

Executive Director's Report – August 19, 2025

Transportation Services Update

Our transportation program continues to play a vital role in ensuring client access to services across both counties. In July:

- **Jackson County:** 55 total client transports
- **Marshall County:** 177 total client transports
 - Of these, **143** were for our **Day Program** clients

This steady volume underscores the continued importance of our transportation operations as a core support to service delivery.

Emergency Response Plans by Location

We have worked with **Special Touch Restoration** to prepare individualized **Emergency Response Plans** for each of our building locations. These plans include:

- Site-specific evacuation procedures
- Marked locations of all main water shut offs, fire extinguishers, and sprinkler system shut off valves.

These documents will complement our broader **Continuity of Operations Plan (COOP)** and help ensure rapid, coordinated responses during emergencies or natural disasters. Also in the event of significant building damage we will be a top priority to have needed repairs completed, so we can resume full operations asap.

Lab Services Partnership Exploration

I recently had an initial meeting with **Melanie Bradford, of Marshall Medical Centers**, to explore a potential **partnership for lab services** to benefit our clients.

- The conversation focused on improving access to primary care labs (e.g., blood draws, basic panels) as part of our CCBHC-required health screening and monitoring.
- This could create operational efficiencies and ensure timely lab work for clients with co-occurring medical conditions.

Discussions will continue to assess feasibility, logistics, and billing mechanisms for implementation.

FY26 and Long-Term Strategic Planning

We are currently developing both **Fiscal Year 2026 CCBHC Implementation Goals** and a **5–7-year strategic plan** aligned with our CCBHC implementation and broader organizational growth. Key initiatives include:

- **FY26 Goals:**
 - Full operationalization of CCBHC core services
 - Implementation of new staff training programs
 - Enhancement of care coordination and data tracking systems
 - Establishment of additional care agreements with external providers
- **5–7 Year Plan Highlights:**
 - Construction and launch of the 16-bed Crisis Residential Unit (CRU)
 - Full development of our Claysville property (i.e. outpatient clinic, public rental apartments, and commercial spaces)

- Long-term sustainability through diversified funding streams and Medicaid reimbursement optimization

CCBHC Governance Requirements

As outlined in the CCBHC Implementation Bulletin on governance, provider organizations must demonstrate that their **governing body is reflective of the individuals served**, either through:

1. **At least 51% of Board members** having lived experience with behavioral health conditions (either personally or through a close family member); or
2. Establishing a **formal advisory committee** composed of individuals with lived experience to provide input into governance decisions.

DMH has confirmed that providers may **self-certify compliance** if a poll of Board members verifies that the 51% lived experience threshold is met. We plan to **conduct this poll at next month's Board meeting**. If the threshold is not met, we will move forward with forming an advisory committee to ensure compliance with the governance requirement.

CCBHC Update

We continue to make strong progress toward becoming a Certified Community Behavioral Health Clinic (CCBHC) on October 1, 2025.

On **July 16**, we hosted an **on-site visit from the Alabama Department of Mental Health (DMH)** as part of the readiness review process. The DMH team was **highly complimentary of our preparation**. A formal written report from DMH is expected soon.

Additionally, on 8/18/25 DMH **finalized and submitted our CCBHC application to SAMHSA**, who will make the final determination regarding our entry into the demonstration program.



**Mountain Lakes Behavioral Healthcare
5–7 Year Business Plan (2025–2032)**

Table of Contents

1. Executive Summary
2. Organizational Overview
3. Strategic Objectives
4. Project 1: Crisis Residential Unit (CRU)
5. Project 2: CCBHC Implementation
6. Project 3: Claysville Campus Development
7. Financial Projections
8. Staffing Plan
9. Evaluation & Metrics
10. Risk Management
11. Conclusion

Mountain Lakes Behavioral Healthcare: 5–7 Year Business Plan (2025–2032)

Executive Summary

Mountain Lakes Behavioral Healthcare is entering a transformative period with the launch of three major concurrent initiatives that will expand our service delivery capacity, enhance care coordination, and establish our Claysville property as a regional hub for behavioral healthcare and economic development. These initiatives are:

1. Construction and operation of a 16-bed Crisis Residential Unit (CRU).
 2. Full implementation of the Certified Community Behavioral Health Clinic (CCBHC) model.
 3. Strategic development of our 30-acre Claysville property to include outpatient care, traditional market-rate apartment housing, and commercial development.
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Organizational Overview

MLBH is a 501(c)(3) nonprofit community mental health center serving Jackson and Marshall Counties in Alabama. With a mission to provide accessible, high-quality behavioral health and substance use treatment services, MLBH serves thousands of individuals each year across multiple outpatient clinics, residential programs, and crisis services.

Strategic Objectives (2025–2032)

1. Expand inpatient crisis stabilization capacity through construction and operation of a new CRU.
2. Implement and sustain full compliance with the SAMHSA/ADMH CCBHC model.
3. Develop the 30-acre Claysville campus into a centralized, mixed-use hub including behavioral healthcare, traditional apartment housing, and commercial leasing.

Project 1: 16-Bed Crisis Residential Unit (CRU)

Overview:

The CRU will serve individuals in psychiatric crisis, primarily those involuntarily committed through the Jackson County & Marshall County Probate Courts. This short-term residential unit will operate 24/7 to provide stabilization, assessment, and treatment in a secure, therapeutic setting.

Timeline:

- **2025 (Q3–Q4):** Architectural planning and permitting
- **2026–2027:** Construction and state licensure
- **2027 (Q3):** Opening and first patient admission

Goals:

- Divert individuals from emergency departments and jails.
- Expand regional inpatient capacity for acute mental health needs.
- Improve continuity of care and discharge outcomes.

Project 2: Full Implementation of the CCBHC Model

Overview:

Beginning October 1, 2025, MLBH will launch implementation of the Certified Community Behavioral Health Clinic model. This model enhances access to care, promotes integrated treatment, and is tied to an enhanced Medicaid reimbursement structure.

Timeline:

- **2025 (Q4):** Initial CCBHC designation and service expansion begins
- **2026–2027:** Rapid expansion of staffing, services, and data systems
- **2028:** Target for full fidelity and successful audit

Goals:

- Provide comprehensive, coordinated care to all populations and age groups.
 - Operate 24/7 crisis and mobile crisis services.
 - Integrate behavioral health with primary care screening and population health initiatives.
 - Improve clinical outcomes and data-driven quality management.
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Project 3: Claysville Campus Development

Overview:

MLBH will develop its 30-acre Claysville property into a centralized campus for service delivery, public housing, and economic activity. The campus will include the CRU, a new outpatient clinic, multiple traditional apartment buildings, and retail/commercial development on the Hwy 431 frontage.

Components:

1. **CRU Facility (2025–2027)**
2. **New Marshall County Outpatient Clinic (2027–2029)**
3. **Traditional Market-Rate Apartments (2027–2032)**
 - Constructed in phases based on market demand.
 - Units will be leased to the general public (not program-restricted housing).
4. **Retail/Commercial Frontage (2026–2032)**
 - Pursue lease or sale to fast food, convenience, and general retail tenants.

Goals:

- Centralize services and operations on one modern campus.
- Generate long-term sustainable revenue from commercial and residential rentals.
- Stimulate economic development in Claysville and along the Highway 431 corridor.
- Improve access and visibility for clients and community partners.

Key Milestones:

- Property zoning, site plans, and utility expansion (2025–2026)

- CRU and Phase I apartments under construction (2026–2027)
 - Apartment lease-up and occupancy (2028)
 - Retail agreements and frontage buildout (2027–2032)
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Financial Projections

- **CRU Construction & Furnishing:** \$10-12 million (estimate)
 - **CCBHC Implementation:** Medicaid CCBHC PPS rate, grant funding, and reinvestment of operating margin
 - **Claysville Development:** Phased approach leveraging grants, financing, and potential third-party developers
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Staffing Plan (2025–2032)

- Increase in clinical, administrative, and support staffing by 40–60%
 - Hiring of outpatient, mobile crisis, and medical personnel for CCBHC expansion
 - Property management or third-party coordination for public apartment complexes
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Evaluation & Metrics

- **CRU:** Utilization rates, diversion statistics, client stabilization and discharge outcomes
 - **CCBHC:** Compliance tracking, access metrics, quality indicators, and client satisfaction
 - **Campus Development:** Lease occupancy rates, ROI from commercial activities, community usage
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Risk Management

- **Construction and permitting delays:** Close coordination with architects, engineers, City of Guntersville, and ADMH

- **Recruitment limitations:** Incentives, rural workforce strategies, and career ladders
 - **Economic uncertainty:** Conservative financial modeling and phased capital investments
 - **Regulatory change:** Proactive engagement with SAMHSA/ADMH guidance
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Conclusion

Mountain Lakes Behavioral Healthcare is undertaking a bold, coordinated expansion plan that will reshape the behavioral health landscape in Jackson and Marshall Counties. By developing a regional campus, launching the CCBHC model, and expanding crisis services, MLBH will improve access, quality, and sustainability well into the next decade.

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FY26 Goals and Objectives for CCBHC Implementation

1. Governance & Leadership

Goal: Ensure strong organizational governance to support CCBHC transition, compliance, and sustainability.

- **Objective 1.1:** Maintain an internal CCBHC Task Force that meets at least monthly to monitor implementation progress.
- **Objective 1.2:** Present quarterly updates on CCBHC implementation to the Board of Directors, including financial performance, compliance benchmarks, and service data.
- **Objective 1.3:** Finalize and approve all policies and procedures required under the CCBHC model by December 31, 2025.

2. Staffing & Training

Goal: Recruit, train, and retain qualified staff to deliver the full CCBHC service array.

- **Objective 2.1:** Hire all key staff required under the CCBHC staffing model, including care coordinators, licensed providers, peers, and primary care screening staff by March 31, 2026.
- **Objective 2.2:** Develop a comprehensive CCBHC training plan and complete training for 100% of staff on core topics (trauma-informed care, suicide prevention, evidenced based practices, cultural competence, etc.) by March 31, 2026.
- **Objective 2.3:** Establish a structured onboarding and role-specific competency checklist for all CCBHC staff by February 28, 2026, and ensure 100% completion within the first 30 days of hire.

3. Service Delivery & Access

Goal: Expand and enhance services to meet the CCBHC service array requirements and ensure timely access to care.

- **Objective 3.1:** Achieve all access timeframe requirements for intake and crisis services by February 1, 2026.
- **Objective 3.2:** Ensure all nine required CCBHC services are actively delivered by March 31, 2026.
- **Objective 3.3:** Expand the Mobile Crisis Team to operate 24/7 with response times compliant with CCBHC standards by June 30, 2026.

4. Care Coordination

Goal: Build effective care coordination systems across primary care, hospitals, law enforcement, and schools.

- **Objective 4.1:** Finalize and sign all required written care coordination agreements by March 31, 2026.
- **Objective 4.2:** Implement warm handoff procedures for clients transitioning between levels of care and across partner agencies by March 31, 2026.
- **Objective 4.3:** Assign a designated care coordinator for at least 75% of clients with high-risk or complex needs by April 30, 2026.

5. Quality Reporting & Compliance

Goal: Build a robust quality assurance and performance monitoring system aligned with CCBHC requirements.

- **Objective 5.1:** Fully implement a data reporting dashboard for required CCBHC quality measures by March 31, 2026.
- **Objective 5.2:** Submit quarterly quality measure reports to SAMHSA and DMH beginning Q2 FY26.
- **Objective 5.3:** Conduct biannual client satisfaction surveys by April 30 and September 15, 2026.

6. Financial Sustainability (PPS & Billing)

Goal: Maximize Prospective Payment System (PPS) reimbursements and ensure financial sustainability.

- **Objective 6.1:** Ensure at least 85% of qualifying service days trigger the PPS daily rate by March 31, 2026.
- **Objective 6.2:** Train all front-line clinical staff and supervisors on PPS billing practices and triggering services by November 30, 2025.
- **Objective 6.3:** Monitor monthly PPS rate performance and conduct quarterly audits starting Q2 FY26.