



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE OF INTENDED ACTION

AGENCY NAME: STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
(Statewide Health Coordinating Council)

RULE NO. & TITLE: 410-2-4-.11 Substance Abuse

INTENDED ACTION:

The State Health Planning and Development Agency (Statewide Health Coordinating Council) proposes to amend the above-styled section of the *Alabama State Health Plan*.

SUBSTANCE OF PROPOSED ACTION:

To lift the moratorium on Methadone Treatment Facilities and establish a need methodology for new facilities.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

In response to this Proposed Rule, all interested persons are invited to submit data, views, comments and/or arguments, orally or in writing. Any and all such data, comments, arguments and/or requests to orally address SHCC shall be made in writing on or before August 5, 2015, and shall be made to:

Nicole Horn, Executive Secretary
State Health Planning and Development Agency
P. O. Box 303025
Montgomery, Alabama 36130-3025

On August 28, 2015, at 10:00 a.m., the SHCC shall conduct a public hearing in the Old Archives Room, Alabama State Capitol, Montgomery, Alabama, at which time it shall consider the Proposed Rule, along with all written and oral submissions with respect to the Proposed Rule. Only those interested persons who have made timely written requests will be afforded the opportunity to speak.

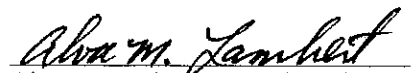
Copies of the proposed changes are available for review at 100 North Union Street, RSA Union Building, Suite 870, Montgomery, Alabama. Phone (334) 242-4103 or visit the office Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding State holidays.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

August 5, 2015

CONTACT PERSON AT AGENCY:

Nicole Horn
100 North Union Street
RSA Union, STE 870
Montgomery, AL 36104
(334) 242-4103


Alva M. Lambert, Executive Director

410-2-4-.11 Substance Abuse

(1) Discussion

(a) The National Household Survey on Drug Abuse (NHSDA) estimated 16.6 million Americans age 12 or older in 2001 were classified with dependence on or abuse of either alcohol or illicit drugs, a figure significantly higher than in 2000 – about 14.5 million. Most of these persons (11.0 million) were dependent on or abused alcohol only. Another 2.4 million were dependent on or abused both alcohol and illicit drugs, while 3.2 million were dependent on or abused illicit drugs but not alcohol. Persons age 18 to 25 had the highest rates of alcohol dependence or abuse (14.8 percent). (Source: www.samhsa.gov)

(b) There are more deaths and disabilities each year in the United States from Substance Abuse than from any other cause. One-quarter of all emergency room visits, one-third of all suicides, and more than one half of all homicides and incidents of domestic violence are alcohol-related. (Source: www.ncadd.org)

(c) Alcohol and drug abuse costs the American economy an estimated \$276 billion per year in lost productivity, health care expenditures, crime, motor vehicle crashes and other conditions. (Source: www.ncadd.org)

(2) Background

(a) Substance abuse services for persons with both dependence and abuse problems is provided through an array of private and public providers throughout the state. The array of services ranges from inpatient medical detoxification services to residential treatment services to a variety of outpatient types of services including various affiliated support groups.

(b) In the past few years the technology for treating individuals with dependence and abuse problems has changed rather dramatically from a traditional inpatient/residential mode to outpatient treatment. This has occurred for a variety of reasons including financial considerations. These phenomena can be verified through analysis of current utilization of both inpatient and residential services.

(3) Methodology

(a) The Alabama Department of Mental Health/Mental Retardation (DMH/MR) has developed a substance abuse bed need methodology, which is based upon a formula utilized in other states, commonly referred to as the “Mardin Formula”. This prevalence base formula was selected in lieu of utilization-based formulas due to the lack of comprehensive statistical information on the current utilization of residential treatment centers. Calculation of needed beds is performed as follows:

(b) Step 1: Multiply the population ages 10-17 by 19%, which is the proportion, assumed to have problems with chemical dependency;

(c) Step 2: Multiply the population ages 18 and over by 7%, which is the proportion assumed to have problems with chemical dependency;

(d) Step 3: Multiply the sum of steps 1 and 2 by 12%, which is the proportion who will seek treatment annually;

(e) Step 4: Multiply the product in step 3 by 60% which is the proportion of those seeking treatment who will require detoxification services for 3 days. Calculate total number of patient days;

(f) Step 5: Multiply those receiving detoxification services by 50%, which is the proportion who will need residential treatment for 10 days. Calculate total number of patient days;

(g) Step 6: Add the patient days in steps 4 and 5 to arrive at total patient days;

(h) Step 7: Divide by 365 to determine average daily census (ADC);

(i) Step 8: Divide by 80% occupancy to arrive at total needed beds;

(j) Step 9: Subtract existing public beds to arrive at total private bed need;

(k) Step 10: Subtract existing private beds to determine need or excess.

BED NEED CALCULATIONS 2005

Population		Persons with SA Problems	Persons Seeking Help	Detoxification Days	Residential Days	Total Days
531,145	3,507,562	346,447	41,574	74,832	124,720	199,552

Average Daily Census	80% Occupancy	Public Beds	Private Beds	Beds Needed
547	684	616	432	(364)

SUBSTANCE ABUSE BEDS AUTHORIZED

COUNTY	FACILITY	BEDS
Hospitals		
Colbert	Helen Keller Memorial Hospital	13
Crenshaw	Crenshaw Baptist Hospital	5
Jefferson	Carraway Methodist Medical Center	18
	Brookwood Medical Center	14
	University of Alabama Hospital	12
	Subtotal:	62
Residential		
Jefferson	Bradford Parkside Lodge at Warrior	100
	Salvation Army Adult Rehabilitation Center	84
Madison	Bradford at Huntsville	84
Shelby	Bradford Adolescent	102
	Subtotal:	370
	State Total:	432

Updated September 2003
Alabama 2002 Hospital H-5 Report

(4) Methadone Treatment

(a) Definition. Methadone is an opioid agonist medication used to treat heroin and other opiate addiction. Methadone reduces the craving for heroin and other opiates by blocking receptor sites that are affected by heroin and other opiates.

(b) Background

1. Prior to June 1991 Alabama operated two methadone clinics in Birmingham and in Mobile, both of which were operated through a DMH/MR contract. These clinics are part of the UAB Mental Health Center and the Mobile Mental Health Center. The average number of clients served in any given month never exceeded 380 of which fewer than 5% were clients from out of state.

2. As of April 2004 2015, Alabama has ~~nineteen~~ twenty two (22) certified methadone treatment programs ~~and several others under development.~~

(c) Recommendations

1. A methadone treatment program should provide adequate medical, counseling, vocational, educational, mental health assessment, and social services to patients enrolled in the opioid treatment program with the goal of the individual becoming free of opioid dependency, with oversight by the Alabama Department of Mental Health.

2. The Methadone Advisory Committee suggests the following information be submitted with Certificate of Need applications:

(i) The number of arrests for the previous year regarding the sale and possession of opioids by county for the area to be served.

(ii) Data from the Medical Examiner regarding all deaths related to overdose from opioids by county for the area to be served during the previous year.

(iii) Data from all hospital emergency rooms regarding the number of persons diagnosed and treated for an overdose of opioids by county for the area to be served.

(iv) The number of clients within specific geographic areas who, out of necessity, must travel in excess of 50 miles round-trip for narcotic treatment services.

(v) The name and number of existing narcotic treatment programs within 50 miles of the proposed sight.

(vi) Number of persons to be served by the proposed program and the daily dosing fee.

(vii) Applicant shall submit evidence of the ability to comply with all applicable rules and regulations of designated governing authorities.

(d) Need

~~1. The need for methadone treatment programs should be based on information provided by the applicant for certificate of need which acknowledges the importance of considering the demand for services along with need and addressing and analyzing service problems as well.~~

~~12. As of April 20, 2012, there are twenty certified methadone treatment programs in Alabama, with two additional programs under development. On April 18, 2012, the Certificate of Need Review Board passed a resolution requesting that the SHCC consider revisions to the State Health Plan to provide additional guidance for the consideration of applications for new methadone clinics and to impose a moratorium on new applications pending the outcome of such review. On August 3, 2012, the SHCC adopted a one year moratorium on the consideration of certificate of need applications for new methadone facilities to allow for the review and adoption of new need methodology. Additional time is required to gather and review data necessary to determine the need for new methadone treatment programs and to ensure that appropriate standards are set for new operators. Therefore, there shall be no finding of need for additional methadone treatment programs within the State of Alabama until such time as additional data can be collected regarding the utilization and operation of existing programs and the demographic breakdown of patients. The Agency shall work with the State Methadone Authority from the Alabama Department of Mental Health to create a survey instrument and to survey existing methadone treatment facilities to collect data regarding services provided, admissions, current utilization, discharges, length of treatment, and patient demographic information. This survey shall encompass a period of at least three years to provide a picture of trends related to methadone treatment in Alabama. The Agency will report the results to the SHCC one year following the effective date of this section, or as soon as practicable thereafter. Once this report is complete, the SHCC will determine what need, if any, exists for new methadone treatment programs in the state. Basic Methodology~~

(i) The purpose of this need methodology is to identify, by region, need for additional treatment facilities to ensure the continued availability, accessibility, and affordability of quality opioid replacement treatment services for residents of Alabama.

(ii) A multi-county region shall be the planning area for methadone treatment facilities. A listing of the counties in each region is attached as part of this section. These were derived from the regions used by the Alabama Department of Mental Health (ADMH), Division of Mental Health and Substance Abuse Services.

(iii) The Center for Business and Economic Research, University of Alabama, (CBER) population data shall be used in any determination of need for methadone treatment facilities in Alabama.

(iv) Data from the National Survey on Drug Use and Health (NSDUH) shall be used in the calculation of national rates of dependency on heroin or prescription pain relievers in Alabama.

(v) Data from ADMH shall be used in the determination of the number of current patients seen by each clinic within a region. ADMH shall supply, on an annual basis, an Annual

Report to SHPDA with rates of prevalence, service utilization and epidemiological data to assist with implementation of the methodology and publication of statistical updates to this plan.

- (vi) For each region, need shall be calculated using the following methodology:
- a. For each county in the region, list the population, ages 18 and over, as reported by CBER, for the year matching the year for which need is being projected.
 - b. Using NSDUH data for the same time period, determine the rate of dependency on heroin and prescription pain relievers nationally.
 - c. For each county in the region, multiply the population from step (a) above by the dependency rate in step (b) above to determine the projected number of residents in that county addicted to heroin or prescription pain relievers.
 - d. Multiply the estimate from step (c) above by 20% (0.2) to determine the projected number of residents of that county likely to seek Medication Assisted Therapy for opioid dependency.
 - e. Add the county totals determined in step (d) above to determine the regional totals.
 - f. Using data supplied by ADMH, determine the current census of each treatment center in the region on the last day of the year matching the year of population and NSDUH dependency data used in step (a) and step (b) respectively.
 - g. Add the facility census totals determined in step (f) above to determine regional totals.
 - h. If the number of residents projected to seek treatment in a region as determined in step (e) is greater than the current census of all treatment centers in the region as determined in step (g) by more than 10%, a need shall be shown for a new methadone treatment facility in that region.
 - i. Only one methadone treatment facility may be approved in any region showing a need under this methodology during any application cycle, defined here as the period of time between the date of publication of one statistical update and the date of publication of a successive update.
 - j. Upon the issuance of a Certificate of Need for a new methadone treatment facility in a region, no additional CONs shall be issued for the development of a new methadone treatment facility in that region for a period of eighteen (18) months to allow for the impact of a new provider in the region to be shown and reflected in the next statistical update.

2. The provisions of subsection 1 above shall not prohibit the grant of a certificate of need for the relocation and replacement of an existing methadone treatment facility within the same planning region.

3. All methadone clinic applications shall be site specific. No Certificate of Need shall be granted for a new methadone treatment facility to be located within fifty (50) linear miles of an existing methadone treatment facility.

(e) Adjustments – Need for additional methadone treatment facilities, as determined by the methodology in subsection 1 above, is subject to adjustment by the SHCC as provided below. The SHCC may adjust the need for a new methadone treatment facility only upon demonstration of one or more of the following conditions listed in 1 through 3 below. Applicants seeking an adjustment under this section shall include, as part of the application, supporting documentation from ADMH.

1. The opioid-related arrest or death rate in the region exceeds the national average, and there are no methadone treatment facilities within fifty (50) miles of the county for which the proposed adjustment applies.

2. Hospital emergency room admissions for opioid-overdose related conditions in the region exceed the national average, and there are no methadone treatment facilities within fifty (50) miles of the county for which the proposed adjustment applies.

3. Admissions to drug-free programs specifically treating opioid dependency in the region exceed the national average, and there are no methadone treatment facilities within fifty (50) miles of the county for which the proposed adjustment applies.

(f) Preference for Indigent Patients: In considering Certificate of Need applications filed under this section, whether pursuant to the regular need methodology or an adjustment, preference shall be given to those applicants demonstrating the most comprehensive plan for treating patients regardless of their ability to pay.

Methadone Treatment Facility Regional County Listings

<u>Region I</u>	<u>Region II</u>	<u>Region III</u>	<u>Region IV</u>
Cherokee	Bibb	Autauga	Baldwin
Colbert	Blount	Bullock	Barbour
Cullman	Calhoun	Chambers	Butler
DeKalb	Chilton	Choctaw	Clarke
Etowah	Clay	Dallas	Coffee
Fayette	Cleburne	Elmore	Conecuh
Franklin	Coosa	Greene	Covington
Jackson	Jefferson	Hale	Crenshaw
Lamar	Pickens	Lee	Dale
Lauderdale	Randolph	Lowndes	Escambia
Lawrence	Shelby	Macon	Geneva
Limestone	St. Clair	Marengo	Henry
Madison	Talladega	Montgomery	Houston
Marion	Tuscaloosa	Perry	Mobile
Marshall		Pike	Monroe
Morgan		Russell	Washington
Walker		Sumter	
Winston		Tallapoosa	
		Wilcox	

Author: Statewide Health Coordinating Council (SHCC).

Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004. Amended: Filed: August 16, 2012; effective September 20, 2012. Amended: Filed: November 15, 2013; effective December 26, 2013.