




## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

### NOTICE

**DATE:** February 19, 2025

**TO:** Applicant and Interested Parties

**FROM:** Emily T. Marsal   
Executive Director

**SUBJ:** Proposed State Health Plan Adjustment submitted by Coosa Valley Medical Center  
PA 2025-002

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A Plan Adjustment, designated PA202-002, has been accepted as complete on February 19, 2025. Persons other than the applicant have thirty (30) days from February 19, 2025, 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](mailto: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](http://www.shpda.alabama.gov), under Announcements/SHP/Proposed Adjustments & Amendments /PA2025-002- 410-2-4-.10 Psychiatric Care – Coosa Valley Medical Center.

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](http://www.shpda.alabama.gov), under Announcements/SHP/Approved Adjustments & Amendments/410-2-5-.04 Plan Revision Procedures (Effective 05/15/2020).

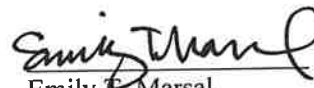
Detailed information regarding the applicable deadlines for the proposed Plan Adjustment is listed on the following page.

**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 F. Marsal  
 Executive Director

February 19, 2025  
 Date

<b>DESCRIPTION OF PROPOSED FACILITY AND/OR SERVICE</b>		
1. Plan Adjustment No.: PA2025-002	2. TYPE FACILITY: PSYCH	3. COUNTY: Talladega
4. NAME OF APPLICANT: Coosa Valley Medical Center		
5. BRIEF DESCRIPTION OF ADJUSTMENT (Change in bed capacity, service, equipment, units proposed, etc.): The applicant proposes recognizing the need for twenty-five (25) additional inpatient psychiatric bed – five (5) geriatric psychiatric beds and twenty (20) adult psychiatric beds, within the city limits of Sylacauga in Talladega County, Alabama, within the North Central Psychiatric Care Region.		
<b>REVIEW SCHEDULE</b>		
6. REVIEW PERIOD BEGINS (DAY 1): February 19, 2025		
7. DEADLINE FOR PERSONS WISHING TO SUBMIT INFORMATION IN OPPOSITION TO OR SUPPORT OF THE PROPOSED PROJECT (DAY 30): March 20, 2025		
8. PROPOSED DATE OF PUBLIC HEARING: June 10, 2025		

Jan 24 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY



# Application for State Health Plan Adjustment

Coosa Valley Medical Center

January 23, 2025

Sylacauga, Talladega County, Alabama

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Jan 24 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

## **I. Applicant Identification**

**Applicant Identification.** An application for a 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 Applicant:**

Coosa Valley Medical Center

**Physical Address:**

315 West Hickory St  
Sylacauga, AL 35150

**Telephone number:**

(256) 401-4515

**Contact Person:**

Glenn Sisk, CEO  
315 W Hickory St  
Sylacauga, AL 35150  
Office Number: 256.401.4602  
Email: [Glenn.Sisk@cvhealth.net](mailto:Glenn.Sisk@cvhealth.net)



## **II. Project Description**

**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.

Coosa Valley Medical Center (“CVMC”) submits this application for adjustment to the Alabama State Health Plan (the “Adjustment Application”) to address the overwhelming, unmet need for inpatient Geriatric and Adult psychiatric care beds within Talladega County, Alabama and the North Central Psychiatric Care Planning Region of Alabama (the “North Central Region”).

Coosa Valley Medical Center is an independent, non-profit, 168-bed acute care hospital located in the city of Sylacauga, Talladega County, Alabama. The facility proudly serves the residents of Talladega County and nearby communities by providing inpatient geriatric psychiatric care services through its state-of-the-art 20-bed Senior Behavioral Health Center. (See **Exhibit 1**

for information from the CVMC website regarding the center and its services). The Senior Behavioral Health Center provides short-stay treatment services for individuals aged 65 and older aimed at evaluating and stabilizing patients experiencing various mental health conditions. Staff members at the Senior Behavioral Health Center include a psychiatrist, nurses, social workers, therapists, and mental health technicians who are devoted to providing high quality mental health treatment to the residents of Sylacauga, Talladega County, and surrounding communities.

CVMC is seeking to expand the Senior Behavioral Health Center by adding five (5) additional geriatric psychiatric care beds, bringing the total to twenty-five (25) beds, and establish a new Adult Behavioral Health Center by introducing twenty (20) new adult inpatient psychiatric care beds to the hospital (the “Project”). As part of the Project, CVMC would relocate the Senior Behavioral Health Center to a different wing of the hospital to make room for its expansion and remodel this existing space for the establishment of the new Adult Behavioral Health Center.

As a result, CVMC is seeking approval of this Adjustment Application to create these additional and new psychiatric beds in the North Central Region to allow the hospital the opportunity to then apply to the Certificate of Need Review Board as a second step for approval of such Project.

As referenced above, CVMC is located in the city of Sylacauga within Talladega County, Alabama. Within Talladega County, there are two (2) providers with psychiatric beds: Coosa Valley Medical Center, the applicant, and Citizens Baptist Medical Center (“Baptist Health Citizens Hospital”). As discussed above, CVMC currently has twenty (20) geriatric psychiatric beds. Baptist Health Citizens Hospital has a total of twenty-eight (28) psychiatric care beds—fourteen (14) adult psychiatric beds and fourteen (14) geriatric psychiatric beds. However, Baptist Health Citizens Hospital does not currently staff their geriatric psychiatric beds. As a result, CVMC is the **only provider** of geriatric psychiatric care services in Talladega County.

Talladega County is one of the sixteen (16) counties comprising the North Central Region, in which there are sixteen (16) total providers with psychiatric beds who provide various types of psychiatric services. Of these providers, there are thirteen (13) providers of geriatric psychiatric services and eleven (11) providers of adult psychiatric services.

This Project is greatly needed to address the existing availability and access issues for inpatient geriatric and adult psychiatric care services faced by the residents of Sylacauga, Talladega County, and the North Central Region. In the state of Alabama, the National Alliance on Mental Illness (“NAMI”) estimates that a total of 794,000 adults in Alabama suffered from a mental health condition in 2021—an amount that is more than three times the population of Birmingham.<sup>1</sup> The Substance Abuse and Mental Health Services Administration (“SAMHSA”) reports an estimated 41% of Alabama adults sought medical treatment for a mental health issue between 2017–2019.<sup>2</sup> For severe mental illnesses (“SMI”) in Alabama, which includes illnesses such as schizophrenia spectrum disorders, severe bipolar disorder, and major depression with psychotic features, the Treatment Advocacy Center estimates that 134,875 individuals are currently suffering from SMI with 55,953 individuals receiving treatment for SMI in a given year.<sup>3</sup>

NAMI estimates that 1 person on average dies by suicide in the U.S. every 11 minutes and that 823 Alabamians lost their lives to suicide in 2021.<sup>4</sup> Further, senior citizens are at particularly high risk—with the CDC noting that adults aged 75 and older have one of the highest suicide rates

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<sup>1</sup> See Alabama Fact Sheet, National Alliance on Mental Illness, available at:

<https://www.nami.org/wp-content/uploads/2023/07/AlabamaStateFactSheet.pdf>.

<sup>2</sup> See Alabama Department of Public Health, Mental Health and Substance Abuse, available at:

<https://www.alabamapublichealth.gov/healthrankings/mental-health-and-substance-abuse.html>.

<sup>3</sup> See Treatment Advocacy Center, available at:

[https://www.tac.org/map\\_directory/alabama/#alabama](https://www.tac.org/map_directory/alabama/#alabama).

<sup>4</sup> See Alabama Fact Sheet, National Alliance on Mental Illness, available at:

<https://www.nami.org/wp-content/uploads/2023/07/AlabamaStateFactSheet.pdf>.

(20.3 per 100,000) and that men aged 75 and older have the highest rate (42.2 per 100,000) compared to other age groups. See **Exhibit 2** for relevant CDC Statistics.

According to a 2025 survey conducted by Forbes Advisor, Alabama is the **third worst state in the U.S.** for mental health with **more than half of individuals** with mental illness unable to receive much needed treatment due to the cost of mental health services.<sup>5</sup> Per the survey's rankings, Alabama has the third highest percentage of adults (17.9%) with mental illness who are uninsured, the fourth highest percentage of adults (62.4%) with a mental illness who did not receive any treatment, and the fifth highest percentage of adults (35.4%) with mental illness who did not receive adequate treatment.<sup>6</sup> Alabama also placed eighth in the percentage of adults (28.7%) with a mental health disorder who delayed health care treatment because of the cost of mental health treatment. Further, Alabama has the eighth fewest mental health treatment centers, with 12.46 per 10,000 businesses.<sup>7</sup> A brief summary of the survey is provided in **Table 1** below.

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<sup>5</sup> See Forbes Advisor, *The Worst States For Mental Health Care, 2025*, available at: <https://www.forbes.com/advisor/health-insurance/worst-states-for-mental-health-care/>.

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*



**Table 1**  
***Forbes Advisor Ranking of Worst States for Mental Health Care in the U.S.***

**The Worst States For Mental Health Care**

Search in table Page 1 of 6 >

Rank	State	Total Score Out of 100	Number of Mental Health Treatment Centers <sup>1</sup>	% of Adults With a Mental Illness Who:		
				Do Not Receive Treatment	Delayed Treatment Due to Cost	Are Uninsured
1	Texas	100.00	8.40	62.3%	31.5%	21.4%
2	Georgia	91.76	10.05	57.8%	34.4%	17.4%
3	Alabama	87.60	12.46	62.4%	28.7%	17.9%
4	Florida	83.00	11.88	58.4%	30.1%	13.6%
5	Mississippi	63.62	7.52	56.1%	28.2%	13.2%
6	Arizona	63.58	27.98	63.5%	23.6%	14.9%
7	Indiana	62.94	22.46	51.2%	23.5%	13.5%
8	South Carolina	62.76	6.84	50.5%	29.1%	13.2%
9	Kansas	54.74	20.65	51.8%	16.4%	17.5%
10	Colorado	54.38	20.63	55.5%	23.1%	10.4%

1. This metric reflects the number of mental health treatment centers per 10,000 businesses.  
Note: Our analysis includes three additional metrics that are not displayed in this table.  
Data sources: Mental Health America and the U.S. Census Bureau.

Source: Forbes Advisor • Get the data • Embed **Forbes** ADVISOR

**Source:** *Forbes Advisor, 2025.*

For senior citizens specifically, individuals aged 65 and older in Alabama rank **third** in the nation for having the poorest mental health according to recent data from a study conducted by the Seniorly Resource Center ("Seniorly"). This information is detailed in an article from AL.com titled *Alabama seniors have some of the worst mental health in the U.S. according to new data* (December 11, 2024) (attached as **Exhibit 3**). The Seniorly study analyzed five categories using the latest CDC and U.S. Census Bureau data from 2022-2024. Key findings for Alabama from the study include:

- Alabama holds the seventh position nationally for the percentage of seniors diagnosed with depression, recorded at 18.3%.<sup>8</sup>

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<sup>8</sup> Further, diagnoses of mental health conditions among Alabama’s seniors are increasing. A United Health Foundation report shows depression rose 33% from 13.8% to 18.3% in adults aged 65 and older between 2021 and 2022. See 2024 Senior Report, United Health Foundation, available at: <https://www.americashealthrankings.org/learn/reports/2024-senior-report/state-summaries-alabama>.

- Alabama is tied for fifth in the U.S. for the highest number of mentally unhealthy days per month among seniors, which stands at 3.3 days.
- Alabama ranks second in the U.S. for worst availability of mental health specialists, with a ratio of 59 seniors for every mental health specialist.

In Alabama, the primary barriers to mental health treatment are the scarcity of providers and high costs.<sup>9</sup> Notably, lack of access to mental health treatment can worsen overall health. As explained by the CDC, depression has the potential to not only lead to suicide, but also increases the risk for many types of physical health problems, including long-lasting conditions, such as diabetes, heart disease, and stroke. *See Exhibit 2.* Likewise, the presence of such chronic conditions can increase the risk for mental illness. *Id.*

While the Alabama State Health Plan for 2024-2027 does not show a need for additional psychiatric beds, many adults and seniors are in dire need of mental health treatment in Talladega County and the surrounding communities of the North Central Region, yet are unable to access these much needed services. Expanding CVMC's Senior Behavioral Health Center through the addition of five (5) additional inpatient geriatric psychiatric beds and the establishment of a new 20-bed adult psychiatric care unit in Talladega County is projected to enhance and expand the availability and accessibility of much needed mental treatment that is critical to the well-being of these populations. Further, CVMC has the staffing capabilities for this Project and currently employs and/or contracts with a psychiatrist and numerous personnel. *See Exhibit 4* for information regarding CVMC's staffed psychiatrist, Dr. Shankar Yalamanchili.

In order to provide the necessary adult and geriatric psychiatric beds for this proposed Project, Coosa Valley Medical Center respectfully requests the below language be added as an

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<sup>9</sup> See Jacob Holmes, *Study finds more than 1 in 3 Alabamians face mental health issues*, available at: <https://www.alreporter.com/2023/11/21/study-finds-more-than-1-in-3-alabamians-face-mental-health-issues/>.

adjustment to the psychiatric care section of the State Health Plan as Ala. Admin. Code § 410-2-4-.10(5):

*Notwithstanding anything to the contrary in the State Health Plan, recognizing the significant and unmet need for additional geriatric and adult psychiatric care beds in Talladega County, the Statewide Health Coordinating Council (SHCC), through the adjustment process, adjusted the planning policy to recognize the need for **twenty-five (25)** additional inpatient psychiatric beds – **five (5)** beds for geriatric psychiatric services and **twenty (20)** beds for adult psychiatric services – within the city limits of Sylacauga in Talladega County.*

The Proposed Adjustment to the State Health Plan presented to the Statewide Health Coordinating Council and Committee 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).

### **III. Service Area**

**Service Area. Describe the geographical area to be served. (Provide an 8½” x 11” map of the service area. The map should indicate the location of other similar health care facilities in the area.)**

This Adjustment Application requests an increase in geriatric and adult psychiatric beds for Talladega County, located in the North Central Region, to address the current demand in this area. A map showing all existing providers of geriatric and adult inpatient mental health treatment services in the North Central Region is attached to this application. See **Exhibit 5**. Since Talladega County falls within the North Central Region for psychiatric planning purposes, the map highlights the locations of all psychiatric providers in this planning region. Additionally, attached as **Exhibit 6** is the existing Alabama Department of Public Health (“ADPH”) facility directory for Hospitals and Related Facilities with hospitals in the North Central Region that reported psychiatric beds for 2023 highlighted.

Within the sixteen (16) counties making up the North Central Region, there are only thirteen (13) providers of geriatric psychiatric beds and eleven (11) providers of adult psychiatric beds for a total of two-hundred seventy-nine (279) geriatric psychiatric beds (only 240 of which are staffed beds) and four-hundred seventy-eight (478) adult psychiatric beds (only 442 of which are staffed beds) to serve the entire central northern portion of the State

—the majority of which are located in Jefferson County, a considerable and burdensome commute for residents of the city of Sylacauga and Talladega County. *Id.* As reflected herein, this limited availability of geriatric and adult psychiatric beds has been insufficient to provide much needed access to these services for psychiatric patients presenting at CVMC’s Senior Behavioral Health Center and adults requiring psychiatric care services in Talladega County.

#### **IV. Population Projections**

**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 latest CBER projections indicate that Talladega County is a growing county with a projected population of 79,323 residents in 2024. Of these 79,323 residents, 15,627 are estimated to be age 65 and older. By 2026, it is projected that the total population in Talladega will grow to a total of 82,594 individuals—**an increase of 4.12 percent** from 2024. Within the North Central Region, CBER data projected the total population to be 1,654,267 in 2024, with 311,221 of these individuals aged 65 and older. By 2026, CBER projects that the population of the region will grow to 1,700,588, **an increase of 2.8 percent**. This data is attached to the Adjustment Application as **Exhibits 7 and 8**.

The increasing overall population in Talladega County and the North Central Region will only further exacerbate the challenges that currently exist in providing geriatric and adult patients timely access to life saving psychiatric services and will compound the need for additional inpatient geriatric and adult psychiatric beds to sufficiently and effectively serve the residents of these communities.

**V. Need for the Adjustment**

**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.**

The current need methodology for psychiatric beds, found in Ala. Admin. Code 410-2-4-.10, provides a calculation based on the category of bed and designated region in which the facility’s county is located. There are three (3) categories of psychiatric beds: (1) child/adolescent, (2) adult, and (3) geriatric. The city of Sylacauga, where CVMC is located, is located in Talladega County, which is one of sixteen (16) counties included in the North Central Psychiatric Planning Region. As stated in the need methodology, “any region that shows an occupancy rate of 75 percent (75%) or greater in any one of the three (3) bed categories shall be eligible for additional beds in that category.” **Table 2** below reflects the total licensed geriatric and adult psychiatric beds in the North Central Region for 2023, along with the total geriatric and adult psychiatric bed occupancy rates for each county. See also **Exhibit 9** for a SHPDA report breaking down the currently licensed psychiatric beds in the state of Alabama with facilities in the North Central Region highlighted.

**Table 2**  
***Licensed Geriatric and Adult Psychiatric Beds in the North Central Region, 2023***

<b>County</b>	<b>Number of Facilities</b>	<b>Number of Gero Beds</b>	<b>Number of Adult Beds</b>	<b>Gero Bed Occupancy Rates</b>	<b>Adult Bed Occupancy Rates</b>
Calhoun	1	0	35	N/A	53.06%
DeKalb	1	19	0	59.83%	N/A
Etowah	3	40	54	43.94%	56.76%
Jefferson	7	138	331	<b>66.55%</b>	<b>75.47%</b>
Shelby	1	20	20	45.40%	56.19%
Talladega	2	34	14	<b>81.11%</b>	56.61%
Walker	1	28	24	34.87%	<b>64.41%</b>

As demonstrated in **Table 2**, which is based on data provided by SHPDA from the 2023 Hospital Annual Reports, the total occupancy rate for adult psychiatric beds in Talladega County is **56.61%** and the total occupancy rate for geriatric psychiatric beds in Talladega County is **81.11%**—well over 75%, which is the percentage SHPDA utilizes to determine whether a particular region has a need for additional psychiatric beds. Notably, there are **only two facilities** in Talladega County that provide psychiatric care services: Coosa Valley Medical Center, the applicant, and Baptist Health Citizens Hospital. However, Coosa Valley Medical Center is essentially the **only provider** in Talladega County that offers geriatric psychiatric care services considering Baptist Health Citizens Hospital does not currently staff their fourteen (14) geriatric psychiatric beds. See **Exhibit 9**. Further, as CVMC currently lacks licensed adult psychiatric beds, Baptist Health Citizens Hospital is the **only provider** for adult psychiatric care services in Talladega County. Additionally, the distance between CVMC and Baptist Health Citizens Hospital is significant. Utilizing Google Maps, the geographic distance between the two hospitals is 22.7 miles—**a thirty-one (31) minute drive by car**. For Sylacauga residents requiring adult psychiatric care services, this distance to travel for mental health treatment at Baptist Health Citizens Hospital is burdensome.

As a result, the current methodology does not account for the unfortunate fact that there is only **one provider** of geriatric psychiatric care services, with only twenty (20) staffed geriatric psychiatric beds, and **one provider** of adult psychiatric care services, with only fourteen (14) staffed adult psychiatric beds, serving a county with a population of **nearly 80,000 people** that is only projected to continue growing in coming years.

The lack of available psychiatric care options in Alabama has worsened the state's mental health crisis. According to UnitedHealthcare, Forbes ranks Alabama among the top ten worst states for behavioral health care due to unmet needs, lack of nearby facilities, and the many uninsured

individuals living with mental illness. (See UnitedHealthcare, *5 ways to help employees in Alabama find the behavioral health care they need*, (June 2, 2023)) (Attached as **Exhibit 10**). In addition, from 2024 to 2026, per data from CBER, Talladega County is projected to increase in population by **4.12 percent** and the North Central Region will increase in population by **nearly 3 percent**. As the population grows in Talladega County and the North Central Region, the need and demand for inpatient geriatric and adult psychiatric services will continue to increase as well.

**VI. Current and Projected Utilization**

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

As illustrated below in **Table 3**, the current utilization of geriatric psychiatric staffed beds in Talladega County is at an escalated **81.11%** per 2023 Hospital Annual Report data.

**Table 3: Utilization of Staffed Geriatric Psychiatric Beds in Talladega County, 2023**

County	Facility	Staffed Gero Beds	Admissions	Discharges	Patient Days	Occupancy
Talladega	Coosa Valley Medical Center	20	311	327	5,921	81.11%
	Citizens Baptist Medical Center	0	0	0	0	N/A

Additionally, as shown below in **Table 4**, the current utilization of adult psychiatric staffed beds in Talladega County is **56.61%** per 2023 Hospital Annual Report data.

**Table 4: Utilization of Staffed Adult Psychiatric Beds in Talladega County, 2023**

County	Facility	Staffed Adult Beds	Admissions	Discharges	Patient Days	Occupancy
Talladega	Coosa Valley Medical Center	0	0	0	0	N/A
	Citizens Baptist Medical Center	14	116	115	2,893	56.61%

Based upon the increasing rate of adults and seniors aged 65 and older requiring psychiatric care, the escalating population in Talladega County and the North Central Region, and the current



utilization in Talladega County, the projected utilization and demand for both geriatric and adult mental health treatment can be expected to continue to grow.

## **VII. Availability of Staffing**

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

CVMC believes that there is readily available staffing for the Project based upon its existing relationships and access to staff for its current Senior Behavioral Health Center. *See Exhibit 4* reflecting the psychiatrist already engaged to provide services at CVMC, Dr. Shankar Yalamanchili.

## **VIII. Effect on Existing Facilities or Services**

**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 minimal impact on other existing providers of geriatric and adult psychiatric services due to the existing geographic and access challenges from Talladega County to other facilities located within the North Central Region. Additionally, the nationwide mental health crisis affecting Alabama, along with current utilization rates and projected population growth for adults in Talladega County and the North Central Region, is likely to exacerbate existing access and availability issues and result in sustained higher demand at all facilities in the foreseeable future.

## **IX. Community Reaction**

**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.)**

There is demonstrated support for the Project from the residents of Sylacauga, Talladega County, and the North Central Region. The community supports increased access to psychiatric

care services in light of the demand for such services that the applicant is currently seeing at its hospital facility and due to the need to transfer such adult psychiatric patients to other facilities.

**X. Additional Information**

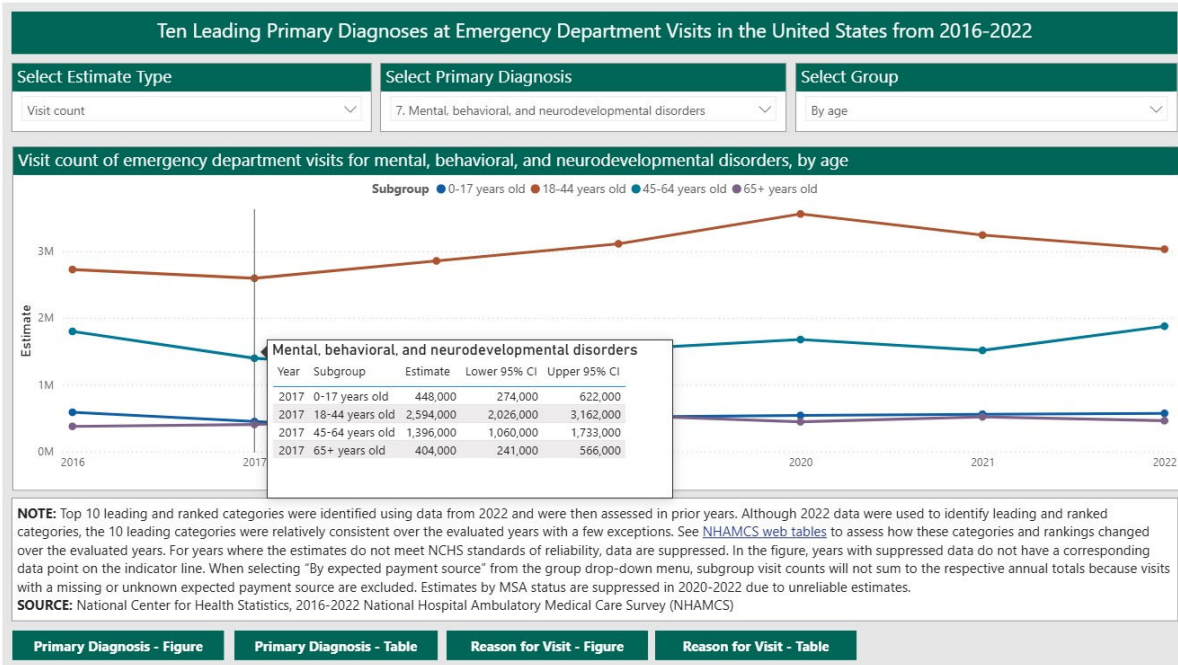
**Provide any other information or data available in justification of the plan adjustment request.**

The necessity of additional access to mental health treatment for adults and senior citizens is urgent. Emergency room visits by adults and geriatric individuals requiring mental health services are on the rise nationwide as evidenced by the charts below provided by the National Center for Health Statistics (“NCHS”). NCHS estimated that in 2017, a total of 3,990,000 adult emergency department visits in the U.S. were for mental, behavioral, and neurodevelopmental disorders. See **Chart 1** below. By 2022, this number of visits climbed to 4,905,000. See **Chart 2** below.

Similarly, NCHS estimated that in 2017, there were 404,000 visits to the emergency department for mental, behavioral, and neurodevelopmental disorders by individuals aged 65 and older. See **Chart 1** below. This number of visits for senior citizens increased to 461,000 by 2022, as demonstrated in **Chart 2** below.

## Chart 1

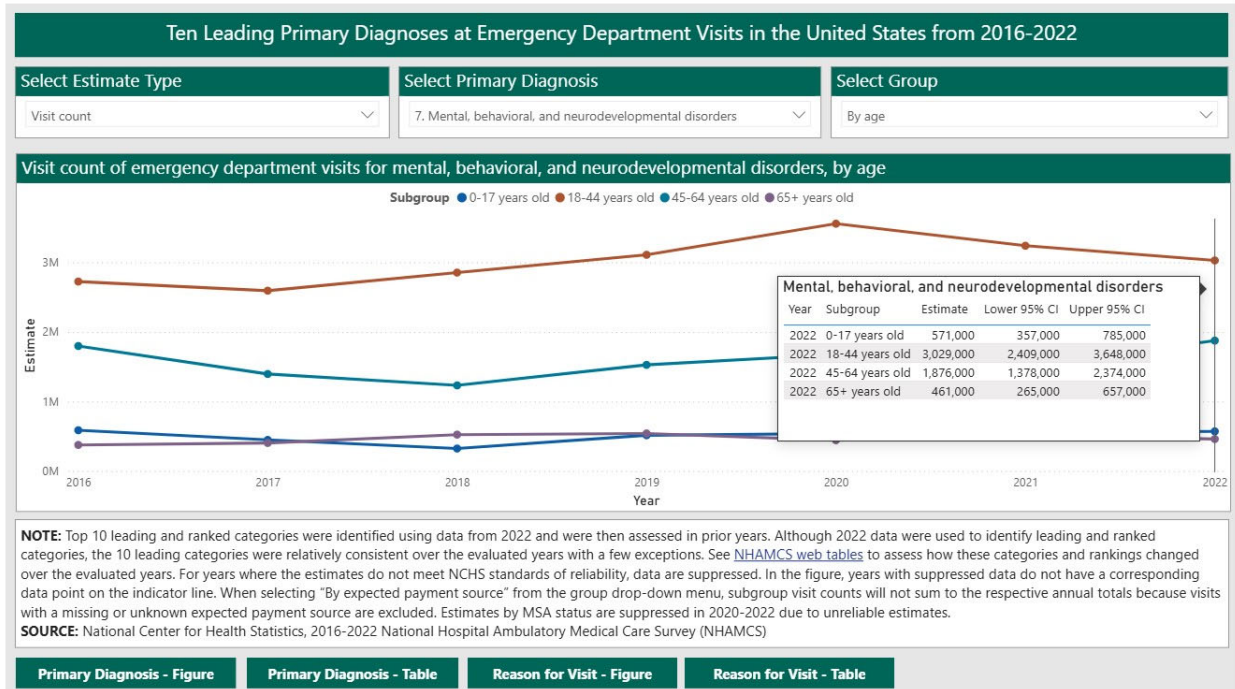
### Visit Count of Emergency Department Visits for Mental, Behavioral, and Neurodevelopmental Disorders, By Age (2017)



Source: National Center for Health Statistics, 2016-2022 National Hospital Ambulatory Medicare Care Survey.

## Chart 2

### Visit Count of Emergency Department Visits for Mental, Behavioral, and Neurodevelopmental Disorders, By Age (2022)



Source: National Center for Health Statistics, 2016-2022 National Hospital Ambulatory Medicare Care Survey.

The need for additional geriatric and adult psychiatric care resources in Sylacauga, Talladega County, and the North Central Region is critical. This Project, which aims to enhance access and availability of inpatient geriatric and adult psychiatric care for these residents, is of the utmost importance. Therefore, CVMC respectfully requests that the SHCC approve this amendment to the language of the SHP to acknowledge the need for twenty-five (25) additional inpatient psychiatric beds in Talladega County and the North Central Region—five (5) geriatric psychiatric care beds and twenty (20) adult psychiatric care beds—to adequately serve the needs of these adult populations and vulnerable senior citizen communities.

From January 1, 2024 to December 31, 2024, Coosa Valley Medical Center’s Senior Behavioral Unit was forced to deny admission to **one hundred twenty three (123)** geriatric psychiatric patients due to bed shortages at the hospital. See **Exhibit 11**. As a result, many of these patients were referred to outside facilities, such as Grandview Medical Center or Prattville Baptist Hospital, located in Birmingham and Prattville, respectively. However, the geographic distance between CVMC and these facilities imposes a considerable burden on travel for these patients and their families. The distance from CVMC to Prattville Baptist Hospital is 64.4 miles—**an hour and eleven minute drive by car**—and the distance from CVMC to Grandview Medical Center is 38.4 miles—**a fifty-minute drive by car**. See **Exhibits 12 and 13**.

Further, CVMC’s emergency department regularly receives adult and geriatric psychiatric patients that the hospital is unable to treat due to limited availability of geriatric psychiatric beds in the SBU and CVMC’s lack of adult psychiatric beds. From August 17, 2023 to July 28, 2024, CVMC’s emergency department was forced to transfer **fifty-seven (57)** psychiatric patients to other facilities (forty-nine (49) of which were adult patients transferred due to lack of adult psychiatric beds and three (3) of which were geriatric patients transferred due to bed shortages in the SBU). See **Exhibit 14**. Additionally, during this same timeframe, **nineteen (19)** psychiatric patients who presented at the CVMC emergency department signed themselves out and left against medical advice (“AMA”) (thirteen (13) of which left AMA while waiting for bed placement) and **twelve (12)** patients eloped (three (3) of which eloped while waiting for bed placement). *Id.*

The SBU is currently staffed by a psychiatrist, Shankar Yalamanchili, M.D., a full-time nurse practitioner, Amber D. Olympio, and a part-time psychiatrist, Paulo Sales, M.D.

In addition, there is demonstrated support for this Project from Talladega County residents. See **Exhibit 15** for the letters of support received for the Project.

The undersigned, being first duly sworn, hereby makes oath or affirms that he is the authorized representative for Coosa Valley Medical Center, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant: \_\_\_\_\_

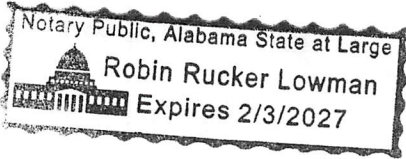
Colin Luke, Counsel for Coosa Valley Medical Center

SUBSCRIBED AND SWORN to before me January 23, 2025.

Robin Rucker Lowman

Notary Public

My commission expires:



## **Exhibit 1**

### **CVMC Website Page - Senior Behavioral Health Center**

[CONTACT US](#)

## Senior Behavioral Health Center

### Help for Seniors

Our bodies change as we age, and so do our minds. Studies show that seniors face an increased risk of mental challenges, including clinical depression and memory impairment. But there's good news – in most cases, these conditions can be successfully treated and managed with specialized care. That's the mission of the Senior Behavioral Health Center.

Symptoms of behavioral health problems associated with seniors may include:

Common diagnoses include Dementia (ex. Alzheimer's, Huntington's, Parkinson's and Cardiovascular types), Depression, Anxiety, and other emotional difficulties due to the aging process.

### Inpatient Services

As part of Coosa Valley Medical Center's complete approach to care, the Senior Behavioral Health Center is a 20 – bed inpatient psychiatry program for individuals age 65 or older. Our short-stay treatment services focus on evaluating and stabilizing patient conditions.

Located within Coosa Valley Medical Center, the inpatient services at the Senior Behavioral Health Center can care for a variety of medical services in conjunction with a primary psychiatric diagnosis. The location permits easy access to neurological and other diagnostic procedures that help identify the cause of a patient's difficulties.

### Admissions

Admissions are accepted 24 hours a day. Referrals may be made by physicians, psychologists, social workers, mental health professionals, social service agencies, family members or friends. The decision regarding admission is made by a psychiatrist.

The Senior Behavioral Health Center features a team of experienced professionals who fully understand the unique nature of psychiatric and psychological disorders. Staff members include a psychiatrist, nurses, social workers, therapists and mental health technicians.

Our staff is available 24 hours a day. All information is completely confidential. For more information the Senior Behavioral Health Center at 256.401.4670.



*Also get information on our support group.*

---

Accredited by The Joint Commission

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315 W. Hickory Street, Sylacauga, AL 35150  
Phone: 256-401-4000  
|||

## **Exhibit 2**

### **Centers for Disease Control and Prevention Statistics**



## Mental Health

[Mental Health Home](#)

# About Mental Health

**Mental Health Basics**

Types of Mental Illness



## What is mental health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.<sup>1</sup> Mental health is important at every stage of life, from childhood and adolescence through adulthood.



## Why is mental health important for overall health?

Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like [diabetes](#), [heart disease](#), and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness.<sup>2</sup>



## Can your mental health change over time?

Yes, it's important to remember that a person's mental health can change over time, depending on many factors. When the demands placed on a person exceed their resources and coping abilities, their mental health could be impacted. For example, if someone is working long hours, caring for a relative, or experiencing economic hardship, they may experience poor mental health.

**1 in 5**

## How common are mental illnesses?

Mental illnesses are among the most common health conditions in the United States.

- More than 1 in 5 US adults live with a mental illness.

- Over 1 in 5 youth (ages 13-18) either currently or at some point during their life, have had a seriously debilitating mental illness.<sup>5</sup>
- About 1 in 25 U.S. adults lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.<sup>6</sup>




## What causes mental illness?

There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as

- [Adverse Childhood Experiences](#), such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other ongoing (chronic) medical conditions, such as cancer or diabetes
- Biological factors or chemical imbalances in the brain
- Use of alcohol or drugs
- Having feelings of loneliness or isolation



People can experience different types of mental illnesses or disorders, and they can often occur at the same time. Mental illnesses can occur over a short period of time or be episodic. This means that the mental illness comes and goes with discrete beginnings and ends. Mental illness can also be ongoing or long-lasting.

There are more than 200 types of mental illness. Some of the main types of mental illness and disorders are listed [here](#) .

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## Suicide Prevention

[Suicide Prevention Home](#)

### Disparities in Suicide

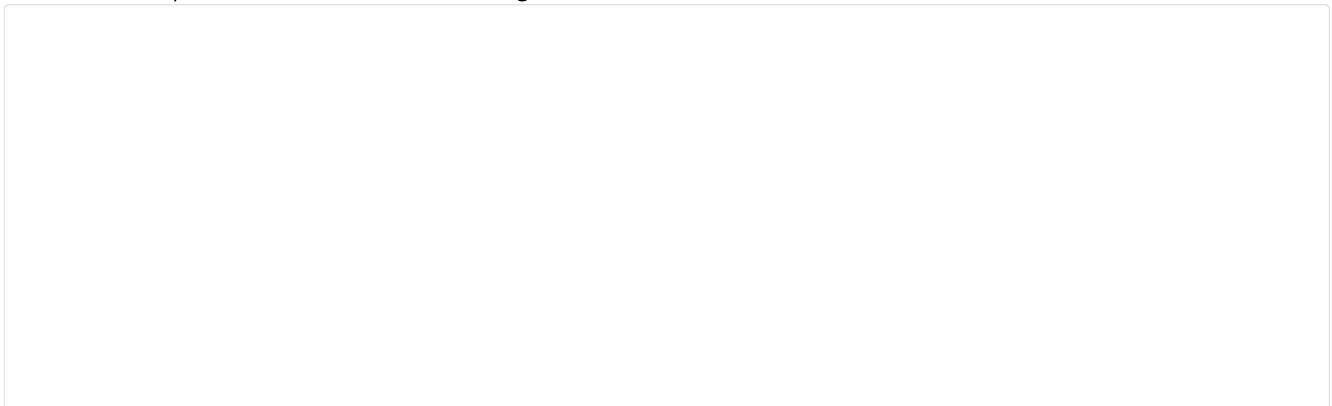


**Suicide and suicide attempts are serious public health challenges.** These events can have lasting emotional, mental, and physical health impacts, as well as economic consequences. They can also impact people who struggle with their own risk of suicide and/or mental health challenges (called lived experience).

**Suicide and suicidal behavior are influenced by negative conditions in which people live, play, work, and learn.** These conditions, sometimes called *social determinants of health*, can include racism and discrimination in our society, economic hardship (such as high unemployment), poverty, limited affordable housing, lack of educational opportunities, and barriers to physical and mental healthcare access, among others. Additional factors that can increase suicide risk include relationship problems or feeling a lack of connectedness to others, easy access to lethal means among people at risk, experiences of [violence](#)<sup>1</sup> such as child abuse and neglect, adverse childhood experiences, bullying, and serious health conditions.

**Some groups experience more negative conditions or factors related to suicide.** While anyone can experience suicide risk, some populations experience more negative social conditions and other factors described above and have higher rates of suicide or suicide attempts than the general U.S. population. The excess burden of suicide in some populations are called health disparities.<sup>2</sup> Examples of groups experiencing suicide health disparities include veterans, people who live in rural areas, sexual and gender minorities, middle-aged adults, people of color, and tribal populations.

**Addressing these negative conditions and factors can help prevent suicide and suicide attempts.** CDC is concerned with groups disproportionately impacted by suicide and uses a holistic, or comprehensive public health approach, to reduce suicide risk and promote resilience and well-being in communities, in order to save lives.





# Preventing Suicide Requires a Comprehensive Approach

## Some Groups Are At Higher Risk for Suicide



### Veterans

Veterans have an adjusted suicide rate that is 57.3% greater than the non-veteran U.S. adult population.



### Tribal Populations


Suicide is the 9th leading cause of death among AI/AN people.



### Adults

Adults (35-64 years) account for almost half of all suicides in the U.S.



[Click here](#)  [PDF - 1 MB] to access the Suicide Disparities infographic.

## What CDC is doing to address health disparities in suicide

CDC is supporting states, tribes, territories, non-governmental organizations, and university research programs to address four strategic priority areas in suicide prevention:

- **Data:** Using new and existing data to better understand, monitor, and prevent suicide and suicidal behavior
- **Science:** Identifying risk and protective factors and effective policies, programs, and practices for suicide prevention in populations at increased risk for suicide
- **Action:** Building the foundation for CDC's National Suicide Prevention Program
- **Collaboration:** Developing and implementing wide-reaching partnership and communication strategies to raise awareness and advance suicide prevention activities

Additionally, CDC funds the [Comprehensive Suicide Prevention program](#), which aims to reduce suicide among groups that experience health disparities in suicide. These programs use [suicide prevention strategies](#) based on the best available evidence to help states and communities prevent suicide. These strategies can be found in CDC's [Suicide Prevention Resource for Action](#), and include:

- Strengthen economic supports
- Create protective environments
- Improve access and delivery of suicide care
- Promote healthy connections
- Teach coping and problem-solving skills
- Identify and support people at risk
- Lessen harms and prevent future risk

## Suicide rates differ by age\*

### Adults



Adults aged 35–64 years account for 46.8% of all suicides in the United States, and suicide is the 8th leading cause of death for this age group.<sup>3</sup>

- Among men in this age group, suicide rates were highest for non-Hispanic American Indian or Alaska Native (AI/AN) men (41.3 suicides per 100,000), followed by non-Hispanic White men (35.7 per 100,000).<sup>3</sup>
- Among women in this age group, suicide rates were highest among non-Hispanic American Indian or Alaska Native women (12.8 per 100,000) and non-Hispanic White women (10.7 per 100,000).<sup>3</sup>

### Older Adults



Adults aged 75 and older have one of the highest suicide rates (20.3 per 100,000). Men aged 75 and older have the highest rate (42.2 per 100,000) compared to other age groups. Non-Hispanic White men have the highest suicide rate compared to other racial/ethnic men in this age group (50.1 per 100,000).<sup>3</sup>

### What CDC and funded partners are doing to prevent suicide among middle-aged adults

Massachusetts, Michigan, and Maine are working to reduce suicide disparities in middle-aged adults. Massachusetts and Maine are implementing gatekeeper training, which teaches community members how to identify people at risk for suicide and refer them to care. Massachusetts is also training providers to identify and support at-risk middle-aged adults and to use evidence-based screening and treatments.

Massachusetts also aims to reduce access to lethal means by promoting safe storage. Massachusetts is working to increase access to and education on the benefits of firearm storage safes and trigger locks, and to promote lock bags, locked cabinets, and safe disposal of over-the-counter drugs among middle-aged males.

For more information on what funded states are doing to prevent suicide, visit: [Comprehensive Suicide Prevention: Program Profiles](#).

### Youth and Young Adults



Youth and young adults ages 10–24 years account for 15% of all suicides. The suicide rate for this age group (11.0 per 100,000)\*\* is lower than other age groups.<sup>3</sup> However, suicide is the second leading cause of death for this age group, accounting for 7,126 deaths.<sup>3</sup> Additionally, suicide rates for this age group increased 52.2% between 2000-2021.

Youth and young adults most impacted include non-Hispanic American Indian or Alaska Native, with a suicide rate of 36.3 per 100,000.<sup>3</sup>



Youth and young adults have high rates of emergency department (ED) visits for self-harm. In 2020, ED visits for this age group were 354.4 per 100,000, compared with 128.9 per 100,000 among middle-aged adults ages 35-64 years.<sup>4</sup>

- There were an estimated 224,341 ED visits for self-harm among youth and young adults.<sup>4</sup> Girls and young women are at particularly high risk, with their ED visit rate (514.4 per 100,000) being approximately twice the rate of ED visits among boys and young men (200.5 per 100,000).
- The rate of ED visits among girls in 2020 was approximately double compared to 2001 (244.3 per 100,000).<sup>4</sup>

In 2021, 9% of high school students reported attempting suicide during the previous 12 months.<sup>5</sup> Suicide attempts were reported most frequently among girls compared to boys (12.4% vs. 5.3%) and among non-Hispanic American Indian or Alaska Native students (20.1%).<sup>5</sup>

\*Rates reflect 2021 data unless otherwise noted.



\*All rates listed are crude, unless otherwise noted as age-adjusted rates. Age-adjusting rates refers to adjusting based on the “standard” population; this is done to ensure that the differences are not due to differences in the age distributions of the populations being compared. For example, comparing two states would usually require age-adjustments because some states may have older populations than others. Age-adjusting is not necessary when comparing age groups.

#### What CDC and funded partners are doing to prevent youth suicide

- Colorado, Connecticut, Massachusetts, and Tennessee are working with their states’ departments of education to advance and provide social-emotional learning programs to promote coping and problem-solving skills.
- Colorado, Connecticut, North Carolina, and Vermont have implemented [Counseling on Access to Lethal Means](#) (CALM) in EDs to educate families of youth who are at increased risk for suicide on safe storage of lethal means (such as firearms, medications, and sharp objects) within the home.

For more information on what funded states are doing to prevent suicide, visit: [Comprehensive Suicide Prevention: Program Profiles](#).

## Suicide risk is higher among people who identify as lesbian, gay, or bisexual



Data are limited on the rate of suicide among people who identify as sexual minorities. However, research shows that high school students who identify as sexual minorities have higher rates of suicide attempts compared to heterosexual students.<sup>5</sup>

In 2021, more than a quarter (26.3%) of high school students identifying as lesbian, gay, or bisexual reported attempting suicide in the prior 12 months. This rate was five times higher than the rate reported among heterosexual students (5.2%).<sup>5</sup>

Data from 2020 show the rate of self-reported suicide attempts in the prior 12 months among adult sexual minorities decreased with age, from 5.5% among people ages 18-25 to 2.2% among people ages 26-49.<sup>7</sup>

#### What CDC and funded partners are doing to prevent suicide among sexual minorities

Maine is working on promoting connectedness among sexual minority youth by:

- Implementing a program to enhance resiliency among lesbian, gay, bisexual, and transgender (LGBT) youth both in and out of school.
- Promoting a training to equip youth-serving providers with skills in facilitating family connectedness and positive relationships among LGBT young people and their caregivers.

## Suicide rates are higher among veterans



In 2020, 6,146 veterans died by suicide. Suicide was the 13<sup>th</sup> leading cause of death among veterans overall, and the second leading cause of death among veterans under age 45.<sup>8</sup> Veterans have an adjusted suicide rate that is 57.3% greater than the non-veteran U.S. adult population.<sup>8</sup> Veterans account for about 13.9% of suicides among adults in the United States.<sup>8</sup>

Additionally, in 2019, 1.6% of veteran young adults ages 18-25 reported making a suicide attempt during the previous 12 months. This was an increase from 0.9% in 2009.<sup>9</sup>

### What CDC and funded partners are doing to prevent suicide among veterans

Massachusetts, North Carolina, Louisiana, and the University of Pittsburgh are identifying and supporting veterans at risk by implementing gatekeeper training.

- Massachusetts is requiring all staff working in Massachusetts Career Centers to complete gatekeeper training.
- North Carolina offers gatekeeper training as an option to healthcare providers.
- University of Pittsburgh provides gatekeeper trainings that teaches about risk factors and warning signs for suicide among veterans.
- Louisiana implemented gatekeeper trainings in nine local health department regions serving veterans.

Massachusetts, Louisiana, and the University of Pittsburgh are promoting connectedness among veterans.

- Massachusetts is focusing on community engagement to increase diversity, inclusion, and representation of veterans on the [MassMen](#) website. MassMen features articles, blog posts, self-assessments, and men's stories to help men find solidarity, promote wellness, and increase help-seeking.
- The University of Pittsburgh is implementing community greening projects to promote connectedness and decrease social isolation among veterans in Pennsylvania.
- Louisiana is developing peer-to-peer norm groups with veterans. Peer norm programs seek to promote connectedness and normalize protective factors for suicide such as help-seeking, reaching out, and talking to trusted friends and loved ones.

North Carolina, Louisiana, and the University of Pittsburgh are strengthening access to and delivery of suicide care. North Carolina and Louisiana are providing increased veteran access to telemental health services to reduce provider shortages. The University of Pittsburgh is working to strengthen access to and delivery of suicide care for veterans by working toward equal coverage of mental health conditions. The University of Pittsburgh is also working to raise awareness and education among healthcare providers and community members on existing mental health parity laws.

For more information on what funded states are doing to prevent suicide, visit: [Comprehensive Suicide Prevention: Program Profiles](#).

## Suicide rates vary by race and ethnicity



Age-adjusted suicide rates are highest among non-Hispanic American Indian and Alaska Native (AI/AN) people (28.1 per 100,000) and non-Hispanic White people (17.4 per 100,000).<sup>3</sup>

- Suicide is the 9th leading cause of death among AI/AN people.
  - Non-Hispanic AI/AN people have a higher age-adjusted rate of suicide (28.1 per 100,000) compared with Hispanic AI/AN people (2.0 per 100,000).
  - The suicide rate among non-Hispanic AI/AN males ages 15–34 is 82.1 per 100,000.
- Suicide is the 11th leading cause of death for both Hispanic and non-Hispanic people of all races.
- Between 2018-2021, suicide rates significantly increased overall among non-Hispanic AI/AN (26%) and non-Hispanic Black (19.2%) people, and declined by 3.9% among non-Hispanic White people.

### What CDC and funded partners are doing to prevent suicide in tribal communities

[Southern Plains Tribal Health Board](#) and [Wabanaki Public Health and Wellness](#) are working to increase capacity to adapt, implement, and evaluate suicide prevention programs to reduce suicide-related morbidity and mortality. Each tribal organization is:

- Reviewing existing data to describe the general problem and identify a subgroup that is at increased risk for suicide compared to the general tribal population.
- Developing an inventory of existing suicide prevention programs for the general tribal population and the selected subgroup to identify gaps and opportunities that will complement existing programs.
- Selecting at least one program from CDC's [Suicide Prevention Resource for Action](#), or another evidence-informed program, to fill prevention gaps and complement existing programs.
- Adapting the selected program to fit the cultural context of the tribe and implement and evaluate the approach or program.
- Conducting listening sessions to obtain input during the project to adapt the approach of program.
- Disseminating results, success stories, and lessons learned.

For more information on CDC's funded tribal suicide prevention program, visit: [Tribal Suicide Prevention](#).

## Suicide ideation is higher among people with disabilities



Limited data are available on suicide among people with disabilities. However, a recent survey highlighted that in 2021, adults with disabilities were three times more likely to report suicidal ideation in the past month compared to people without disabilities (30.6% versus 8.3% in the general U.S. population).<sup>10</sup> Prior research also shows that the prevalence of reported mental distress, which is a risk factor for suicide, was 4.6 times higher among people with disabilities (32.9%) than among people without disabilities (7.2%).<sup>11</sup>

### What CDC and funded partners are doing to prevent suicide among people with disabilities

- Vermont is working to reduce suicide disparities among people with disabilities by providing training to primary care providers to promote safe storage among this population.
- Vermont is supplementing and scaling up the state's Zero Suicide work by engaging primary care providers serving people with disabilities.

For more information on what funded states are doing to prevent suicide, visit: [Comprehensive Suicide Prevention: Program Profiles](#).

## Suicide rates differ by industry and occupation<sup>†</sup>



Industry is the type of activity at a person's workplace and occupation is the kind of work a person does to earn a living. A CDC study examining data in 32 states found that the suicide rate among workers in certain industries and occupations was significantly greater than the general U.S. population, particularly for males.<sup>12</sup>

The industry groups that had the highest suicide rates were:

1. Mining, Quarrying, and Oil and Gas Extraction (males: 54.2 per 100,000)
2. Construction (males: 45.3 per 100,000)
3. Other Services (such as automotive repair; males: 39.1 per 100,000)
4. Agriculture, Forestry, Fishing, and Hunting (males: 36.1 per 100,000)
5. Transportation and Warehousing (males: 29.8 per 100,000; females: 10.1 per 100,000)

The occupation groups that had higher suicide rates than the general population were:

1. Construction and Extraction (males: 49.4 per 100,000; females: 25.5 per 100,000)\*\*
2. Installation, Maintenance, and Repair (males: 36.9 per 100,000)
3. Arts, Design, Entertainment, Sports, and Media (males: 32.0 per 100,000)
4. Transportation and Material Moving (males: 30.4 per 100,000; females: 12.5 per 100,000)
5. Protective Service (females: 14.0 per 100,000)
6. Healthcare Support (females: 10.6 per 100,000)

† Rates reflect 2016 data from 32 states

\*\*Among females, no other occupation group had a rate of suicide greater than the general female population

**What CDC and funded partners are doing to prevent suicide for people in at-risk occupations**

Massachusetts, Colorado, and Connecticut are promoting connectedness among people working in occupations that are at greater risk for suicide.

- Massachusetts and Colorado are implementing peer norm programs for at-risk occupations, such as Signs of Suicide (S.O.S.).
- Connecticut is supporting community engagement efforts and providing workplaces for at-risk occupations with suicide prevention resources and materials.
- Massachusetts and Connecticut are identifying and supporting occupations at higher risk for suicide via healthcare provider education.
- Massachusetts, Connecticut, Michigan, and Colorado are promoting the implementation of organizational policies and culture in workplaces to create protective environments for people in at-risk occupations.

The workplace provides an important opportunity for suicide prevention efforts because it is where many adults spend a great deal of their time. Visit the [National Institute for Occupational Safety and Health](#) website for more information about workplace suicide prevention strategies.

For more information on what funded states are doing to prevent suicide, visit: [Comprehensive Suicide Prevention: Program Profiles](#).

## Suicide rates differ based on where you live



Suicide rates can vary substantially across geographic regions.\* For example, suicide rates increase as population density decreases and an area becomes more rural.

2021 suicide rates based on population density:

- Large central metropolitan: 11.6 per 100,000
- Large fringe metro: 12.8 per 100,000
- Medium metro: 15.7 per 100,000
- Small metro: 17.8 per 100,000
- Micropolitan (non-metro): 19.2 per 100,000
- Noncore (non-metro): 21.7 per 100,000

Suicide rates in rural (non-metro) areas are highest among non-Hispanic AI/AN males (61.8 per 100,000) and non-Hispanic White males (36.8 per 100,000).<sup>3</sup>

\*For information on how areas are classified, visit this page: [Data Access – Urban Rural Classification Scheme for Counties \(cdc.gov\)](#)

**What CDC and funded partners are doing to prevent suicide in rural communities**

- North Carolina and Vermont are promoting safe storage of firearms in rural areas to reduce access to lethal means.
- North Carolina and Tennessee are identifying and supporting people at risk. Both states are also implementing gatekeeper trainings in rural counties and areas. North Carolina is promoting gatekeeper trainings among staff in rural schools.

For more information on what funded states are doing to prevent suicide, visit: [Comprehensive Suicide Prevention: Program Profiles](#).

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## CDC Newsroom

[CDC Newsroom Home](#)

# New CDC data illuminate youth mental health threats during the COVID-19 pandemic

CDC's first nationally representative survey of high school students during the pandemic can inform effective programs

### Press Release

Embargoed Until: Thursday, March 31, 2022, 1:00 p.m. ET

**Contact:** [Media Relations](#)  
(404) 639-3286

New CDC analyses, published today, shine additional light on the mental health of U.S. high school students during the COVID-19 pandemic, including a disproportionate level of threats that some students experienced.

According to the new data, in 2021, more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year. The new analyses also describe some of the severe challenges youth encountered during the pandemic:

- More than half (55%) reported they experienced emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the student.
- 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student.
- More than a quarter (29%) reported a parent or other adult in their home lost a job.

Before the pandemic, mental health was getting worse among high school students, according to [prior CDC data](#). 

“These data echo a cry for help,” said CDC Acting Principal Deputy Director Debra Houry, M.D., M.P.H. “The COVID-19 pandemic has created traumatic stressors that have the potential to further erode students’ mental wellbeing. Our research shows that surrounding youth with the proper support can reverse these trends and help our youth now and in the future.”

Lesbian, gay, and bisexual youth and female youth reported greater levels of poor mental health; emotional abuse by a parent or caregiver; and having attempted suicide than their counterparts.

In addition, over a third (36%) of students said they experienced racism before or during the COVID-19 pandemic. The highest levels were reported among Asian students (64%) and Black students and students of multiple races (both 55%). The survey cannot determine the extent to which events during the pandemic contributed to reported racism. However, experiences of racism among youth have been linked to poor mental health, academic performance, and lifelong health risk behaviors.

**School connectedness provided critical protection for students during COVID-19**



Findings also highlight that a sense of being cared for, supported, and belonging at school — called “school connectedness” — had an important effect on students during a time of severe disruption. Youth who felt connected to adults and peers at school were significantly less likely than those who did not to report persistent feelings of sadness or hopelessness (35% vs. 53%); that they seriously considered attempting suicide (14% vs. 26%); or attempted suicide (6% vs. 12%). However, fewer than half (47%) of youth reported feeling close to people at school during the pandemic.

“School connectedness is a key to addressing youth adversities at all times – especially during times of severe disruptions,” said Kathleen A. Ethier, PhD, Director of CDC’s Division of Adolescent and School Health. “Students need our support now more than ever, whether by making sure that their schools are inclusive and safe or by providing opportunities to engage in their communities and be mentored by supportive adults.”

### **We all have a role to play to help youth recover from challenges during COVID-19**

Youth with poor mental health may struggle with [school and grades](#), decision making, and their health. Mental health problems in youth are also often associated with other health and behavioral risks such as increased risk of [drug use](#), experiencing violence, and higher risk [sexual behaviors](#).

Schools are crucial partners in supporting the health and wellbeing of students. In addition to education, they provide opportunities for academic, social, mental health, and physical health services that can help protect against negative outcomes. Schools are facing unprecedented disruptions during the pandemic, however, and cannot address these complex challenges alone.

“In the face of adversity, support from schools, families, and communities protects adolescents from potentially devastating consequences,” said Jonathan Mermin, M.D., director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC’s lead Center for monitoring and addressing school-based health. “These data tell us what works. So, what will it take for our schools and communities to help youth withstand the challenges of the COVID-19 pandemic and beyond?”

### **More Information**

These data, released as an *MMWR Surveillance Supplement*, come from the Adolescent Behaviors and Experiences Survey (ABES), CDC’s first nationally representative survey of public- and private-school high school students to assess the well-being of U.S. youth during the COVID-19 pandemic. Funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, CDC fielded the survey during January – June 2021.

*CDC’s Division of Adolescent and School Health on mental health among students:*  
<https://www.cdc.gov/healthyyouth/mental-health/index.htm>.

*For more information from CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, visit*  
[www.cdc.gov/nchhstp/newsroom](http://www.cdc.gov/nchhstp/newsroom)

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES [↗](#)

*CDC works 24/7 protecting America’s health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America’s most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.*

## **Exhibit 3**

**AL.com Article,  
*Alabama seniors have some of the worst mental  
health in the U.S. according to new data***

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**NEWS**

# Alabama seniors have some of the worst mental health in the U.S. according to new data

Updated: Dec. 11, 2024, 6:11 a.m. | Published: Dec. 11, 2024, 6:00 a.m.



Adobe Stock image zinkevych - stock.adobe.com



Alabama seniors, aged 65 years and older, are No. 3 in a ranking for having the worst mental health in the country, according to an organization that helps locate senior living facilities.

[Seniorly a search engine](#), released a study about mental distress surging among seniors and the [Best & Worst States for Seniors' Mental Health](#) after analyzing five categories using the most recent CDC and Census Bureau data from 2022-2024.

Here are some of the key findings in Alabama:

- No. 2 worst in the nation with a ratio of 59 seniors for every mental health specialist.
- Is number 5 in the country with Alabama seniors being “mentally unhealthy” 3.3 days per month.
- Has the 7th highest percentage of seniors diagnosed with depression at 18.3%.

One key indicator for these findings could be that in Alabama there are 59 seniors per mental health specialist according to Seniorly.

Other states that rank toward the bottom for older adults' mental health also include Tennessee, West Virginia and Oklahoma. All four states have high rates of depression and mentally unhealthy days among seniors.

Seniors are not alone in mental health issues in Alabama. [Back in May](#), Forbes Advisor ranked Alabama as the third worst state in the U.S. for mental health.

The survey said Alabama has the third highest percentage of adults with mental illness who are uninsured, at 17.9%.

The state also has the fourth highest percentage of adults (62.4%) with a mental illness who do not receive any treatment, and the fifth highest percentage of adults with a mental illness who do not receive adequate treatment, at 35.4%.

**RECOMMENDED** • AL.COM

[Championship-game quarterbacks put Senior Bowl roster in spotlight](#) Jan. 20, 2025, 6:30 p.m.

## **Exhibit 4**

### **Bio of CVMC Psychiatrist**

## CVMC Psychiatry Provider



**Shankar Yalamanchili, MD**

Dr. Yalamanchili joined the Medical Staff at Coosa Valley Medical Center in 2008. Dr. Yalamanchili is located at 315 West Hickory Street Sylacauga, AL 35150.

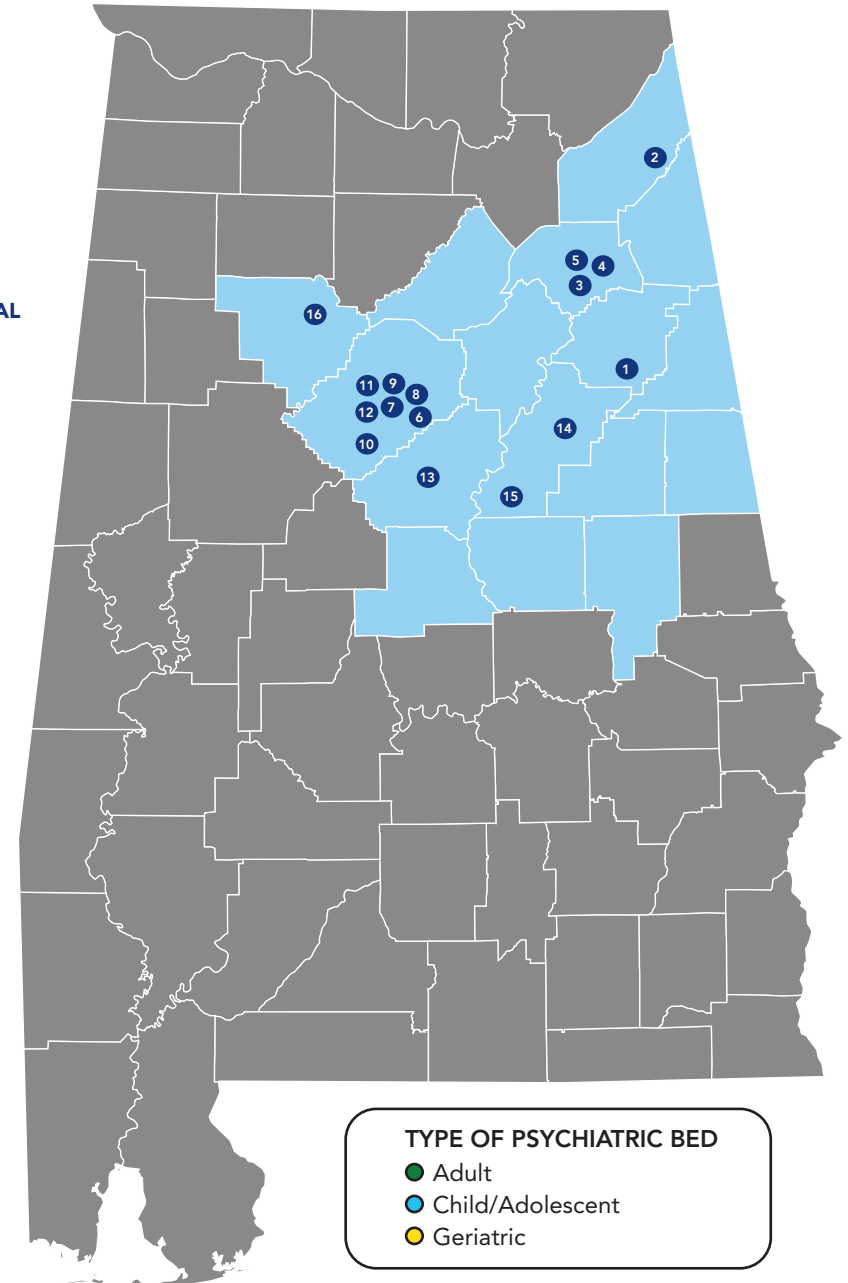
## **Exhibit 5**

### **Map of Hospitals in the North Central Psychiatric Care Region with Psychiatric Beds**

# NORTH CENTRAL PSYCHIATRIC CARE REGION HOSPITALS WITH PSYCHIATRIC BEDS

- |  |   |
|--|---|
| <p><b>1</b> <b>NORTHEAST ALABAMA REGIONAL MEDICAL CENTER</b><br/>400 East 10th Street<br/>Anniston, AL 36202<br/>●</p> <p><b>3</b> <b>GADSDEN REGIONAL MEDICAL CENTER</b><br/>1007 Goodyear Avenue<br/>Gadsden, AL 35903<br/>●●</p> <p><b>5</b> <b>RIVERVIEW REGIONAL MEDICAL CENTER</b><br/>600 South Third Street<br/>Gadsden, AL 35901<br/>●</p> <p><b>7</b> <b>BAPTIST HEALTH PRINCETON HOSPITAL</b><br/>701 Princeton Avenue SW<br/>Birmingham, AL 35211<br/>●</p> <p><b>9</b> <b>HILL CREST BEHAVIORAL HEALTH SERVICES</b><br/>6869 Fifth Avenue South<br/>Birmingham, AL 35212<br/>●●</p> <p><b>11</b> <b>UAB ST. VINCENT'S EAST</b><br/>50 Medical Park East Drive<br/>Birmingham, AL 35235<br/>●●</p> <p><b>13</b> <b>BAPTIST HEALTH SHELBY HOSPITAL</b><br/>1000 First Street North<br/>Alabaster, AL 35007<br/>●●</p> <p><b>15</b> <b>COOSA VALLEY MEDICAL CENTER</b><br/>315 West Hickory Street<br/>Sylacauga, AL 35150<br/>●</p> | <p><b>2</b> <b>DEKALB REGIONAL MEDICAL CENTER</b><br/>200 Medical Center Drive<br/>Fort Payne, AL 35968<br/>●</p> <p><b>4</b> <b>MOUNTAIN VIEW HOSPITAL</b><br/>3001 Scenic Highway<br/>Gadsden, AL 35904<br/>●●</p> <p><b>6</b> <b>BAPTIST HEALTH BROOKWOOD HOSPITAL</b><br/>2010 Brookwood Medical Center Drive<br/>Homewood, AL 35209<br/>●●</p> <p><b>8</b> <b>GRANDVIEW MEDICAL CENTER</b><br/>3690 Grandview Parkway<br/>Birmingham, AL 35243<br/>●●●</p> <p><b>10</b> <b>UAB MEDICAL WEST HOSPITAL</b><br/>5000 Medical West Way<br/>Bessemer, AL 35022<br/>●</p> <p><b>12</b> <b>UAB HOSPITAL</b><br/>619 19th Street South<br/>Birmingham, AL 35233<br/>●●●</p> <p>*** <b>14</b> <b>BAPTIST HEALTH CITIZENS HOSPITAL</b><br/>604 Stone Avenue<br/>Talladega, AL 35161<br/>●●</p> <p><b>16</b> <b>BAPTIST HEALTH WALKER HOSPITAL</b><br/>3400 Highway 78 East<br/>Jasper, AL 35502<br/>●●</p> |
|--|---|

\*\*\*Please note that while the hospital reported geriatric psychiatric beds, these beds are not currently staffed per 2023 Hospital Annual Report data.



## TYPE OF PSYCHIATRIC BED

- Adult
- Child/Adolescent
- Geriatric



## **Exhibit 6**

# **ADPH Facilities Directory for Counties in the North Central Psychiatric Planning Region**

## Hospitals

**Autauga County**

Prattville Baptist Hospital  
 124 South Memorial Drive  
 Prattville, AL 36067 (334) 365-0651  
 107 bed General Hospital  
 Authorized bed capacity: 85  
 Licensee Type: Hospital Authority  
 Administrator: James Eric Morgan  
 Fac ID: H0101 License: Regular  
 Medicare: 01-0108  
 Deemed Status

-----

**Baldwin County**

Baldwin Health  
 1613 North McKenzie Street  
 Foley, AL 36535 (251) 949-3623  
 142 bed General Hospital  
 Authorized bed capacity: 142  
 Licensee Type: Limited Liability Company  
 Administrator: Margaret Roley, CEO  
 Fac ID: H0202 License: Regular  
 Medicare: 01-0083  
 Deemed Status

-----

EastPointe Hospital  
 7400 Roper Lane  
 Daphne, AL 36526 (251) 450-5901  
 82 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 82  
 Licensee Type: Limited Liability Company  
 Administrator: J. Tuerk Schlesinger  
 Fac ID: H4913 License: Regular  
 Medicare: 01-4017

-----

North Baldwin Infirmary  
 1815 Hand Avenue  
 PO Box 1409  
 Bay Minette, AL 36507 (251) 580-1729  
 78 bed General Hospital  
 Authorized bed capacity: 58  
 Licensee Type: Nonprofit Corporation  
 Administrator: Kenneth H. Breal  
 Fac ID: H0201 License: Regular  
 Medicare: 01-0129

-----

**Baldwin County**

Thomas Hospital  
 750 Morphy Avenue  
 P.O. Drawer 929  
 Fairhope, AL 36532 (251) 279-1501  
 189 bed General Hospital  
 Authorized bed capacity: 189  
 Licensee Type: Nonprofit Corporation  
 Administrator: Ormand Thompson  
 Fac ID: H0203 License: Regular  
 Medicare: 01-0100  
 Deemed Status

-----

**Barbour County**

Medical Center Barbour  
 820 West Washington Street  
 Eufaula, AL 36027 (334) 688-7132  
 35 bed Critical Access Hospital  
 Authorized bed capacity: 35  
 Licensee Type: Hospital Authority  
 Administrator: Ms. Janet Kinney  
 Fac ID: H0301 License: Regular  
 Medicare: 01-0069

-----

**Bibb County**

Bibb Medical Center  
 208 Pierson Avenue  
 Centreville, AL 35042 (205) 926-3281  
 35 bed General Hospital  
 Authorized bed capacity: 28  
 Licensee Type: Hospital Authority  
 Administrator: Joseph Marchant, CEO  
 Fac ID: H0401 License: Regular  
 Medicare: 01-0058

-----

**Blount County**

St. Vincent's Blount  
 150 Gilbreath Drive  
 PO Box 1000  
 Oneonta, AL 35121 (205) 274-3000  
 40 bed Critical Access Hospital  
 Authorized bed capacity: 25  
 Licensee Type: Nonprofit Corporation  
 Administrator: Greg Brown  
 Fac ID: H0501 License: Regular  
 Medicare: 01-1305  
 Deemed Status

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## Hospitals

**Butler County**

Regional Medical Center of Central Alabama  
 29 L.V. Stabler Drive  
 Greenville, AL 36037 (334) 383-2200  
 72 bed General Hospital  
 Authorized bed capacity: 72  
 Licensee Type: Corporation  
 Administrator: Patrick Trammell, CEO  
 Fac ID: H0702 License: Regular  
 Medicare: 01-0150  
 Deemed Status

-----

**Calhoun County**

Noland Hospital Anniston II, LLC  
 400 East 10th Street, 4th Floor  
 PO Box 1578  
 Anniston, AL 36202-1578 (256) 741-6141  
 38 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 38  
 Licensee Type: Limited Liability Company  
 Administrator: Trina Woods  
 Fac ID: H0805 License: Regular  
 Medicare: 01-2011  
 Deemed Status

-----

**Northeast Alabama Regional Medical Center**

400 East 10th Street  
 PO Box 2208  
 Anniston, AL 36202 (256) 235-5121  
 463 bed General Hospital  
 Authorized bed capacity: 338  
 Licensee Type: Public Corporation  
 Administrator: Louis A. Bass  
 Fac ID: H0801 License: Regular  
 Medicare: 01-0078  
 Deemed Status

-----

**Cherokee County**

Atrium Health Floyd Cherokee Medical Center  
 400 Northwood Drive  
 Centre, AL 35960 (256) 927-5531  
 60 bed General Hospital  
 Authorized bed capacity: 60  
 Licensee Type: Corporation  
 Administrator: Tifani Kinard  
 Fac ID: H1001 License: Regular  
 Medicare: 01-0022  
 Deemed Status

-----

**Chilton County**

St. Vincent's Chilton  
 2030 Lay Dam Road  
 Clanton, AL 35046 (205) 258-4400  
 30 bed General Hospital  
 Authorized bed capacity: 26  
 Licensee Type: Limited Liability Company  
 Administrator: Shanon Hamilton  
 Fac ID: H1102 License: Regular  
 Medicare: 01-0173  
 Deemed Status

-----

**Choctaw County**

Ochsner Choctaw General  
 401 Vanity Fair Drive  
 Butler, AL 36904 (205) 459-9177  
 25 bed Critical Access Hospital  
 Authorized bed capacity: 25  
 Licensee Type: Nonprofit Corporation  
 Administrator: Kawanda Johnson  
 Fac ID: H1201 License: Regular  
 Medicare: 01-1304

-----

**Clarke County**

Grove Hill Memorial Hospital  
 295 Jackson Highway S  
 PO Box 935  
 Grove Hill, AL 36451-3231 (251) 275-3191  
 50 bed General Hospital  
 Authorized bed capacity: 50  
 Licensee Type: Hospital Authority  
 Administrator: Allen Jordan  
 Fac ID: H1301 License: Regular  
 Medicare: 01-0091

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Hospitals

Clarke County

Jackson Medical Center  
220 Hospital Drive  
PO Box 428  
Jackson, AL 36545 (251) 246-1159  
35 bed General Hospital  
Authorized bed capacity: 35  
Licensee Type: Corporation  
Administrator: Jennifer Ryland  
Fac ID: H1302 License: Regular  
Medicare: 01-0128

Colbert County

Helen Keller Memorial Hospital  
1300 S. Montgomery Avenue  
PO Box 610  
Sheffield, AL 35660 (256) 386-4551  
185 bed General Hospital  
Authorized bed capacity: 166  
Licensee Type: Hospital Authority  
Administrator: Kyle Buchanan  
Fac ID: H1701 License: Regular  
Medicare: 01-0019  
Deemed Status

Clay County

Clay County Hospital  
83825 Highway 9  
PO Box 1270  
Ashland, AL 36251 (256) 354-2131  
53 bed General Hospital  
Authorized bed capacity: 45  
Licensee Type: Hospital Authority  
Administrator: Stephen Young  
Fac ID: H1401 License: Regular  
Medicare: 01-0073

North Alabama Shoals Hospital  
201 W. Avalon Avenue  
PO Box 3359  
Muscle Shoals, AL 35661 (256) 386-1699  
198 bed General Hospital  
Authorized bed capacity: 157  
Licensee Type: Limited Liability Company  
Administrator: Michael Howard  
Fac ID: H1702 License: Regular  
Medicare: 01-0157  
Deemed Status

Coffee County

Medical Center Enterprise  
400 North Edwards Street  
Enterprise, AL 36330 (334) 393-8772  
131 bed General Hospital  
Authorized bed capacity: 99  
Licensee Type: Corporation  
Administrator: Joey Hester  
Fac ID: H1603 License: Regular  
Medicare: 01-0049  
Deemed Status

Conecuh County

Evergreen Medical Center  
101 Crestview Avenue  
PO Box 706  
Evergreen, AL 36401 (251) 578-0184  
58 bed General Hospital  
Authorized bed capacity: 44  
Licensee Type: Corporation  
Administrator: Tom McLendon  
Fac ID: H1801 License: Regular  
Medicare: 01-0148

## Hospitals

**Covington County**

Andalusia Health  
 849 South Three Notch Street  
 PO Box 760  
 Andalusia, AL 36420 (334) 428-7006  
 88 bed General Hospital  
 Authorized bed capacity: 88  
 Licensee Type: Limited Liability Company  
 Administrator: Vickie Demers  
 Fac ID: H2001 License: Regular  
 Medicare: 01-0036  
 Deemed Status

-----

Mizell Memorial Hospital  
 702 Main Street  
 PO Box 1010  
 Opp, AL 36467 (334) 493-3541  
 99 bed General Hospital  
 Authorized bed capacity: 99  
 Licensee Type: Nonprofit Corporation  
 Administrator: Lori L. Stanfield  
 Fac ID: H2004 License: Regular  
 Medicare: 01-0007

-----

**Crenshaw County**

Beacon Children's Hospital  
 150 Hospital Drive  
 Luverne, AL 36049 (334) 334-5040  
 28 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 28  
 Licensee Type: Limited Liability Company  
 Administrator: Shannon Hudson  
 Fac ID: H2102 License: Regular  
 Medicare: 01-4015  
 Deemed Status

-----

Crenshaw Community Hospital  
 101 Hospital Circle  
 Luverne, AL 36049 (334) 335-1154  
 35 bed Critical Access Hospital  
 Authorized bed capacity: 35  
 Licensee Type: Hospital Authority  
 Administrator: David Hughes  
 Fac ID: H2101 License: Regular  
 Medicare: 01-0008

-----

**Cullman County**

Cullman Regional Medical Center  
 1912 Alabama Highway 157  
 Cullman, AL 35058 (256) 737-2598  
 175 bed General Hospital  
 Authorized bed capacity: 175  
 Licensee Type: Nonprofit Corporation  
 Administrator: James Clements  
 Fac ID: H2201 License: Regular  
 Medicare: 01-0035  
 Deemed Status

-----

Sanctuary At The Woodlands, The  
 1910 Cherokee Avenue, SW  
 Cullman, AL 35055 (256) 255-0820  
 40 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 40  
 Licensee Type: Limited Liability Company  
 Administrator: Kyle Smith  
 Fac ID: H2203 License: Regular  
 Medicare: 01-4016

-----

**Dale County**

Dale Medical Center  
 126 Hospital Avenue  
 Ozark, AL 36360 (334) 774-2224  
 89 bed General Hospital  
 Authorized bed capacity: 89  
 Licensee Type: County  
 Administrator: Vernon L. Johnson  
 Fac ID: H2301 License: Regular  
 Medicare: 01-0021

-----

**Dallas County**

Vaughan Regional Medical Center-Parkway Campus  
 1015 Medical Center Parkway  
 Selma, AL 36701-6748 (334) 418-4197  
 175 bed General Hospital  
 Authorized bed capacity: 163  
 Licensee Type: Limited Liability Company  
 Administrator: David McCormack, CEO  
 Fac ID: H2403 License: Regular  
 Medicare: 01-0118  
 Deemed Status

-----

Hospitals

Dekalb County

Dekalb Regional Medical Center

200 Medical Center Drive
PO Box 680778
Fort Payne, AL 35968-1608 (256) 997-2444
134 bed General Hospital
Authorized bed capacity: 134
Licensee Type: Corporation
Administrator: Darrell Blaylock
Fac ID: H2501 License: Regular
Medicare: 01-0012
Deemed Status

Escambia County

D. W. McMillan Memorial Hospital
1301 Belleville Avenue
P.O. Drawer 908
Brewton, AL 36427-0908 (251) 867-8061
91 bed General Hospital
Authorized bed capacity: 49
Licensee Type: Hospital Authority
Administrator: Stacy Hines
Fac ID: H2703 License: Regular
Medicare: 01-0099

Elmore County

Community Hospital, Inc.
805 Friendship Road
Tallasse, AL 36078-1225 (334) 283-3734
69 bed General Hospital
Authorized bed capacity: 69
Licensee Type: Nonprofit Corporation
Administrator: Jennie R. Rhinehart
Fac ID: H2602 License: Regular
Medicare: 01-0034

Etowah County

Encompass Health Rehabilitation Hospital of Gadsden
801 Goodyear Avenue
Gadsden, AL 35903 (256) 439-5000
49 bed Specialized Rehabilitation Hospital
General Hospital
Authorized bed capacity: 49
Licensee Type: Limited Liability Company
Administrator: Frank Al Rayburn, Jr.
Fac ID: H2804 License: Regular
Medicare: 01-3032
Deemed Status

Elmore Community Hospital
500 Hospital Drive
PO Box 130
Wetumpka, AL 36092 (256) 825-7821
69 bed General Hospital
Authorized bed capacity: 69
Licensee Type: Limited Liability Company
Administrator: Michael D. Bruce
Fac ID: H2601 License: Regular
Medicare: 01-0097

Gadsden Regional Medical Center

1007 Goodyear Avenue
Gadsden, AL 35903-1195 (256) 494-4000
346 bed General Hospital
Authorized bed capacity: 299
Licensee Type: Corporation
Administrator: Mark Dooley
Fac ID: H2801 License: Regular
Medicare: 01-0040
Deemed Status

Escambia County

Atmore Community Hospital
401 Medical Park Dr.
Atmore, AL 36502 (251) 368-2500
51 bed General Hospital
Authorized bed capacity: 49
Licensee Type: Nonprofit Corporation
Administrator: Wes Nall
Fac ID: H2704 License: Regular
Medicare: 01-0169

Mountain View Hospital

3001 Scenic Highway
Gadsden, AL 35904 (256) 546-9265
68 bed Specialized Psychiatric Hospital
Authorized bed capacity: 68
Licensee Type: Corporation
Administrator: Michael Shehi M.D.
Fac ID: H2802 License: Regular
Medicare: 01-4006
Deemed Status

Hospitals

**Etowah County**

**Riverview Regional Medical Center**

600 South Third Street  
Gadsden, AL 35901 (256) 543-5277  
281 bed General Hospital  
Authorized bed capacity: 180  
Licensee Type: Corporation  
Administrator: John Langlois  
Fac ID: H2803 License: Regular  
Medicare: 01-0046  
Deemed Status

**Franklin County**

Russellville Hospital  
15155 Highway 43  
PO Box 1089  
Russellville, AL 35653 (256) 332-8676  
100 bed General Hospital  
Authorized bed capacity: 49  
Licensee Type: Nonprofit Corporation  
Administrator: Chris Ware  
Fac ID: H3001 License: Regular  
Medicare: 01-0158  
Deemed Status

**Fayette County**

Fayette Medical Center  
1653 Temple Avenue North  
P.O. Drawer 710  
Fayette, AL 35555 (205) 932-5966  
61 bed General Hospital  
Authorized bed capacity: 61  
Licensee Type: Hospital Authority  
Administrator: Rodney Clark  
Fac ID: H2901 License: Regular  
Medicare: 01-0045  
Deemed Status

**Geneva County**

Wiregrass Medical Center  
1200 West Maple Avenue  
Geneva, AL 36340 (334) 684-3655  
87 bed Critical Access Hospital  
Authorized bed capacity: 25  
Licensee Type: Hospital Authority  
Administrator: Janet Smith, MAcc  
Fac ID: H3101 License: Regular  
Medicare: 01-0062

**Franklin County**

Red Bay Hospital  
211 Hospital Road  
PO Box 490  
Red Bay, AL 35582 (256) 386-4551  
25 bed Critical Access Hospital  
Authorized bed capacity: 25  
Licensee Type: Hospital Authority  
Administrator: Sherry Jolley  
Fac ID: H3002 License: Regular  
Medicare: 01-1302

**Greene County**

Greene County Health System  
509 Wilson Avenue  
Eutaw, AL 35462 (205) 372-3388  
20 bed General Hospital  
Authorized bed capacity: 20  
Licensee Type: County  
Administrator: Marcia Pugh  
Fac ID: H3201 License: Regular  
Medicare: 01-0051

**Hale County**

Hale County Hospital  
508 Greene Street  
Greensboro, AL 36744 (334) 624-3024  
39 bed General Hospital  
Authorized bed capacity: 39  
Licensee Type: County  
Administrator: Tiffany LaShay Cherry  
Fac ID: H3301 License: Regular  
Medicare: 01-0095

## Hospitals

## Houston County

Encompass Health Rehabilitation Hospital of Dothan  
 1736 East Main Street  
 Dothan, AL 36301 (334) 712-6333  
 56 bed Specialized Rehabilitation Hospital  
 Authorized bed capacity: 56  
 Licensee Type: Corporation  
 Administrator: Margaret Futch  
 Fac ID: H3504 License: Regular  
 Medicare: 01-3030  
 Deemed Status

-----

Flowers Hospital  
 4370 West Main Street  
 PO Box 6907  
 Dothan, AL 36305 (334) 793-5000  
 235 bed General Hospital  
 Authorized bed capacity: 235  
 Licensee Type: Limited Liability Company  
 Administrator: Jeff Brannon  
 Fac ID: H3501 License: Regular  
 Medicare: 01-0055  
 Deemed Status

-----

Laurel Oaks Behavioral Health Center  
 700 East Cottonwood Road  
 Dothan, AL 36301 (334) 794-7373  
 46 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 46  
 Licensee Type: Corporation  
 Administrator: Jeanette Jackson  
 Fac ID: H3505 License: Regular  
 Medicare: 01-4013  
 Deemed Status

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Noland Hospital Dothan II, LLC  
 1108 Ross Clark Circle - 4th Floor  
 PO Box 6845  
 Dothan, AL 36302 (334) 699-4300  
 38 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 38  
 Licensee Type: Limited Liability Company  
 Administrator: Dennis Stewart  
 Fac ID: H3506 License: Regular  
 Medicare: 01-2010  
 Deemed Status

-----

## Houston County

Southeast Health Medical Center  
 1108 Ross Clark Circle  
 PO Box 6987  
 Dothan, AL 36301-3022 (334) 793-8701  
 420 bed General Hospital  
 Authorized bed capacity: 420  
 Licensee Type: Hospital Authority  
 Administrator: Richard O. Sutton III, CEO  
 Fac ID: H3502 License: Regular  
 Medicare: 01-0001  
 Deemed Status

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## Jackson County

Creekside Hospital  
 200 Rowland Dr.  
 Bridgeport, AL 35740 (256) 495-4495  
 21 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 21  
 Licensee Type: Limited Liability Company  
 Administrator: Phil Rowland  
 Fac ID: H3603 License: Regular  
 Medicare: 01-4019

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Highlands Medical Center  
 380 Woods Cove Road  
 PO Box 1050  
 Scottsboro, AL 35768-2428 (256) 218-3792  
 170 bed General Hospital  
 Authorized bed capacity: 170  
 Licensee Type: Hospital Authority  
 Administrator: Ashley Pool  
 Fac ID: H3601 License: Regular  
 Medicare: 01-0061  
 Deemed Status

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## Hospitals

## Jefferson County

**Baptist Health Brookwood Hospital**

2010 Brookwood Medical Center Drive  
 Homewood, AL 35209 (205) 877-1000  
 528 bed General Hospital  
 67 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 595  
 Licensee Type: Limited Liability Company  
 Administrator: Jeremy Clark  
 Fac ID: H3721 License: Regular  
 Medicare: 01-0139  
 Deemed Status

**Baptist Health Princeton Hospital**

701 Princeton Avenue SW  
 Birmingham, AL 35211 (205) 820-5924  
 505 bed General Hospital  
 Authorized bed capacity: 505  
 Licensee Type: Limited Liability Company  
 Administrator: Daniel Listi  
 Fac ID: H3702 License: Regular  
 Medicare: 01-0103  
 Deemed Status

Birmingham VA Medical Center  
 700 South 19th Street  
 Birmingham, AL 35233 (205) 933-8101  
 General Hospital  
 Authorized bed capacity: 0  
 Licensee Type: No Data Provided  
 Administrator: Oladipo A. Kukoyi  
 Fac ID: H3724 License: Not subject to licensure  
 Medicare: 01-014F

Children's Hospital of Alabama  
 1600 Seventh Avenue, South  
 Birmingham, AL 35233-1711 (205) 638-9100  
 332 bed Specialized Pediatric Hospital  
 Authorized bed capacity: 332  
 Licensee Type: Nonprofit Corporation  
 Administrator: Tom Shufflebarger  
 Fac ID: H3704 License: Regular  
 Medicare: 01-3300  
 Deemed Status

## Jefferson County

Encompass Health Lakeshore Rehabilitation Hospital  
 3800 Ridgeway Drive  
 Birmingham, AL 35209 (205) 868-2000  
 100 bed Specialized Rehabilitation Hospital  
 Authorized bed capacity: 100  
 Licensee Type: Limited Liability Company  
 Administrator: Michael Bartell  
 Fac ID: H3709 License: Regular  
 Medicare: 01-3025  
 Deemed Status

**Grandview Medical Center**

3690 Grandview Parkway  
 Birmingham, AL 35243 (205) 971-1200  
 434 bed General Hospital  
 Authorized bed capacity: 434  
 Licensee Type: Limited Liability Company  
 Administrator: Daniel McKinney, CEO  
 Fac ID: H3701 License: Regular  
 Medicare: 01-0104  
 Deemed Status

**Hill Crest Behavioral Health Services**

6869 Fifth Avenue South  
 Birmingham, AL 35212 (205) 838-4028  
 94 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 94  
 Licensee Type: Limited Partnership  
 Administrator: Ballard Sheppard  
 Fac ID: H3707 License: Regular  
 Medicare: 01-4000  
 Deemed Status

**Medical West Hospital Authority, an Affiliate of UAB Health System**

5000 Medical West Way  
 Bessemer, AL 35022 (205) 481-7010  
 200 bed General Hospital  
 Specialized Psychiatric Hospital  
 Authorized bed capacity: 200  
 Licensee Type: Hospital Authority  
 Administrator: B. Keith Pennington  
 Fac ID: H3712 License: Regular  
 Medicare: 01-0114  
 Deemed Status

Hospitals

**Jefferson County**

Noland Hospital Birmingham - Downtown (Satellite Addition)  
 810 St. Vincent's Drive, 6th Floor  
 Birmingham, AL 35205 (205) 939-7645  
 34 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 34  
 Licensee Type: Limited Liability Company  
 Administrator: Laura Wills  
 Fac ID: H3727 License: Regular  
 Medicare: 01-2009

Select Specialty Hospital-Birmingham  
 2010 Brookwood Medical Center Drive, 3rd Floor  
 Birmingham, AL 35209 (205) 599-4595  
 38 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 38  
 Licensee Type: Corporation  
 Administrator: Andrew Howard  
 Fac ID: H3722 License: Regular  
 Medicare: 01-2008  
 Deemed Status

St. Vincent's Birmingham  
 810 St. Vincent's Drive  
 Birmingham, AL 35205 (205) 939-7230  
 409 bed General Hospital  
 Authorized bed capacity: 409  
 Licensee Type: Nonprofit Corporation  
 Administrator: Andrew Gnann  
 Fac ID: H3714 License: Regular  
 Medicare: 01-0056  
 Deemed Status

**St. Vincent's East**

50 Medical Park East Drive  
 Birmingham, AL 35235 (205) 838-3182  
 362 bed General Hospital  
 Authorized bed capacity: 362  
 Licensee Type: Nonprofit Corporation  
 Administrator: Suzannah Campbell  
 Fac ID: H3705 License: Regular  
 Medicare: 01-0011  
 Deemed Status

**Jefferson County**

UAB Callahan Eye Hospital Authority  
 1720 University Blvd, Ste 305  
 Birmingham, AL 35233-1816 (205) 325-8596  
 81 bed Specialized Eye Hospital  
 25 bed General Hospital  
 Authorized bed capacity: 106  
 Licensee Type: Hospital Authority  
 Administrator: Jarrod Johnson  
 Fac ID: H3706 License: Regular  
 Medicare: 01-0018  
 Deemed Status

**University of Alabama Hospital**

619 South Nineteenth Street  
 Birmingham, AL 35233 (205) 934-4444  
 1207 bed General Hospital  
 Authorized bed capacity: 1207  
 Licensee Type: State of Alabama  
 Administrator: Brenda Carlisle, CEO UAB Hosp  
 Fac ID: H3717 License: Regular  
 Medicare: 01-0033  
 Deemed Status

**Lauderdale County**

North Alabama Medical Center  
 1701 Veterans Drive  
 Florence, AL 35630-4928 (256) 629-1900  
 263 bed General Hospital  
 Authorized bed capacity: 263  
 Licensee Type: Limited Liability Company  
 Administrator: Michael Howard  
 Fac ID: H3902 License: Regular  
 Medicare: 01-0006  
 Deemed Status

## Hospitals

**Lawrence County**

Lawrence Medical Center  
 202 Hospital Street  
 PO Box 39  
 Moulton, AL 35650 (256) 974-2223  
 98 bed General Hospital  
 Authorized bed capacity: 98  
 Licensee Type: Limited Liability Company  
 Administrator: Kim Roberson  
 Fac ID: H4002 License: Regular  
 Medicare: 01-0059  
 Deemed Status

-----

**Lee County**

East Alabama Medical Center  
 2000 Pepperell Parkway  
 Opelika, AL 36801 (334) 749-3411  
 314 bed General Hospital  
 Authorized bed capacity: 314  
 Licensee Type: Hospital Authority  
 Administrator: Laura Grill  
 Fac ID: H4101 License: Regular  
 Medicare: 01-0029  
 Deemed Status

-----

**Limestone County**

Athens Limestone Hospital  
 700 West Market Street  
 Athens, AL 35611 (256) 262-6468  
 71 bed General Hospital  
 Authorized bed capacity: 71  
 Licensee Type: Limited Liability Company  
 Administrator: Traci Collins  
 Fac ID: H4201 License: Regular  
 Medicare: 01-0079  
 Deemed Status

-----

**Macon County**

Central Alabama Veterans Health Care System East Campus  
 2400 Hospital Road  
 Tuskegee, AL 36083 (334) 727-0550  
 General Hospital  
 Authorized bed capacity: 0  
 Licensee Type: No Data Provided  
 Administrator: Amir Farooqi  
 Fac ID: H4401 License: Not subject to licensure  
 Medicare: 01-022F

-----

**Madison County**

Crestwood Medical Center  
 One Hospital Drive Southwest  
 Huntsville, AL 35801 (256) 429-5000  
 180 bed General Hospital  
 Authorized bed capacity: 180  
 Licensee Type: Limited Partnership  
 Administrator: Barry Moss  
 Fac ID: H4501 License: Regular  
 Medicare: 01-0131  
 Deemed Status

-----

Encompass Health Rehabilitation Hospital of North Alabama  
 1490 Highway 72 East  
 Huntsville, AL 35811-1508 (205) 968-6304  
 85 bed Specialized Rehabilitation Hospital  
 Authorized bed capacity: 85  
 Licensee Type: Limited Liability Company  
 Administrator: Brent Robert Mills  
 Fac ID: H4502 License: Regular  
 Medicare: 01-3029  
 Deemed Status

-----

Huntsville Hospital, The  
 101 Sivley Road  
 Huntsville, AL 35801 (256) 265-2853  
 881 bed General Hospital  
 Authorized bed capacity: 881  
 Licensee Type: Hospital Authority  
 Administrator: Jeff Samz  
 Fac ID: H4503 License: Regular  
 Medicare: 01-0039  
 Deemed Status

-----

## Hospitals

**Madison County**

Madison Hospital  
 8375 Highway 72 West  
 Madison, AL 35758 (256) 817-5010  
 90 bed General Hospital  
 Authorized bed capacity: 90  
 Licensee Type: Hospital Authority  
 Administrator: Jeff Samz  
 Fac ID: H4506 License: Regular  
 Medicare: N/A  
 Deemed Status

-----

North Alabama Specialty Hospital  
 107 Governors Drive SW  
 Huntsville, AL 35801 (256) 714-0032  
 47 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 47  
 Licensee Type: Limited Liability Company  
 Administrator: Nikki Robin  
 Fac ID: H4203 License: Regular  
 Medicare: N/A  
 Deemed Status

-----

Unity Psychiatric Care- Huntsville  
 5315 Millennium Drive  
 Huntsville, AL 35806 (256) 964-6704  
 20 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 20  
 Licensee Type: Limited Liability Company  
 Administrator: Nicole Nance  
 Fac ID: H4505 License: Regular  
 Medicare: 01-4018  
 Deemed Status

-----

**Marengo County**

Whitfield Regional Hospital  
 105 U.S. Highway 80, East  
 Demopolis, AL 36732 (334) 289-4000  
 99 bed General Hospital  
 Authorized bed capacity: 49  
 Licensee Type: Hospital Authority  
 Administrator: Douglas Brewer  
 Fac ID: H4601 License: Regular  
 Medicare: 01-0112

-----

**Marion County**

North Mississippi Medical Center - Hamilton  
 1256 Military Street South  
 Hamilton, AL 35570 (205) 921-6202  
 49 bed General Hospital  
 Authorized bed capacity: 49  
 Licensee Type: Nonprofit Corporation  
 Administrator: Robin Mixon  
 Fac ID: H4703 License: Regular  
 Medicare: 01-0044  
 Deemed Status

-----

Northwest Regional Health  
 1530 U. S. Hwy 43  
 Winfield, AL 35594 (205) 487-7787  
 71 bed General Hospital  
 Authorized bed capacity: 49  
 Licensee Type: City-County  
 Administrator: Cathy Mitchell  
 Fac ID: H4701 License: Regular  
 Medicare: 01-0086  
 Deemed Status

-----

**Marshall County**

Marshall Medical Centers North Campus  
 8000 Alabama Highway 69  
 Guntersville, AL 35976 (256) 894-6733  
 90 bed General Hospital  
 Authorized bed capacity: 90  
 Licensee Type: City  
 Administrator: Chris Rush  
 Fac ID: H4804 License: Regular  
 Medicare: N/A  
 Deemed Status

-----

Marshall Medical Centers South Campus  
 2505 U.S. Highway 431 South  
 P.O. Drawer 758  
 Boaz, AL 35957 (256) 894-6733  
 150 bed General Hospital  
 Authorized bed capacity: 150  
 Licensee Type: City  
 Administrator: Chris Rush  
 Fac ID: H4802 License: Regular  
 Medicare: 01-0005  
 Deemed Status

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## Hospitals

## Mobile County

BayPointe Behavioral Health  
 5800 Southland Drive  
 Mobile, AL 36693 (251) 450-5901  
 60 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 60  
 Licensee Type: Nonprofit Corporation  
 Administrator: J. Tuerk Schlesinger  
 Fac ID: H4912 License: Regular  
 Medicare: 01-4014

-----

Infirmery LTAC Hospital  
 5 Mobile Infirmery Circle  
 Mobile, AL 36607 (251) 435-5822  
 31 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 31  
 Licensee Type: Corporation  
 Administrator: Jo Ann Nix, RN MSN  
 Fac ID: H4909 License: Regular  
 Medicare: 01-2006  
 Deemed Status

-----

Mobile Infirmery Medical Center  
 5 Mobile Infirmery Circle  
 PO Box 2144  
 Mobile, AL 36607 (251) 435-2425  
 681 bed General Hospital  
 Authorized bed capacity: 681  
 Licensee Type: Nonprofit Corporation  
 Administrator: Susan Boudreau  
 Fac ID: H4904 License: Regular  
 Medicare: 01-0113  
 Deemed Status

-----

Springhill Memorial Hospital  
 3719 Dauphin Street  
 Mobile, AL 36608 (251) 460-5220  
 270 bed General Hospital  
 Authorized bed capacity: 270  
 Licensee Type: Corporation  
 Administrator: Jeffery M. St. Clair  
 Fac ID: H4906 License: Regular  
 Medicare: 01-0144  
 Deemed Status

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## Mobile County

USA Health Children's & Women's Hospital  
 1700 Center Street  
 Mobile, AL 36604-3391 (251) 405-9969  
 152 bed Specialized Pediatric Hospital  
 Specialized Obstetrical Hospital  
 Specialized Gynecological Hospital  
 Authorized bed capacity: 152  
 Licensee Type: State of Alabama  
 Administrator: Deborah Browning  
 Fac ID: H4901 License: Regular  
 Medicare: 01-3301  
 Deemed Status

-----

USA Health Providence Hospital  
 6801 Airport Boulevard  
 PO Box 850429  
 Mobile, AL 36608-3709 (251) 266-1670  
 349 bed General Hospital  
 Authorized bed capacity: 321  
 Licensee Type: Nonprofit Corporation  
 Administrator: Richard Metzger  
 Fac ID: H4905 License: Regular  
 Medicare: 01-0090  
 Deemed Status

-----

USA Health University Hospital  
 2451 University Hospital Drive  
 Mobile, AL 36617-2238 (251) 445-4717  
 406 bed General Hospital  
 Authorized bed capacity: 406  
 Licensee Type: State of Alabama  
 Administrator: Josh Snow  
 Fac ID: H4903 License: Regular  
 Medicare: 01-0087  
 Deemed Status

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Hospitals

**Monroe County**

Monroe County Hospital  
 2016 South Alabama Avenue  
 PO Box 886  
 Monroeville, AL 36460 (251) 743-7477  
 94 bed General Hospital  
 Authorized bed capacity: 94  
 Licensee Type: Hospital Authority  
 Administrator: Liz Kirby, CEO  
 Fac ID: H5001 License: Regular  
 Medicare: 01-0120

**Montgomery County**

Crossbridge Behavioral Health A Baptist South Facility  
 4385 Narrow Lane Road  
 Montgomery, AL 36116 (334) 747-4412  
 60 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 60  
 Licensee Type: Hospital Authority  
 Administrator: Peter Selman  
 Fac ID: H5111 License: Regular  
 Medicare: N/A  
 Deemed Status

**Montgomery County**

Baptist Medical Center East  
 400 Taylor Road  
 PO Box 241267  
 Montgomery, AL 36117 (334) 747-4412  
 176 bed General Hospital  
 Authorized bed capacity: 176  
 Licensee Type: Hospital Authority  
 Administrator: Jeff Rains  
 Fac ID: H5107 License: Regular  
 Medicare: 01-0149  
 Deemed Status

Encompass Health Rehabilitation Hospital of Montgomery  
 4465 Narrow Lane Road  
 Montgomery, AL 36116 (334) 284-7700  
 75 bed Specialized Rehabilitation Hospital  
 Authorized bed capacity: 75  
 Licensee Type: Corporation  
 Administrator: Erin Collier  
 Fac ID: H5101 License: Regular  
 Medicare: 01-3028  
 Deemed Status

Baptist Medical Center South  
 2105 East South Boulevard  
 PO Box 11010  
 Montgomery, AL 36111-0010 (334) 747-4412  
 432 bed General Hospital  
 Authorized bed capacity: 325  
 Licensee Type: Hospital Authority  
 Administrator: Peter Selman  
 Fac ID: H5102 License: Regular  
 Medicare: 01-0023  
 Deemed Status

Jackson Hospital & Clinic, Inc  
 1725 Pine Street  
 Montgomery, AL 36106 (334) 293-8000  
 344 bed General Hospital  
 Authorized bed capacity: 344  
 Licensee Type: Nonprofit Corporation  
 Administrator: Ron Dreskin  
 Fac ID: H5103 License: Regular  
 Medicare: 01-0024  
 Deemed Status

**Morgan County**

Decatur Morgan Hospital - Decatur Campus  
 1201 Seventh Street, Southeast  
 Decatur, AL 35601 (256) 973-3535  
 273 bed General Hospital  
 Authorized bed capacity: 230  
 Licensee Type: Limited Liability Company  
 Administrator: Kelli Powers  
 Fac ID: H5202 License: Regular  
 Medicare: 01-0085  
 Deemed Status

Central Alabama Veterans Health Care System West Campus  
 215 Perry Hill Road  
 Montgomery, AL 36109 (334) 272-4670  
 General Hospital  
 Authorized bed capacity: 0  
 Licensee Type: No Data Provided  
 Administrator: Amir Farooqi  
 Fac ID: H5110 License: Not subject to licensure  
 Medicare: 01-019F

## Hospitals

**Morgan County**

Decatur Morgan Hospital - Parkway Campus  
 1874 Beltline Road, S.W.  
 Decatur, AL 35601 (256) 973-3535  
 120 bed General Hospital  
 Authorized bed capacity: 108  
 Licensee Type: Corporation  
 Administrator: Kelli Powers  
 Fac ID: H5201 License: Regular  
 Medicare: 01-0054  
 Deemed Status

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Decatur Morgan West  
 2205 Beltline Road SW  
 PO Box 2240  
 Decatur, AL 35601 (256) 973-3535  
 64 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 64  
 Licensee Type: Limited Liability Company  
 Administrator: Kelli Powers  
 Fac ID: H5206 License: Regular  
 Medicare: 01-S085  
 Deemed Status

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**Pike County**

Troy Regional Medical Center  
 1330 Highway 231 South  
 Troy, AL 36081 (334) 670-5000  
 97 bed General Hospital  
 Authorized bed capacity: 97  
 Licensee Type: Hospital Authority  
 Administrator: Rick Smith, CEO  
 Fac ID: H5501 License: Regular  
 Medicare: 01-0126  
 Deemed Status

-----

**Randolph County**

Tanner Medical Center -East Alabama  
 1032 Main Street South  
 Wedowee, AL 36278 (256) 357-2111  
 15 bed Critical Access Hospital  
 Authorized bed capacity: 15  
 Licensee Type: Hospital Authority  
 Administrator: Heather Stitcher  
 Fac ID: H5602 License: Regular  
 Medicare: 01-1306

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**Russell County**

Jack Hughston Memorial Hospital  
 4401 River Chase Drive  
 Phenix City, AL 36867 (334) 732-3000  
 70 bed General Hospital  
 Authorized bed capacity: 70  
 Licensee Type: Limited Liability Company  
 Administrator: Mark Baker  
 Fac ID: H5703 License: Regular  
 Medicare: 01-0168  
 Deemed Status

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Rehabilitation Hospital of Phenix City  
 3715 US Highway 431 North  
 Phenix City, AL 36867-2363 (334) 732-2200  
 58 bed Specialized Rehabilitation Hospital  
 Authorized bed capacity: 58  
 Licensee Type: Limited Liability Company  
 Administrator: Lora Ann Davis  
 Fac ID: H5702 License: Regular  
 Medicare: 01-3033  
 Deemed Status

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**Shelby County**

**Baptist Health Shelby Hospital**  
 1000 First Street, North  
 Alabaster, AL 35007 (205) 820-5924  
 212 bed General Hospital  
 40 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 252  
 Licensee Type: Limited Liability Company  
 Administrator: Holly Dean  
 Fac ID: H5901 License: Regular  
 Medicare: 01-0016  
 Deemed Status

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Hospitals

Shelby County

Encompass Health Rehabilitation Hospital of Shelby County
900 Oak Mountain Commons Lane
Pelham, AL 35124 (205) 216-7600
34 bed Specialized Rehabilitation Hospital
Critical Access Hospital
Authorized bed capacity: 34
Licensee Type: Limited Liability Company
Administrator: Zachary Kirby
Fac ID: H5903 License: Regular
Medicare: 01-3031
Deemed Status

Talladega County

Baptist Health Citizens Hospital
604 Stone Avenue
PO Box 978
Talladega, AL 35161 (205) 820-5924
122 bed General Hospital
Authorized bed capacity: 103
Licensee Type: Limited Liability Company
Administrator: Frank Thomas
Fac ID: H6101 License: Regular
Medicare: 01-0101
Deemed Status

St. Clair County

St. Vincent's St.Clair
7063 Veterans Parkway
Pell City, AL 35125 (205) 338-3301
40 bed General Hospital
Authorized bed capacity: 40
Licensee Type: Limited Liability Company
Administrator: Lisa Nichols
Fac ID: H5801 License: Regular
Medicare: 01-0130
Deemed Status

Coosa Valley Medical Center
315 West Hickory Street
Sylacauga, AL 35150 (256) 401-4515
168 bed General Hospital
Authorized bed capacity: 168
Licensee Type: Hospital Authority
Administrator: Brad McCormick
Fac ID: H6102 License: Regular
Medicare: 01-0164
Deemed Status

Sumter County

Hill Hospital of Sumter County
751 Derby Drive
York, AL 36925 (205) 392-5263
33 bed General Hospital
Authorized bed capacity: 27
Licensee Type: Hospital Authority
Administrator: Loretta Wilson
Fac ID: H6002 License: Regular
Medicare: 01-0138

Tallapoosa County

Lake Martin Community Hospital
201 Mariarden Road
PO Box 629
Dadeville, AL 36853-0629 (256) 825-7821
46 bed General Hospital
Authorized bed capacity: 28
Licensee Type: Limited Liability Company
Administrator: Marsha Parkman
Fac ID: H6202 License: Regular
Medicare: 01-0052



## Hospitals

## Tallapoosa County

Russell Medical Center  
 3316 Highway 280  
 PO Box 939  
 Alexander City, AL 35010 (256) 329-7146  
 81 bed General Hospital  
 Authorized bed capacity: 73  
 Licensee Type: Nonprofit Corporation  
 Administrator: Lother E. Peace, III  
 Fac ID: H6203 License: Regular  
 Medicare: 01-0065  
 Deemed Status

## Tuscaloosa County

Bryce Hospital  
 200 University Boulevard  
 Tuscaloosa, AL 35401 (205) 759-0750  
 98 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 98  
 Licensee Type: State of Alabama  
 Administrator: Audrey McShan  
 Fac ID: H6304 License: Not subject to licensure  
 Medicare: 01-4007  
 Deemed Status

DCH Regional Medical Center  
 809 University Boulevard East  
 Tuscaloosa, AL 35401 (205) 759-7964  
 583 bed General Hospital  
 Authorized bed capacity: 583  
 Licensee Type: Hospital Authority  
 Administrator: Luke Standeffer  
 Fac ID: H6301 License: Regular  
 Medicare: 01-0092  
 Deemed Status

Mary S. Harper Geriatric Psychiatry Center  
 115 Harper Court  
 P.O. Box 21231  
 Tuscaloosa, AL 35401 (205) 759-0900  
 96 bed Specialized Psychiatric Hospital  
 Authorized bed capacity: 96  
 Licensee Type: State of Alabama  
 Administrator: Beverly White  
 Fac ID: H6307 License: Not subject to licensure  
 Medicare: 01-4012  
 Deemed Status

## Tuscaloosa County

Noland Hospital Tuscaloosa II, LLC  
 809 University Blvd East, 4th Floor  
 Tuscaloosa, AL 35401 (205) 759-7241  
 32 bed Specialized Long Term Care Hospital  
 Authorized bed capacity: 32  
 Licensee Type: Limited Liability Company  
 Administrator: Jack Gibson  
 Fac ID: H6308 License: Regular  
 Medicare: 01-2012  
 Deemed Status

Northport Medical Center  
 2700 Hospital Drive  
 Northport, AL 35476 (205) 759-7357  
 204 bed General Hospital  
 Authorized bed capacity: 204  
 Licensee Type: Hospital Authority  
 Administrator: Luke Standeffer  
 Fac ID: H6303 License: Regular  
 Medicare: 01-0092  
 Deemed Status

Tuscaloosa VA Medical Center  
 3701 Loop Road East  
 Tuscaloosa, AL 35404 (205) 554-2000  
 General Hospital  
 Authorized bed capacity: 0  
 Licensee Type: No Data Provided  
 Administrator: John Merkle  
 Fac ID: H6309 License: Not subject to licensure  
 Medicare: 01-021F

## Walker County

**Baptist Health Walker Hospital**  
 3400 Highway 78 East  
 PO Box 3547  
 Jasper, AL 35502-3547 (205) 820-5924  
 267 bed General Hospital  
 Authorized bed capacity: 267  
 Licensee Type: Limited Liability Company  
 Administrator: Sean Johnson  
 Fac ID: H6403 License: Regular  
 Medicare: 01-0089  
 Deemed Status

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## Hospitals

### Washington County

Washington County Hospital  
14600 St. Stephens Avenue  
PO Box 1299  
Chatom, AL 36518-1299 (251) 847-2223  
25 bed Critical Access Hospital  
Authorized bed capacity: 20  
Licensee Type: County  
Administrator: Teresa Grimes  
Fac ID: H6501 License: Regular  
Medicare: 01-1300

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### Wilcox County

J. Paul Jones Hospital  
317 McWilliams Avenue  
Camden, AL 36726 (334) 682-4131  
30 bed General Hospital  
Authorized bed capacity: 30  
Licensee Type: City-County  
Administrator: Jessica McGraw  
Fac ID: H6601 License: Regular  
Medicare: 01-0102

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### Winston County

Lakeland Community Hospital, Inc.  
42024 Highway 195  
PO Box 780  
Haleyville, AL 35565-7054 (205) 485-7192  
49 bed General Hospital  
Authorized bed capacity: 49  
Licensee Type: Nonprofit Corporation  
Administrator: Jennifer Young  
Fac ID: H6701 License: Regular  
Medicare: 01-0125  
Deemed Status

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## **Exhibit 7**

### **2024 Alabama Population Projections by County**

## Alabama County Population Projections 2024

	Total Population	Aged 65 and Over	White	Black and Other
<b>Alabama</b>	<b>5,011,843</b>	<b>945,104</b>	<b>3,479,788</b>	<b>1,532,055</b>
Autauga	58,107	9,610	45,536	12,571
Baldwin	239,380	54,981	211,584	27,796
Barbour	24,692	4,960	12,121	12,571
Bibb	22,210	3,970	17,376	4,834
Blount	58,998	11,689	57,013	1,985
Bullock	10,148	2,006	2,487	7,661
Butler	19,322	4,360	9,811	9,511
Calhoun	113,393	21,291	84,264	29,129
Chambers	33,750	7,625	19,495	14,255
Cherokee	25,789	6,553	24,425	1,364
Chilton	44,695	7,837	39,507	5,188
Choctaw	11,921	3,009	6,749	5,172
Clarke	23,043	5,298	12,380	10,663
Clay	12,989	2,928	10,990	1,999
Cleburne	15,170	3,258	14,515	655
Coffee	53,391	9,219	42,218	11,173
Colbert	54,077	12,147	44,167	9,910
Conecuh	11,746	3,143	5,582	6,164
Coosa	9,810	2,800	6,855	2,955
Covington	37,980	8,884	32,234	5,746
Crenshaw	14,068	2,893	10,370	3,698
Cullman	83,694	17,492	80,814	2,880
Dale	48,516	8,948	37,863	10,653
Dallas	37,504	7,470	8,592	28,912
DeKalb	72,240	14,044	67,515	4,725
Elmore	86,104	15,703	66,561	19,543
Escambia	36,919	7,216	22,638	14,281
Etowah	101,421	21,033	82,198	19,223
Fayette	15,800	3,740	13,815	1,985
Franklin	31,617	5,505	29,137	2,480
Geneva	27,066	6,168	24,174	2,892
Greene	7,676	2,071	1,270	6,406
Hale	14,138	3,381	5,734	8,404
Henry	17,413	4,523	12,828	4,585
Houston	109,908	21,480	76,120	33,788
Jackson	51,192	11,848	47,820	3,372
Jefferson	663,662	116,890	341,995	321,667
Lamar	12,936	3,350	11,376	1,560
Lauderdale	92,881	21,143	80,890	11,991
Lawrence	31,669	6,686	25,952	5,717
Lee	178,377	24,998	127,248	51,129
Limestone	106,318	18,879	88,321	17,997
Lowndes	9,168	2,091	2,209	6,959

## Alabama County Population Projections 2024

	Total Population	Aged 65 and Over	White	Black and Other
Macon	17,210	3,603	3,038	14,172
Madison	388,299	65,686	264,950	123,349
Marengo	18,749	4,259	8,681	10,068
Marion	29,084	6,960	27,553	1,531
Marshall	97,669	17,781	90,796	6,873
Mobile	419,023	76,695	245,014	174,009
Monroe	19,948	4,659	10,573	9,375
Montgomery	227,309	37,381	77,409	149,900
Morgan	120,340	23,301	100,245	20,095
Perry	8,447	1,869	2,383	6,064
Pickens	20,577	4,467	11,698	8,879
Pike	33,524	5,648	19,614	13,910
Randolph	22,392	5,279	18,028	4,364
Russell	63,610	9,879	34,218	29,392
St. Clair	93,703	17,073	83,633	10,070
Shelby	236,721	41,337	195,980	40,741
Sumter	12,234	2,849	2,843	9,391
Talladega	79,323	15,627	51,768	27,555
Tallapoosa	39,793	9,377	27,591	12,202
Tuscaloosa	219,914	32,468	145,038	74,876
Walker	64,168	14,205	58,494	5,674
Washington	15,914	3,513	10,674	5,240
Wilcox	9,982	2,349	2,510	7,472
Winston	23,012	5,719	22,308	704

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2018 population estimates. Data on births and deaths for 2000 to 2010 as well as more recent data from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county.

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, June 2019.

## **Exhibit 8**

### **2026 Alabama Population Projections by County**

**Alabama County Populaton Projections 2026**

	Total Population	Aged 65 and Over	White	Black and Other
<b>Alabama</b>	<b>5,192,709</b>	<b>908,553</b>	<b>3,380,453</b>	<b>1,812,255</b>
Autauga	63,281	10,042	47,543	15,738
Baldwin	258,388	54,402	218,467	39,921
Barbour	24,126	4,899	10,980	13,146
Bibb	22,707	3,844	17,244	5,463
Blount	61,503	11,522	56,860	4,644
Bullock	9,953	1,763	2,464	7,489
Butler	18,393	3,928	9,487	8,906
Calhoun	117,788	21,571	85,774	32,015
Chambers	34,229	7,023	19,483	14,746
Cherokee	25,260	6,081	23,108	2,152
Chilton	46,557	8,047	37,762	8,795
Choctaw	11,701	2,831	6,637	5,064
Clarke	21,692	4,552	11,271	10,421
Clay	14,228	3,024	11,686	2,543
Cleburne	15,324	3,079	14,270	1,054
Coffee	56,345	9,755	41,572	14,774
Colbert	57,926	11,814	45,286	12,639
Conecuh	10,859	2,621	5,440	5,419
Coosa	9,852	2,440	6,520	3,332
Covington	37,512	8,165	31,529	5,983
Crenshaw	13,040	2,584	9,209	3,831
Cullman	90,979	17,134	84,429	6,551
Dale	49,322	8,725	34,900	14,422
Dallas	36,212	7,079	9,748	26,464
DeKalb	73,637	13,031	61,612	12,025
Elmore	94,417	15,095	70,492	23,925
Escambia	36,258	6,749	22,324	13,934
Etowah	103,421	20,126	81,010	22,411
Fayette	15,670	3,451	13,188	2,482
Franklin	32,381	5,552	25,280	7,101
Geneva	26,957	5,656	22,709	4,248
Greene	7,075	1,742	1,245	5,831
Hale	14,082	2,850	5,399	8,683
Henry	17,388	4,064	12,175	5,213
Houston	112,683	20,723	75,960	36,723
Jackson	52,128	10,947	47,113	5,015
Jefferson	678,494	112,371	345,150	333,344
Lamar	13,425	3,017	11,660	1,765
Lauderdale	95,212	19,693	80,949	14,263
Lawrence	32,571	6,258	25,119	7,452
Lee	191,361	24,133	132,594	58,767
Limestone	114,546	17,561	88,705	25,842
Lowndes	9,393	1,925	2,332	7,061
Macon	18,180	3,898	3,025	15,155

Madison	420,958	64,258	280,737	140,221
Marengo	18,348	3,794	8,323	10,025
Marion	28,793	6,196	26,377	2,416
Marshall	102,219	17,500	90,780	11,438
Mobile	419,595	71,031	240,889	178,705
Monroe	18,440	4,024	9,976	8,464
Montgomery	230,114	36,576	78,078	152,037
Morgan	127,060	22,962	98,586	28,474
Perry	7,535	1,599	2,224	5,311
Pickens	18,566	3,673	10,611	7,956
Pike	33,948	5,306	19,401	14,547
Randolph	21,843	4,624	16,845	4,998
Russell	61,980	9,211	29,248	32,732
St. Clair	98,839	42,073	85,209	13,630
Shelby	246,306	15,863	193,868	52,439
Sumter	11,611	2,311	2,979	8,632
Talladega	82,594	15,497	52,051	30,543
Tallapoosa	41,165	9,342	28,511	12,654
Tuscaloosa	245,002	33,870	153,126	91,876
Walker	63,777	12,782	56,526	7,251
Washington	14,584	2,999	9,604	4,981
Wilcox	9,838	2,081	2,675	7,163
Winston	23,134	5,212	21,762	1,372

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, August 2023



## **Exhibit 9**

### **SHPDA Psychiatric Beds and Occupancy Rates By Category for North Central Region, *FY2023***




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

May 5, 2021

**Notice**

**TO:** Recipients of Unpublished/Unverified raw reports

**FROM:** Bradford L. Williams, Health Planning Administrator 

**SUBJECT:** Regarding purchase of raw annual reports

These copies are being provided as per your request for this information. These reports have not been verified for accuracy or completeness in reporting. This data may change after all reports of this type have been received and verified by SHPDA staff. Due to the preliminary nature of this data, it is the recipients' responsibility to verify their findings against the final published data. SHPDA assumes no responsibility for the use of this data.

BLW



# ALABAMA HOSPITALS

Psychiatric Units/Psychiatric Hospitals

For The Twelve Month Period Ending September 30, 2023

Report Number: H-5Util

Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>AUTAUGA County:</b>								
001-6530780	PRATTVILLE BAPTIST HOSPITAL	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	22	20	366	359	5,556	76.11
		<b>Total</b>	<b>22</b>	<b>20</b>	<b>366</b>	<b>359</b>	<b>5,556</b>	<b>76.11</b>
<b>AUTAUGA County Totals:</b>								
		Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	22	20	366	359	5,556	76.11
		<b>Total</b>	<b>22</b>	<b>20</b>	<b>366</b>	<b>359</b>	<b>5,556</b>	<b>76.11</b>

UNOFFICIAL DATA

**The occupancy rate on this report is calculated based on the total number of staffed beds in order to reflect the most recent changes to the inpatient psychiatric methodology utilized in Section 410-2-4-.10, Psychiatric Care, of the 2014-2017 Alabama State Health Plan.**

This data is unofficial. The annual reports from which this report is derived have not yet completed SHPDA's validation and correction process. See the disclaimer included as part of your order for details.

Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>BALDWIN County:</b>							
003-6530116	NORTH BALDWIN INFIRMARY	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	23	23	360	5,543	66.03
		<b>Total</b>	<b>23</b>	<b>23</b>	<b>360</b>	<b>5,543</b>	<b>66.03</b>
003-6534913	EASTPOINTE HOSPITAL	Child	0	0	0	0	0.00
		Adult	82	82	488	17,046	56.95
		Geriatric	0	0	58	1,904	0.00
		<b>Total</b>	<b>82</b>	<b>82</b>	<b>546</b>	<b>18,950</b>	<b>63.31</b>
<b>BALDWIN County Totals:</b>		Child	0	0	0	0	0.00
		Adult	82	82	488	17,046	56.95
		Geriatric	23	23	418	7,447	88.71
		<b>Total</b>	<b>105</b>	<b>105</b>	<b>906</b>	<b>24,493</b>	<b>63.91</b>
<b>BARBOUR County:</b>							
005-6530400	MEDICAL CENTER BARBOUR	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	18	18	23	272	4.14
		<b>Total</b>	<b>18</b>	<b>18</b>	<b>23</b>	<b>272</b>	<b>4.14</b>
<b>BARBOUR County Totals:</b>		Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	18	18	23	272	4.14
		<b>Total</b>	<b>18</b>	<b>18</b>	<b>23</b>	<b>272</b>	<b>4.14</b>

The occupancy rate on this report is calculated based on the total number of staffed beds in order to reflect the most recent changes to the inpatient psychiatric methodology utilized in Section 410-2-4-.10, Psychiatric Care, of the 2014-2017 Alabama State Health Plan.

Facility ID	Facility Name		Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>BULLOCK County:</b>								
011-6531013	PROFESSIONAL RESOURCES MANAGEM	Child	0	0	0	0	0	0.00
		Adult	21	21	677	667	8,457	110.33
		Geriatric	10	10	79	76	983	26.93
		<b>Total</b>	<b>31</b>	<b>31</b>	<b>756</b>	<b>743</b>	<b>9,440</b>	<b>83.43</b>
<b>BULLOCK County Totals:</b>								
		Child	0	0	0	0	0	0.00
		Adult	21	21	677	667	8,457	110.33
		Geriatric	10	10	79	76	983	26.93
		<b>Total</b>	<b>31</b>	<b>31</b>	<b>756</b>	<b>743</b>	<b>9,440</b>	<b>83.43</b>
<b>BUTLER County:</b>								
013-6530500	REGIONAL MEDICAL CENTER OF CENTR	Child	0	0	0	0	0	0.00
		Adult	0	0	0	0	0	0.00
		Geriatric	13	13	121	121	2,035	42.89
		<b>Total</b>	<b>13</b>	<b>13</b>	<b>121</b>	<b>121</b>	<b>2,035</b>	<b>42.89</b>
<b>BUTLER County Totals:</b>								
		Child	0	0	0	0	0	0.00
		Adult	0	0	0	0	0	0.00
		Geriatric	13	13	121	121	2,035	42.89
		<b>Total</b>	<b>13</b>	<b>13</b>	<b>121</b>	<b>121</b>	<b>2,035</b>	<b>42.89</b>

Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>CALHOUN County:</b>								
015-6530070	NORTHEAST ALABAMA REGIONAL MED	Child	0	0	0	0	0.00	
		Adult	35	35	609	599	6,778	53.06
		Geriatric	0	0	0	0	0.00	
		<b>Total</b>	<b>35</b>	<b>35</b>	<b>609</b>	<b>599</b>	<b>6,778</b>	<b>53.06</b>
<b>CALHOUN County Totals:</b>								
		Child	0	0	0	0	0.00	
		Adult	35	35	609	599	6,778	53.06
		Geriatric	0	0	0	0	0.00	
		<b>Total</b>	<b>35</b>	<b>35</b>	<b>609</b>	<b>599</b>	<b>6,778</b>	<b>53.06</b>
<b>CHAMBERS County:</b>								
017-6530580	EAMC - LANIER	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	20	12	171	164	2,128	48.58
		<b>Total</b>	<b>20</b>	<b>12</b>	<b>171</b>	<b>164</b>	<b>2,128</b>	<b>48.58</b>
<b>CHAMBERS County Totals:</b>								
		Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	20	12	171	164	2,128	48.58
		<b>Total</b>	<b>20</b>	<b>12</b>	<b>171</b>	<b>164</b>	<b>2,128</b>	<b>48.58</b>

The occupancy rate on this report is calculated based on the total number of staffed beds in order to reflect the most recent changes to the inpatient psychiatric methodology utilized in Section 410-2-4-.10, Psychiatric Care, of the 2014-2017 Alabama State Health Plan.

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>COLBERT County:</b>								
033-653090A	NORTH ALABAMA SHOALS HOSPITAL	Child	0	0	0	0	0.00	
		Adult	20	20	790	795	6,134	84.03
		Geriatric	30	30	375	367	4,816	43.98
		<b>Total</b>	<b>50</b>	<b>50</b>	<b>1,165</b>	<b>1,162</b>	<b>10,950</b>	<b>60.00</b>
<b>COLBERT County Totals:</b>								
		Child	0	0	0	0	0.00	
		Adult	20	20	790	795	6,134	84.03
		Geriatric	30	30	375	367	4,816	43.98
		<b>Total</b>	<b>50</b>	<b>50</b>	<b>1,165</b>	<b>1,162</b>	<b>10,950</b>	<b>60.00</b>
<b>COVINGTON County:</b>								
039-6530765	MIZELL MEMORIAL HOSPITAL	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0	0.00
		Geriatric	14	14	191	187	2,211	43.27
		<b>Total</b>	<b>14</b>	<b>14</b>	<b>191</b>	<b>187</b>	<b>2,211</b>	<b>43.27</b>
<b>COVINGTON County Totals:</b>								
		Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	14	14	191	187	2,211	43.27
		<b>Total</b>	<b>14</b>	<b>14</b>	<b>191</b>	<b>187</b>	<b>2,211</b>	<b>43.27</b>

The occupancy rate on this report is calculated based on the total number of staffed beds in order to reflect the most recent changes to the inpatient psychiatric methodology utilized in Section 410-2-4-.10, Psychiatric Care, of the 2014-2017 Alabama State Health Plan.

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>CRENSHAW County:</b>								
041-6530585	CRENSHAW COMMUNITY HOSPITAL	Child	0	0	0	0	0.00	
		Adult	15	15	518	525	5,187	94.74
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>15</b>	<b>15</b>	<b>518</b>	<b>525</b>	<b>5,187</b>	<b>94.74</b>
041-6532102	BEACON CHILDRENS HOSPITAL	Child	28	28	574	555	8,543	83.59
		Adult	0	0	0	0	0	0.00
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>28</b>	<b>28</b>	<b>574</b>	<b>555</b>	<b>8,543</b>	<b>83.59</b>
<b>CRENSHAW County Totals:</b>		Child	28	28	574	555	8,543	83.59
		Adult	15	15	518	525	5,187	94.74
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>43</b>	<b>43</b>	<b>1,092</b>	<b>1,080</b>	<b>13,730</b>	<b>87.48</b>
<b>CULLMAN County:</b>								
043-6532203	SANCTUARY AT THE WOODLANDS, THE	Child	0	0	0	0	0	0.00
		Adult	20	20	22	21	242	3.32
		Geriatric	20	20	167	166	3,081	42.21
		<b>Total</b>	<b>40</b>	<b>40</b>	<b>189</b>	<b>187</b>	<b>3,323</b>	<b>22.76</b>
<b>CULLMAN County Totals:</b>		Child	0	0	0	0	0	0.00
		Adult	20	20	22	21	242	3.32
		Geriatric	20	20	167	166	3,081	42.21
		<b>Total</b>	<b>40</b>	<b>40</b>	<b>189</b>	<b>187</b>	<b>3,323</b>	<b>22.76</b>

The occupancy rate on this report is calculated based on the total number of staffed beds in order to reflect the most recent changes to the inpatient psychiatric methodology utilized in Section 410-2-4-.10, Psychiatric Care, of the 2014-2017 Alabama State Health Plan.

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>DALE County:</b>							
045-6530769	DALE MEDICAL CENTER	Child	0	0	0	0	0.00
		Adult	13	13	307	2,920	61.54
		Geriatric	12	12	114	1,422	32.47
		<b>Total</b>	<b>25</b>	<b>25</b>	<b>421</b>	<b>4,342</b>	<b>47.58</b>
<b>DALE County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	13	13	307	2,920	61.54
		Geriatric	12	12	114	1,422	32.47
		<b>Total</b>	<b>25</b>	<b>25</b>	<b>421</b>	<b>4,342</b>	<b>47.58</b>
<b>DEKALB County:</b>							
049-6530455	DEKALB REGIONAL MEDICAL CENTER	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	19	18	234	3,931	59.83
		<b>Total</b>	<b>19</b>	<b>18</b>	<b>234</b>	<b>3,931</b>	<b>59.83</b>
<b>DEKALB County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	19	18	234	3,931	59.83
		<b>Total</b>	<b>19</b>	<b>18</b>	<b>234</b>	<b>3,931</b>	<b>59.83</b>

Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>ELMORE County:</b>							
051-0530015	COMMUNITY HOSPITAL, INC.	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	10	10	107	1,193	32.68
		<b>Total</b>	<b>10</b>	<b>10</b>	<b>107</b>	<b>1,193</b>	<b>32.68</b>
<b>ELMORE County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	10	10	107	1,193	32.68
		<b>Total</b>	<b>10</b>	<b>10</b>	<b>107</b>	<b>1,193</b>	<b>32.68</b>

UNOFFICIAL DATA

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>ETOWAH County:</b>								
<b>055-6530460</b>	<b>GADSDEN REGIONAL MEDICAL CENTER</b>	Child	0	0	0	0	0.00	
		Adult	34	34	1,445	1,448	11,187	90.15
		Geriatric	15	15	305	301	4,813	87.91
		<b>Total</b>	<b>49</b>	<b>49</b>	<b>1,750</b>	<b>1,749</b>	<b>16,000</b>	<b>89.46</b>
<b>055-6530465</b>	<b>MOUNTAIN VIEW HOSPITAL</b>	Child	48	48	336	331	5,602	31.97
		Adult	20	20	0	0	0	0.00
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>68</b>	<b>68</b>	<b>336</b>	<b>331</b>	<b>5,602</b>	<b>22.57</b>
<b>055-6530470</b>	<b>RIVERVIEW REGIONAL MEDICAL CENTE</b>	Child	0	0	0	0	0	0.00
		Adult	0	0	0	0	0	0.00
		Geriatric	25	18	34	35	480	7.31
		<b>Total</b>	<b>25</b>	<b>18</b>	<b>34</b>	<b>35</b>	<b>480</b>	<b>7.31</b>
<b>ETOWAH County Totals:</b>		Child	48	48	336	331	5,602	31.97
		Adult	54	54	1,445	1,448	11,187	56.76
		Geriatric	40	33	339	336	5,293	43.94
		<b>Total</b>	<b>142</b>	<b>135</b>	<b>2,120</b>	<b>2,115</b>	<b>22,082</b>	<b>44.81</b>

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>GENEVA County:</b>								
061-6530475	WIREGRASS MEDICAL CENTER	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	16	16	211	208	2,354	40.31
		<b>Total</b>	<b>16</b>	<b>16</b>	<b>211</b>	<b>208</b>	<b>2,354</b>	<b>40.31</b>
<b>GENEVA County Totals:</b>								
	Child	0	0	0	0	0	0.00	
	Adult	0	0	0	0	0	0.00	
	Geriatric	16	16	211	208	2,354	40.31	
	<b>Total</b>	<b>16</b>	<b>16</b>	<b>211</b>	<b>208</b>	<b>2,354</b>	<b>40.31</b>	
<b>HOUSTON County:</b>								
069-0530030	LAUREL OAKS BEHAVIORAL HEALTH C	Child	46	46	663	663	9,233	54.99
		Adult	0	0	0	0	0	0.00
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>46</b>	<b>46</b>	<b>663</b>	<b>663</b>	<b>9,233</b>	<b>54.99</b>
069-6530373	SOUTHEAST HEALTH MEDICAL CENTER	Child	0	0	0	0	0	0.00
		Adult	69	28	1,582	1,717	7,435	72.75
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>69</b>	<b>28</b>	<b>1,582</b>	<b>1,717</b>	<b>7,435</b>	<b>72.75</b>
<b>HOUSTON County Totals:</b>								
	Child	46	46	663	663	9,233	54.99	
	Adult	69	28	1,582	1,717	7,435	72.75	
	Geriatric	0	0	0	0	0	0.00	
	<b>Total</b>	<b>115</b>	<b>74</b>	<b>2,245</b>	<b>2,380</b>	<b>16,668</b>	<b>61.71</b>	

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>JEFFERSON County:</b>							
<b>073-6530142</b>	<b>MEDICAL WEST HOSPITAL AUTHORITY</b>	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	25	25	265	4,359	47.77
		<b>Total</b>	<b>25</b>	<b>25</b>	<b>265</b>	<b>4,359</b>	<b>47.77</b>
<b>073-6530160</b>	<b>PRINCETON BAPTIST MEDICAL CENTER</b>	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	31	30	259	4,067	37.14
		<b>Total</b>	<b>31</b>	<b>30</b>	<b>259</b>	<b>4,067</b>	<b>37.14</b>
<b>073-6530161</b>	<b>GRANDVIEW MEDICAL CENTER</b>	Child	11	11	671	4,862	121.10
		Adult	40	40	1,833	9,661	66.17
		Geriatric	13	13	306	3,585	75.55
		<b>Total</b>	<b>64</b>	<b>64</b>	<b>2,810</b>	<b>18,108</b>	<b>77.52</b>
<b>073-6530175</b>	<b>BROOKWOOD BAPTIST MEDICAL CENTE</b>	Child	0	0	0	0	0.00
		Adult	100	67	1,317	14,850	60.72
		Geriatric	40	24	379	7,460	85.16
		<b>Total</b>	<b>140</b>	<b>91</b>	<b>1,696</b>	<b>22,310</b>	<b>67.17</b>
<b>073-6530180</b>	<b>ASCENSION ST. VINCENT'S EAST</b>	Child	0	0	0	0	0.00
		Adult	60	57	2,253	13,769	66.18
		Geriatric	20	20	324	6,727	92.15
		<b>Total</b>	<b>80</b>	<b>77</b>	<b>2,577</b>	<b>20,496</b>	<b>72.93</b>

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Facility ID	Facility Name		Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
073-6530200	HILLCREST BEHAVIORAL HEALTH SERV	Child	44	32	348	345	6,423	54.99
		Adult	50	50	233	238	19,137	104.86
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>94</b>	<b>82</b>	<b>581</b>	<b>583</b>	<b>25,560</b>	<b>85.40</b>
073-6530304	UNIVERSITY OF ALABAMA HOSPITAL	Child	18	18	603	601	3,907	59.47
		Adult	81	81	1,689	1,683	23,846	80.66
		Geriatric	9	9	145	142	3,196	97.29
		<b>Total</b>	<b>108</b>	<b>108</b>	<b>2,437</b>	<b>2,426</b>	<b>30,949</b>	<b>78.51</b>
<b>JEFFERSON County Totals:</b>		Child	73	61	1,622	1,618	15,192	68.23
		Adult	331	295	7,325	7,322	81,263	75.47
		Geriatric	138	121	1,678	1,697	29,394	66.55
		<b>Total</b>	<b>542</b>	<b>477</b>	<b>10,625</b>	<b>10,637</b>	<b>125,849</b>	<b>72.28</b>
<b>LEE County:</b>								
081-6530760	EAST ALABAMA MEDICAL CENTER	Child	14	14	182	188	3,615	70.74
		Adult	14	14	538	538	4,650	91.00
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>28</b>	<b>28</b>	<b>720</b>	<b>726</b>	<b>8,265</b>	<b>80.87</b>
<b>LEE County Totals:</b>		Child	14	14	182	188	3,615	70.74
		Adult	14	14	538	538	4,650	91.00
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>28</b>	<b>28</b>	<b>720</b>	<b>726</b>	<b>8,265</b>	<b>80.87</b>

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>MADISON County:</b>								
089-6530510	HUNTSVILLE HOSPITAL, THE	Child	0	0	0	0	0.00	
		Adult	23	23	1,402	1,427	8,795	104.76
		Geriatric	12	12	173	170	1,955	44.63
		<b>Total</b>	<b>35</b>	<b>35</b>	<b>1,575</b>	<b>1,597</b>	<b>10,750</b>	<b>84.15</b>
089-6534505	UNITY PSYCHIATRIC CARE - HUNTSVILL	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0	0.00
		Geriatric	20	20	399	393	5,543	75.93
		<b>Total</b>	<b>20</b>	<b>20</b>	<b>399</b>	<b>393</b>	<b>5,543</b>	<b>75.93</b>
<b>MADISON County Totals:</b>		Child	0	0	0	0	0.00	
		Adult	23	23	1,402	1,427	8,795	104.76
		Geriatric	32	32	572	563	7,498	64.20
		<b>Total</b>	<b>55</b>	<b>55</b>	<b>1,974</b>	<b>1,990</b>	<b>16,293</b>	<b>81.16</b>
<b>MARENGO County:</b>								
091-6530345	WHITFIELD REGIONAL HOSPITAL	Child	0	0	0	0	0.00	
		Adult	10	10	336	342	2,684	73.53
		Geriatric	10	10	208	205	2,955	80.96
		<b>Total</b>	<b>20</b>	<b>20</b>	<b>544</b>	<b>547</b>	<b>5,639</b>	<b>77.25</b>
<b>MARENGO County Totals:</b>		Child	0	0	0	0	0.00	
		Adult	10	10	336	342	2,684	73.53
		Geriatric	10	10	208	205	2,955	80.96
		<b>Total</b>	<b>20</b>	<b>20</b>	<b>544</b>	<b>547</b>	<b>5,639</b>	<b>77.25</b>

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>MARION County:</b>							
093-6531027	NORTHWEST MEDICAL CENTER	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	10	10	163	2,183	59.81
		<b>Total</b>	<b>10</b>	<b>10</b>	<b>163</b>	<b>2,183</b>	<b>59.81</b>
<b>MARION County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	10	10	163	2,183	59.81
		<b>Total</b>	<b>10</b>	<b>10</b>	<b>163</b>	<b>2,183</b>	<b>59.81</b>
<b>MARSHALL County:</b>							
095-6530511	MARSHALL MEDICAL CENTER NORTH	Child	0	0	0	0	0.00
		Adult	10	8	269	2,826	96.78
		Geriatric	0	0	0	0	0.00
		<b>Total</b>	<b>10</b>	<b>8</b>	<b>269</b>	<b>2,826</b>	<b>96.78</b>
<b>MARSHALL County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	10	8	269	2,826	96.78
		Geriatric	0	0	0	0	0.00
		<b>Total</b>	<b>10</b>	<b>8</b>	<b>269</b>	<b>2,826</b>	<b>96.78</b>

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>MOBILE County:</b>								
097-6530620	MOBILE INFIRMARY MEDICAL CENTER	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	26	23	430	430	6,531	77.80
		<b>Total</b>	<b>26</b>	<b>23</b>	<b>430</b>	<b>430</b>	<b>6,531</b>	<b>77.80</b>
097-6530660	BAYPOINTE BEHAVIORAL HEALTH	Child	76	60	1,396	1,394	14,361	65.58
		Adult	18	0	12	11	552	0.00
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>94</b>	<b>60</b>	<b>1,408</b>	<b>1,405</b>	<b>14,913</b>	<b>68.10</b>
<b>MOBILE County Totals:</b>		Child	76	60	1,396	1,394	14,361	65.58
		Adult	18	0	12	11	552	0.00
		Geriatric	26	23	430	430	6,531	77.80
		<b>Total</b>	<b>120</b>	<b>83</b>	<b>1,838</b>	<b>1,835</b>	<b>21,444</b>	<b>70.78</b>

UNOFFICIAL DATA

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy	
<b>MONTGOMERY County:</b>								
101-6530705	BAPTIST MEDICAL CENTER SOUTH	Child	0	0	0	0	0.00	
		Adult	0	0	0	0	0.00	
		Geriatric	10	0	0	0	0.00	
		<b>Total</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#Num!</b>
101-6535111	CROSSBRIDGE BEHAVIORAL HEALTH	Child	18	18	429	427	3,458	52.63
		Adult	42	42	1,420	1,409	8,968	58.50
		Geriatric	0	0	0	0	0	0.00
		<b>Total</b>	<b>60</b>	<b>60</b>	<b>1,849</b>	<b>1,836</b>	<b>12,426</b>	<b>56.74</b>
<b>MONTGOMERY County Totals:</b>		Child	18	18	429	427	3,458	52.63
		Adult	42	42	1,420	1,409	8,968	58.50
		Geriatric	10	0	0	0	0	0.00
		<b>Total</b>	<b>70</b>	<b>60</b>	<b>1,849</b>	<b>1,836</b>	<b>12,426</b>	<b>56.74</b>
<b>MORGAN County:</b>								
103-6530335	DECATUR MORGAN WEST	Child	38	46	1,245	1,241	11,488	68.42
		Adult	10	10	285	287	3,053	83.64
		Geriatric	16	0	0	0	0	0.00
		<b>Total</b>	<b>64</b>	<b>56</b>	<b>1,530</b>	<b>1,528</b>	<b>14,541</b>	<b>71.14</b>
<b>MORGAN County Totals:</b>		Child	38	46	1,245	1,241	11,488	68.42
		Adult	10	10	285	287	3,053	83.64
		Geriatric	16	0	0	0	0	0.00
		<b>Total</b>	<b>64</b>	<b>56</b>	<b>1,530</b>	<b>1,528</b>	<b>14,541</b>	<b>71.14</b>

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<b>PIKE County:</b>							
109-653095A	THE TROY HOSPITAL HEALTH CARE AU	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	18	15	242	4,146	75.73
		<b>Total</b>	<b>18</b>	<b>15</b>	<b>242</b>	<b>4,146</b>	<b>75.73</b>
<b>PIKE County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	18	15	242	4,146	75.73
		<b>Total</b>	<b>18</b>	<b>15</b>	<b>242</b>	<b>4,146</b>	<b>75.73</b>
<b>SHELBY County:</b>							
117-6530010	SHELBY BAPTIST MEDICAL CENTER	Child	0	0	0	0	0.00
		Adult	20	20	431	4,102	56.19
		Geriatric	20	20	177	3,314	45.40
		<b>Total</b>	<b>40</b>	<b>40</b>	<b>608</b>	<b>7,416</b>	<b>50.79</b>
<b>SHELBY County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	20	20	431	4,102	56.19
		Geriatric	20	20	177	3,314	45.40
		<b>Total</b>	<b>40</b>	<b>40</b>	<b>608</b>	<b>7,416</b>	<b>50.79</b>

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>TALLADEGA County:</b>							
<b>121-6530900</b>	<b>COOSA VALLEY MEDICAL CENTER</b>	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	20	20	311	5,921	81.11
		<b>Total</b>	<b>20</b>	<b>20</b>	<b>311</b>	<b>5,921</b>	<b>81.11</b>
<b>121-6530910</b>	<b>CITIZENS BAPTIST MEDICAL CENTER</b>	Child	0	0	0	0	0.00
		Adult	14	14	116	2,893	56.61
		Geriatric	14	0	0	0	0.00
		<b>Total</b>	<b>28</b>	<b>14</b>	<b>116</b>	<b>2,893</b>	<b>56.61</b>
<b>TALLADEGA County Totals:</b>		Child	0	0	0	0	0.00
		Adult	14	14	116	2,893	56.61
		Geriatric	34	20	311	5,921	81.11
		<b>Total</b>	<b>48</b>	<b>34</b>	<b>427</b>	<b>8,814</b>	<b>71.02</b>
<b>TUSCALOOSA County:</b>							
<b>125-0530026</b>	<b>NORTHPORT MEDICAL CENTER</b>	Child	0	0	0	0	0.00
		Adult	26	26	899	12,054	127.02
		Geriatric	28	28	204	5,130	50.20
		<b>Total</b>	<b>54</b>	<b>54</b>	<b>1,103</b>	<b>17,184</b>	<b>87.18</b>
<b>TUSCALOOSA County Totals:</b>		Child	0	0	0	0	0.00
		Adult	26	26	899	12,054	127.02
		Geriatric	28	28	204	5,130	50.20
		<b>Total</b>	<b>54</b>	<b>54</b>	<b>1,103</b>	<b>17,184</b>	<b>87.18</b>

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Facility ID	Facility Name	Beds By Service	Beds Staffed	Admissions	Discharges	Patient Days	% Occupancy
<b>WALKER County:</b>							
<b>127-0530031</b>	<b>WALKER BAPTIST MEDICAL CENTER</b>	Child	0	0	0	0	0.00
		Adult	24	24	882	5,642	64.41
		Geriatric	28	28	183	3,564	34.87
		<b>Total</b>	<b>52</b>	<b>52</b>	<b>1,065</b>	<b>9,206</b>	<b>48.50</b>
<b>WALKER County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	24	24	882	5,642	64.41
		Geriatric	28	28	183	3,564	34.87
		<b>Total</b>	<b>52</b>	<b>52</b>	<b>1,065</b>	<b>9,206</b>	<b>48.50</b>
<b>WINSTON County:</b>							
<b>133-6534001</b>	<b>LAKELAND COMMUNITY HOSPITAL</b>	Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	9	9	127	2,106	64.11
		<b>Total</b>	<b>9</b>	<b>9</b>	<b>127</b>	<b>2,106</b>	<b>64.11</b>
<b>WINSTON County Totals:</b>							
		Child	0	0	0	0	0.00
		Adult	0	0	0	0	0.00
		Geriatric	9	9	127	2,106	64.11
		<b>Total</b>	<b>9</b>	<b>9</b>	<b>127</b>	<b>2,106</b>	<b>64.11</b>
<b>State Totals:</b>							
		Child	341	321	6,447	71,492	61.02
		Adult	871	774	20,353	202,868	71.81
		Geriatric	646	565	7,211	115,464	55.99
		<b>Total</b>	<b>1,858</b>	<b>1,660</b>	<b>34,011</b>	<b>389,824</b>	<b>64.34</b>

The occupancy rate on this report is calculated based on the total number of staffed beds in order to reflect the most recent changes to the inpatient psychiatric methodology utilized in Section 410-2-4-.10, Psychiatric Care, of the 2014-2017 Alabama State Health Plan.

This data is unofficial. The annual reports from which this report is derived have not yet completed SHPDA's validation and correction process. See the disclaimer included as part of your order for details.

## **Exhibit 10**

### **Alabama Employee Behavioral Health Care UnitedHealthcare Article**



# 5 ways to help employees find the behavioral health care they need



As some employees struggle for access amidst dramatic changes in the behavioral health care system, here’s what employers can do to help guide employees to quality, affordable care.

Behavioral health issues are on the rise.<sup>1</sup> In fact, more than 1 in 4 employees have quit a job because of their mental health, while 1 in 5 say their company doesn’t do enough for their mental health, according to a recent survey.<sup>2</sup>

“The whole world at a minimum has experienced more stress, which has contributed to the increase in diagnosis for anxiety and depression, substance use and alcoholism, and prescriptions for behavioral health treatment. Suicide rates have gone up in all populations,” says Dr. Rhonda Randall, executive vice president and chief medical officer for UnitedHealthcare Employer & Individual.

Given these trends, the stakes couldn’t be higher for employers. When employees and their family members experience emotional distress, which may manifest as sleep problems, aches and pains, and low motivation, it may affect their quality of life and may lead to tardiness and missed days at work, lower work quality, safety-related mishaps and the need for medical care.

UnitedHealthcare’s **behavioral health strategy** is designed to help employees find care across a comprehensive continuum of care. And it includes the promotion of general well-being and treatment of conditions, such as substance use.

**“It’s become more common to know someone affected by a mental health condition. Younger generations are especially open to conversations about mental health, which helps to reduce the stigma.”**

**Dr. Rhonda Randall**

Chief Medical Officer  
UnitedHealthcare Employer & Individual

## Employers can help employees find behavioral health care by:



Promoting virtual care to help improve access to providers



Building a benefits strategy that includes a full continuum of care



Offering a guided experience to support employees and their families



Trying to reduce stigma, especially for at-risk populations



Reinforcing the connection between physical and behavioral health



## Promote virtual care as a proven strategy for improving access to providers

Evidence suggests that the COVID-19 pandemic has accelerated the demand for behavioral health care for years to come, and consumers will continue to have a growing need for faster, easier access to mental health support.<sup>3</sup> With the U.S. only fulfilling 27% of its total need for mental health professionals, there will be a shortage of at least 245,000 behavioral health providers by 2025.<sup>4</sup>

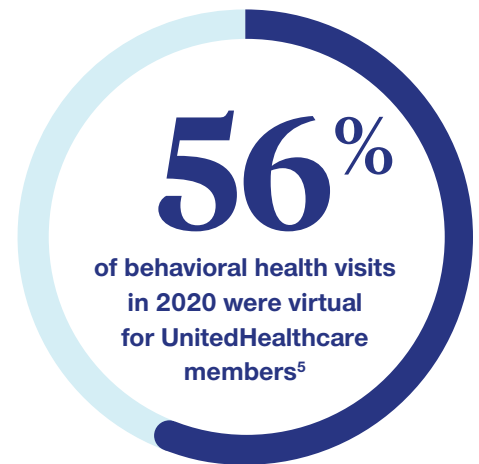
“Data shows more licensed professionals in all 50 states, but some areas of the country lack certain types of providers,” Randall says. “One of our solutions that helps to address these disparities is virtual care. It enables mental health professionals the ability to obtain licensure across state lines.”

Innovative and effective digital tools, including virtual care solutions, are designed to help meet the needs of individuals and improve access to care. The pandemic created momentum around virtual care, including virtual therapy, that is not slowing down. In fact, 77% of employers plan to offer mental health support, including through virtual care and digital tools.<sup>6</sup>

More than half of U.S. adults are likely to use virtual tools for behavioral health needs. Providers are seeing 50–175 times more patients virtually than they have before.<sup>7</sup>

“Most of my patients prefer virtual. It’s eliminated commuting and wait times in the office. At first, I had reservations about switching to virtual care, especially with new patients, but it hasn’t made a difference working with them,” says Dr. Martin H. Rosenzweig, chief medical officer of Optum Behavioral Health, which supports UnitedHealthcare’s behavioral health benefits.

Offering virtual care options may also reduce the stigma surrounding seeking mental health support. Stigma tends to prevent older adults from seeking care versus younger adults who are generally more accepting of mental health care. Stigma is also more prevalent in some minority groups.<sup>6</sup>



### UnitedHealthcare’s behavioral health network<sup>8</sup>

**315K+**  
providers



**136K+**  
virtual providers





# Build a benefits strategy that provides access to a full continuum of solutions

UnitedHealthcare provides comprehensive support across a continuum of care designed to cover a range of employee needs from digital self-help tools to facility-based treatment. This model helps employees take preventive measures to maintain their mental health and overall well-being similar to physical health. As with other aspects of well-being, the focus of employers' efforts should move from reactive to preventive.<sup>9</sup>

Because employees don't always know they have behavioral health benefits and services, UnitedHealthcare helps create awareness by promoting it during open enrollment, onboarding and throughout the year. This helps to encourage the idea of getting care sooner, often before an employee knows they need help.

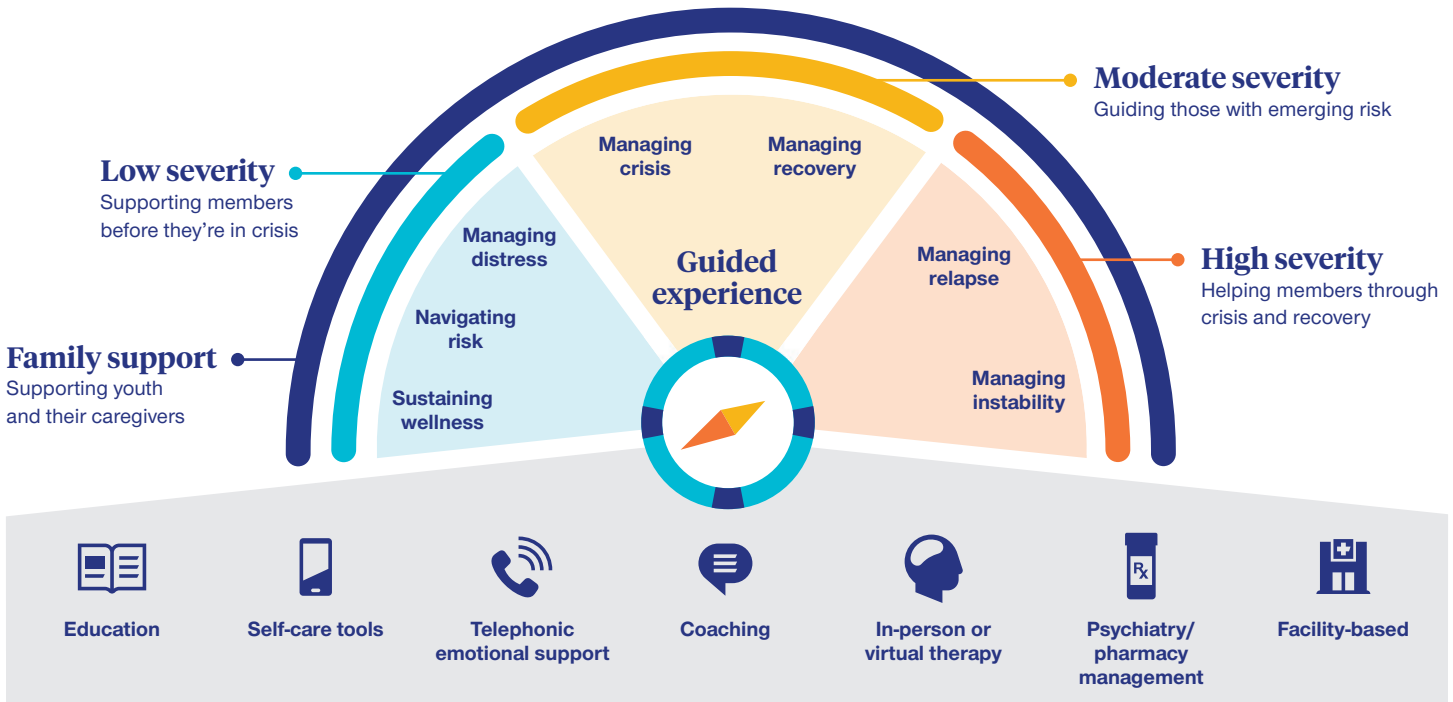
Solutions such as online education, self-help apps or coaching help equip employees with the tools they need to manage stress, burnout and anxiety. If an employee

enters in the system through a crisis, they may access therapy or psychiatric treatment that may require medication or facility-based treatment.

"Our goal is to normalize mental well-being and think of it as common as maintaining physical health similar to seeking a wellness visit each year," says Trevor Porath, vice president of behavioral health solutions for UnitedHealthcare Employer & Individual. "We want to make every single touch point with a member an opportunity to advance mental well-being."

To build a more robust continuum of care, UnitedHealthcare has evaluated many vendors, bringing in solutions that fill in care gaps, including **AbleTo®** and **Self Care** to support identification, proactive outreach and virtual care delivery, and **Equip** and **Genoa Healthcare** for data and medication management and specialty behavioral health.

UnitedHealthcare behavioral health care continuum





## Offer a guided member experience designed to support employees and their families

Low behavioral health literacy remains a challenge for consumers. They don't often recognize brand names for tools and resources or have a clear understanding of what terms like coaching mean when related to their mental health care.<sup>10</sup>

A member-guided experience, whether it starts through an Employee Assistance Program (EAP), primary care physician (PCP), care advocate or digitally, helps lead to an evidence-based recommendation on the continuum of care.

“Advocates are trained to listen for signs of distress when speaking to members,” Randall says. “They also help guide members through the complexities of behavioral health including understanding provider types such as social workers, counselors and psychiatrists.”

Predictive tools also help identify members who may need behavioral health support. Pulling from data such as diagnostic codes and utilization patterns, members are segmented based on their conditions—both the level of severity and stability—as well as their ability to engage. This information is used to support advocates or make program suggestions when an employee signs in to [myuhc.com](https://myuhc.com)<sup>®</sup>.

For those without a behavioral health diagnosis or utilization of services, a prediction can be made on their level of risk based on **social determinants of health** data and prevalence of chronic disease—2 of the most critical factors that put employees at risk of developing or having an untreated behavioral condition.



**“Due to the pandemic, more members entered into the behavioral health care space. It’s important we help guide them to the right care at the right time on a comprehensive care continuum.”**

**Stacie Grassmuck**

Director of Behavioral Health Product and Innovation  
UnitedHealthcare Employer & Individual



## Try to reduce stigma among employees, especially in at-risk populations

During the pandemic, mental health has impacted all populations but has been the most profound among women, teens and racial minority groups.<sup>6</sup> Employers can help address this with targeted campaigns to highlight available resources and services such as virtual care that helps reduce stigma.

“It’s so important to be compassionate with mental health due to stigma. Many employees are still afraid and ask if seeking these services will be reported back to their employer,” says Heather Nelson, an advocate trained to provide medical and behavioral health support. “I reassure them an employer only receives general data on program use, which lets them know what their employees need.”

In addition, minority groups may not seek mental health support as often as their white counterparts. Among adults with moderate or severe anxiety and/or depression, 64% of white adults received mental health services compared to 47% of Black adults and 60% of Hispanic adults.<sup>11</sup>

Diverse populations are more likely to utilize support from a provider of the same race since it makes them feel more comfortable and less judged. Currently, more than 80% of members in the American Psychological Association are white and less than 5% of members are African American.<sup>12</sup>

To support network diversification by raising cultural competency and promoting network diversity, UnitedHealthcare’s plan has included:

- Strategic recruitment of specialty providers such as medication-assisted treatment providers
- Cultural competency training
- Provider ethnicity, gender and language as provider search criteria
- Scholarships for child psychiatrists and providers from diverse backgrounds



### Reducing stigma at the workplace

Employers may help reduce stigma by avoiding language that could potentially hurt or inadvertently discourage someone from seeking mental health treatment. This includes:

#### **✗ Don’t use**

Words that may reinforce stereotypes and minimize the importance of understanding mental health conditions, such as crazy, head case, lunatic

A mental health condition to define the person

The disease to describe the person

#### **✓ Use**

**Specific and sympathetic language**

**“Someone who lives with a mental health condition” or “someone who is affected by a mental health condition”**

**A person-first approach such as “a person living with schizophrenia” or “someone diagnosed with schizophrenia”**





## Reinforce the connection between physical and behavioral health for better care coordination

UnitedHealthcare claims data show members with comorbid conditions have claims costs that are, on average, twice the claims for members with medical conditions alone.<sup>13</sup>

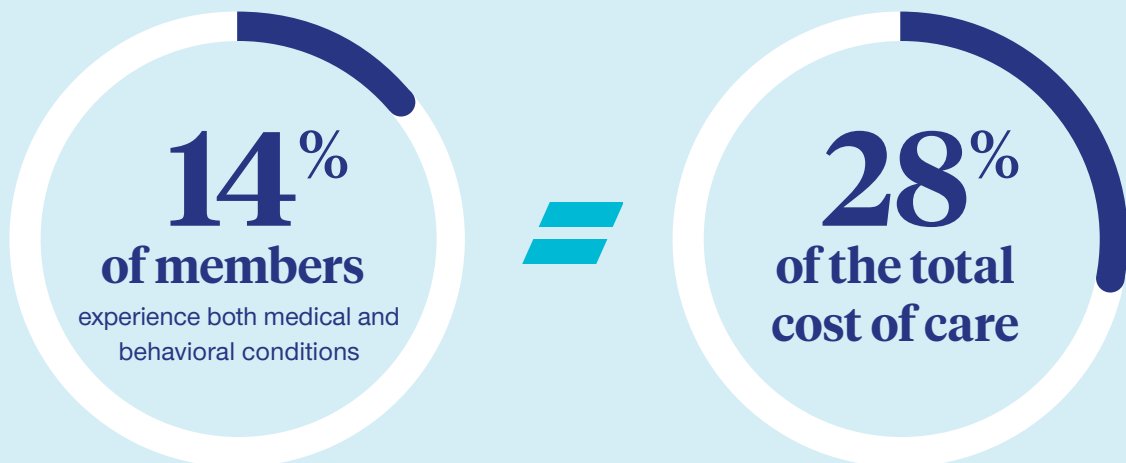
People with a mental health condition also experience higher morbidity and mortality rates compared to those without—mostly from untreated and preventable chronic physical conditions, such as cardiovascular disease, hypertension and diabetes.<sup>14</sup>

“Usually, when a behavioral health condition goes untreated, we’re likely to see higher levels of medical care such as inpatient stays and emergency room utilization,” says Stacie Grassmuck, director of behavioral health product and innovation for UnitedHealthcare Employer & Individual.

Integrated medical and behavioral benefits can address the full spectrum of health and well-being to provide whole-person care. When employers integrate behavioral, medical and pharmacy benefits, there is a single point of contact for an employee with a mental health condition who also has a chronic health condition.

“The integration of these benefits creates a more seamless experience with a single carrier. You also have better coordination between the benefits. For example, deciding whether to use an EAP benefit for mental health support or tapping into integrated benefits right away,” Randall says.

In an average group plan population:<sup>13</sup>



**“Mental health conditions are not benign illnesses — they really impact your workforce. The sooner you can intervene, you may be able to stop the progression of these diseases.”**

**Dr. Martin H. Rosenzweig**

Chief Medical Officer  
Optum Behavioral Health



## Planning for future behavioral health needs

History has shown that the mental health impact of disasters outlasts the physical impact, suggesting today’s elevated mental health need will continue despite the pandemic being deemed over.<sup>3</sup> Employees with more severe behavioral health needs drive a disproportionate amount of an employer’s overall health spend. Of the top 10% insured that drive the highest costs, 27% had behavioral health care needs and accounted for 57% of health care costs.<sup>15</sup>

The challenges in the behavioral health landscape call on all stakeholders—including private and public insurers, care providers, employers and government policymakers—to innovate to better serve the behavioral health needs of everyone. Insurers can leverage data to forge new relationships with members, allowing for preventive interventions to address behavioral health needs.<sup>16</sup>

Through data-driven solutions, UnitedHealthcare works with employers to help identify gaps in care. For example, behavioral health claims utilization based on location, age, gender and other measures helps an employer understand if their employees may need mental health support to prevent a higher, more costly level of care.

“When behavioral health claims are lower than expected norms, it’s an indication that certain populations may not be getting the behavioral health support that they need,” says Craig Kurtzweil, chief analytics officer for UnitedHealthcare Employer & Individual. “We want to see employee utilization and strategies such as using an in-network or local provider, inpatient versus outpatient services and virtual care to help keep the costs lower for the employer.”

Employers are offering more differentiated behavioral health support that may help improve performance and retention.<sup>15</sup> They’re also taking into account how they may contribute to overall well-being—recently citing mental and emotional health as the top well-being issue affecting their business followed by burnout, culture, virtual and hybrid work support and financial risk and stress.<sup>17</sup>

“Behavioral health treatment is effective. The response rate to therapy and medication is similar to a medical condition like diabetes,” Rosenzweig says. “We want to intervene early to help employees manage their everyday stress while offering solutions that support a range of mental health needs.”

Learn more

Contact your broker, consultant or UnitedHealthcare representative  
or visit [uhc.com/broker-consultant](https://uhc.com/broker-consultant) and [uhc.com/employer](https://uhc.com/employer)

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Healthcare

There for what matters™

<sup>1</sup> Mental Health. World Health Organization. Available: [https://www.who.int/health-topics/mental-health#tab=tab\\_2](https://www.who.int/health-topics/mental-health#tab=tab_2). Accessed: April 2023.

<sup>2</sup> Mason, Kelli. Survey: More Than 1 in 4 Have Quit a Job Because of Their Mental Health. JobSage, April 1, 2022.

<sup>3</sup> The implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation brief, Feb. 10, 2021.

<sup>4</sup> Mental Health Care Health Professional Shortage Areas. Kaiser Family Foundation. Nov. 5, 2020. Accessed: April 2, 2023.

<sup>5</sup> UnitedHealthcare Employer & Individual claims, 2020. Accessed: April 2, 2023.

<sup>6</sup> The State of Employee Mental Health in an Uncertain World. Based on a commissioned survey conducted by Forrester Consulting. Modern Health, Sept. 2022.

<sup>7</sup> UnitedHealthcare Employer & Individual claims, 2020.

<sup>8</sup> SURE Network Summary Dashboard, Commercial and UBH General Networks Q4 2022 (Dec. 29, 2022); DuBois, Jan. 23, 2023.

<sup>9</sup> The Impact of Mental and Emotional Health on Employee Wellbeing. Aon. Jun. 24, 2020. Accessed: April 2, 2023.

<sup>10</sup> Virtual care: A quarter-trillion-dollar post-COVID-19 reality? McKinsey & Company. Jun. 1, 2020. Accessed: April 2, 2023.

<sup>11</sup> Five Key Findings on Mental Health and Substance Use Disorders by Race/Ethnicity. Kaiser Family Foundation, Sept. 22, 2022.

<sup>12</sup> Huff, C. Psychology's diversity problem. American Psychological Association. Oct. 1, 2021.

<sup>13</sup> Azocar F, Bargman EP, Smolskis JM, Groat TD. Enhanced methodology for estimating integrated medical-behavioral costs. Optum internal report. January 2017.

<sup>14</sup> Low Acuity Member Testing. Internal presentation. Optum, February 2021. Accessed: April 2, 2023.

<sup>15</sup> How do individuals with behavioral health condition contribute to physical and total health care spending? Millman. 2020 Accessed: April 2, 2023.

<sup>16</sup> The future of behavioral health. Deloitte Insights article, Jan. 7, 2021. Accessed: April 2, 2023.

<sup>17</sup> 2022 Global Wellbeing Survey, Aon.

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Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

AbleTo's Therapy 360 program offers personalized, confidential one-on-one coaching and therapy via phone. With next-day access to a nationwide network of 300+ highly trained, clinically supervised therapists (LCSW) and behavior coaches, our program will give you the tools you may need to improve your daily life.

The AbleTo mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The Self Care information contained in the AbleTo mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. AbleTo Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care is not available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the mobile application.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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Brenna Johnson  
+1 205-226-5752  
Brenna.Johnson@hklaw.com

January 30, 2025

**VIA E-MAIL (shpda.online@shpda.alabama.gov)**

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

**Re: Supplement to Coosa Valley Medical Center's Application for State Health Plan Adjustment, PA2025-002**

Dear Ms. Marsal:

On behalf of Coosa Valley Medical Center ("CVMC"), please find enclosed supplemental materials to CVMC's Application for State Health Plan Adjustment, PA2025-002, filed with the State Health Planning and Development Agency on January 23, 2025.

Thank you for your assistance with this matter. If you have any questions or require additional information regarding the enclosures, please do not hesitate to contact me.

Sincerely yours,

HOLLAND & KNIGHT LLP



Brenna Johnson  
Associate

BJ:rdl  
Enclosures

## **Exhibit 11**

### **Senior Behavioral Unit Non-Admits, FY 2024**



## Inquiry By Disposition

Program Type: Gero Inpatient  
Date Range 1/1/2024 to 12/31/2024  
YTD Range 1/1/2024 to 12/31/2024

Inpatient Inquiries	DATE RANGE	YTD
Requires Medical Bed	27	27
Admission Criteria Not Met	7	7
Age Inappropriate	6	6
At Baseline Functioning	1	1
Census capped due to Environment	0	0
Census capped due to Other	0	0
Census capped due to Staffing	0	0
Could not be Contacted	6	6
<b>Due to Response Time*</b>	<b>14</b>	<b>14</b>
Failed to Keep Appointment	0	0
General Information Only	0	0
Hospital Not a Member of Provider Panel	0	0
Medically Unstable	54	54
<b>No Space Available</b>	<b>123</b>	<b>123</b>
Not Appropriate for Milieu	13	13
Other	0	0
Patient Chose Another Facility	20	20
Patient/Family Refused Admission or Assessment	10	10
Physician Declined	11	11
Psychiatric Consult	0	0
Referral Source selected Another Facility	4	4
Inquiry Admitted	327	327
Admission Pending	8	8
<b>Total Inquiries</b>	<b>631</b>	<b>631</b>
<b>Inquiry Admitted</b>	<b>327</b>	<b>327</b>
<b>% of Admission</b>	<b>51.82%</b>	<b>51.82%</b>

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\*Please note that this category contains patients who could not be admitted or were delayed in admittance to the SBU because the referring facility did not respond to CVMC promptly. The delays caused the geriatric psychiatric beds to be assigned to other patients as CVMC fills them on a first-come, first-served basis.

Cost Center: 7008  
Report Run Date: 1/24/2025

## **Exhibit 12**

**Distance from Coosa Valley Medical Center  
to Prattville Baptist Hospital**

Best 1h 10m 23 hr 6 hr

Coosa Valley Medical Ctr, 315 W Hickory  
 Prattville Baptist Hospital, 124 S Memoria

Add destination

Leave now Options

Send directions to your phone Copy link

**via AL-21 S and AL-22 W** **1 hr 11 min**  
 Fastest route, the usual traffic 64.4 miles  
[Details](#)

**via AL-21 S, AL-22 W and US-31 S** **1 hr 13 min**  
 63.5 miles

**via Co Rd 55 and I-65 S** **1 hr 15 min**  
 68.3 miles

**Explore nearby Prattville Baptist Hospital**

Restaurants Hotels Gas stations Parking Lots More

Search along the route Gas EV charging Things to do Hotels

Layers

Google

Imagery ©2025 TerraMetrics. Map data ©2025 Google. United States. Terms of Service. Privacy Policy. Send Product Feedback. 5 mi

## **Exhibit 13**

**Distance from Coosa Valley Medical Center  
to Grandview Medical Center**

50 min
 

 22 hr
 6 hr

Saved
   
 Recents

Add destination

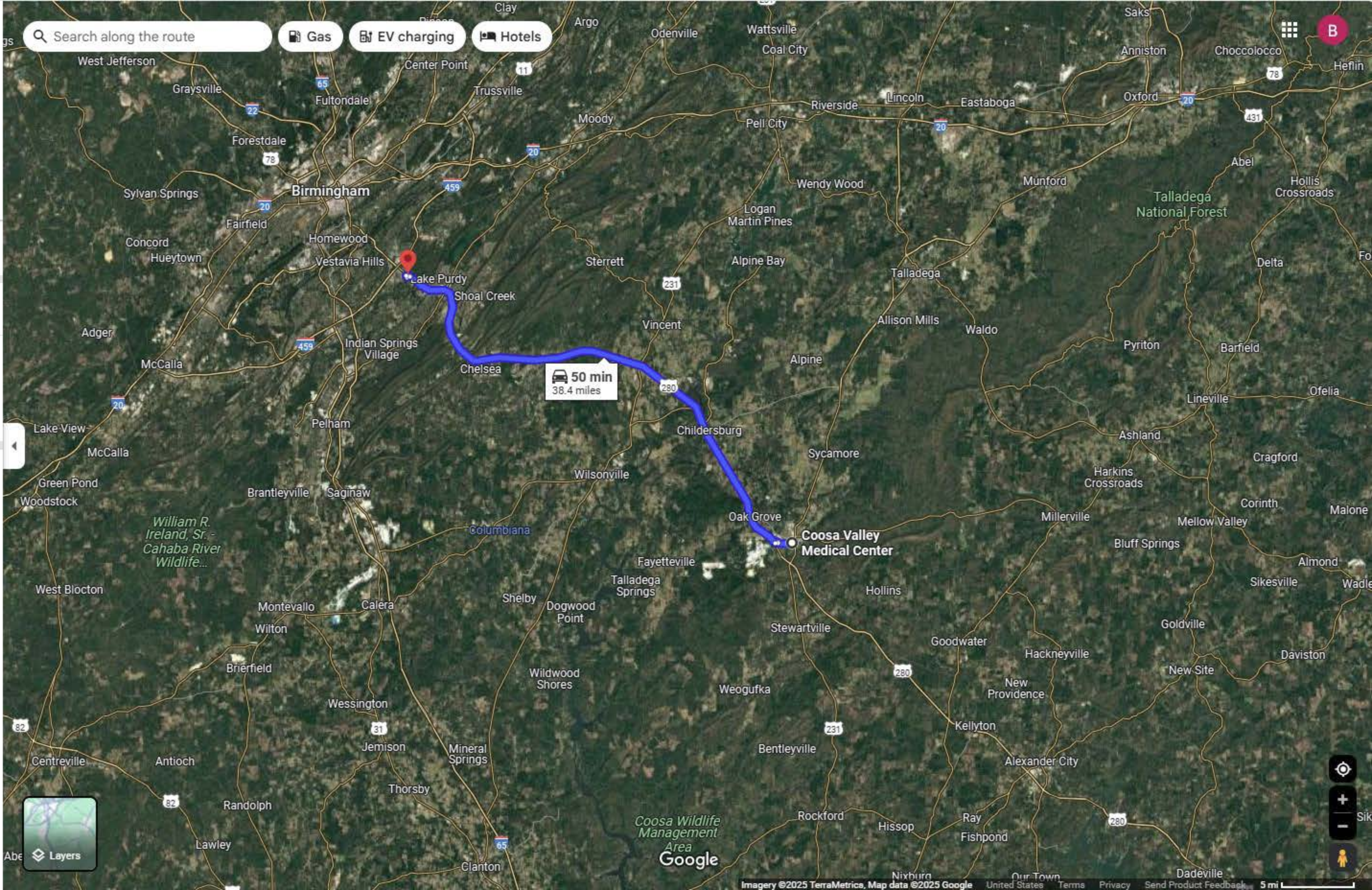
Leave now 
Options

Send directions to your phone
  Copy link

**via US-280 W** **50 min**
  
 Fastest route, the usual traffic 38.4 miles
  
[Details](#)

**Explore nearby Grandview Medical Ctr**

Restaurants
 Hotels
 Gas stations
 Parking Lots
 More



## **Exhibit 14**

**CVMC Emergency Department Psych Patient Data,  
*August 17, 2023 to July 28, 2024***

DATE	DISPOSITION	AGE	DIAGNOSIS	OTHER
8/18/2023	AMA	< 65	DEPRESSION	PT REFUSED TREATMENT
8/19/2023	AMA	< 65	SUICIDAL THOUGHTS	PATIENT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
8/26/2023	AMA	< 65	SUICIDAL IDEATIONS	PATIENT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
9/15/2023	AMA	< 65	SUICIDAL BEHAVIOR	PATIENT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
9/16/2023	AMA	< 65	SUICIDAL IDEATIONS	PATIENT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
12/4/2023	AMA	< 65	SUICIDAL IDEATIONS	Patient refused treatment
12/18/2023	AMA	< 65	SUICIDAL IDEATIONS	PATIENT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
1/1/2024	AMA	< 65	SUICIDAL THOUGHTS	PATIENT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
1/22/2024	AMA	< 65	SUICIDAL THOUGHTS	PT SIGNED OUT AMA WHILE WAITING FOR PLACEMENT
2/18/2024	AMA	< 65	SUICIDAL THOUGHTS	AMA WHILE WAITING FOR BED PLACEMENT
2/24/2024	AMA	< 65	SUICIDAL INTENT	REFUSED TRANSFER
2/25/2024	AMA	< 65	OVERDOSE	AMA WHILE WAITING FOR BED PLACEMENT
5/7/2024	AMA	< 65	SUICIDAL IDEATIONS	PT LEFT AMA WAITING FOR BED PLACEMENT
5/13/2024	AMA	< 65	DEPRESSION	PT LEFT AMA WAITING FOR BED PLACEMENT
5/17/2024	AMA	< 65	SUICIDAL INTENT	PT LEFT AMA WAITING FOR BED PLACEMENT
5/19/2024	AMA	≥ 65	SUICIDAL INTENT	PT LEFT AMA WAITING FOR BED PLACEMENT
6/18/2024	AMA	< 65	DEPRESSION	PT LEFT AMA-REFUSED ADMISSION
6/24/2024	AMA	< 65	OVERDOSE, DEPRESSION	PT LEFT AMA PRIOR TO MEDICAL CLEARANCE
7/7/2024	AMA	< 65	PARANOID	PT LEFT AMA PRIOR TO MEDICAL CLEARANCE
8/22/2023	ELOPED	< 65	SUICIDAL IDEATIONS	PT REFUSED TREATMENT

8/24/2023	ELOPED	< 65	HALLUCINATIONS	ELOPED BEFORE EVALUATION
9/19/2023	ELOPED	< 65	ALTERED MENTAL STATUS	ELOPED BEFORE MEDICAL CLEARANCE
11/6/2023	ELOPED	< 65	SUICIDAL THOUGHTS	ELOPED WHILE WAITING FOR BED PLACEMENT
11/20/2023	ELOPED	< 65	SUICIDAL IDEATIONS	ELOPED WHILE WAITING FOR BED PLACEMENT
12/30/2024	ELOPED	< 65	PSYCHOSIS	PATIENT REFUSED TREATMENT
1/12/2024	ELOPED	< 65	SUICIDAL IDEATIONS	PATIENT SIGNED OUT AMA-NOT MEDICALLY CLEARED
1/29/2024	ELOPED	< 65	SUICIDAL IDEATIONS	ELOPED WHILE WAITING FOR BED PLACEMENT
3/27/2024	ELOPED	< 65	SUICIDAL THOUGHTS	PT ELOPED BEFORE BEING MEDICALLY CLEARED
5/2/2024	ELOPED	< 65	HALLUCINATIONS	ELOPED PRIOR TO MEDICAL CLEARANCE
5/13/2024	ELOPED	< 65	PYSCHOSIS	PT REFUSED TREATMENT
7/12/2024	ELOPED	< 65	OVERDOSE, SUICIDAL THOUGHTS	PT ELOPED PRIOR TO MEDICAL CLEARANCE
8/2/2023	TRANSFER	< 65	SUICIDAL THOUGHTS	TBI/DUAL DIAGNOSIS
8/14/2023	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
8/17/2023	TRANSFER	< 65	SUICIDE ATTEMPT	ADULT PSYCH
9/12/2023	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
9/18/2023	TRANSFER	< 65	SCHIZOPHRENIA	ADULT PSYCH
9/18/2023	TRANSFER	< 65	SUICIDE ATTEMPT	ADULT PSYCH
9/27/2023	TRANSFER	< 65	DEMENTIA	NOT APPROPRIATE FOR SBU (CHILI)
10/4/2023	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
10/10/2023	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
10/13/2023	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
10/30/2023	TRANSFER	< 65	SUICIDAL INTENT	ADULT PSYCH
10/31/2023	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
11/6/2023	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
11/23/2023	TRANSFER	< 65	SUICIDAL INTENT	ADULT PSYCH
11/23/2023	TRANSFER	< 65	SUICIDAL BEHAVIOR	DENIED BY CHILI
11/24/2023	TRANSFER	< 65	SUICIDE ATTEMPT	ADULT PSYCH
12/21/2023	TRANSFER	< 65	PARANOID, DELUSIONS	ADULT PSYCH



1/13/2024	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
1/15/2024	TRANSFER	< 65	BIPOLAR DISORDER	ADULT PSYCH
1/16/2024	TRANSFER	< 65	PSYCHOSIS	ADULT PSYCH
1/20/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
1/25/2024	TRANSFER	< 65	SUICIDAL INTENT	ADULT PSYCH
2/4/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
2/5/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
2/10/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
2/12/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
2/14/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
2/16/2024	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
2/24/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
2/26/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
2/27/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
2/28/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
3/8/2024	TRANSFER	< 65	AGITATION	CHILI DECLINED
3/10/2024	TRANSFER	≥ 65	SUICIDAL BEHAVIOR	VA PATIENT
3/11/2024	TRANSFER	< 65	PSYCHOSIS	ADULT PSYCH
3/20/2024	TRANSFER	≥ 65	SUICIDAL INTENT	NO SBU BEDS AVAILABLE
3/22/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
3/23/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
4/3/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
4/15/2024	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
4/23/2024	TRANSFER	< 65	SUICIDAL INTENT	ADULT PSYCH
4/25/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
5/15/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH
5/20/2024	TRANSFER	≥ 65	SUICIDAL INTENT	NO SBU BEDS AVAILABLE
5/22/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
5/22/2024	TRANSFER	< 65	SUICIDAL INTENT	ADULT PSYCH
5/23/2024	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
5/24/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
5/28/2024	TRANSFER	< 65	SUICIDE ATTEMPT	ADULT PSYCH
6/7/2024	TRANSFER	< 65	SUICIDAL IDEATIONS	ADULT PSYCH
6/9/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
6/14/2024	TRANSFER	≥ 65	PSYCHOMOTOR AGITATION	NO SBU BEDS AVAILABLE
6/17/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
7/6/2024	TRANSFER	< 65	SUICIDAL THOUGHTS	ADULT PSYCH

7/14/2024	TRANSFER	< 65	HOMICIDAL THOUGHTS	ADULT PSYCH
7/20/2024	TRANSFER	< 65	SUICIDAL BEHAVIOR	ADULT PSYCH
7/28/2024	TRANSFER	< 65	DEPRESSION	ADULT PSYCH

## **Exhibit 15**

### **Letters of Support**



## SYLACAUGA ALLIANCE FOR FAMILY ENHANCEMENT

Margaret Morton  
CEO

**BOARD OF DIRECTORS**

JESSE CLEVELAND  
PRESIDENT

VANESSA GREEN  
VICE-PRESIDENT

LAURA STRICKLAND  
TREASURER/SECRETARY

DR. JANE COBIA

DR. MICHELE ELLER

JOHN FLOYD

MAYOR JIM HEIGL

DR. SUZANNE LACEY

REV. HENRY LOONEY

JEFF LYNN

WANDA McELRATH-FRAZIER

NANCY MCKAY

COMM/R PHILLIP MORRIS

NICOLE PARKER

HONORABLE DALE PRICE

SAM ROYSTER

GLENN SISK

VAN WILKINS

MABEL WILLIAMS

January 28, 2025

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

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing this letter to support Coosa Valley Medical Center's State Health Plan adjustment application which requests the addition of five (5) geriatric psychiatric beds and twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the "Project").

As CEO of the Sylacauga Alliance for Family Enhancement (SAFE), I know first-hand the difficulty faced by families caring for loved ones struggling with mental health issues. The expansion of mental health treatment services for senior citizens and new psychiatric care services for adults in our community will benefit numerous adults, senior citizens, and families who desperately need access to such care.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of central North Alabama. Area resources appear to be overwhelmed by the demand for these services based upon my family's experience. I believe that the requested expansion for increased access to psychiatric services in the Talladega County area will greatly benefit the local communities and help to address the mental health epidemic that is plaguing our country in general. Accessing convenient and quality mental health treatment is already a source of tremendous stress for families of patients. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients and their families.

*All families have the right to thrive.*

*We support families because children from resilient families have the best opportunity to succeed.*

SAFE, and the population we serve, will greatly benefit from this addition. As such, I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Respectfully submitted,

A handwritten signature in black ink that reads "Margaret Morton". The signature is fluid and cursive, with the first name being more prominent.

Margaret Morton  
CEO, Sylacauga Alliance for Family Enhancement, Inc.  
PO Box 1122  
Sylacauga, AL 35150  
256-245-4343  
mortonm@safesylacauga.com



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

**Re: State Health Plan Adjustment Application for Talladega County – Coosa Valley Medical Center's Proposed Increase in the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Ms. Marsal,

I am writing this letter to express my strong support for Coosa Valley Medical Center's application to amend the State Health Plan by adding five (5) additional geriatric psychiatric beds and creating twenty (20) new adult psychiatric beds (the "Project").

The need for expanded psychiatric services for patients over the age of 65, as well as adult psychiatric care, in Talladega County is urgent and evident. In my practice, I witness this need regularly. Our community faces significant and growing mental health challenges, with a dramatic increase in the demand for services in recent years. Data from the Substance Abuse and Mental Health Services Administration indicates that between 2017 and 2019, an estimated 41% of adults in Alabama sought medical treatment for mental health concerns. Additionally, mental health diagnoses among seniors in Alabama are rising at a concerning rate. According to a recent United Health Foundation report, the prevalence of depression among seniors aged 65 and older increased by 33%, from 13.8% to 18.3%, between 2021 and 2022.

Coosa Valley Medical Center has long been recognized as a leader in providing high-quality healthcare services in Talladega County and beyond. Their commitment to delivering essential mental health care has been a cornerstone of their service to the community. As mental health needs continue to grow nationally and within our state, it is critical to expand psychiatric services and ensure greater access to treatment. The proposed expansion of Coosa Valley Medical Center's psychiatric services represents a vital step toward meeting these needs in Talladega County and throughout Alabama.

By increasing the availability of psychiatric treatment services, Coosa Valley Medical Center will be able to better serve adults, seniors, and families in our area. Their highly qualified staff is well-equipped to deliver the excellent care our community requires. I wholeheartedly support this application and believe the proposed adjustment to the State Health Plan will be a tremendous asset to the Sylacauga area and the state at large.

I respectfully urge your consideration and approval of this application to adjust the State Health Plan. Your support will help ensure that the residents of Talladega County and the State of Alabama have access to the exceptional mental health services they need.

Sincerely,

Dr. Anthony Nix

January 27, 2025

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

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing this letter to support Coosa Valley Medical Center's State Health Plan adjustment application which requests the addition of five (5) geriatric psychiatric beds and twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the "Project").

As a family member of a patient at Coosa Valley Medical Center, I know first-hand the difficulty faced by families caring for loved ones struggling with mental health issues. The expansion of mental health treatment services for senior citizens and new psychiatric care services for adults in our community will benefit numerous adults, senior citizens, and families who desperately need access to such care.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of central North Alabama. Area resources appear to be overwhelmed by the demand for these services based upon my family's experience. I believe that the requested expansion for increased access to psychiatric services in the Talladega County area will greatly benefit the local communities and help to address the mental health epidemic that is plaguing our country in general. Accessing convenient and quality mental health treatment is already a source of tremendous stress for families of patients. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients and their families.

As a family member of a patient struggling with mental health issues and a member of the Sylacauga community, I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely,

A handwritten signature in black ink that reads "Shaylyn Downing". The signature is written in a cursive, flowing style.

Shaylyn Downing

Sylacauga Ambulance Service ,Inc  
1601 Talladega Highway  
Sylacauga, Alabama 35150  
256-245-7448

January 27, 2025

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

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am a first responder in Talladega County and I am writing this letter to support Coosa Valley Medical Center's application to adjust the State Health Plan to add five (5) geriatric psychiatric beds and create twenty (20) new adult psychiatric beds for use in Sylacauga, Alabama, located in Talladega County (the "Adjustment").

The proposed Adjustment will provide much-needed increased access to high-quality geriatric psychiatric treatment and a new resource for adult psychiatric care services in Talladega County and surrounding counties. I see this as a benefit not only for our entire community, but also to our area of first responders. It will be a comfort and a relief to know that there will be a facility in close proximity where geriatric and adult patients may be brought by first responders to receive the vital care and treatment that they so desperately need.

I understand that Coosa Valley Medical Center's request, if granted, will provide the necessary beds for increased access to such geriatric and adult psychiatric care services in the Talladega County, Alabama area. I fully support this application to adjust the State Health Plan and commend providers such as Coosa Valley Medical Center for taking steps that are urgently needed to address the mental health treatment crisis in our community.

I respectfully urge the Statewide Health Coordinating Council to approve Coosa Valley Medical Center's adjustment application to increase access to geriatric and adult psychiatric services in the Talladega County area.

Sincerely,



William J. McMichen, Sylacauga Ambulance  
Director of Operations



January 27, 2025

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

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing this letter to support Coosa Valley Medical Center's State Health Plan adjustment application which requests the addition of five (5) geriatric psychiatric beds and twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the "Project").

As a family member of a patient at Coosa Valley Medical Center, I know first-hand the difficulty faced by families caring for loved ones struggling with mental health issues. The expansion of mental health treatment services for senior citizens and new psychiatric care services for adults in our community will benefit numerous adults, senior citizens, and families who desperately need access to such care.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of central North Alabama. Area resources appear to be overwhelmed by the demand for these services based upon my family's experience. I believe that the requested expansion for increased access to psychiatric services in the Talladega County area will greatly benefit the local communities and help to address the mental health epidemic that is plaguing our country in general. Accessing convenient and quality mental health treatment is already a source of tremendous stress for families of patients. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients and their families.

As a family member of a patient struggling with mental health issues and a member of the Sylacauga community, I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely,

A handwritten signature in black ink, appearing to read "Mildred McKinney". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Mildred McKinney



**ALABAMA  
HOUSE OF REPRESENTATIVES**

11 SOUTH UNION STREET, MONTGOMERY, ALABAMA 36130

REP. BEN ROBBINS  
DISTRICT 33  
POST OFFICE BOX 888  
SYLACAUGA, ALABAMA 35150

DISTRICT PHONE: 256-346-6493  
CELL: 205-907-5091  
EMAIL: ben.robbsins@alhouse.gov

January 28, 2025

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

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing this letter to support Coosa Valley Medical Center's State Health Plan adjustment application which requests the addition of five (5) geriatric psychiatric beds and twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the "Project").

As a member of the State House of Representatives for District 33, I know first-hand the difficulty faced by families caring for loved ones struggling with mental health issues. The expansion of mental health treatment services for senior citizens and new psychiatric care services for adults in our community will benefit numerous adults, senior citizens, and families who desperately need access to such care.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of central North Alabama. Area resources appear to be overwhelmed by the demand for these services based upon my family's experience. I believe that the requested expansion for increased access to psychiatric services in the Talladega County area will greatly benefit the local communities and help to address the mental health epidemic that is plaguing our country in general. Accessing convenient and quality mental health treatment is already a source of tremendous stress for families of patients. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients and their families.

Our State continues to struggle with adequate mental health resources and as member of the Alabama House of Representatives and a resident of the Sylacauga community, I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ben Robbins".



# CITY OF SYLACAUGA

FROM THE OFFICE OF  
**MAYOR JIM HEIGL**



**301 North Broadway Avenue - P.O. Box 390, Sylacauga, Alabama 35150**

January 30, 2025

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

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing this letter to support Coosa Valley Medical Center's State Health Plan adjustment application which requests the addition of five (5) geriatric psychiatric beds and twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the "Project").

As Mayor of Sylacauga, I hear from residents in our community who have family members or loved ones struggling with mental health issues. The expansion of mental health treatment services for senior citizens and new psychiatric care services for adults in our community will benefit numerous adults, senior citizens, and families who desperately need access to such care.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of central Alabama. Area resources appear to be overwhelmed by the demand for these services. I believe that the requested expansion for increased access to psychiatric services in the Talladega County area will greatly benefit the local communities and help to address the mental health epidemic that is plaguing our country in general. Accessing convenient and quality mental health treatment is already a source of tremendous stress for families of patients. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients and their families.

As Mayor of our fine City and a member of the Sylacauga community, I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely,

Mayor Jim Heigl

# CRADDOCK Health Center

---

Ammar S. Aldaher, M.D.  
Stephen R. Bowen, M.D., Ph.D.  
Laura G. Deichmann, M.D.  
Imad Khdair, M.D.

209 West Spring Street  
Suite 200  
Sylacauga, Alabama 35150  
Phone: (256) 245-5241  
[www.craddockhealthcenter.com](http://www.craddockhealthcenter.com)

February 5, 2025

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

**Re: State Health Plan Adjustment Application for Talladega County – Coosa Valley Medical Center’s Proposed Increase in the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing this letter to support Coosa Valley Medical Center’s application to adjust the State Health Plan to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds (the “Project”).

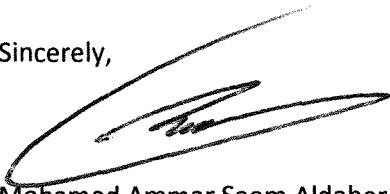
Psychiatric services for patients over the age of 65 as well as adult psychiatric services desperately need to be expanded in Talladega County. I witness this need on a regular basis in my practice. Our area is facing unprecedented mental health challenges with a significant increase in the need for care in recent years. According to the Substance Abuse and Mental Health Services Administration, an estimated 41% of Alabama adults sought medical treatment for a mental health issue between 2017–2019. Further, diagnoses of mental health conditions among Alabama’s seniors are increasing. A recent United Health Foundation report shows depression rose 33% from 13.8% to 18.3% in seniors aged 65 and older between 2021 and 2022.

Coosa Valley Medical Center is recognized as a leader in the Talladega County healthcare community and beyond. Over the years, Coosa Valley Medical Center has provided much needed and high-quality mental health services to patients in our community. As the conversation regarding the state of mental health in our nation evolves, the need for psychiatric services and availability of treatment to address those needs has become apparent and will continue to grow. I believe that we must increase and strengthen the services available within the State of Alabama, and in particular within Talladega County, so that the adults, senior citizens, and families of our area and across the state have access to excellent mental health services like those provided by Coosa Valley Medical Center and their staff of highly qualified providers.

Expansion of Coosa Valley Medical Center’s range of psychiatric treatment services will be an asset to the Sylacauga area. I fully support the proposed adjustment application to allow increased access for adults and seniors requiring necessary mental health assistance. I would appreciate your consideration and approval of the application to adjust the State Health Plan and your continued support of the quality healthcare services provided by Coosa Valley Medical

Center for residents of the State of Alabama.

Sincerely,

A handwritten signature in black ink, consisting of a large, sweeping loop on the left side and a smaller, more intricate signature in the center.

Mohamed Ammar Saem Aldaher, MD

Feb 04 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

---

# COOSA COUNTY JUDGE OF PROBATE

## JUDGE: RICHARD M. DEAN

---



January 31, 2025

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

Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Geriatric Psychiatric Beds and Adult Psychiatric Beds

Dear Ms. Marsal:

This letter expresses my overwhelming support of Coosa Valley Medical Center's State Health Plan adjustment application requesting an additional five (5) geriatric beds and twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in neighboring Talladega County.

We, Coosa County, must depend on medical facilities in surrounding counties because we have no in-patient medical centers. As the Judge of Probate, I know firsthand the difficulties many families face when caring for loved ones with mental health needs. Also due to lack of available beds, I know the difficulties my court frequently experiences when we must commit a person for in-patient mental health treatment. The expansion of mental health treatment and services will benefit many adults, senior citizens, and families who desperately need access to this care.

Coosa Valley Medical Center is a leading provider of mental health services for residents of central North Alabama. The requested expansion for increased access to psychiatric services in the Talladega County area will greatly benefit communities like mine and help address the mental health epidemic that is plaguing Alabama and our country in general. Accessing convenient and quality mental health treatment is a source of tremendous stress for patients' families. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients, their families, and our courts.

I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

A handwritten signature in blue ink, appearing to read "Richard M. Dean", is written over a horizontal line.

Richard M. Dean

# PROBATE COURT OF TALLADEGA COUNTY

CHAD JOINER  
PROBATE JUDGE

[chad.joiner@talladegacountyal.org](mailto:chad.joiner@talladegacountyal.org)

Post Office Box 737  
Talladega, Alabama 35161-0737  
Phone: (256) 362-4175 Fax: (256) 761-2128



Tess Daniel  
Chief Clerk  
[tess.daniel@talladegacountyal.org](mailto:tess.daniel@talladegacountyal.org)

Jessica Gaither  
Deputy Chief Clerk  
[jessica.gaither@talladegacountyal.org](mailto:jessica.gaither@talladegacountyal.org)

February 3, 2025

Ms. Emily Marsal  
Executive Director  
State Health Planning & Dev.  
Agency  
100 N. Union Street, Suite 870  
Montgomery, Alabama 36104

**Re: Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

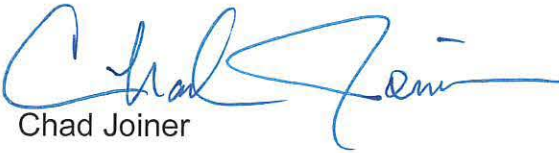
I am writing to express my strong support for Coosa Valley Medical Center's application to adjust the State Health Plan to add five (5) geriatric psychiatric beds and create twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the "Project"). This Project will provide increased access to geriatric psychiatric treatment and a new resource for adults requiring psychiatric care services, which I desperately need in the County and in the Sylacauga area in particular.

I have seen first-hand the urgency of the mental health crisis in our community due to lack of psychiatric care resources available for adults and senior citizens. An expansion of the mental health treatment options available for adults and senior citizens in Talladega County and in Sylacauga in particular will benefit so many of the families in our community who desperately need increased access to psychiatric services for their loved ones.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of Sylacauga, Talladega County, and central North Alabama. As a

member of and leader in the Sylacauga community, I fully support Coosa Valley Medical Center's request to add five (5) geriatric psychiatric beds and to create twenty (20) new adult psychiatric beds for use in Talladega County. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely



Chad Joiner



Tammy Sprayberry  
Judge of Probate-Clay County  
PO Box 1120  
Ashland, AL 36251

January 29, 2025

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

**Re:**  
**Coosa Valley Medical Center's Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal


I am writing this letter to support Coosa Valley Medical Center's State Health Plan adjustment application which requests an additional five geriatric beds and twenty new adult psychiatric beds in Sylacauga Alabama located in Talladega County.

As the probate Judge in Clay County, I know first hand the difficulty many families face when caring for loved ones with mental health needs. The expansion of mental health treatment and services will benefit many adults, senior citizens, and families who desperately need access to care.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of Central North Alabama. I believe that the requested expansion for increased access to psychiatric services in the Clay County area will greatly benefit the local communities and help to address the mental health epidemic that is plaguing our country in general. Accessing convenient and quality mental health treatment is already a source of tremendous stress for families of patients. Eliminating the need to travel significant distances for such services would significantly lighten the burden felt by patients and their families.

I fully support Coosa Valley Medical Center's request to add five (5) additional geriatric psychiatric beds and create twenty (20) new adult psychiatric beds. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely,

  
Clay County Probate Judge





# Clay County Commission

41771 Highway 77 North  
Ashland, Alabama 36251  
Telephone: (256) 354-7888  
Fax: (256) 354-3208



COMMISSIONER  
Billy Robertson  
District 1

COMMISSIONER  
Roy Johnson  
District 2

COMMISSION CHAIRMAN  
Jamey Crawford  
District 4

COMMISSIONER  
Shane Davidson  
District 3

COMMISSIONER  
Robert Person  
District 5

PA2025-002

RECEIVED

Feb 05 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

February 3, 2025

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

**Re: Coosa Valley Medical Center’s Proposed Adjustment to the Alabama State Health Plan for Talladega County to Increase the Number of Geriatric Psychiatric Beds and Adult Psychiatric Beds**

Dear Ms. Marsal:

I am writing to express my strong support for Coosa Valley Medical Center’s application to adjust the State Health Plan to add five (5) geriatric psychiatric beds and create twenty (20) new adult psychiatric beds in Sylacauga, Alabama, located in Talladega County (the “Project”). This Project will provide increased access to geriatric psychiatric treatment and a new resource for adults requiring psychiatric care services, which I desperately need in the County and in the Sylacauga area in particular.

I have seen first-hand the urgency of the mental health crisis in our community due to lack of psychiatric care resources available for adults and senior citizens. An expansion of the mental health treatment options available for adults and senior citizens in Talladega County and in Sylacauga in particular will benefit so many of the families in our community who desperately need increased access to psychiatric services for their loved ones.

Coosa Valley Medical Center is a leading provider of mental health services for the residents of Sylacauga, Talladega County, and central North Alabama. As a member of and leader in the Sylacauga community, I fully support Coosa Valley Medical Center’s request to add five (5) geriatric psychiatric beds and to create twenty (20) new adult psychiatric beds for use in Talladega County. I respectfully request your approval of the application to adjust the State Health Plan and appreciate your continued support for quality healthcare services in my community.

Sincerely,