

BEFORE THE STATEWIDE HEALTH COORDINATING COUNCIL

IN RE:)
)
BIRMINGHAM RECOVERY CENTER,)
INC. D/B/A LONGLEAF LODGE) **PA2025-001**

**BRADFORD HEALTH SERVICES’ OPPOSITION TO
SUBSTANCE USE STATE HEALTH PLAN ADJUSTMENT**

Pursuant to *Ala. Admin. Code* § 410-2-5-.04, Addiction & Mental Health Services, LLC d/b/a Bradford Health Services (“Bradford”) submits this statement in opposition to the plan adjustment filed by Birmingham Recovery Center, Inc. d/b/a Longleaf Lodge (“Longleaf”) for consideration by the Statewide Health Coordinating Council (“SHCC”). Bradford respectfully requests that this opposition be taken into consideration by the SHCC, and that Longleaf’s request for a plan adjustment be **denied**.

Longleaf’s Request

Longleaf has requested an adjustment to the 2024-2027 State Health Plan (“SHP”) to adjust § 410-2-4-.11 regarding substance use services by adding sixty (60) beds designated for Shelby County (10 detoxification and 50 residential). Under the proposed plan adjustment, Longleaf requests that the following language be included in the SHP:

The Statewide Health Coordinating Council (“SHCC”) finds that there is a significant and unmet need for sixty (60) substance use beds in Shelby County.

As an initial matter, Bradford does not dispute that substance use services are an important aspect of delivering healthcare services to Alabama citizens. In fact, Bradford aims to provide such services in a high-quality, effective manner throughout its facilities located in Alabama. Bradford is a substance use disorder treatment provider that has been operating in Alabama since 1977. Bradford provides addiction treatment programs, resources, and community for every stage of recovery, including detoxification services, inpatient and residential programs, partial

hospitalization, outpatient treatment, and continuing care programs. Bradford's Alabama facilities are located in Birmingham, Huntsville, Mobile, Montgomery, Florence, Madison, Auburn/Opelika, Tuscaloosa, and Warrior. Bradford's Alabama residential facilities are located in Warrior and Madison. See Attachment A. Thus, with its lengthy operation history in this state, Bradford understands and appreciates the needs of the Alabama population seeking substance use services in Alabama – perhaps more than any other provider.

However, Bradford does oppose adjusting the SHP in the manner proposed by Longleaf which is untimely, unsupported, only adds beds to a specific county, and when existing providers have excess capacity to treat the targeted patient population.

Thus, Bradford opposes Longleaf's plan adjustment request for the following reasons:

1. The plan adjustment is untimely and premature.
2. The proposed countywide plan adjustment is inconsistent with the statewide need methodology adopted by the SHCC.
3. There is no need for additional substance use beds, as evidenced by the SHP.
4. There is no need for additional substance use beds, as Bradford has adequate capacity to meet any existing needs and serves patients from Shelby County.
5. Longleaf is not an appropriate party to provide the requested services.

1. The Plan Adjustment Filed By Longleaf Is Untimely and Premature.

The plan adjustment filed by Longleaf is premature. On or around June 14, 2024, the 2024-2027 SHP took effect. The SHP is prepared every three (3) years by the SHCC. *Ala. Admin. Code* § 410-2-1-.03. The SHP is a “comprehensive plan which is prepared triennially and reviewed at least annually and revised as necessary by the Statewide Health Coordinating Council with the assistance of the State Health Planning and Development Agency and approved by the Governor. The State Health Plan shall provide for the development of health programs and resources to assure that quality health services will be available and accessible in a manner which assures continuity

of care, at reasonable costs, for all residents of the State.” *Ala. Admin. Code* § 410-1-2-.04. The SHP was adopted after an extensive formal review process that took place over several months and following several meetings of interested parties, the SHCC Committees, and the full SHCC. Both the SHCC Committee meetings and the full SHCC meetings are open to the public, and the meeting notice (including the time, date, and location) is posted publicly on the State Health Planning and Development Agency (“SHPDA”) website and distributed to interested parties.

To Bradford’s knowledge, at no point during the lengthy SHP review process and discussions, did Longleaf object to the revisions to the 2024-2027 SHP or indicate that the SHP should be amended to include the proposed language contained in Longleaf’s plan adjustment. To Bradford’s knowledge, at no point during the SHP review process and lengthy discussions, did Longleaf file any written comments to the proposed 2024-2027 SHP language. However, approximately 6 months after the 2024-2027 SHP took effect, Longleaf is now requesting that the SHP be adjusted, despite the fact the SHP recently underwent a long and detailed review process designed to address any proposed changes that may be needed. Nothing regarding the delivery or availability of substance use services in Alabama has changed over the past six (6) months that would necessitate this adjustment.

Further, in the enacted 2024-2027 SHP, revisions were proposed, discussed, and adopted by the SHCC with regard to the substance use section. Specifically, the SHCC adopted the following new language in the 2024-2027 SHP:

The Statewide Health Coordinating Council (SHCC) is aware that the Alabama Department of Mental Health (ADMH) currently utilizes multiple different classifications for residential and inpatient substance use treatment beds, differentiated based on the level, type and amount of medical care provided in each classification. It is the position of the SHCC that an accurate definition of substance use treatment beds for the purposes of health planning is required in order to be able to provide a more appropriate set of planning

policies for these facilities moving forward. Therefore, the State Health Planning and Development Agency (SHPDA) is hereby directed to work with ADMH along with any interested parties to create a formal definition of substance use treatment beds, based on the classifications already utilized by ADMH, to determine which types of these beds would require a Certificate of Need under current law. SHPDA shall, within one (1) year of the effective date of this plan, provide to the SHCC a definition of a substance use treatment bed that would require a Certificate of Need under current law as well as a proposed amendment to this section reflecting that definition. **SHPDA is further directed to analyze the existing planning methodology established in this section utilizing the proposed definitions defined above to determine whether the methodology should be amended to more accurately and appropriately determine need for these providers in the state.**

Ala. Admin. Code § 410-2-4-.11.

Thus, the SHCC formally recognized that the SHP provisions related to substance use needed to be further reviewed and updated, and directed SHPDA to analyze the planning methodology to determine if the methodology should be amended in order to “accurately and appropriately determine need for these providers in the state.” The one year timeframe has not yet expired, and, presumably, that SHPDA review process directed by the SHCC is underway. The SHCC needs to let SHPDA complete the review process, as directed by the SHCC in the regulations, before approving an adjustment to the SHP. Adjusting the SHP before the need methodology has a chance to be reviewed and updated, as directed by the SHCC in the most recent revisions to the SHP, is premature and circumvents the process established and enacted by the SHCC a mere six (6) months ago.

2. The Proposed Countywide Plan Adjustment Is Inconsistent With The Statewide Need Methodology

In addition to being premature, Longleaf’s request for a SHP adjustment is inconsistent with the statewide need methodology for substance use services. Under the SHP need methodology for substance use services, the methodology utilizes a statewide formula for determining if

substance use beds are needed. *Ala. Admin. Code* § 410-2-4-.11 states “substance use services for treating individuals with substance use disorders or those who misuse substances is provided through an array of private and public providers **throughout the state**” and applied a statewide need methodology. (emphasis added).

Unlike other sections of the SHP that determine need on a countywide basis, the substance use methodology determines need on a statewide basis. In other words, the SHP determines how many substance use beds are needed **within the state**, and those beds can be placed in any county within the state. The need methodology **does not limit the bed placement to one specific area or county**. Thus, the SHCC determined that a statewide need methodology was more appropriate than a countywide need methodology—in other words, given the nature of the services, access to substance use services is not county specific. Patients can, and oftentimes do, travel outside of their home county to receive such services. Nonetheless, through the requested plan adjustment, Longleaf attempts to circumvent the statewide need methodology, which as discussed below does not show a need for additional substance use services, and implement a county-specific need methodology. Limiting any additional beds to a specific county, and therefore only allowing a CON application to be filed for that specific county, is directly contradictory to and inconsistent with the statewide process previously adopted by the SHCC and set forth in the SHP.

As grounds for the plan adjustment, Longleaf contends that patients must travel outside Shelby County for substance use residential treatment, which somehow inhibits patient care. However, providing substance use residential treatment services outside of one’s home county is contemplated by and explicitly recognized in the SHP due to the fact the need methodology is determined on a statewide basis, as opposed to a countywide basis. Had the SHCC believed such services needed to be provided in each county, it would have set forth the methodology on a

countywide basis. However, the SHCC chose not to do so due to the nature of the services being rendered and how those services are best utilized. Further, there are clinical reasons as to why receiving substance use treatment services outside of one's home county can be beneficial. Removing patients from the environment, acquaintances, and circumstances that led to their addiction can help facilitate successful recovery and sobriety. Further, patients themselves oftentimes desire to receive services outside of their home area in order to maintain confidentiality and avoid reputational backlash for receiving such services. Thus, the fact that patients are traveling outside of Shelby County (one county over to Jefferson County) to receive such services is not a basis for contradicting the enacted statewide need methodology and adjusting the SHP in a manner that only allows additional services in a specific county.

3. There Is No Need For Additional Substance Use Beds, As Evidenced By The SHP.

The 2024-2027 SHP does not contain a statistical update for substance use beds. However, the most recent data issued by the SHCC shows no need for additional substance use beds. In fact, the SHP shows an excess of 364 substance use beds in the state. While that data is somewhat outdated and Bradford recognizes it needs to be revised, the SHCC has not deemed it necessary to issue a more up to date bed need calculation, alter the existing need methodology, or publish a statistical update. Thus, the most recent data from the SHCC indicating whether there is a need for substance use beds states that there is an excess of 364 beds in Alabama. Thus, there is no health planning reason to adjust the SHP for a single county when resources are available throughout the state and the most recent data published by the agency indicates that there is no need for additional services.

Further, in its filings, Longleaf amends the need methodology set forth in the SHP for substance use services in a manner that drastically increases the projected need for substance use beds without any support or documentation. Longleaf acknowledges in its filing that the SHP

adopts a need methodology developed by the Alabama Department of Mental Health (“ADMH”) based on a formula utilized in other states, commonly referred to as the “Mardin Formula”. This formula is prevalence-based. This need methodology remained in place following the adoption of the 2024-2027 SHP and has not been altered in any way by the SHCC. However, in attempt to support its “need” for 60 substance use disorder beds, on pages 17-18 of its filing, Longleaf applies a separate need methodology using different prevalence rates and population break-downs, without any evidence of support for where the new prevalence rates and data came from or why it deviated from the methodology stated in the SHP. The cited so-called basis for the revised methodology does not include a clear basis for the different prevalence rates or an explanation regarding the shift away from the enacted methodology currently in the SHP. There is no evidence in the filing that the statistics and prevalence rates used by Longleaf to support its so-called “need” for 60 beds in Shelby County reflects an actual need in Alabama, much less Shelby County. On the contrary, the need methodology contained in the SHP was enacted specifically with regard to services in Alabama.

To no surprise, the different need methodology utilized by Longleaf dramatically increases the projected need when compared to the need methodology adopted by the SHCC and contained in the SHP. The following table compares the prevalence rate assumptions adopted in the SHP methodology enacted by the SHCC with those Longleaf seeks to substitute in its different methodology without any basis.

	SHP	Longleaf Proposed Substitution
% with Substance Use Disorder Under Age 18	19.0%	17.1%
% with Substance Use Disorder Ages 18-24		27.1%
% with Substance Use Disorder Age 25+		16.6%
% with Substance Use Disorder Age 18+	7.0%	
% who Will Seek Treatment Annually	12%	14.6%

As demonstrated, Longleaf seeks to use higher prevalence rates that are multiples of the prevalence rates contained in the SHP enacted by the SHCC, thereby dramatically increasing the projection of the individuals age 18 and over who have substance use disorders and will seek treatment. Consequently, Longleaf’s projection regarding “needed” beds is inflated.

To further inflate the projections contained in Longleaf’s filing, Longleaf includes a prevalence rate for the population under age 18. However, Longleaf states in its filing that it proposes to serve the adult population base. *See Longleaf Plan Adjustment Filing, p. 6.* Thus, when looking at the need for Longleaf’s proposed services, a prevalence rate for the 18 and under population would not be applicable, as that population is not whom Longleaf aims to serve. The inclusion of this metric in Longleaf’s calculations further overstates the need for the services it intends to offer. Consequently, Longleaf has not shown a substantial need for an additional 60 beds in Shelby County. It has simply created a new “need methodology” without any basis in attempts to support a project it desires.

4. There Is No Need For Additional Substance Use Beds, As Bradford Has Adequate Capacity To Meet Any Existing Needs And Serves Patients From Shelby County

Residents of Shelby County are not “underserved” when it comes to substance use treatment services, and Longleaf fails to provide any evidence that such is the case. The fact that

no residential facilities are located in Shelby County does not demonstrate a need for additional services in Shelby County. Bradford provides inpatient substance use services at its Warrior campus in Jefferson County, Alabama. Bradford's Warrior campus has 182 CON-authorized beds. Further, Longleaf includes an Alabama Department of Mental Health ("ADMH") inventory of the Level 3.7 and 3.5 facilities in Alabama, which includes 5 facilities in Jefferson County. Jefferson County is contiguous to Shelby County. Further, the SAMHSA data included in Longleaf's filing indicates that there are several substance use treatment facilities located in Shelby County. *See Attachment B.* Thus, residents of Shelby County needing substance use services are able to easily access such services, either in Shelby County or neighboring Jefferson County. Given the residential and inpatient nature of some of these services, patients are not required to drive back and forth for services, making accessibility to the Warrior inpatient facility in neighboring Jefferson County even easier.

Bradford has provided substance use services in Alabama for over 45 years. *See Exhibit A.* Bradford offers a complete continuum of care, ranging from detox and inpatient to outpatient and education. Bradford offers all of the services that Longleaf proposes in its plan adjustment proposal. Further, Bradford has excess capacity in its facilities. During 2024, Bradford operated at about a 56% occupancy rate at its Alabama inpatient facilities for inpatient services delivered to Alabama residents, and can, thus, easily accommodate additional patients. In addition, Bradford prides itself on not having a waitlist for its services, highlighting the accessibility of its services.

Bradford currently serves patients from all over the state of Alabama, including Shelby County. During 2024, Bradford admitted 302 patients from Shelby County to its Alabama inpatient facilities, and treated significantly more Shelby County patients on an outpatient basis. Further, as mentioned above, Bradford has the excess capacity to treat additional patients from Shelby County.

Thus, any contention that substance use treatment services are difficult to obtain for citizens residing in Shelby County is completely inaccurate.

Further, the population in Shelby County is relatively healthy, negating any assumption that this population base is a higher utilizer of such services or needs to be treated differently than the rest of the state though a county-specific plan adjustment or a new need methodology, when the SHCC clearly enacted a statewide methodology. According to the most recent data issued by the University of Wisconsin Population Health Institute, Shelby County ranks first in Alabama in terms of health outcomes and health factors. Health factors include measures of health behavior such as alcohol and drug use. *See Attachment C.* Thus, there is no evidence that Shelby County residents would have a disproportionate need for substance use services relative to Alabama as a whole, as Longleaf contends.

5. Longleaf Is Not An Appropriate Party To Provide The Requested Services

Finally, Longleaf states that if the plan adjustment is approved, it intends to file a CON application for the beds. Longleaf also notes that it intends to primarily focus on patients with commercial insurance and private pay funds, and not indigent or governmental patients (*e.g.*, Medicare and Medicaid). *See Longleaf Plan Adjustment Filing, p. 13,19.* This is backwards from the health care directives one typically sees. Commercial and self-pay patients are not the patients who typically experience challenges to accessing services, as they have the means to pay and to travel to facilities of their choosing. Low income individuals covered by government programs or without resources to pay are who typically face significant challenges accessing care. In fact, the 2024-2027 State Health Plan recognizes the accessibility issues encountered by the indigent population (*e.g.*, the Medicaid population and the uninsured). “The Statewide Health Coordinating Council believes that access to care, which is mandated as a part of the Certificate of Need (CON) Review process shall include the historical and projected charity care provided by each CON

applicant and the impact each CON approval will have on access to health care for the medically indigent.” *Ala. Code* § 410-2-2-.06. On the contrary, Longleaf admits that it intends to serve the commercial patients, not indigent patients who oftentimes encounter accessibility challenges.

Conclusion

For the reasons discussed herein, Bradford requests that Longleaf’s Plan Adjustment Application be **denied**.

Respectfully submitted this the 25th day of February, 2025.

/s/ Kelli C. Fleming

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CERTIFICATE OF SERVICE

I hereby certify that I have filed via E-mail Electronic Filing the foregoing **Bradford Health Services' Opposition to Substance Use State Health Plan Adjustment** upon:

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on this the 25th day of February, 2025.

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