




STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE

DATE: October 15, 2024

TO: Applicant and Interested Parties

FROM: Emily T. Marsal 
Executive Director

SUBJ: Proposed State Health Plan Adjustment submitted by Behavioral Health Programs,
d/b/a Spencer's of Alabama
PA 2024-003

A Plan Adjustment, designated PA2024-002, has been accepted as complete on October 15, 2024. Persons other than the applicant have thirty (30) days from October 15, 2024, to electronically file statements in opposition to or in support of the application, as well as any other documentation they wish to be considered by the Statewide Health Coordinating Council (SHCC). Pursuant to SHPDA ALA. ADMIN. CODE r. 410-1-3-.09, all such statements and documentation must be filed at shpda.online@shpda.alabama.gov, together with a certification that the filing has been served on the applicant and/or any other persons that have filed notices of support for or opposition to the application.

This Plan Adjustment can be viewed in its entirety at www.shpda.alabama.gov, under Announcements/SHP/Proposed Adjustments & Amendments /PA2024-003 – 410-2-4-.11 Substance Abuse – Behavioral Health Programs d/b/a Spencer's of Alabama.

Interested parties may address the proposed Plan Adjustment at the SHCC meeting, subject to such time limits and notice requirements as may be imposed by the SHCC Chairman. If the SHCC approves the Plan Adjustment in whole or in part, the adjustment, along with the SHCC's favorable recommendation, will be sent to the Governor for consideration and approval/disapproval. A Plan Adjustment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days.

SHPDA Rule 410-2-5-.04 – Plan Revision Procedures, may be viewed in its entirety on the Agency's website at www.shpda.alabama.gov, under Announcements/SHP/Approved Adjustments & Amendments/410-2-5-.04 Plan Revision Procedures (Effective 05/15/2020).

Detailed information regarding the applicable deadlines for the proposed Plan Adjustment is listed on the following page.

**STATE OF ALABAMA
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

REVIEW SCHEDULE

- TO: 1. Plan Adjustment Applicant
 2. All Providers of Similar Services in the Proposed County
 3. All Providers of Similar Services in Adjacent Counties
 4. Interested Persons

NOTICE: An application for Plan Adjustment has been submitted for review under the provisions of Sections 22-21-260(13), Code of Alabama, 1975. A brief description of the proposal and of the Review Schedule is set forth below:

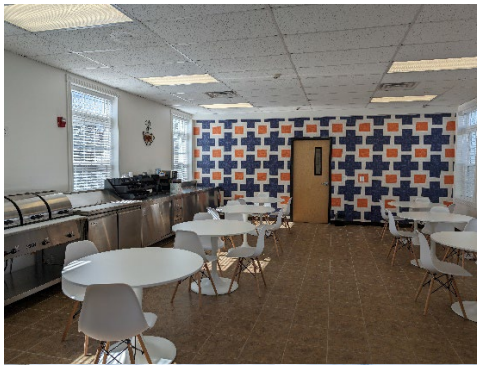

 Emily T. Marsal
 Executive Director

October 15, 2024
 Date

DESCRIPTION OF PROPOSED FACILITY AND/OR SERVICE		
1. Plan Adjustment No.: PA2024-003	2. TYPE FACILITY: SUBSTANCE ABUSE	3. COUNTY: Chambers
4. NAME OF APPLICANT: Behavioral Health Programs d/b/a Spencer's of Alabama		
5. BRIEF DESCRIPTION OF ADJUSTMENT (Change in bed capacity, service, equipment, units proposed, etc.): The applicant proposes recognizing the need for thirty (30) substance abuse beds in Chambers County, Alabama, to provide for a clinically managed detoxification and residential program for veterans and first responders. The facility will consist of four (4) dedicated beds for clinically monitored, medically assisted detoxification, twelve (12) beds for a crisis residential unit, eight (8) beds for a partial hospitalization residential unit, and six (6) beds for an adult residential care home with specialized medical services.		
REVIEW SCHEDULE		
6. REVIEW PERIOD BEGINS (DAY 1): October 15, 2024		
7. DEADLINE FOR PERSONS WISHING TO SUBMIT INFORMATION IN OPPOSITION TO OR SUPPORT OF THE PROPOSED PROJECT (DAY 30): November 13, 2024		
8. PROPOSED DATE OF PUBLIC HEARING: March 11, 2025		

**BEHAVIORAL HEALTH PROGRAMS
(DBA "SPENCER'S OF ALABAMA")**

**REVISED APPLICATION FOR STATE HEALTH PLAN ADJUSTMENT:
Adult Residential Care**



(1) (a) Applicant Identification:

Name of the Applicant:

Behavioral Health Programs, d.b.a: Spencer's of Alabama

Physical Address:

2110 23rd Dr. Valley, AL 36854

Telephone:

334.784.9204

Contact Person:

W. "Chase" Cameron, MPH
Executive Director | US Army Veteran

3110 23rd Dr. | Valley, AL 36854

office: 334.784.9204 ext 210

cell: 720.335.1253

email: ChaseC@SpencerRecovery.com

Reference number: LOI2024-029 | PA 2024-003

1(b) Project Description:

The collective *mission* of Behavioral Health Programs (BHP), our non-profit governing board (Coast to Coast), and our team-members is to identify, develop, and successfully manage the delivery of high-quality health care services, in partnership with individuals who experience mental health illnesses and may have a co-existing disorder, such as chemical dependency or substance abuse. Our *goal* is to increase our clients' self-worth while helping them build their self-efficacy. Ultimately, we hold ourselves responsible to reduce the impact of mental health issues/illnesses on individuals, their families, and their community. We intend to be an integral part of the "Mental Health Safety Net" described in the Alabama Public Health 2019-2023 Strategic Plan.ⁱ

In order to achieve our goals in Alabama and accomplish this mission, BHP requests that the State Health Planning and Development Agency adjust the 2024-2027 Alabama State Health Planⁱⁱ in order to accommodate our *proposal*:

- 30 Total beds at our newly acquired and renovated facility in Valley, AL:
 - 4 dedicated beds for clinically monitored, medically assisted detoxification;
 - 12 beds dedicated to a Crisis Residential Unit;
 - 8 Beds dedicated to a partial hospitalization Residential Unit;
 - 6 Beds dedicated to Adult Residential Care Home with Specialized Medical Services.

BHP exists to provide an array of treatment modalities in a single facility - to a diverse group of clients, male and female, with a focus on Veterans and First-Responders. As part of our existing contract as a VA Community Care Network provider, and strengthened by our partnership with Coast-to-Coast non-profit (who provides services to veterans and civilians all around the country) BHP rises to the challenge of treating those who have been uninsured for months or years prior, which is an estimated 8% of the total population of Alabama.ⁱⁱⁱ Through our use of social media and online advertising, our outreach team creates millions of "impressions" each month around the nation – we'll leverage this sophisticated platform and focus our messaging to the communities we intend to serve in Alabama – presenting services and resources to those who may have previously neglected to pursue treatment due to a perceived lack of options, specifically in Chambers, Russell, Macon, and Tallapoosa counties where over there are over 300,000 Alabamians experiencing an even greater percentage of uninsured (at 15.8%), per the 2024-2027 state Health Plan.^{iv}

BHP understands the severity and chronic, recurrent, progressive state of the disease process and stands ready to serve those marred by addiction and co-occurring mental health disorders, we recognize the increasing age of Alabama's residents and the need for additional assisted-living environments with specialized services. The planning agency also accurately estimated the impact of substance abuse in its most current plan.^v It is our experience that to effectively treat mental illness, it is necessary to also address the frequently co-occurring abuse derived from attempts to "self-medicate" the symptoms of mental illness. We intend to provide evidence-based, person-centered treatment that addresses the six dimensions of wellness (emotional,

spiritual, mental, physical, environmental, and social). As such, those who complete treatment at BHP will be better equipped for continued health, in other clinical and health care environments, and in an even better position to appreciate and engage their individual strengths, needs, abilities, preferences, and goals more fully as they seek employment, strengthen ties within their families and communities, and continue to grow and flourish.

To meet these needs and follow the recommendations identified in the State Health Plans, our proposed adjustment will enable our organization to assist the State of Alabama in making great strides toward addressing the shortfalls identified by the agency and its advisors. We will do so by providing the following services at our facility, which will operate 24 hours a day, 7 days per week:

Crisis Residential Unit:

This level of care is a short-term, residential treatment service for individuals who are experiencing a psychiatric crisis, which includes acute escalation of mental health symptoms -frequently; suicidal ideation. This service is necessary to evaluate, resolve and/or stabilize the crisis symptoms. This unit is a voluntary program for adults who are having a mental health emergency with the expected stay (based on an ADMH approved program description), not to exceed six to twelve months. Since the COMPACT ACT was codified into law in 2023, Coast to Coast has assisted 59 veterans in stabilizing at acute care facilities (including those we operate) during a suicidal crisis and thousands more in seeking care through treatment programs before they reach that point of desperation. We have become subject-matter experts on this law and our registered lobbyists have educated local VA's, state representatives and veterans on their rights and responsibilities under this act through direct calls, community events and symposia in California, Florida, Alabama and Georgia. We are convinced that additional, local resources for veterans are needed to reduce barriers to access and availability during a crisis – these beds are our first priority in adjusting the state plan and opening our new facility.* Clients at this level of care shall receive the following 24-hour mental health care: the option to meet daily with a licensed prescriber for medication management, round-the-clock nursing, daily one-on-one and group therapy sessions, recreational activity, and access to a peer specialist.

**Note: Our policies and procedures have already been reviewed by the Alabama Department of Mental Health and we are currently in the final stages of the certification process for this aspect of the program.*

Partial Hospitalization Program:

Treatment for mental health and co-occurring disorders is provided to residents at a program which is maintained and operated by a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or physician's assistant to provide 24-hour treatment services in a unit that provides intensive, structured, active, clinical treatment. Symptom remission, hospital avoidance, and/or reduction of inpatient length of stay. PHP is a time-limited program with the expected

length of stay not to exceed three months, unless clinically justified, but not more than six months per admission. Services are provided by program-designated personnel and may include the following elements: medication evaluation, management, administration, and monitoring, individual, group, and family therapy, coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving, activity therapy closely related to the presenting problems that necessitated admission (e.g. aerobics, maintaining a recovery diary, creative expression (art, poetry, drama) pertaining to the recovery process), family education, and client education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training.

Adult Residential Care Home with Specialized Medical Services:

Treatment for mental health illnesses is provided to residents at a program which is maintained and operated to provide 24-hour, residential, non-medical, mental health treatment services. Services are provided in a safe and adapting environment and support recovery or treatment for mental health issues and related problems. Services are provided by program-designated personnel and may include the following elements: recovery or treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education and parenting, case management, participant file review, and information about and assistance in obtaining health, social, vocational, and other community services.

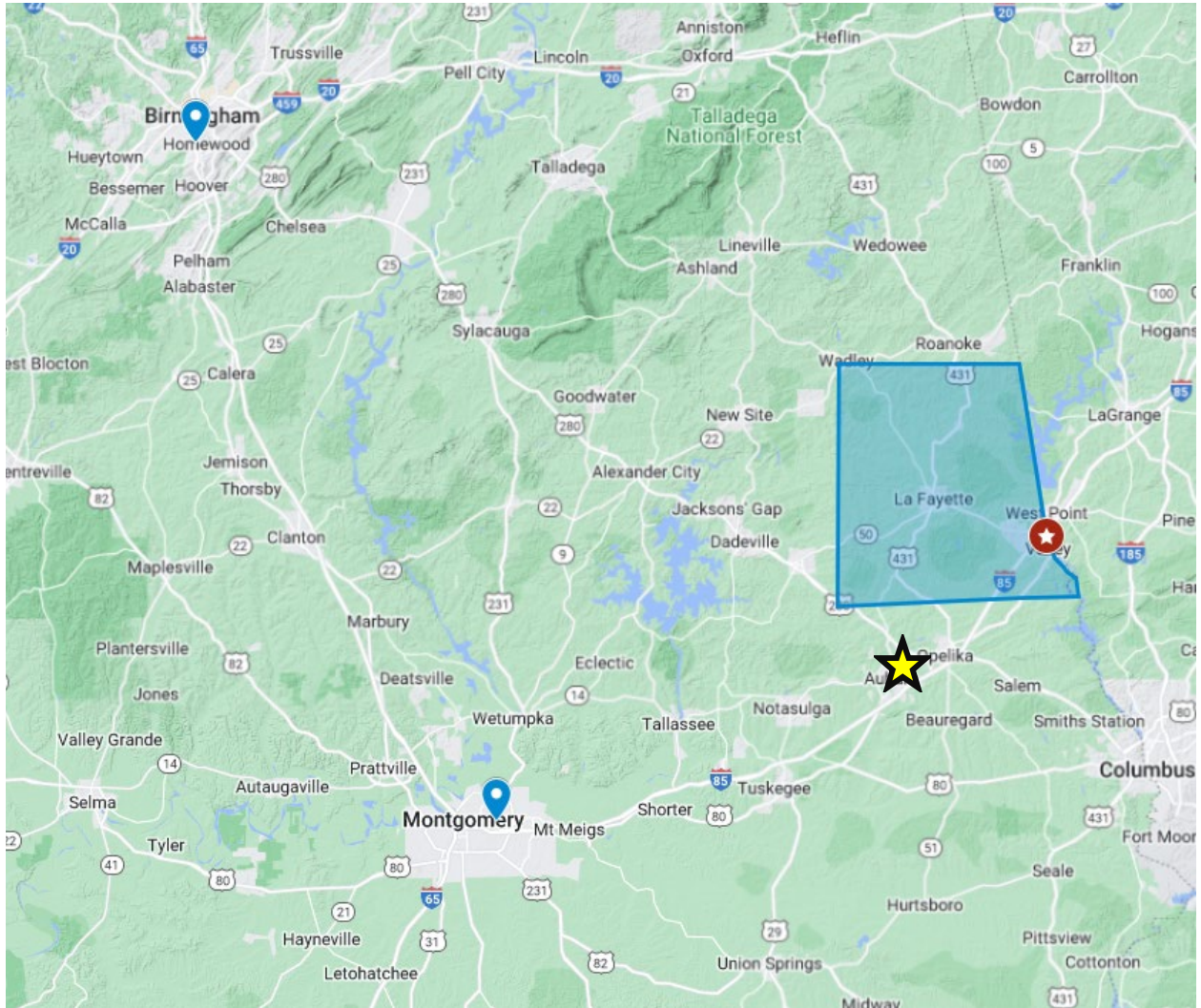
While in treatment with BHP, each client will have the following opportunities, coordinated with the assistance of a dedicated case manager:

- Initial health screenings (provided to prospective or current clients at no cost);
- Assistance in applying for benefits (through the VA, state sponsored programs, etc.);
- Assistance in improving social and communication skills;
- Assistance in the development of basic living skills such as money management, meal preparation, shopping, transportation, house cleaning, personal hygiene, nutrition, and health and safety;
- Vocational services such as education, employment, and counseling services;
- Assistance in locating and securing long term, appropriate housing through community partners;
- Transportation to and from necessary community services and outside medical appointments with trained, qualified drivers;
- Family and client support and education about psychiatric illness, substance abuse and other issues;
- For clients that have legal issues, referral help to the appropriate resource, (i.e., DHR, Probate Court, etc.).

Specific Language of the adjustment (added per Aug 12th clarification letter):

“The SHCC has identified a critical shortage of substance abuse and mental health beds in Chambers County, Alabama. To address this unmet need, the SHCC recommends the addition of 30 new such beds to the county's healthcare infrastructure. Future consideration should be given to locating additional beds in Chambers County in a facility which can address the needs of veterans. Notwithstanding anything to the contrary in the State Health Plan, recognizing the need for additional beds that have been specifically created to meet the needs of veterans in Chambers County, the SHCC, through the adjustment process, adjusted the planning policy to recognize the need for thirty (30) substance abuse beds to be located in Chambers County, with consideration given to facilities which can address the specialized needs of veterans.”

(c) Service Area (Updated based on SHPDA clarification Aug 27th, 2024)



The service area of our proposed program will be Chambers County (shaded in blue above). Many of our veteran clients will be primarily served by the Montgomery and Birmingham VA centers, also identified on the map.

Using data from the ADMH 2023 utilization table and a SHPDA data records request, the figures below, right indicate the locations of where mental health services were provided. The vast majority are located outside of the shaded counties of our proposed service area. Below, left are the locations of other CON authorized residential substance abuse beds.

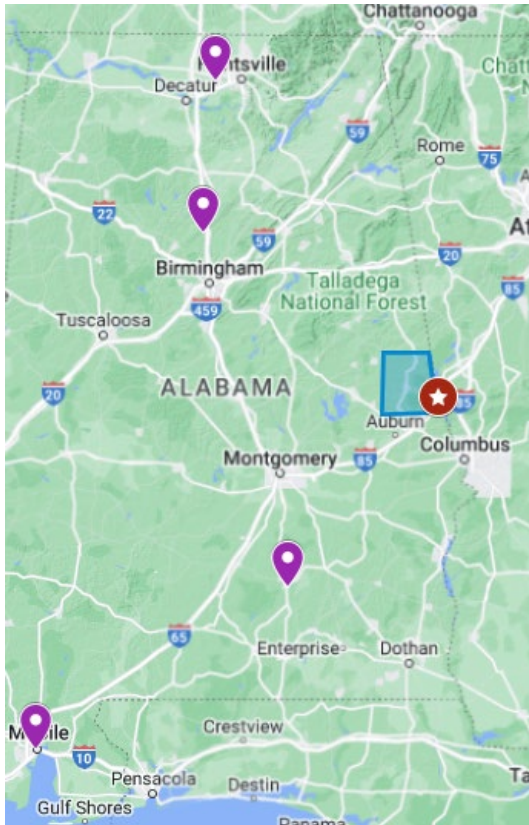


Figure 1: Substance Abuse locations

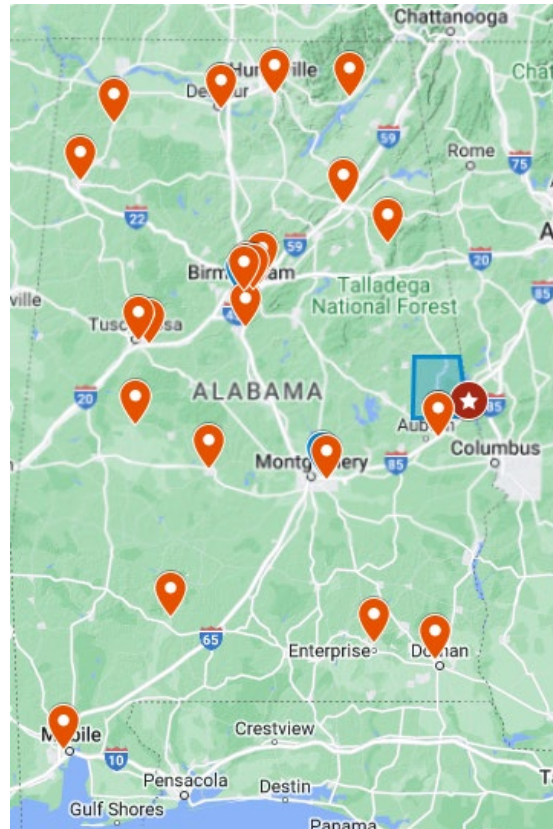


Figure 2: Mental Health locations

**Source: Alabama Department of Mental Health. (2023). FY 2023 Annual Report [Dataset]. ADMH. <https://mh.alabama.gov/wp-content/uploads/2024/04/Annual-Report-FY23-Finalweb.pdf>*

**Source: SHPDA Data Records Request : 09/05/2024*

(d) Population Projections:

The population group BHP intends to serve are co-ed, general population for all adults over the age of 18 years, including veterans who are eligible for care through the VA’s Community Care Network. Adults with the following conditions and/or needs are welcomed and encouraged to seek treatment with BHP:

- Individuals with mental health disorders.
- Individuals with a substance use disorder or co-occurring substance use with mental health disorders.
- Individuals that experience toxic effects and potentially dangerous withdrawal symptoms requiring medical detoxification.
- Individuals who experience difficulty making sufficient clinical gains at a given level of care.
- Individuals who require daily monitoring and support and cannot be served in a lower level of care.

Civilian projections (updated with recent figures per Aug 12th clarification letter):

In Chambers County, the total population is expected to increase from 2024 to 2026, from 33,570 to 34,229. Of those, only 7,777 would be excluded from services as they are under 18 years of age.

For consideration/discussion only: Our service area has been identified as Chambers County, where the facility is located and the calculation procedure for population projections provided in the SHPDA State health plan have been used to illustrate need. However, given the size of this facility and its proximity to the interstate highway system, we anticipate many Alabamians may choose to travel to our center from outside the immediate surroundings. Therefore, the statistics below are used to illustrate the more broad, widespread trends that could be used to influence the decision of whether to adjust the State Health Plan to accommodate this request.

- Alabama is growing and so is the need for additional health services. Among the 50 states and the District of Columbia, Alabama is still ranked as the 24th most populous, in the estimate for 2023. There is a large population in the state that meets one or more of the criteria outlined above and these numbers are on the rise. Alabama experienced the sixth-highest increase in mental health issues from 2022 to 2023 of any state. It is estimated that approximately 214,000 Alabama adults have a serious mental illness.^{vi} One study suggests that mental health issues affect 36.69 percent of adults in the state, a full 10 percentage points higher than the national average.^{vii}
- The Eastern Alabama counties where our facility and neighboring population is located also shows many individuals suffer from depression, specifically. Tallapoosa County had

a 15% rate (over 6,000 individuals), Chambers had 14.8% (over 5,000), Russell County was 18.2% (over 10,000) and Lee County, Alabama was 15.8% (13,000).

- The service model of BHP is oriented toward preventing the contributing factors to suicide, which also represents a large number in Alabama. 840 Alabamians committed suicide in 2022 alone.^{viii} In Chambers County (pop 34,000), 16.8% of men and 6.0% of women had been diagnosed with mental health and substance use disorders when their suicides occurred in that year.^{ix}
- In Chambers County, specifically the population is expected to rise from 33,750 to 34,229 by 2026.

Veteran Projections (for consideration only):

The estimated total veteran population in Alabama is estimated between 324,857 - 351,132 as of 2024. Alabama has the 20th highest largest veteran population in the United States.^x Of those, 21,449 are located in Eastern Alabama counties (our identified service area): 9,800 in Lee County, 1,977 in Chambers County, 5,728 in Russell County, 2,669 in Tallapoosa County and 1,275 in Macon County.^{xi}

The prevalence of VHA mental health or SUD diagnoses among annual cohorts of Veteran VHA Users was 27.8% in 2001 and steadily increased up to 60.9% by 2021 (rising steadily over time). The diagnosis of depression was 38.4%, anxiety 27.6%, PTSD 25.4%, alcohol use 19.7%, bipolar disorder 8.7%, cannabis use 8.4%, opioid use 4.2%, personality disorder 4.2% and schizophrenia was 3.5%. If Eastern Alabama is a representative sample, we estimate based on these trends that nearly 13,000 veterans in surrounding counties would be diagnosed with a condition that our proposed services could address. This does not take into account the Veteran Population of Western Georgia and other states which accounts for a total veteran population in the millions.^{xii}

(e) Need for the Adjustment:

The governing board of Behavioral Health programs identified the projected service area based on three exigent needs: An ongoing crisis of *suicide and substance abuse issues*, a *lack of availability* of options for mental health in general, and *fragmentation of service types*.

The Suicide and Substance Abuse Connection:

Much has been done to understand factors contributing to suicide risk, however, efforts to combat these factors have been inadequate. State trends underscore the need for comprehensive and targeted efforts. Over 48,000 Americans died by suicide in 2021, which averages 1 death every 11 minutes, in Alabama suicides occurred at a rate of 15.8 per 100,000.^{xiii} NAMI reports that 165,000 adults in Alabama contemplated suicide last year.^{xiv} The VA's analysis indicates even higher rates in our target region and among veterans, who represent 18% of all deaths by suicide in the US.^{xv} Worse yet, these rates have actually increased in all demographics in the last ten-year period.^{xvi} According to a report from one non-profit organization (The Suicide Prevention Network of Alabama), the suicide rate for Alabamians has increased an average of 34.6% and as high as 85% for some groups.^{xvii} Recommended approaches to combatting suicide risk involve screening, outreach, education and coordinating access to services, all of these are services provided by our non-profit; Coast to Coast and are part of the VA's stated plan to address the issue nationally. But in Alabama's published plans, there has been an inadequate approach to addressing suicide prevention by treating mental health and substance abuse as a significant contributor to the epidemic.

Those with alcohol dependence are ten times more likely than the general population to commit suicide, and those who use drugs are 14 times more likely to do so. 22% of suicidal deaths involved alcohol intoxication, 20% involved opiates, 10.2% involved marijuana, 4.6% involved cocaine, and 3.4% involved amphetamines.^{xviii} According to multiple studies, over 50% of suicides are associated with dependence on drugs and alcohol, and at least 25% of people with alcohol or drug addiction commit suicide. Additionally, more than 70% of adolescent suicides are associated with drug and alcohol use and dependence.^{xix}

Groups at a higher risk for having ongoing mental illnesses are veterans, individuals who have experienced traumatic events early in life and individuals in abusive relationships or families. Increased services to address the strongly established connection between mental health disorders, suicidality and substance/alcohol dependence is needed – centers like our proposed project will enable our providers to treat these various conditions under one roof, and our community linkages will allow us to be present where and when we are needed, if this plan is adjusted.

Availability of options:

The current State Plan acknowledges that mental health issues are among the costliest health problems, with the fewest available treatment options, in Alabama. NAMI's latest statistics indicate that 207,000 adults in Alabama last year reported they could not access needed mental health care,^{xx} and the impact is felt. The symptoms of depression place individuals at a 40%

higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions. Furthermore, the rate of unemployment is higher among U.S. adults who have mental illness (7.4%) compared to those who do not.^{xxi} – Mental illness is taking a toll on our community that has deep and pervasive effects. Tragically, many veterans and civilians are discouraged from seeking treatment due to lack of insurance or inadequate insurance; the prohibitive cost of mental health treatment has previously led many in our rural communities to suffer in silence and exacerbate this burden. 2,227,845 people in Alabama live in a community that does not have an adequate number of mental health professionals, even if they are aware of where to seek treatment, the complexity or delays in receiving care is a barrier.^{xxii} Quoting the 2024-2027 State Health Plan: “Data from the Alabama Department of Public Health indicates that every county in the state has at least some areas considered to be medically underserved, with fifty-eight (58) counties shown as completely medically underserved.” Making an additional 30 beds, with additional licensed and qualified providers available in Valley where our facility is located will centrally place resources between 4 rural counties. Through our non-profit, we can also assist those previously underserved in enrolling in benefits through the VA or appropriate plans. This adjustment will aid in addressing the underserved populations of Eastern Alabama.

Supplement added based on Aug 12th Clarification letter from SHPDA:

Additionally, the nearest substance abuse disorder treatment beds are located 133 miles, or two hours away from Chambers County where the facility would be located. These services are in Crenshaw county and there are only 5 beds. Next to that, the Bradford Behavioral Health Services Warrior Campus is 150 miles (or almost 3 hours) from the proposed service location. The remaining beds are more than 3 hours away. The distance to these locations alone would inhibit access for many in Chambers County.

Fragmentation:

The rural nature of the Alabama geography, the complexity of the mental health/substance abuse/suicide prevention dilemma and the specialization of services by distinct clinics has resulted in a fragmented, difficult-to-navigate system. - One that creates bureaucratic barriers to patients and providers alike. 33.5% of U.S. adults with mental illness also experienced a substance use disorder in 2021 (19.4 million individuals)^{xxiii} but our current infrastructure and the current State plan would suggest we are treating these conditions as distinct and separate. Surveying the treatment options local to the area; there are numerous “specialty” clinics who treat only certain demographics and particular conditions. For instance, segregated by gender, age or primary diagnosis. The variety of services to be certified and provided in our single facility are chosen specifically for the impact they will have as a *combined*, cohesive approach in reducing the State-identified burden of mental illness, substance abuse and suicide as they coalesce. These types of direct correlations indicate a need for coordinated treatment. In a synergistic fashion, bringing together a multi-disciplinary team and offering crisis, residential, acute and specialized services at a single, 30-bed location will reduce fragmentation and allow for a strong continuum of care, thereby increasing the impact and benefit of provided services.

(f) Current and Projected Utilization. Provide current and projected utilization of similar facilities or services within the proposed service area.

The Alabama Department of Mental Health estimates there are more than 200,000 Alabama citizens with mental illnesses and substance use disorders but only 95,972 adults were served in 2023. Of those, 63,585 were for mental health and 26,744 for substance abuse^{xxiv}. This is a significant increase from what SAMHSA reported in 2022; a total of 14,164 treatment episodes for substances in Alabama.^{xxv} In Chambers county, Alabama where the proposed project will be located, mortality for mental and substance abuse disorders increased 175% from 1980 to 2014 and this trend continues.^{xxvi} It is clear that providers are struggling to meet the increasing, projected demand for mental health and substance abuse services, which is further reason why this proposed facility would benefit the service area and the entire state.

The “Mardin formula” calculation has been used below to calculate projections for 2024.

Resulting Figure	Instructions, based on population data for <i>Chambers County only</i>.
1477	(b) Step 1: Multiply the population ages 10-17 by 19%, which is the proportion assumed to have problems with chemical dependency;
2,363	(c) Step 2: Multiply the population ages 18 and over by 7%, which is the proportion assumed to have problems with chemical dependency;
46	(d) Step 3: Multiply the sum of steps 1 and 2 by 12%, which is the proportion who will seek treatment annually;
27.648	(e) Step 4: Multiply the product in step 3 by 60% which is the proportion of those seeking treatment who will require detoxification services for 3 days. Calculate total number of patient days;
13.824	(f) Step 5: Multiply those receiving detoxification services by 50%, which is the proportion who will need residential treatment for 10 days. Calculate total number of patient days;
41.472	(g) Step 6: Add the patient days in steps 4 and 5 to arrive at total patient days;
0.113621918	(h) Step 7: Divide by 365 to determine average daily census (ADC);
0.090897534	(i) Step 8: Divide by 80% occupancy to arrive at total needed beds;
0.090897534	(j) Step 9: Subtract existing public beds to arrive at total private bed need; (zero)
0.090897534	(k) Step 10: Subtract existing private beds to determine need or excess.

Mental Health Treatment (Entire State)

Providing Facility	Individuals Served	Projected 2024	Projected 2025	Projected 2026
<i>East Alabama MHC</i>	7,982*	8525	9104	9724
<i>East Central Alabama MHC</i>	2,697*	2880	3111	3360

Substance Abuse Treatment (Entire State)

Providing Facility	Individuals Served	Projected 2024	Projected 2025	Projected 2026
<i>East Alabama MHC</i>	704*	759	818	882
<i>East Central Alabama MHC</i>	156*	168	181	195
<i>Lighthouse of Tallapoosa County</i>	55*	59	64	69
<i>Teens Empowerment Awareness with Resolutions</i>	145*	156	169	182

**Source: Alabama Department of Mental Health. (2023). FY 2023 Annual Report [Dataset]. ADMH. <https://mh.alabama.gov/wp-content/uploads/2024/04/Annual-Report-FY23-Finalweb.pdf>*

(g) Staffing Requirements:

All Professional Staff and licensed staff must meet all Federal, State, and local requirements for licensure, registration, and/or certification. Behavioral Health Programs has identified the necessary staff to operate our proposed program below, however we anticipate no issues recruiting the additional staff needed, based on the number of licensed and qualified individuals in the area. Statistics from the Department of Labor for both Alabama (and neighboring Georgia) indicates a more than adequate supply of healthcare practitioners in our region and given our current payroll resources we will offer a competitive pay scale relative to local averages.

Executive Director (1)

- A qualified Executive Director with adequate skills and experience has been identified and hired for the proposed project.

Clinical Director (1)

- Several internal candidates from the agency are already being considered for this role.

Medical Director (1)

- The Medical Director is a licensed role, the organization will fill this position using a job board once a certificate of need is obtained.

Licensed Vocational Nurse/Licensed Psychiatric Technician (1-2)

- The Licensed Vocational Nurse/Licensed Psychiatric Technician provides direct nursing care to clients. This role will be posted once a certificate of need is obtained.

Treatment (Nurse) Supervisor (1)

- A candidate has been identified to fill this role.

Counselors (4-5)

- The Alabama Dept of labor estimates between 130-150 such professionals exist in region VI.

Additional staff (available in Alabama and Western Georgia):

- a. 1 Psychiatrist/CRNP/PA - includes on-call time
- b. 1 MA - 5 days/week
- c. 4 RN or LPN - 7 days/week
- d. 1 BA, CPS-Adult, or Mental Health Worker - 7 days/week
- e. 1 RN or LPN and 2 Mental Health Workers - 7 days/week

(h) Effect on Existing Facilities or Services.

We anticipate the presence of our proposed 30-bed program will deepen the impact of the services provided by surrounding facilities by offering cohesive, complementary programs in a new setting. Relatively fewer similar services were provided in Eastern Alabama in previous years, with the exception of EAMH, - several executives from this organization were engaged in the last few months and have stated support for this initiative.

Our services will complement other facilities in the area by offering co-ed treatment, focusing on veterans, and allowing services animals when possible. Having established a large target population, projected increases in utilization and few redundancies in the proposed service area, our organization is well positioned to improve the overall capability of the State to care for its residents in Eastern Alabama with this adjustment.

Our existing contracts with private insurance companies and the VACCN also mean we will not require the use of state funding, and through the work of our non-profit we can scholarship certain clients who require assistance due to financial hardships, as we have done in the past.

In addition, regarding the state health plan; 410-1-6-.17 (Past Performance of Existing Services and Facilities), we ask that the director note that our record is exemplary. The governing board of Behavioral Health Programs has been involved with the treatment of substance use and Psychiatric disorders for over 20 years. Our non-profit organization has owned and operated 17 facilities, specializing in mental health, psychiatric and substance use disorders for the general adult population as well as veterans and active-duty military. Since 2017, more than 1800 eligible veterans and civilians have received treatment at partner facilities in California, Florida and Arkansas. These facilities are all Joint Commission accredited, with no defaults on contracts or complaints with governing agencies. Over the last 5 years, all these connected organizations have grown as a result of this partnership and offered new and more innovative treatments. We aim to bring the same high-quality services to Alabama in coordination with its existing infrastructure.

(i) Community Reaction.

As part of our engagement with the community, Spencer's of Alabama has been offering a venue for Alcoholic's Anonymous Meetings every week, and held a "founder's day" celebration on Saturday, June 8th with more than 40 community members in attendance at the center. We have also hosted a *Lion's Club International* meeting and will use the facility space to host other civic organizations in the future, before the center is operational. In preparation for submitting our application, the executive director of Spencer's of Alabama has given statements to *The Valley Times* and met with the following individuals/organizations, who have had the opportunity to review our submission and committed their verbal support of the application.

- Josh Moore
 - Executive Director – Moore Recovery Center
- J Morgan Brown
 - Administrator – Diversicare of Lanett
- Renata Buckner,
 - Chief Executive Officer – Infinity Plus Coaching & Wellness

Additionally, the following public officials were engaged individually by the executive director, and provided an opportunity to tour the facility and/or view our application materials. The dialogue with these community officials is ongoing as we pursue our Certificate.*

- Leonard Riley
 - Mayor, City of Valley
- Jim Clark
 - Valley City Councilman, District 1
- Mike Reynolds
 - Chief of Police, City of Valley
- Paul Story
 - Probate Judge, Chambers County (Mental Health Cases)
- W. Kent Davis**
 - Commissioner, Alabama Department of Veterans Affairs (ADVA)

*The elected officials in Valley chose to abstain from committing their written support of this initiative until the application has been approved by the agency.

**The commissioner was briefed subsequent to our initial application filing and is in support of this initiative.

Written letters of support are also included from those who chose to submit them, and more are still being collected as of the time of the submission of this application.

(j) Provide any other information or data available in justification of the plan adjustment request.

This space has been intentionally left blank on the initial adjustment application – it will be used to address any additional questions by the planning agency or it's interested parties.

WORKS CITED

- ⁱ Alabama Department of Public Health 2019-2023 Strategic Plan, Montgomery, AL, January 2019.
- ⁱⁱ § 22-21-260(4), Code of Alabama, 1975. History: Filed February 1, 2013; Effective March 8, 2013. Amended (SHP Year Only): Filed December 2, 2014; Effective January 6, 2015. Repeal and New: Filed March 18, 2020; Effective May 15, 2020.
- ⁱⁱⁱ 2024-2027 State Health Plan. (n.d.). In *State Health Planning and Development Agency*. Statewide Health Coordinating Council (SHCC). Retrieved September 30, 2024, from <http://shpda.alabama.gov/Announcements/SHP/2024-2027SHP/2024-2027%20Alabama%20State%20Health%20Plan%20FINAL.pdf>
- ^{iv} 2024-2027 State Health Plan. (n.d.). In *State Health Planning and Development Agency*. Statewide Health Coordinating Council (SHCC). Retrieved September 30, 2024, from <http://shpda.alabama.gov/Announcements/SHP/2024-2027SHP/2024-2027%20Alabama%20State%20Health%20Plan%20FINAL.pdf>
- ^v 2024-2027 State Health Plan. (n.d.). In *State Health Planning and Development Agency*. Statewide Health Coordinating Council (SHCC). Retrieved September 30, 2024, from <http://shpda.alabama.gov/Announcements/SHP/2024-2027SHP/2024-2027%20Alabama%20State%20Health%20Plan%20FINAL.pdf>
- ^{vi} Mental health and Substance Abuse | Alabama Department of Public Health (ADPH). (n.d.). <https://www.alabamapublichealth.gov/healthrankings/mental-health-and-substance-abuse.html>
- ^{vii} alabamapublichealth.gov. (2024). HEALTH EQUITY IN MOTION. *OHEMH JUNE 2024*. <https://www.alabamapublichealth.gov/healthequity/assets/newsletter-june24.pdf>
- ^{viii} DIVISION OF STATISTICAL ANALYSIS, Cagle, I., Messick, J. T., Koko, M., Zheng, Q., Harris, S., & Rushing, N. H. (2020). ALABAMA VITAL STATISTICS 2020. In ALABAMA VITAL STATISTICS 2020 (p. i). Alabama Department of Public Health. <https://www.alabamapublichealth.gov/healthstats/assets/avs2020.pdf>
- ^{ix} DIVISION OF STATISTICAL ANALYSIS, Cagle, I., Messick, J. T., Koko, M., Zheng, Q., Harris, S., & Rushing, N. H. (2020). ALABAMA VITAL STATISTICS 2020. In ALABAMA VITAL STATISTICS 2020 (p. i). Alabama Department of Public Health. <https://www.alabamapublichealth.gov/healthstats/assets/avs2020.pdf>
- ^x Planning, O. O. P. A. (n.d.). VA.gov | Veterans Affairs. https://www.va.gov/vetdata/veteran_population.asp
- ^{xi} Planning, O. O. P. A. (n.d.). VA.gov | Veterans Affairs. https://www.va.gov/vetdata/veteran_population.asp
- ^{xii} Planning, O. O. P. A. (n.d.). VA.gov | Veterans Affairs. https://www.va.gov/vetdata/veteran_population.asp
- ^{xiii} Suicide Prevention | Alabama Department of Public Health (ADPH). (n.d.). <https://www.alabamapublichealth.gov/suicide/#:~:text=Over%2048%2C000%20people%20died%20by,data%20on%20suicide%20in%20Alabama.>

-
- ^{xiv} National Alliance on Mental Illness. (2024, May 3). Mental health by the numbers | NAMI. NAMI. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>
- ^{xv} U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2023 National Veteran Suicide Prevention Annual Report Methods Summary. 2023.
- ^{xvi} U.S. Department of Health and Human Services (HHS), National Strategy for Suicide Prevention. Washington, DC: HHS, April 2024.
- ^{xvii} Alabama State Suicide Prevention Plan 2021-2026, Huffman, M., Johnson, B., Cagle, B., Lewis, M., Butler, E., Warfield, K., Alabama Suicide Prevention and Resource Center (ASPARC), American Foundation for Suicide Prevention (AFSP), SAM Foundation, Crisis Services of North Alabama, Crisis Center Birmingham, Miller-Curtis, V., Curtis, C. E., Alabama Department of Mental Health (ADMH), Alabama Department of Public Health (ADPH), Alabama Department of Education (ALSDE), & Lifelines Mobile. (n.d.). Alabama State Suicide Prevention Plan 2021-2026. <https://sprc.org/wp-content/uploads/2022/10/Final-Alabama-State-Suicide-Prevention-Plan.pdf>
- ^{xviii} Wilcox, H. C., Conner, K. R., & Caine, E. D. (2004, December 7). Association of alcohol and drug use disorders and completed suicide: An empirical review of cohort studies. Retrieved August 31, 2020, from <https://pubmed.ncbi.nlm.nih.gov/15555812/>
- ^{xix} Miller, N. S., Mahler, J. C., & Gold, M. S. (1991). Suicide risk associated with drug and alcohol dependence. *Journal of addictive diseases*, 10(3), 49–61. https://doi.org/10.1300/J069v10n03_06
- ^{xx} National Alliance on Mental Illness. (2024, May 3). Mental health by the numbers | NAMI. NAMI. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>
- ^{xxi} National Alliance on Mental Illness. (2024, May 3). Mental health by the numbers | NAMI. NAMI. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>
- ^{xxii} National Alliance on Mental Illness. (2024, May 3). Mental health by the numbers | NAMI. NAMI. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>
- ^{xxiii} National Alliance on Mental Illness. (2024, May 3). Mental health by the numbers | NAMI. NAMI. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>
- ^{xxiv} <https://mh.alabama.gov/wp-content/uploads/2024/04/Annual-Report-FY23-Final-web.pdf>
- ^{xxv} 2022 National Survey on Drug Use and Health (NSDUH) releases. (n.d.). <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>
- ^{xxvi} Institute for Health Metrics and Evaluation. (2016). US County Profile: Chambers County, Alabama. In Institute for Health Metrics and Evaluation. https://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Chambers_County_Alabama.pdf