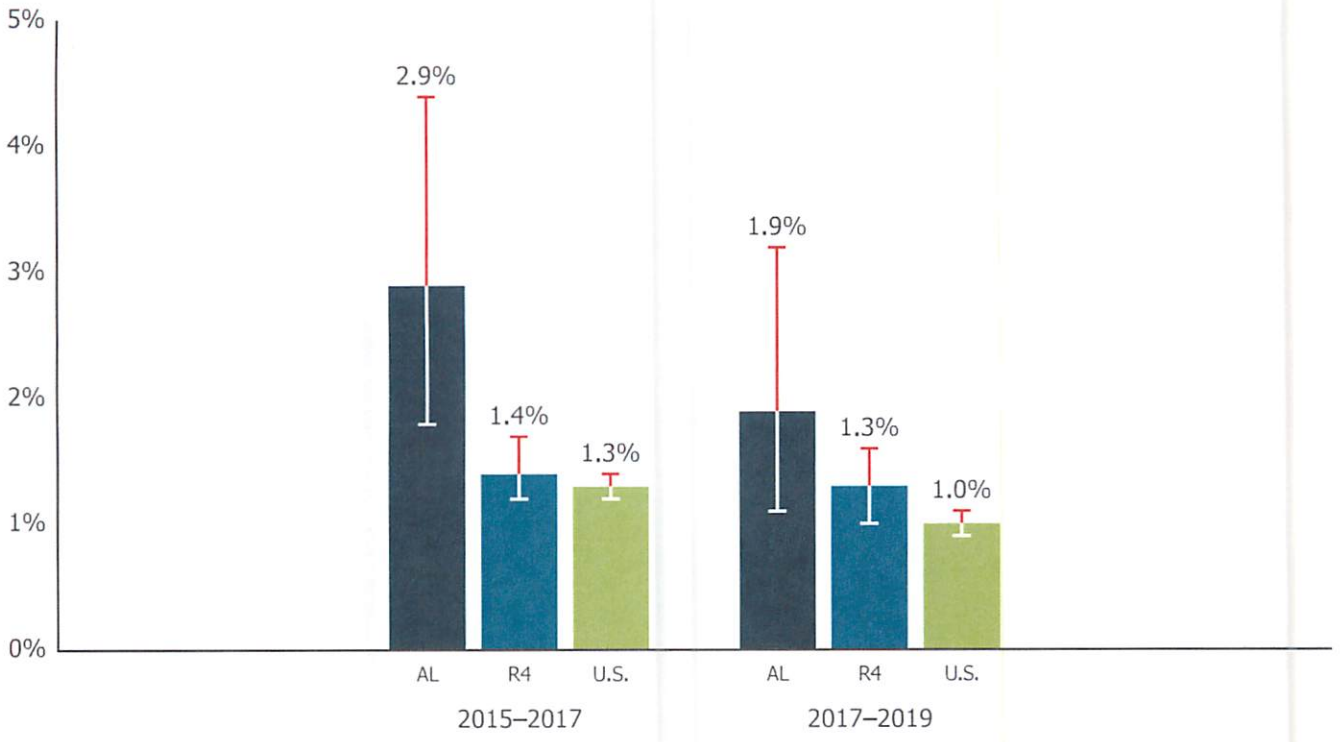
Young Adult Substance Use and Use Disorders

Opioid Use Disorder

Changes in Past-Year Opioid Use Disorder among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of opioid use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year opioid use disorder in Alabama was **1.9%** (or **10,000**), similar to both the regional average (**1.3%**) and the national average (**1.0%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

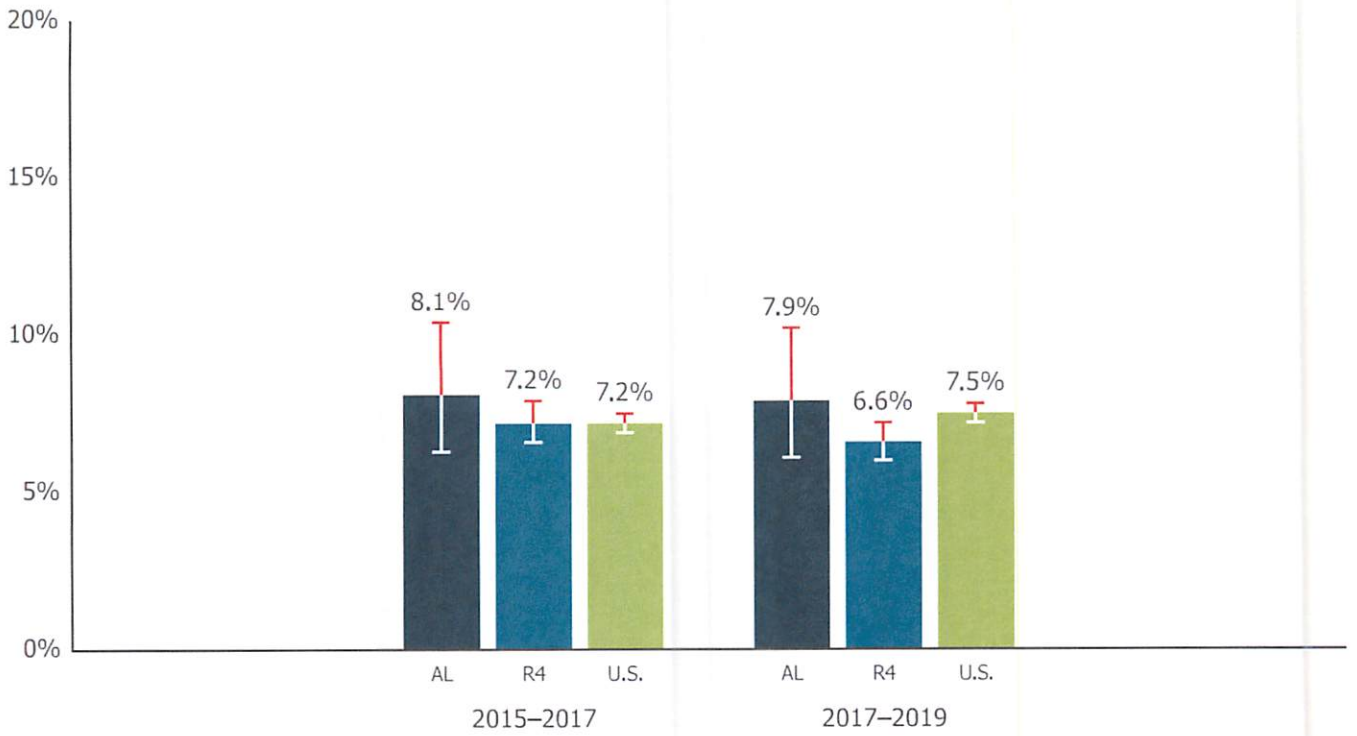
Young Adult Substance Use and Use Disorders

Illicit Drug Use Disorder

Changes in Past-Year Illicit Drug Use Disorder among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of illicit drug use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year illicit drug use disorder in Alabama was **7.9%** (or **40,000**), similar to both the regional average (**6.6%**) and the national average (**7.5%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

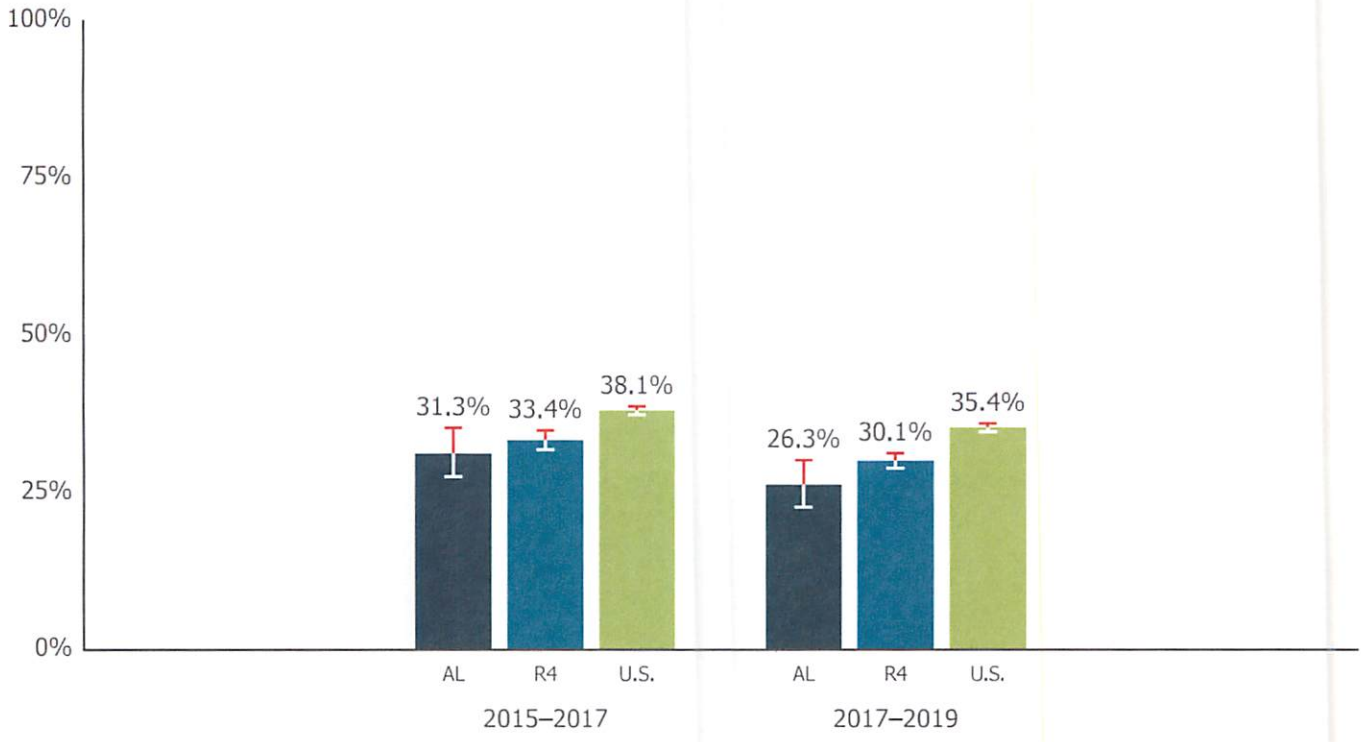
Young Adult Substance Use and Use Disorders

Binge Alcohol Use

Changes in Past-Month Binge Alcohol Use among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1,4]

Among young adults aged 18–25 in Alabama, the annual average percentage of binge alcohol use in the past month did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month binge alcohol use in Alabama was **26.3%** (or **134,000**), lower than both the regional average (**30.1%**) and the national average (**35.4%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

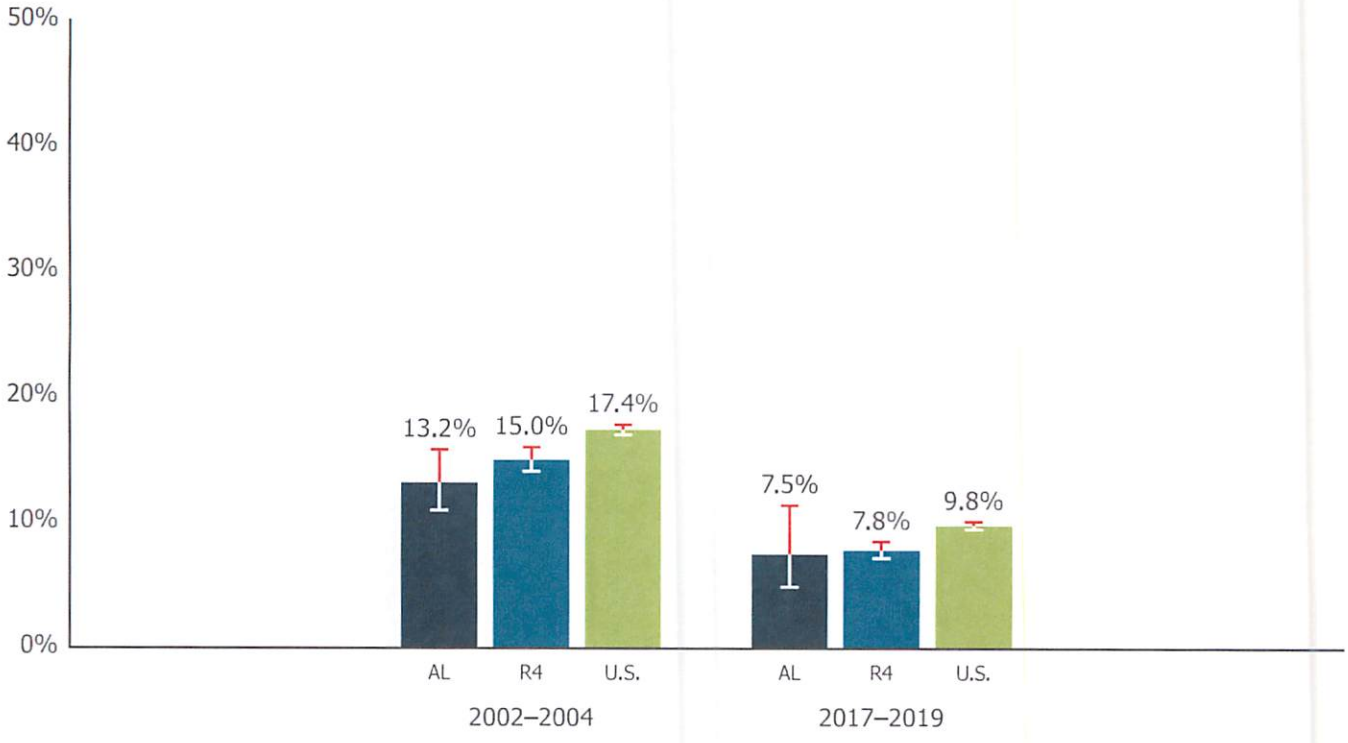
Young Adult Substance Use and Use Disorders

Alcohol Use Disorder

Changes in Past-Year Alcohol Use Disorder among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of alcohol use disorder in the past year decreased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year alcohol use disorder in Alabama was **7.5%** (or **38,000**), similar to both the regional average (**7.8%**) and the national average (**9.8%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

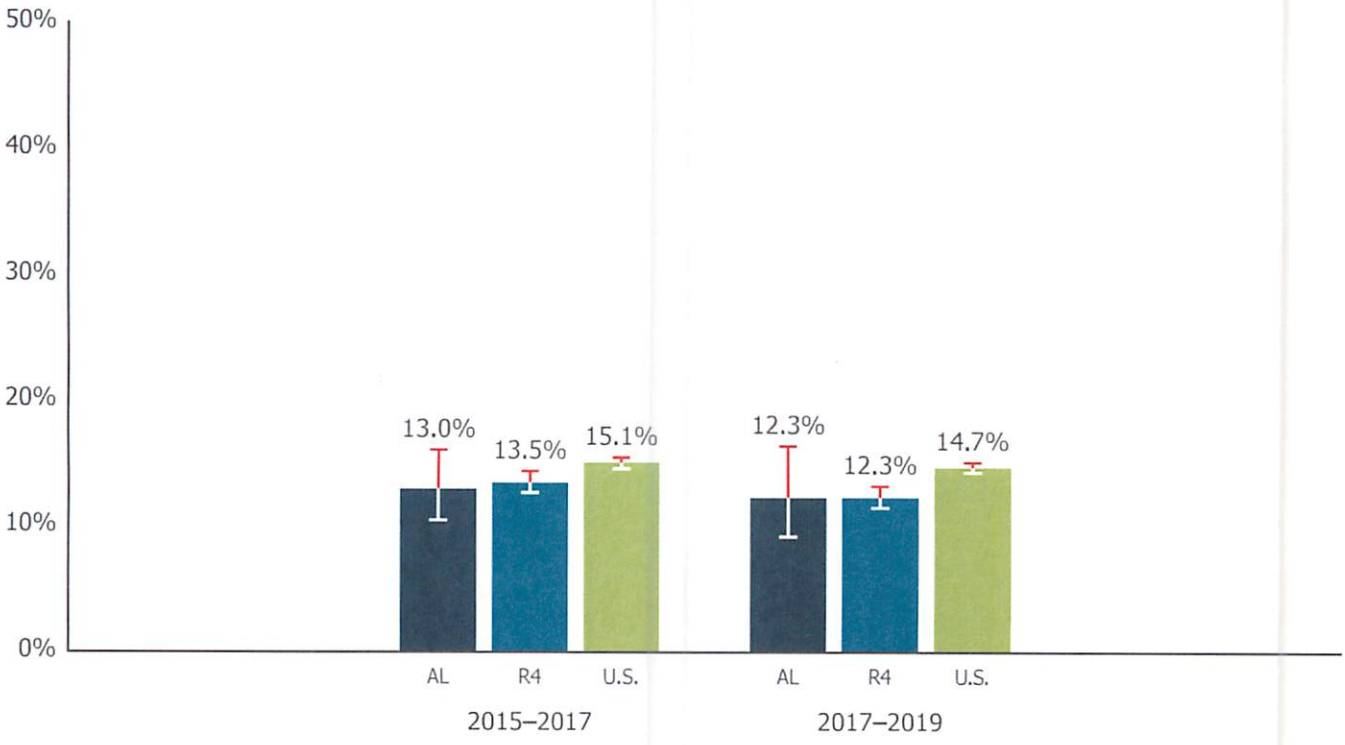
Young Adult Substance Use and Use Disorders

Substance Use Disorder

Changes in Past-Year Substance Use Disorder among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among young adults aged 18–25 in Alabama, the annual average percentage of substance use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year substance use disorder in Alabama was **12.3%** (or **63,000**), similar to both the regional average (**12.3%**) and the national average (**14.7%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

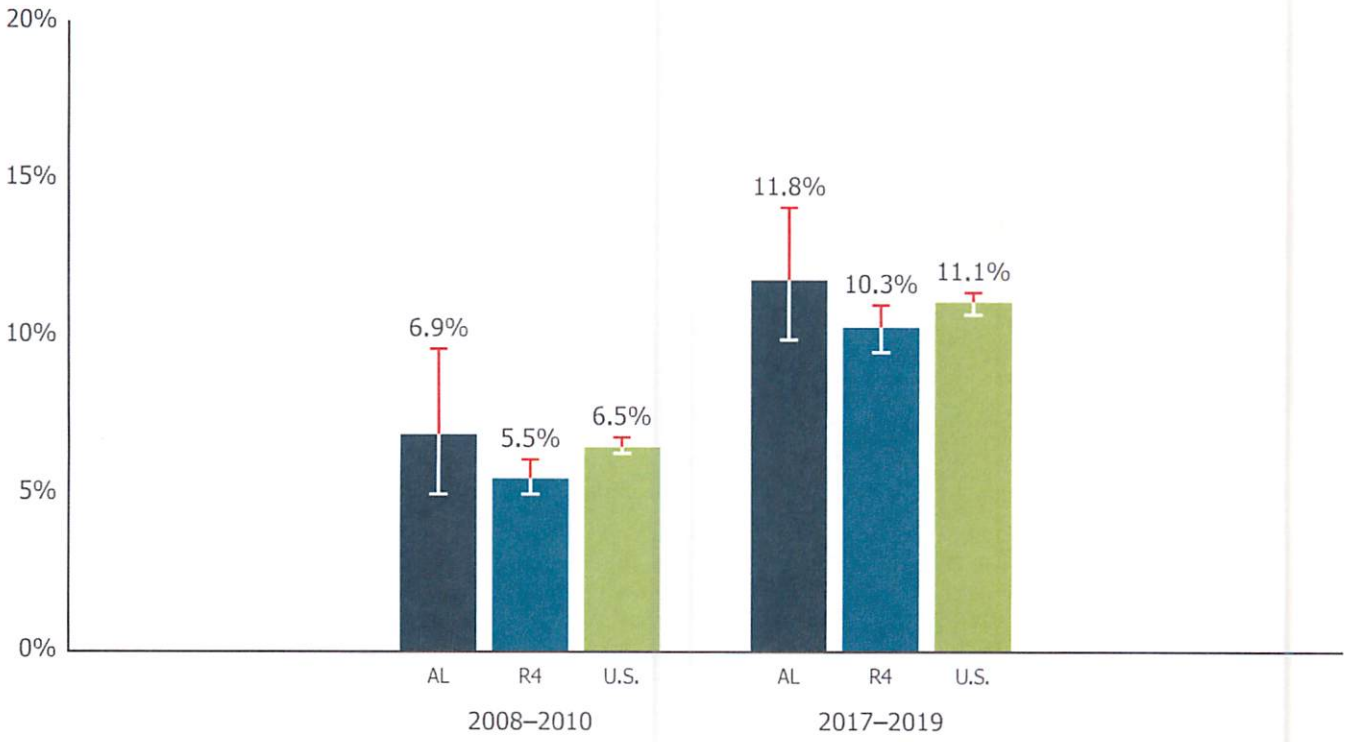
Young Adult Mental Health

Serious Thoughts of Suicide

Changes in Past-Year Serious Thoughts of Suicide among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2008–2010 and 2017–2019)[1,5]

Among young adults aged 18–25 in Alabama, the annual average percentage with serious thoughts of suicide in the past year increased between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in Alabama was **11.8%** (or **60,000**), similar to both the regional average (**10.3%**) and the national average (**11.1%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

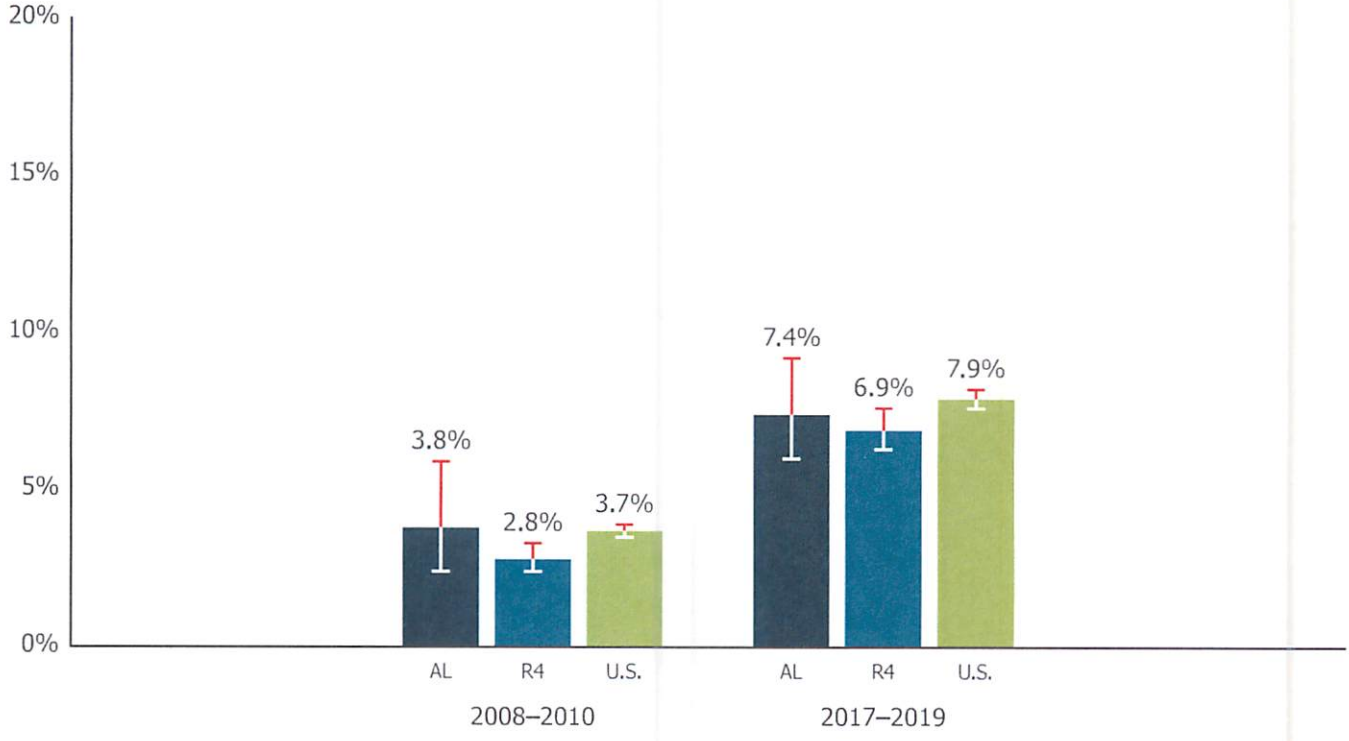
Young Adult Mental Health

Serious Mental Illness

Changes in Past-Year Serious Mental Illness (SMI) among Young Adults Aged 18–25 in Alabama, Region 4, and the United States (Annual Averages, 2008–2010 and 2017–2019)[1,6]

Among young adults aged 18–25 in Alabama, the annual average percentage with SMI in the past year increased between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year SMI in Alabama was **7.4%** (or **38,000**), similar to both the regional average (**6.9%**) and the national average (**7.9%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

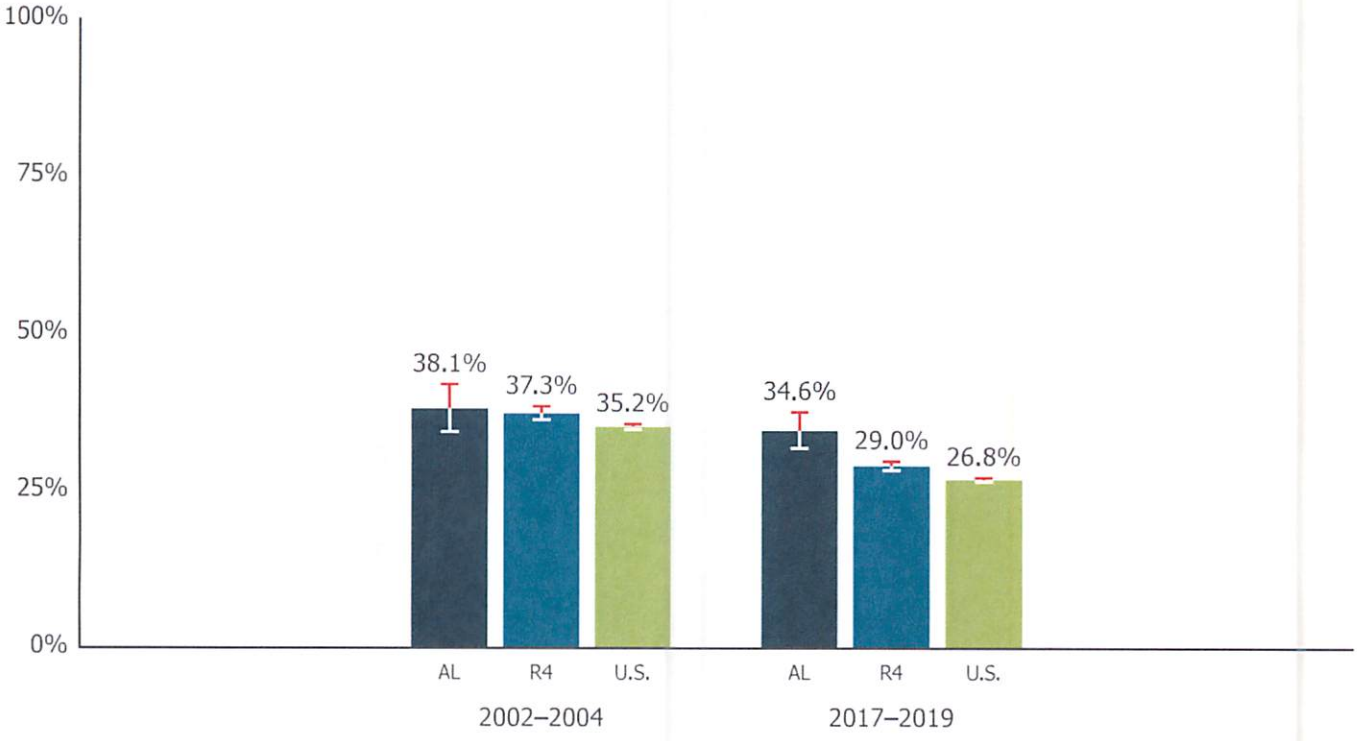
Substance Use, Misuse, and Use Disorders

Tobacco Use

Changes in Past-Year Tobacco Use among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of tobacco use in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year tobacco use in Alabama was **34.6%** (or **1.4 million**), higher than both the regional average (**29.0%**) and the national average (**26.8%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

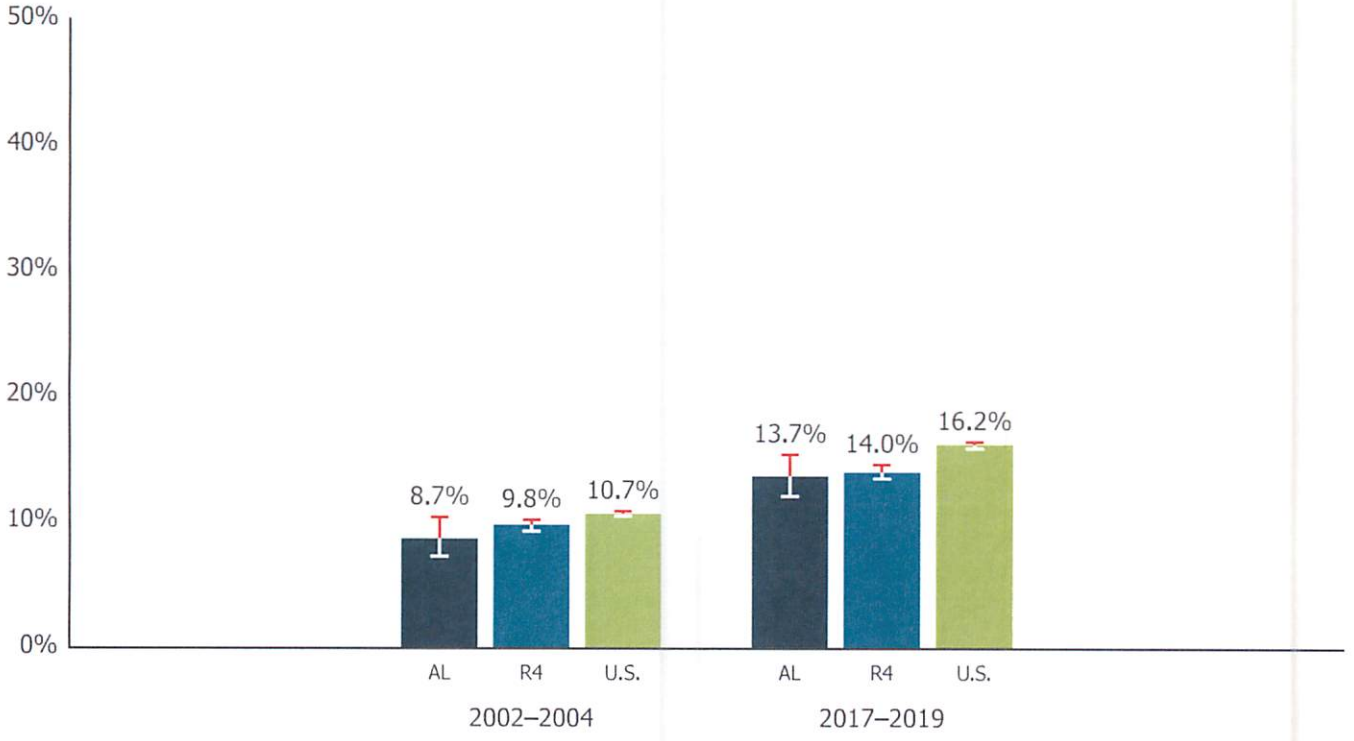
Substance Use, Misuse, and Use Disorders

Marijuana Use

Changes in Past-Year Marijuana Use among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of marijuana use in the past year increased between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use in Alabama was **13.7%** (or **561,000**), similar to the regional average (**14.0%**) but lower than the national average (**16.2%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

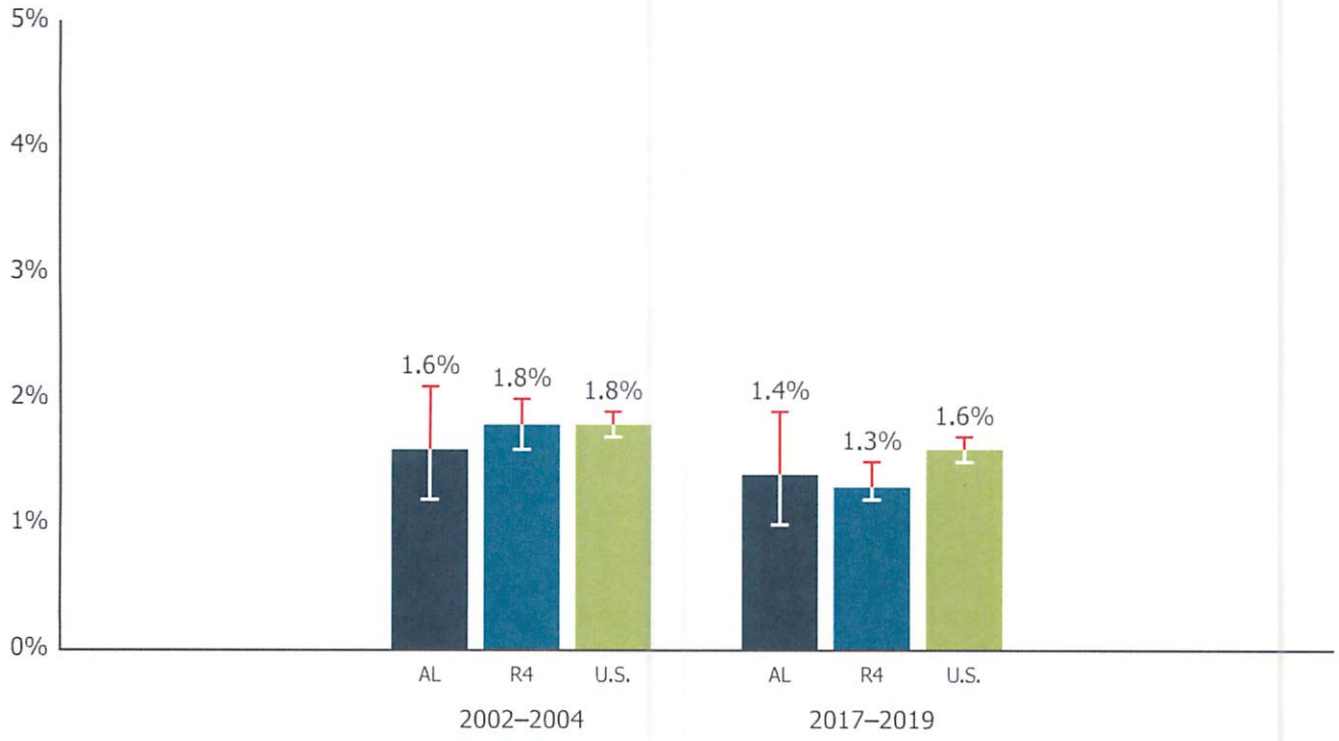
Substance Use, Misuse, and Use Disorders

Marijuana Use Disorder

Changes in Past-Year Marijuana Use Disorder among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of marijuana use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year marijuana use disorder in Alabama was **1.4%** (or **56,000**), similar to both the regional average (**1.3%**) and the national average (**1.6%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

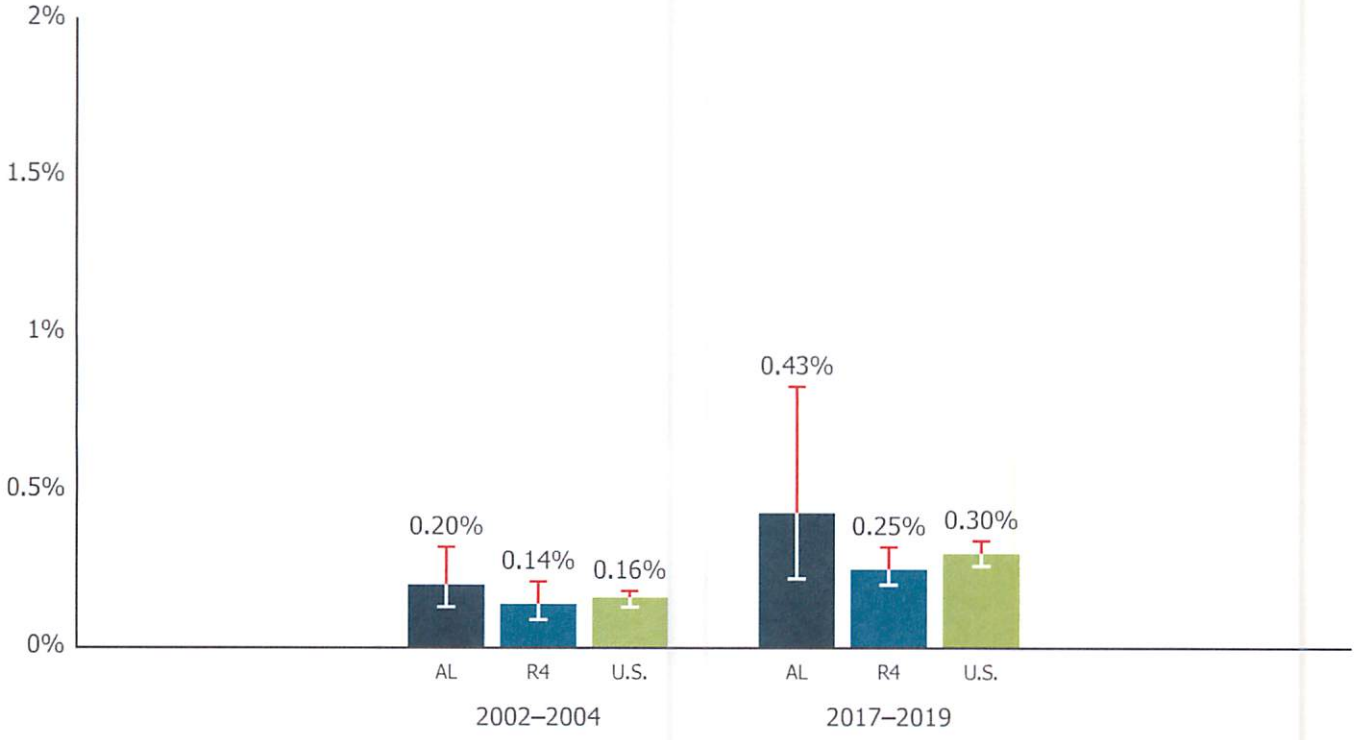
Substance Use, Misuse, and Use Disorders

Heroin Use

Changes in Past-Year Heroin Use among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of heroin use in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year heroin use in Alabama was **0.43%** (or **18,000**), similar to both the regional average (**0.25%**) and the national average (**0.30%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

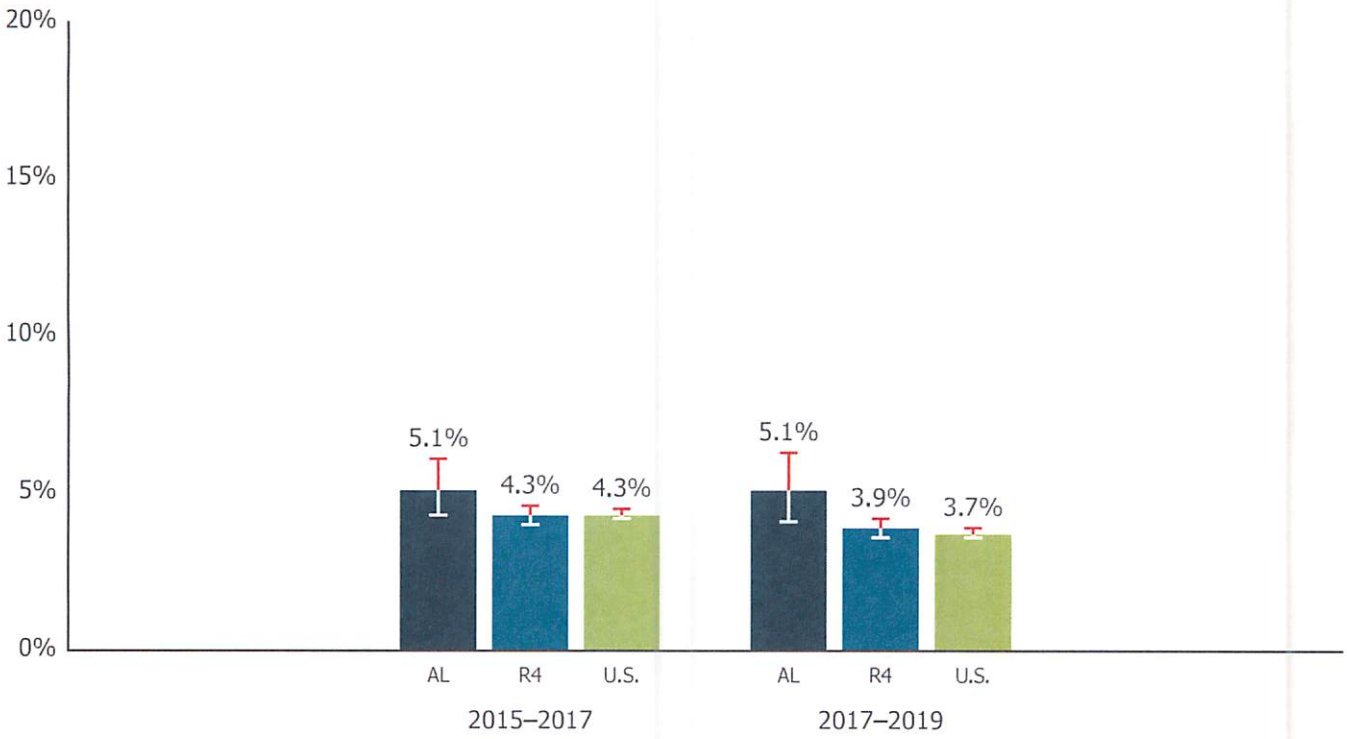
Substance Use, Misuse, and Use Disorders

Misuse of Prescription Pain Relievers

Changes in Past-Year Misuse of Prescription Pain Relievers among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of prescription pain reliever misuse in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year prescription pain reliever misuse in Alabama was **5.1%** (or **209,000**), higher than both the regional average (**3.9%**) and the national average (**3.7%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

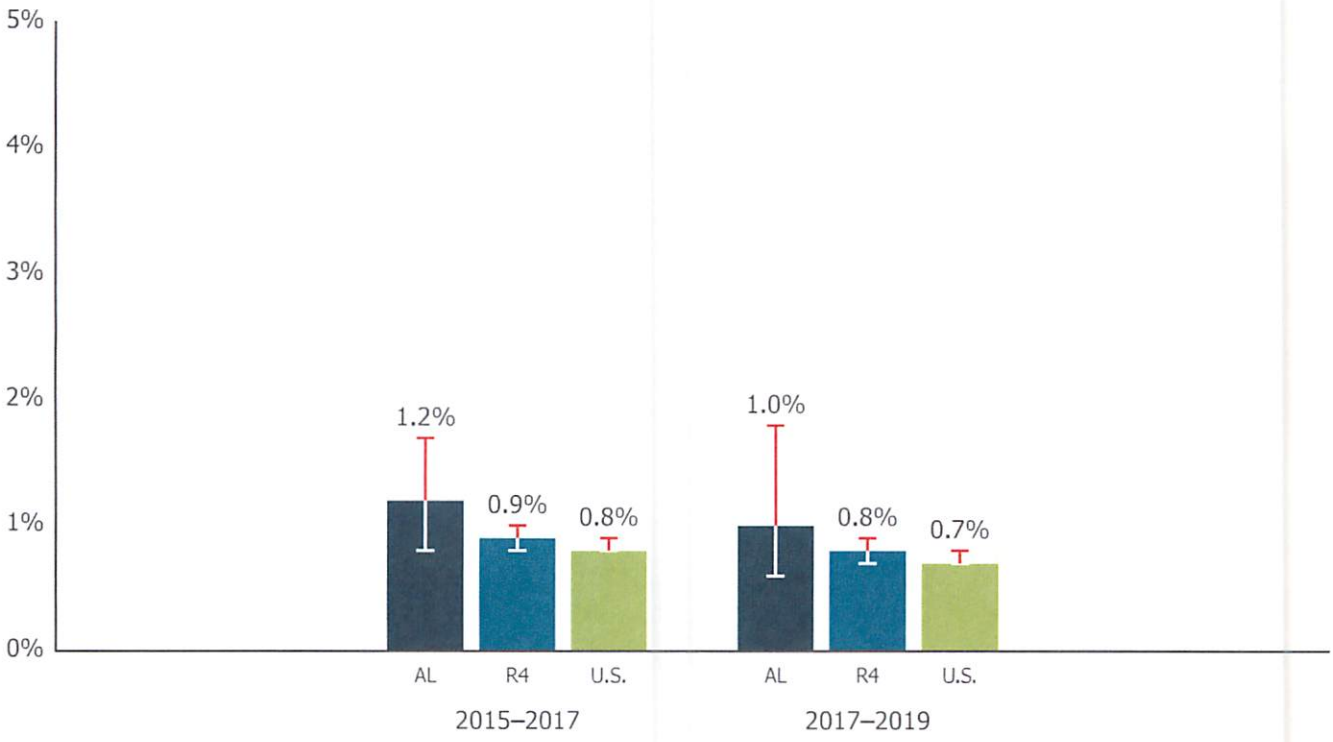
Substance Use, Misuse, and Use Disorders

Opioid Use Disorder

Changes in Past-Year Opioid Use Disorder among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of opioid use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year opioid use disorder in Alabama was **1.0%** (or **43,000**), similar to both the regional average (**0.8%**) and the national average (**0.7%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

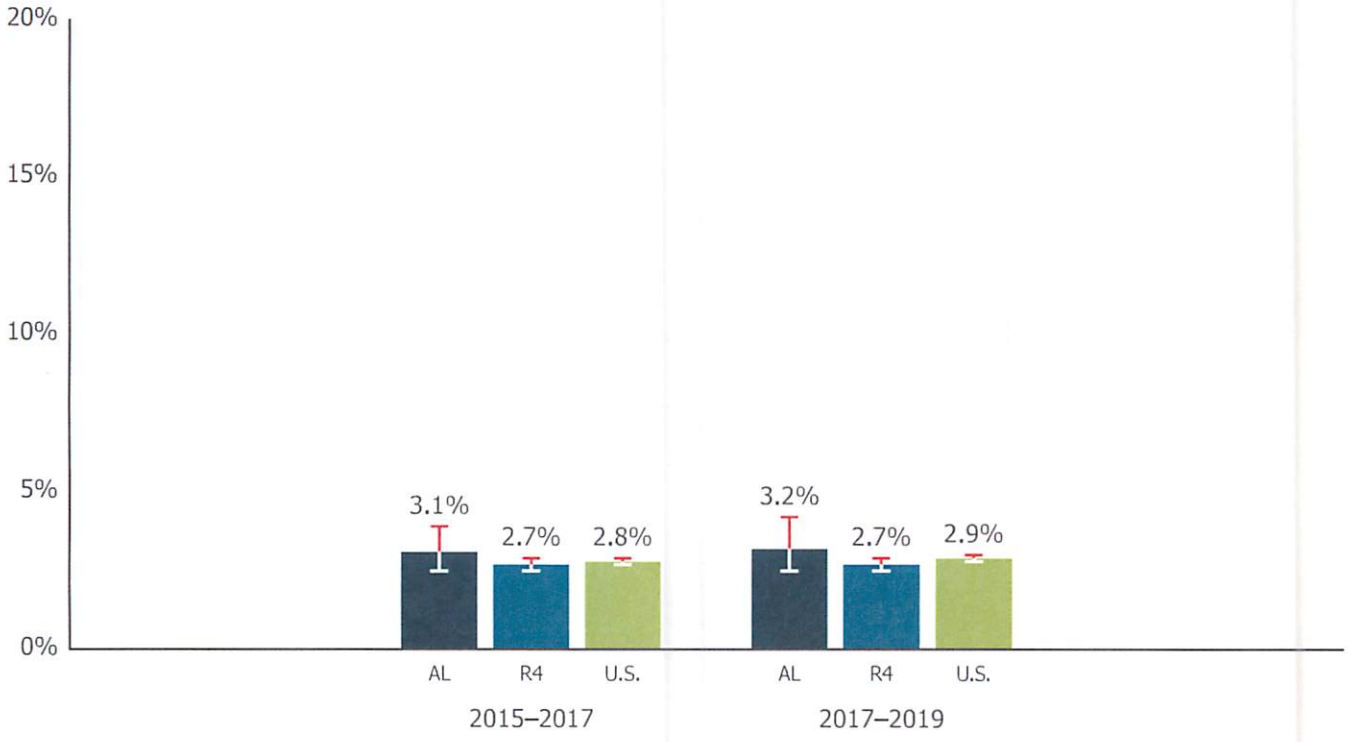
Substance Use, Misuse, and Use Disorders

Illicit Drug Use Disorder

Changes in Past-Year Illicit Drug Use Disorder among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of illicit drug use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year illicit drug use disorder in Alabama was **3.2%** (or **132,000**), similar to both the regional average (**2.7%**) and the national average (**2.9%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

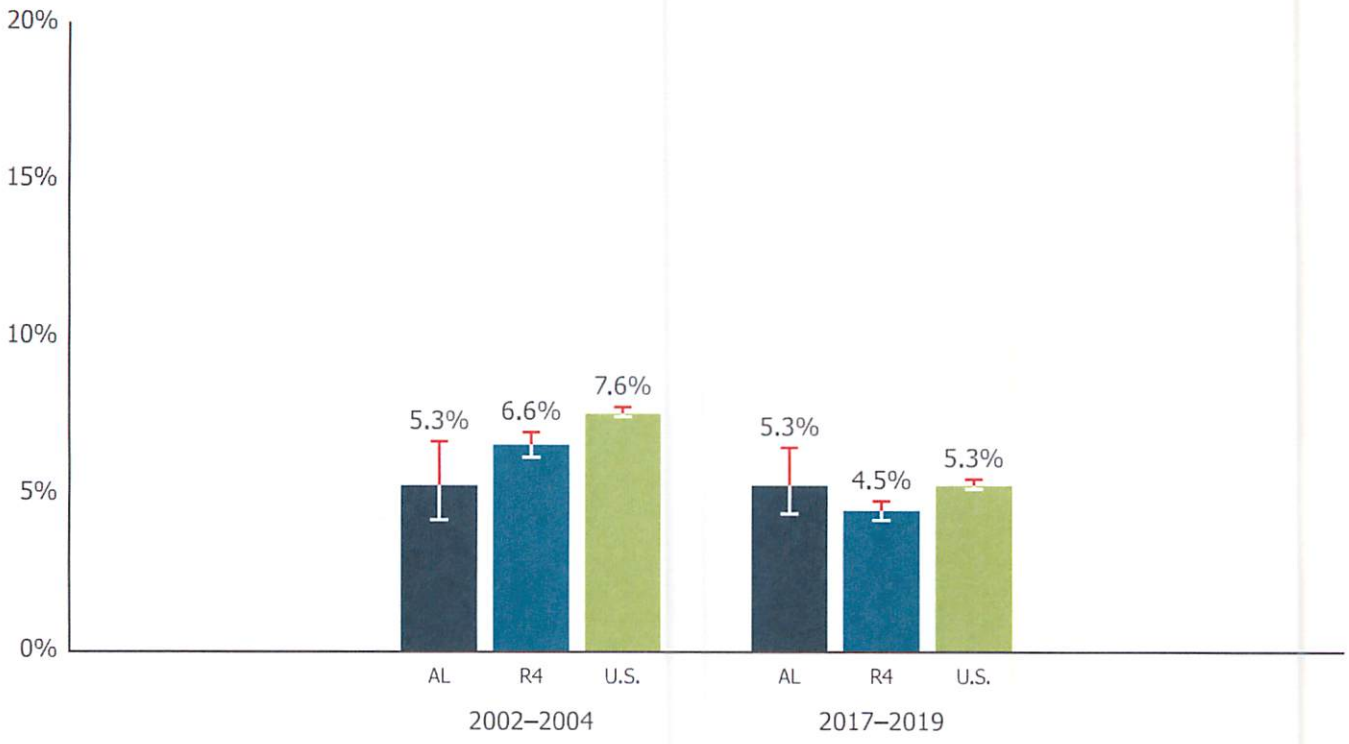
Substance Use, Misuse, and Use Disorders

Alcohol Use Disorder

Changes in Past-Year Alcohol Use Disorder among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of alcohol use disorder in the past year did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year alcohol use disorder in Alabama was **5.3%** (or **218,000**), similar to both the regional average (**4.5%**) and the national average (**5.3%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2004 and 2017–2019.

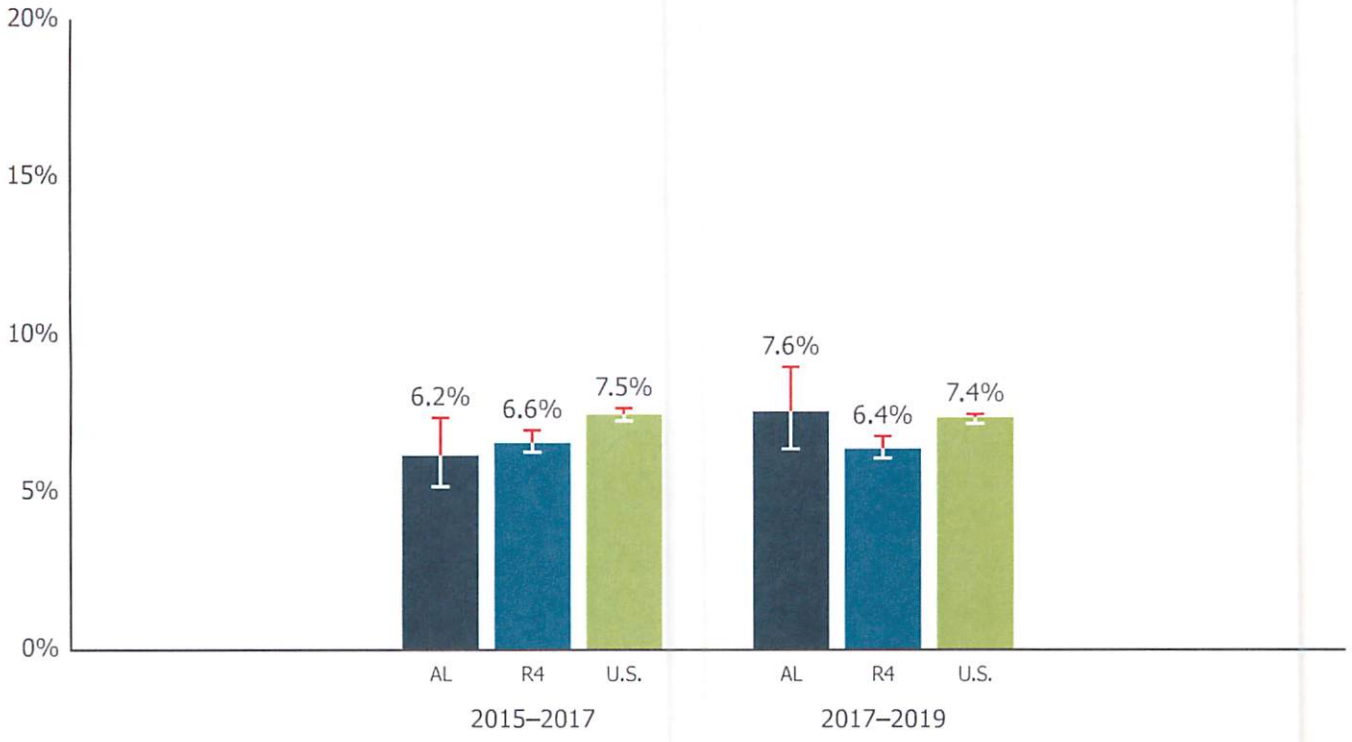
Substance Use, Misuse, and Use Disorders

Substance Use Disorder

Changes in Past-Year Substance Use Disorder among People Aged 12 or Older in Alabama, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)[1]

Among people aged 12 or older in Alabama, the annual average percentage of substance use disorder in the past year did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year substance use disorder in Alabama was **7.6%** (or **310,000**), similar to both the regional average (**6.4%**) and the national average (**7.4%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

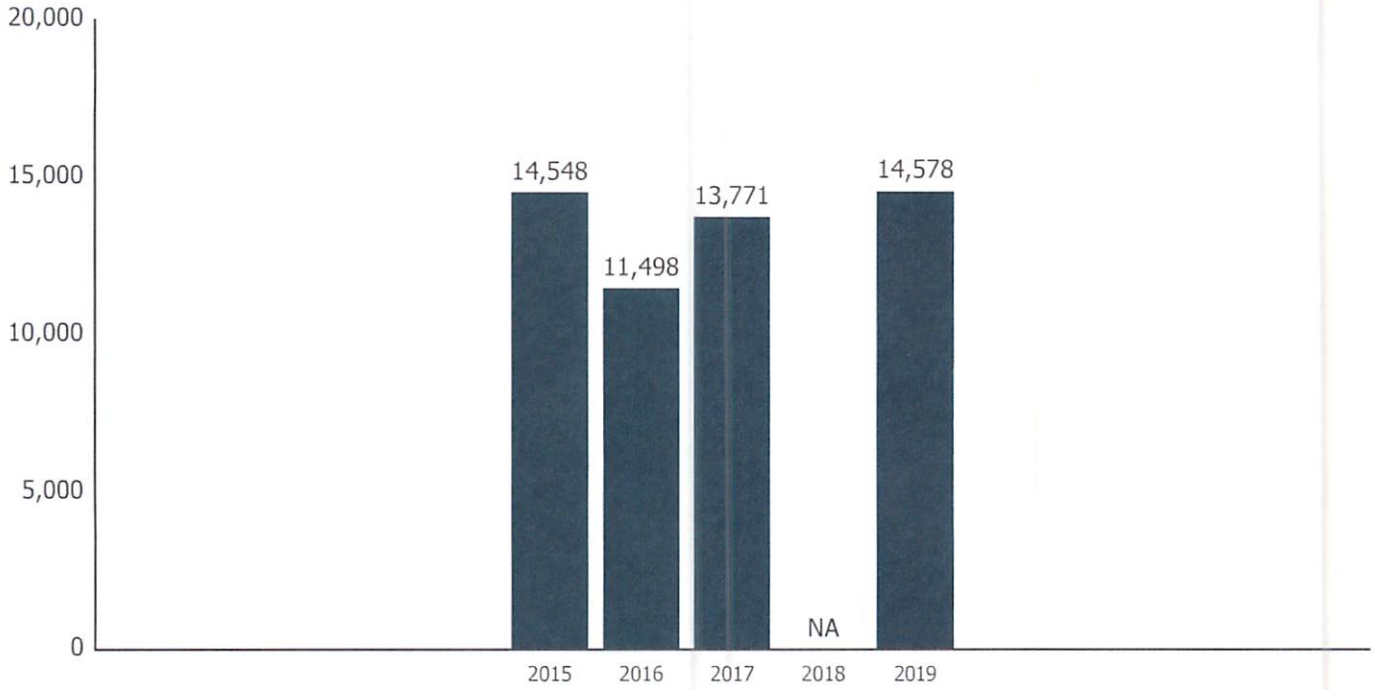
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Substance Use Treatment

Enrollment and Treatment Focus

Changes in the Number of People Enrolled in Substance Use Treatment in Alabama (Single-Day Counts, 2015–2017 and 2019)[7,8]

In a single-day count in March 2019, **14,578** people in Alabama were enrolled in substance use treatment—an increase from **14,548** people in 2015.



NA = Not Available.

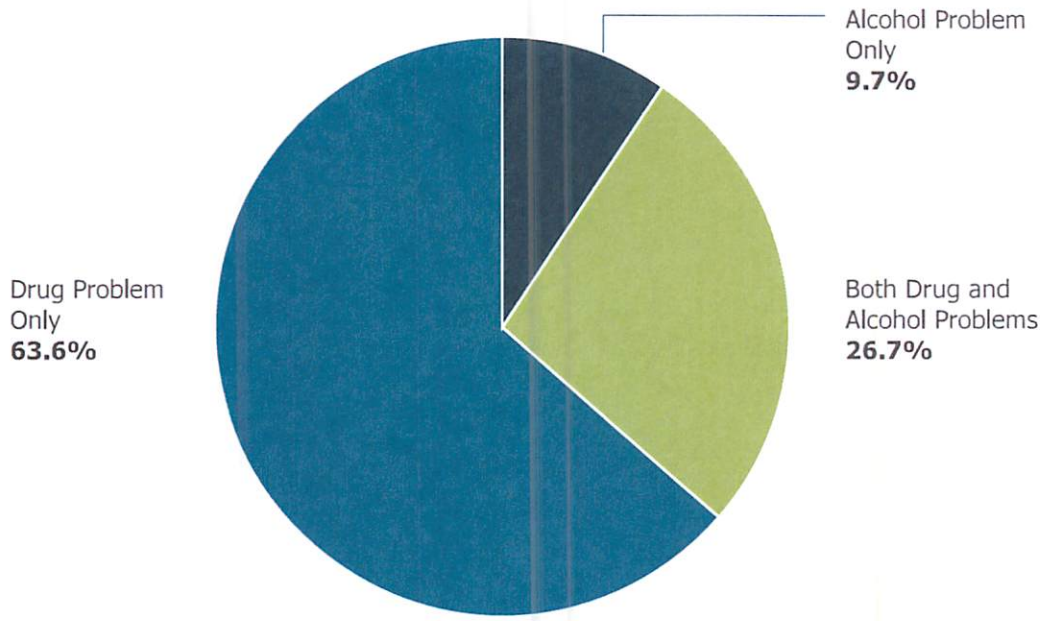
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015–2017 and 2019.

Substance Use Treatment

Enrollment and Treatment Focus

Substance Use Problems among People Enrolled in Substance Use Treatment in Alabama (Single-Day Count, 2019)[7,8,9]

Among people in Alabama enrolled in substance use treatment in a single-day count in March 2019, **63.6%** received treatment for a drug problem only, **9.7%** received treatment for an alcohol problem only, and **26.7%** received treatment for both drug and alcohol problems.



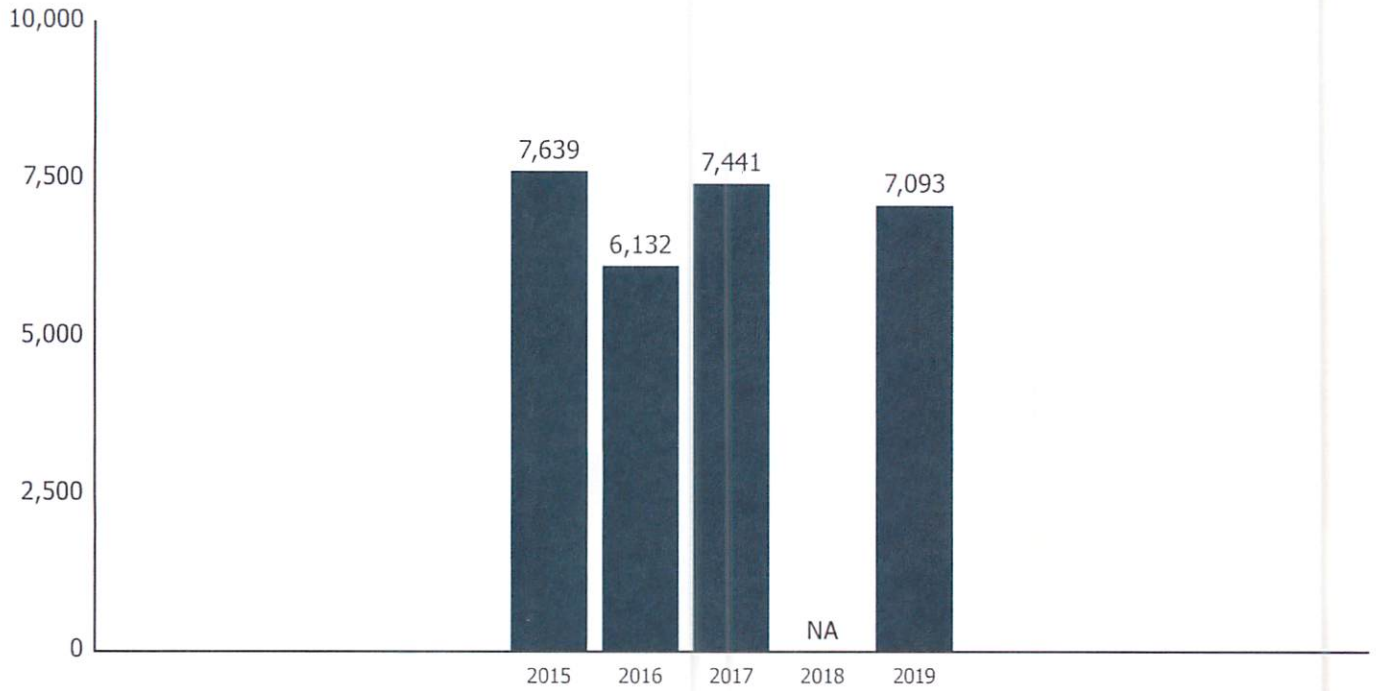
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2019.

Substance Use Treatment

Opioids (Medication-Assisted Therapy [MAT])

Changes in the Number of People Enrolled in Opioid Treatment Programs in Alabama Receiving Methadone (Single-Day Counts, 2015–2017 and 2019)[7,8,10]

In a single-day count in March 2019, **7,093** people in Alabama were receiving methadone in opioid treatment programs as part of their substance use treatment—a decrease from **7,639** people in 2015.



NA = Not Available.

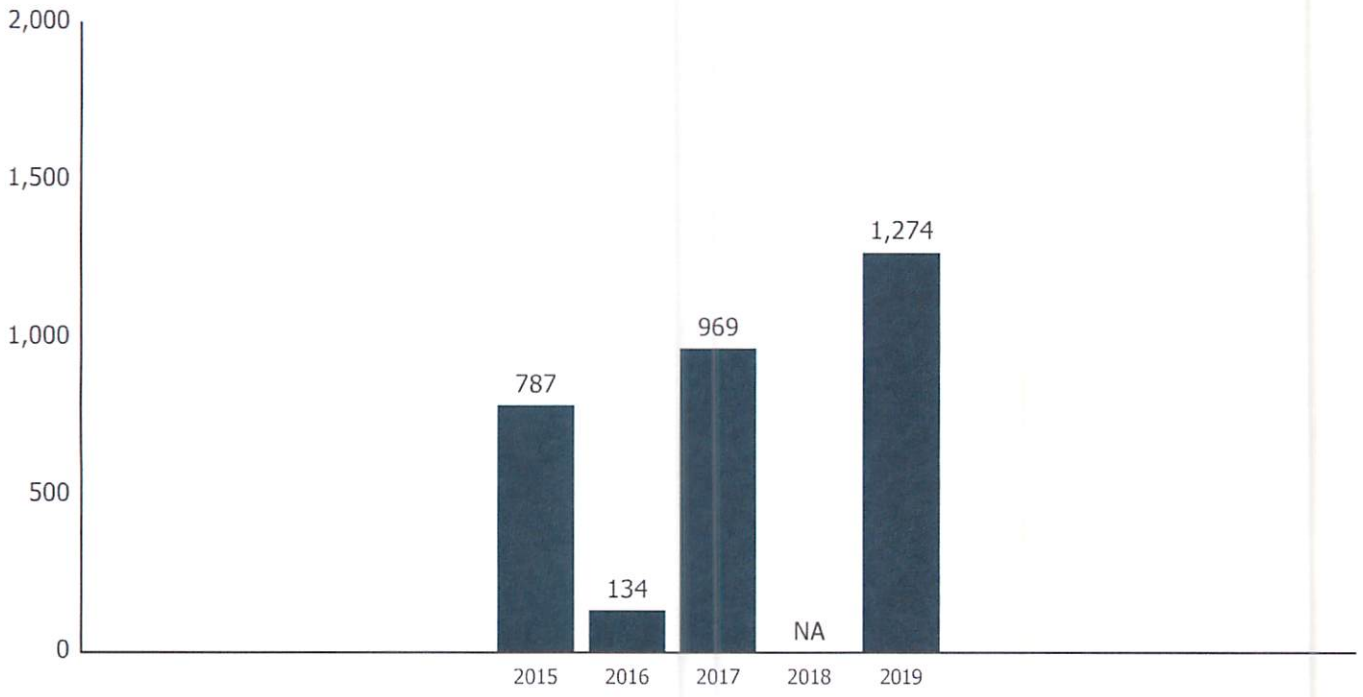
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015–2017 and 2019.

Substance Use Treatment

Opioids (Medication-Assisted Therapy [MAT])

Changes in the Number of People Enrolled in Substance Use Treatment in Alabama Receiving Buprenorphine (Single-Day Counts, 2015–2017 and 2019)[7,8,10,11]

In a single-day count in March 2019, **1,274** people in Alabama were receiving buprenorphine as part of their substance use treatment—an increase from **787** people in 2015.



NA = Not Available.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015–2017 and 2019.

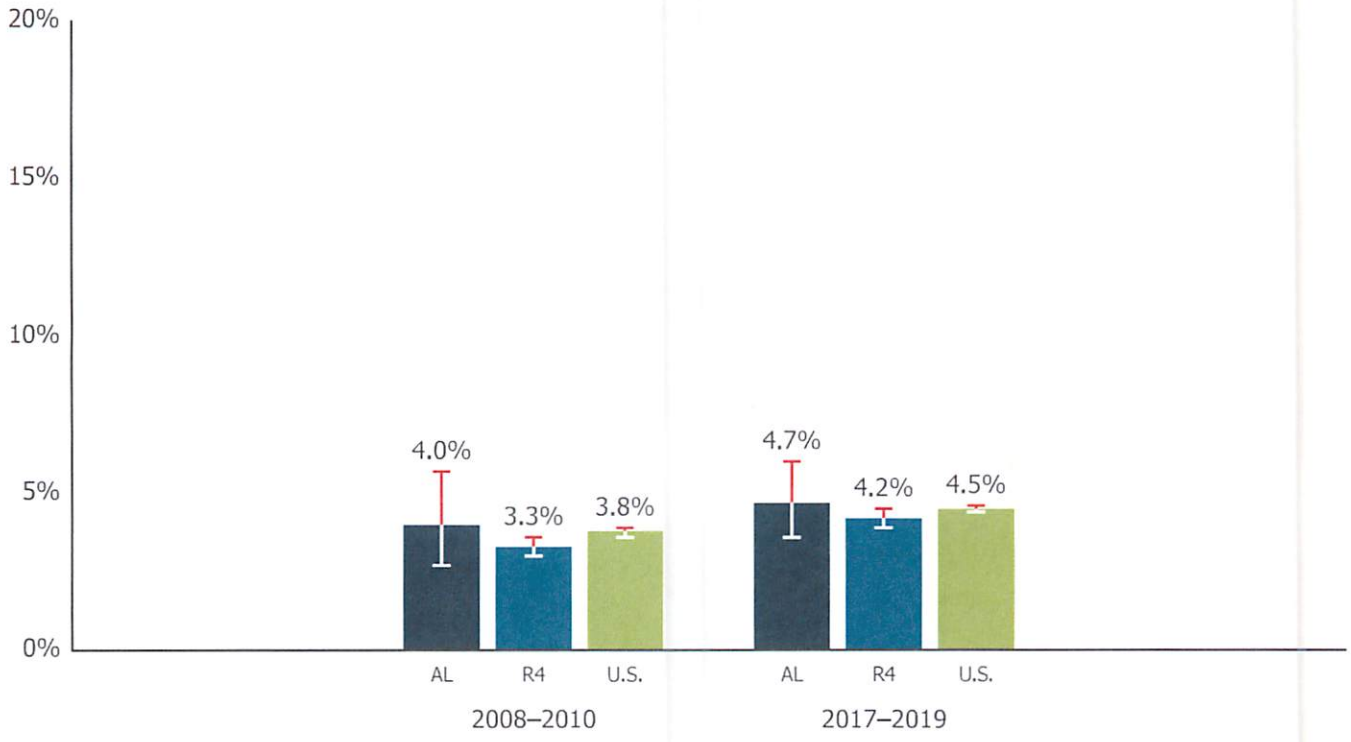
Adult Mental Health and Service Use

Serious Thoughts of Suicide

Changes in Past-Year Serious Thoughts of Suicide among Adults Aged 18 or Older in Alabama, Region 4, and the United States (Annual Averages, 2008–2010 and 2017–2019)[1,5]

Among adults aged 18 or older in Alabama, the annual average percentage with serious thoughts of suicide in the past year did not significantly change between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in Alabama was **4.7%** (or **173,000**), similar to both the regional average (**4.2%**) and the national average (**4.5%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

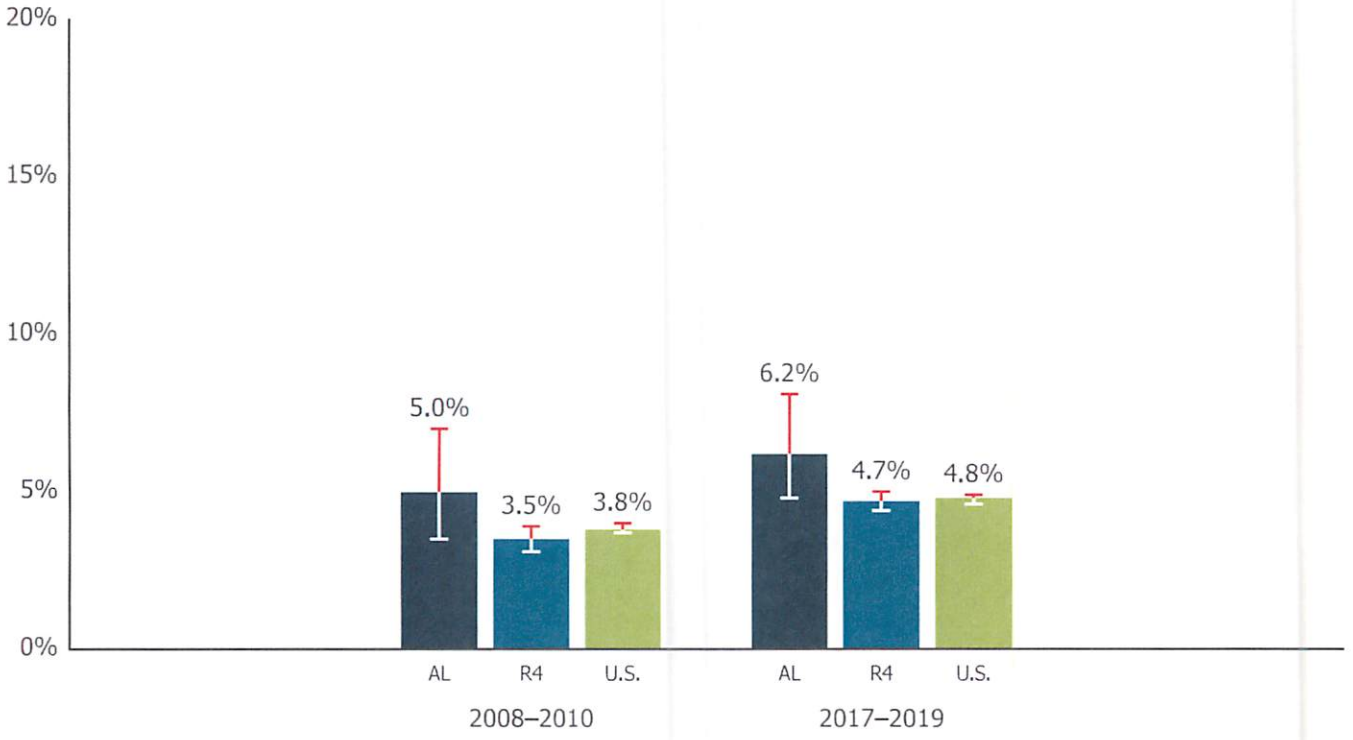
Adult Mental Health and Service Use

Serious Mental Illness

Changes in Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in Alabama, Region 4, and the United States (Annual Averages, 2008–2010 and 2017–2019)[1,6]

Among adults aged 18 or older in Alabama, the annual average percentage with SMI in the past year did not significantly change between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year SMI in Alabama was **6.2%** (or **231,000**), similar to both the regional average (**4.7%**) and the national average (**4.8%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

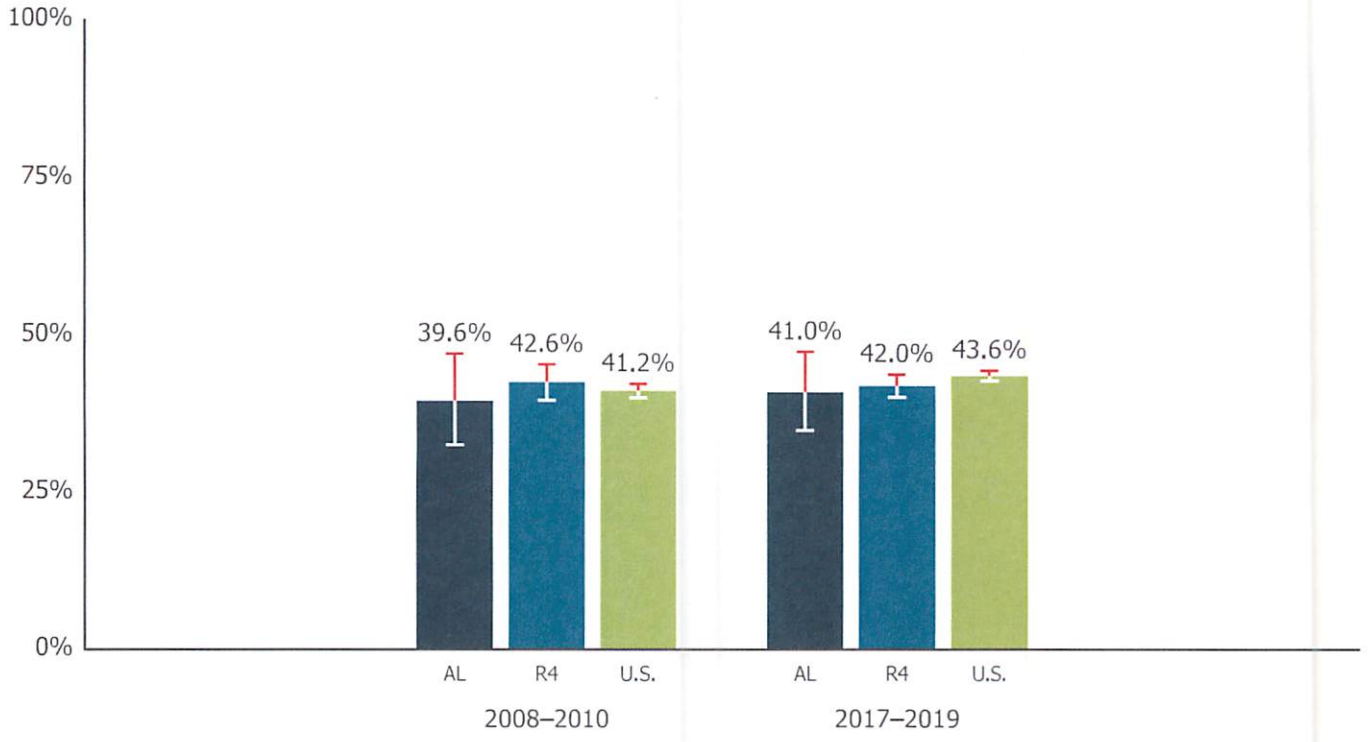
Adult Mental Health and Service Use

Mental Health Service Use among Adults with Any Mental Illness

Changes in Past-Year Mental Health Service Use among Adults Aged 18 or Older with Any Mental Illness (AMI) in Alabama, Region 4, and the United States (Annual Averages, 2008–2010 and 2017–2019)[1,6,12]

Among adults aged 18 or older in Alabama, the annual average percentage with AMI who received mental health services in the past year did not significantly change between 2008–2010 and 2017–2019.

During 2017–2019, the annual average prevalence of past-year mental health service use among those with AMI in Alabama was **41.0%** (or **329,000**), similar to both the regional average (**42.0%**) and the national average (**43.6%**).



Error bars indicate 95% confidence interval of the estimate.
AL = Alabama; R4 = Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee); U.S. = United States.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008–2010 and 2017–2019.

Figure Notes

1 Estimates are annual averages based on combined 2017–2019 NSDUH data or NSDUH data for other combined years as indicated.

2 Respondents with unknown past-year major depressive episode (MDE) data were excluded.

3 Respondents with unknown past-year MDE or unknown treatment data were excluded.

4 Consistent with federal definitions and other federal data collections, the NSDUH definition for binge alcohol use since 2015 differs for males and females. Thus, this indicator is based only on the 2015–2019 NSDUH data. Binge drinking for males is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days, which is unchanged from the threshold prior to 2015. Since 2015, binge alcohol use for females has been defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.

5 Estimates were based only on responses to suicidality items in the NSDUH Mental Health module. Respondents with unknown suicidality information were excluded.

6 For further information, see *The NSDUH Report: Revised Estimates of Mental Illness from the National Survey on Drug Use and Health*, which is available on the SAMHSA website at https://www.samhsa.gov/data/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.pdf.

7 Significance testing was not conducted on these data. Conducting statistical significance tests is not necessary because these are counts of people enrolled at all treatment facilities (rather than estimates from a sample of treatment facilities).

8 Single-day counts reflect the number of individuals who were enrolled in substance use treatment on the last business day in March: March 31, 2015; March 31, 2016; March 31, 2017; and March 29, 2019. Single-day counts of the number of individuals enrolled in substance use treatment were not included in the 2018 National Survey of Substance Abuse Treatment Services (N–SSATS).

9 Enrollees whose substances were unknown were excluded.

10 These counts reflect only individuals who were receiving these specific medication-assisted therapies (MATs) as part of their opioid treatment in specialty substance abuse treatment programs; they do not include counts of individuals who were receiving other types of treatment (such as those who received MAT from private physicians) for their opioid addiction on the reference dates.

Figure Notes

11 Physicians who obtain specialized training per the Drug Addiction Treatment Act of 2000 (DATA 2000) may prescribe buprenorphine to treat opioid addiction. Some physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, opioid treatment programs (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities; they do not include clients from private practice physicians.

12 Respondents were not to include treatment for drug or alcohol use. Respondents with unknown service use information were excluded. Estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module.

Definitions

Alcohol use disorder and **illicit drug use disorder** are defined using diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see American Psychiatric Association (1994).

Any mental illness (AMI) is defined in NSDUH as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet DSM-IV criteria. AMI estimates are based on a predictive model applied to NSDUH data and are not direct measures of diagnostic status. Adults estimated as having a diagnosable mental, behavioral, or emotional disorder in the past year, regardless of their level of functional impairment, were defined as having AMI.

Depression care is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year.

Major depressive episode (MDE) is defined as in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), which specifies a period of at least 2 weeks in the past year when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. For details, see American Psychiatric Association (2013).

Marijuana use disorder is defined using diagnostic criteria specified within the DSM-IV (APA, 1994), which include such symptoms as tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year.

Mental health service use is defined in the National Survey on Drug Use and Health (NSDUH) for adults aged 18 or older as receiving treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months before the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of any mental or emotional condition that was not caused by the use of alcohol or drugs.

Number of individuals enrolled in substance use treatment refers to the number of clients in treatment at alcohol and drug abuse facilities (public and private) throughout the 50 states, the District of Columbia, and other U.S. jurisdictions.

Opioid use disorder is defined as heroin use disorder or prescription pain reliever use disorder using diagnostic criteria specified within the DSM-IV (APA, 1994), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year.

Definitions

Prescription pain relievers include the following subcategories of pain relievers (examples of specific pain relievers shown in parentheses): *hydrocodone products* (e.g., Vicodin®, Lortab®, Norco®, Zohydro® ER, generic hydrocodone); *oxycodone products* (e.g., OxyContin®, Percocet®, Percodan®, Roxicodone®, generic oxycodone); *tramadol products* (e.g., Ultram®, Ultram® ER, Ultracet®, generic tramadol, generic extended-release tramadol); *codeine products* (e.g., Tylenol® with codeine 3 or 4, generic codeine pills); *morphine products* (e.g., Avinza®, Kadian®, MS Contin®, generic morphine, generic extended-release morphine); *fentanyl products* (e.g., Duragesic®, Fentora®, generic fentanyl); *buprenorphine products* (e.g., Suboxone®, generic buprenorphine, generic buprenorphine plus naloxone); *oxymorphone products* (e.g., Opana®, Opana® ER, generic oxymorphone, generic extended-release oxymorphone); Demerol®; *hydromorphone products* (e.g., Dilaudid® or generic hydromorphone, Exalgo® or generic extended-release hydromorphone); methadone; or any other prescription pain reliever.

Prescription pain reliever misuse is defined as prescription pain reliever use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor.

Serious mental illness (SMI) is defined in NSDUH as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the DSM-IV and has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities. SMI estimates are based on a predictive model applied to NSDUH data and are not direct measures of diagnostic status. The estimation of SMI covers any mental disorders that result in serious impairment in functioning such as major depression and bipolar disorders. However, NSDUH data cannot be used to estimate the prevalence of specific mental disorders in adults. Also, it should be noted that SAMHSA has recently updated the definition of SMI for use in mental health block grants to include mental disorders as specified in the DSM-IV (APA, 1994).

Substance use disorder is defined as dependence on or abuse of alcohol, illicit drugs (e.g., marijuana, cocaine, hallucinogens, heroin, or inhalants), or psychotherapeutics (e.g., prescription pain relievers, sedatives, tranquilizers, or stimulants) in the past 12 months based on assessments of individual diagnostic criteria from the DSM-IV (APA, 1994), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year.

References and Sources

American Psychiatric Association (APA). (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.

American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5) (5th ed.). Arlington, VA: Author.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the U.S. civilian, noninstitutionalized population aged 12 years or older and includes mental health issues and mental health service utilization for adolescents aged 12–17 and adults aged 18 or older. Conducted by the federal government since 1971, NSDUH collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The data used in this report are based on information obtained from approximately 67,500 individuals aged 12 years or older per year in the United States. Additional information about NSDUH is available at https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health.

The National Survey of Substance Abuse Treatment Services (N–SSATS) is an annual census designed to collect information from all public and private treatment facilities in the United States that provide substance abuse treatment. The objectives of N–SSATS are to collect multipurpose data that can be used to assist SAMHSA and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, to update SAMHSA's Inventory of Behavioral Health Services, to analyze general treatment services trends, and to generate the Behavioral Health Treatment Services Locator (https://findtreatment.samhsa.gov/). Data presented in this report reflect all publicly available data in N–SSATS reports at the time of the writing of this report and may present data previously unavailable in prior barometer reports. Additional information about N–SSATS is available at https://www.samhsa.gov/data/all-reports.

HHS Publication No. SMA–20–Baro–19–AL
Published 2020

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

SAMHSA
Substance Abuse and Mental Health Services Administration

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

April 18, 2023

Ms. Laura Grill, President/Chief Executive Officer
East Alabama Medical Center
2000 Pepperell Parkway
Opelika, Alabama 36801

RE: PA2023-002
East Alabama Medical Center

Dear Ms. Grill:

The above referenced Plan Adjustment was received April 12, 2023, proposing the need for an additional twelve (12) inpatient psychiatric beds, which includes six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services, in Lee County, Alabama. Pursuant to ALA. ADMIN. CODE r. 410-2-5-.04(4)(a), it has been determined that this Plan Adjustment does not contain all required information for Statewide Health Coordinating Council (SHCC) review and cannot be accepted as completed.

It is requested that the following additional information be provided on behalf of this filing:

Project Description: Pursuant to ALA. ADMIN. CODE r. 410-2-5-.05(b), the applicant is asked to submit a narrative statement explaining the nature of the request, which includes the costs pertaining to the proposal. Please address this issue, submitting the required information to this Agency.

Current and Projected Utilization: On page 6, the applicant indicated with the number of denials that EAMC had for psychiatric services in calendar year 2021, it is projected that the need for these inpatient psychiatric services will continue in the years to come. Please provide actual numeric data pertaining to the projected utilization for this application that proposes the need for an additional twelve (12) inpatient psychiatric beds, which includes six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services.

Nothing in this letter should be construed as limiting the authority of the SHCC, following notice and hearing, to grant, deny or modify the adjustment application as ultimately submitted.

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113

Pursuant to ALA. ADMIN. CODE r. 410-1-3-.09, all documents to be filed with this office must be submitted electronically to shpda.online@shpda.alabama.gov in text searchable, PDF format.

Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,

Emily T. Marsal
Executive Director

ETM:mst

East Alabama Health

PA2023-002
RECEIVED
April 20, 2023
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Filed Electronically at: shpda.online@shpda.alabama.gov

April 20, 2023

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: PA2023-002; East Alabama Medical Center

Dear Ms. Marsal:

East Alabama Medical Center ("EAMC") filed a plan adjustment on April 12, 2023, proposing the need for an additional twelve (12) inpatient psychiatric beds, which includes six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services, in Lee County, Alabama. The purpose of this correspondence is for EAMC to submit additional information that you requested for PA2023-002 per your letter dated April 18, 2023. The information that you requested is provided below.

Project Description: **Pursuant to ALA. ADMIN. CODE r. 410-2-5-.05(b), the applicant is asked to submit a narrative statement explaining the nature of the request, which includes the costs pertaining to the proposal. Please address this issue, submitting the required information to this Agency.**

EAMC currently operates a 28-bed psychiatric unit which consists of 14 child/adolescent psychiatric beds and 14 adult psychiatric beds. The current psychiatric unit at EAMC is in the original hospital building that was built in 1952. Dependent upon the Statewide Health Coordinating Council's ("SHCC") approval for the additional twelve (12) inpatient psychiatric beds, which includes six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services in Lee County, EAMC plans to go through the certificate of need application process to build a freestanding psychiatric hospital in Lee County, Alabama, that would house EAMC's existing 28 psychiatric beds as well as the 12 psychiatric beds being requested through this adjustment. The estimated construction costs for this project would be around $21,000,000.

Current and Projected Utilization: **On page 6, the applicant indicated with the number of denials that EAMC had for psychiatric services in calendar year 2021, it is projected that the need for these inpatient psychiatric services will continue in the years to come. Please provide actual numeric data pertaining to the projected utilization for this application that proposes the need for an additional twelve (12) inpatient psychiatric beds, which includes six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services.**

East Alabama Health

Page 6 in the application also included current utilization data for the existing psychiatric beds at EAMC, which is the only provider of inpatient psychiatric services in Lee County. The projected patient days for inpatient psychiatric services is provided below. Please note that these volumes begin in fiscal year 2026 which would be the first full year of operation for a freestanding psychiatric hospital which would include EAMC's existing 28 inpatient psychiatric beds and the 12 inpatient psychiatric beds that are being requested in this adjustment.

Projected Inpatient Psychiatric Service Volumes for 40 Beds (20 Child/Adolescent and 20 Adult)

Year	Patient Days
FY 2026	**10,950**
FY 2027	**11,680**
FY 2028	**12,140**

As mentioned in the application, the population for Lee County and the Southeast Region will continue to grow through 2040 which also supports the need for the requested psychiatric beds. Between 2020 and 2025 Lee County's population will increase 8.1%, between 2020 and 2030 its population will increase by 16.3%, and between 2020 and 2040 its population will increase 32.6%. This continual increase in Lee County's population supports the need for the requested psychiatric beds as it will be serving more residents in the near future. In addition, mental health and substance abuse is the greatest current health concern in Alabama.

If you have any questions or need additional information, please contact Marcilla Gross, Executive Director of Regulatory Affairs, at (334) 528-5825 or marcilla.gross@eamc.org.

Sincerely,

Laura D. Grill
President/CEO

PA2023-002
RECEIVED
Apr 21 2023
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

East Alabama Health

Filed Electronically at: shpda.online@shpda.alabama.gov

April 21, 2023

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: PA2023-002; East Alabama Medical Center

Dear Ms. Marsal:

East Alabama Medical Center ("EAMC") submitted additional information yesterday, April 20, 2023, regarding its filed plan adjustment on April 12, 2023, proposing the need for an additional twelve (12) inpatient psychiatric beds, which includes six (6) beds for child/adolescent inpatient psychiatric services and six (6) beds for adult inpatient psychiatric services, in Lee County, Alabama. The purpose of this correspondence is for EAMC to provide clarifying information regarding the proposed utilization for the additional twelve (12) psychiatric beds.

The information submitted yesterday did not separate the patient days by psychiatric bed category. To help provide the Statewide Health Coordinating Council ("SHCC") and the State Health Planning and Development Agency ("SHPDA") with the most accurate information, the projected patient days for the inpatient psychiatric services is provided below by category (child/adolescent and adult). Please note that these volumes begin in fiscal year 2026 which would be the first full year of operation for a freestanding psychiatric hospital which would include EAMC's existing twenty-eight (28) inpatient psychiatric beds and the twelve (12) inpatient psychiatric beds that are being requested in this adjustment request.

Year	Psychiatric Bed Type	# of Beds	Patient Days	Utilization Rate
FY 2026	Child/Adolescent	20	4,745	65%
	Adult	20	6,205	85%
	Total	**40**	**10,950**	**75%**
FY 2027	Child/Adolescent	20	5,110	70%
	Adult	20	6,570	90%
	Total	**40**	**11,680**	**80%**
FY 2028	Child/Adolescent	**20**	5,570	76%
	Adult	**20**	6,570	90%
	Total	**40**	**12,140**	**83%**

East Alabama Health

If you have any questions or need additional information, please contact me at (334) 528-5825.

Sincerely,

Marcilla C. Gross

Marcilla C. Gross
Executive Director
Regulatory Affairs

cc: Laura D. Grill, President/CEO