MOUNTAIN LAKES
Behavioral Healthcare

ADMINISTRATIVE SERVICES
3200 Willow Beach Road, Guntersville, AL 35976
256-582-4240 • 256-582-4161 (fax)

TO: Board of Directors
FROM: Shelly Pierce, HR Assistant
RE: July Board meeting
DATE: July 17, 2026

The next meeting of the Board of Directors will be conducted on **Tuesday, July 21, 2026,** at the Jackson County Clinic in Scottsboro. An evening meal will be provided, with the Board work session starting at 5:30 pm. The regular monthly meeting will begin immediately after the work session concludes.

The items listed below are included in this packet for your advanced review:

- July Board Agenda
- Minutes from the June 16, 2026, Board work session
- Minutes from the June 16, 2026, Board meeting
- Financial Reports through June 30, 2026
- Committee appointments for 2026-2027
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- June Summary of Reports for CQI Committee
- Minutes from the June Leadership Committee meeting
- July newsletter

Any items needing clarification or requiring Board approval will be discussed at that time. We will make the most efficient use of your time by considering only items of major importance and requiring formal action. Unless noted, all other items will be considered correct.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

July 21, 2026

WORK SESSION
5:30 p.m.

MONTHLY MEETING AGENDA
6:00 p.m.

I. Call the meeting to order – David Kennamer, President

II. Approval of minutes of the June 16, 2026, work session and meeting – David Kennamer, President

III. CEO Report – Myron Gargis, CEO

IV. Financial reports through June 30, 2026 – Cammy Holland, Business Manager

V. Proposed revisions to P&Ps – Myron Gargis, Chief Executive Officer
- Section 3 – Financial Administration

VI. Committee Appointments for 2026-2027 – David Kennamer, President

VII. Written reports
- Personnel – Lane Black, HR Coordinator
- IT – Steve Collins, IT Director
- Clinical – Erica Player, Clinical Director

VIII. Miscellaneous and/or Board requested items for future meeting

Mountain Lakes Behavioral Healthcare

Board of Directors – Work Session Minutes
Date: June 16, 2026
Time: 5:30 P.M. – 5:50 P.M.
Location: In person at the Administrative Office, with a virtual attendance option

Attendance:

Joe Huotari
Jo-Anne Hutton (virtual)
John David Jordan
David Kennamer
Hannah Nixon
Lucien Reed
Jane Seltzer

Absent:

Bill Kirkpatrick
Andrea LeCroy
Victor Manning

A quorum was present.

Purpose of Work Session
The work session was held to allow for discussion and information sharing on several operational and strategic topics. No formal votes or actions were taken.

Items Discussed

Crisis Residential Unit (CRU) Project & Funding Opportunities:
An update was provided regarding the status of the CRU project, including current design progress and ongoing local, state, and federal funding efforts. USDA funding was also discussed.

Jackson Place Program Updates & Future Use Considerations:
Discussion occurred regarding the current Jackson Place program and a proposal submitted to ADMH to transition the program into a Semi-Independent Living program serving hearing individuals.

Guntersville Clinic Lease Renewal Options:
The Board briefly discussed the Guntersville clinic lease arrangement and related long-term property considerations.

Former Jackson County Clinic Property:
Discussion occurred regarding appraisal and potential sale or lease options for the former Jackson County clinic property.

Adjournment
The work session adjourned at 5:50 P.M.

Marshall-Jackson Mental Health Board, Inc.
Mountain Lakes Behavioral Healthcare

Board of Directors Meeting
June 16, 2026

MINUTES

I. Call to Order

Prior to the evening meetings, Board members had an opportunity to tour the property where the new CRU facility will be built. Following the tour and a Board work session, David Kennamer, President, called the monthly meeting to order at 6:00 p.m. at the Administrative Office in Guntersville, Alabama. Virtual participation was also available for this meeting.

Present:
Joe Huotari
Jo-Anne Hutton (Virtual)
John David Jordan
David Kennamer, President
Hannah Nixon, Vice-President
Lucien Reed, Treasurer
Jane Seltzer, Secretary

Absent:
Bill Kirkpatrick
Andrea LeCroy
Victor Manning

Staff:
Lane Black, HR Coordinator
Jeremy Burrage, Program Coordinator II, Mobile Crisis Services
Dana Childs, QA Coordinator/Clinical Administrative Assistant
Julianna Davis, Therapist, Veterans/First Responders
Myron Gargis, Chief Executive Officer
Cammy Holland, Business Manager
Shelly Pierce, HR Assistant
Erica Player, Assistant Clinical Director
Dianne Simpson, Clinical Director
Mary Ann Wooten, Peer Support Specialist (CPS-A), Veterans/First Responders

II. Approval of minutes of the May 19, 2026, Board work session and meeting – David Kennamer, President

MOTION: Hannah Nixon made a motion that the Board approve the minutes of the May 19, 2026, work session and meeting, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

III. Chief Executive Officer's Report

The CEO's Report for June (Appendix A) was submitted in written format and made available to all Board members prior to the meeting.

IV. Financial reports through May 31, 2026 – Cammy Holland, Business Manager

Included in the monthly packet were a YTD CCBHC Program Summary and a YTD Non-CCBHC Program Summary. Both documents provided financial details for each individual program. Also included was a condensed YTD Program Summary, which very much streamlined the financial information by reporting only totals for CCBHC, Non-CCBHC, Residential Programs and Board Investments.

The current Balance Sheet, including Board Investments, indicated Total Cash of $2,142,017. This total is $1,421,304 more than this same time period last year. Continued review reflected Total Accounts Receivable of $1,733,183, which is $873,539 less than in FY25.

Ms. Holland reported that MLBHC has experienced significant improvements in both revenue and overall financial stability since implementing the CCBHC model. She emphasized the importance of maintaining strong financial oversight as staffing levels increase, services expand, capital projects are completed, and future PPS rebasing occurs.

She explained that the current PPS rate is temporary and was based on estimated projections. This rate will be in effect from July 1, 2026, through June 30, 2027, after which it will be recalculated (rebased). Following rebasing, the PPS rate will be based on actual allowable expenses and qualifying service events. If the cost of providing services is lower than projected, the future PPS rate will decrease; if costs are higher than projected, the PPS rate may increase.

V. Proposed revisions to Policies and Procedures – Myron Gargis, Chief Executive Officer

As discussed several months ago, the implementation of CCBHC is an appropriate time to review and revise any Policies and Procedures that do not currently meet CCBHC criteria. A recommendation was made to use the monthly Board meetings to review and revise, when necessary, one P&P section at a time.

The proposed revisions to P&P Section 2 – General Administration, were distributed to Board members last month to provide time for review prior to proposed approval at tonight's meeting. After discussion, Ms. Seltzer recommended that the first policy statement on P&P 2.17 be revised to read "It is the policy of Mountain Lakes Behavioral Healthcare to prevent the spread of infectious diseases among all clients, staff and volunteers."

MOTION: Jane Seltzer made a motion that the Board approved P&P Section 2, with the revision noted above. Hannah Nixon seconded the motion, which was approved unanimously.

The draft revisions of P&P Section 3 – Financial Administration, are currently undergoing internal review and are expected to be ready for Board review next month.

VI. Recommendation of Officers for 2026-2027 – Hannah Nixon, Nominating Committee Member

Hannah Nixon, Nominating Committee member, presented the committee's recommendation of Board Officers for the 2025–2026 term: David Kennamer as President, Hannah Nixon as Vice President, Lucien Reed as Treasurer, and Jane Seltzer as Secretary.

MOTION: Joe Huotari made a motion that the Board approve the Nominating Committee's recommendation of Board Officers for 2025-2026, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

VII. Written Reports

The Personnel, IT and Clinical Reports were submitted in written format for the monthly Board packets. Any items of question or requiring Board action will be discussed during the meeting.

The Clinical Director's Report included information on mental health care for members of the armed forces and veterans. Ms. Simpson then introduced MLBHC staff members Julianna Davis, Therapist, and Mary Ann Wooten, Peer Support Specialist, who currently provide mental health services for Veterans and First Responders. Ms. Davis and Ms. Wooten each shared their professional backgrounds and described how they came to work with these populations.

VIII. Miscellaneous and/or Board requested items for future meetings

None noted.

MOTION: Hannah Nixon made a motion that the Board adjourn the meeting at 7:05 p.m. Jane Seltzer seconded the motion, which was approved unanimously.

_____

David Kennamer, President
Marshall-Jackson Mental Health Board, Inc.

_____

Jane Seltzer, Secretary
Marshall-Jackson Mental Health Board, Inc.

APPENDIX A

Chief Executive Officer's Report – June 16, 2026

▶ Transportation Services Update – May 2026

- Jackson County: 46 transports
- Marshall County: 135 transports
  - Of these, 104 transports supported participation in the Rehabilitative Day Program.

▶ Crisis Residential Unit (CRU) & Campus Development

The Crisis Residential Unit (CRU) project remains on schedule and is currently in the Design Development phase.

Recent project activities completed include:

- Door hardware review
- Access control and security review

The kitchen design is expected to be completed by the end of June. We remain on target to complete the Design Development phase by late June, allowing the Construction Documents phase to begin immediately thereafter.

The project remains on schedule for a targeted construction start in October 2026.

▶ Jackson Place Program

We have submitted a request to the Alabama Department of Mental Health (ADMH) to repurpose the Jackson Place Program into a Semi-Independent Living Program serving hearing individuals. We are currently working to schedule a meeting with ADMH to discuss the proposal in greater detail.

▶ Guntersville Clinic Lease Update

I have executed a new 10-year lease agreement for the Guntersville Clinic location, which includes an option to extend the lease for an additional 10 years.

This agreement provides long-term stability for our Guntersville outpatient operations and ensures continued access to the location for up to 20 additional years.

▶ Former Scottsboro Clinic Property

We are currently working with Rosenblum Realty, a North Alabama residential and commercial real estate firm, regarding the former Scottsboro Clinic property.

The appraisal site visit has been completed, and we expect to receive the final appraisal report soon. Following receipt of the appraisal, the property will be marketed for either sale or lease.

▶ Policy & Procedure Updates

Section 3 – Financial Administration
Draft revisions have been completed and are currently undergoing internal review. The revised section is expected to be ready for Board review next month.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
CCBHC PROGRAM SUMMARY
FOR THE MONTH ENDED JUNE 30, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
Administration	97,790	19,912	97,790	6,957	(77,878)	-391.11%	(77,878)	-391.11%	0	12,955	12,955	0	
Marshall County MHC	696,788	451,057	611,654	556,651	(245,731)	-54.48%	(48,921)	-8.79%	85,134	(105,594)	6,082	(111,676)	
Jackson County MHC	411,718	316,582	381,074	417,405	(95,136)	(0)	45,293	10.85%	30,644	(100,823)	8,962	(109,785)	
Grand Total	1,206,296	787,552	1,090,518	981,014	(418,744)		(81,505)		115,778	(193,462)	27,999	(221,461)	

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
NonCCBHC PROGRAM SUMMARY
FOR THE MONTH ENDED JUNE 30, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
CRU - 16 Bed Facility	0	0	9,494	0	-	#DIV/0!	(9,494)		(9,494)	0	0	0	
Dutton Facilities	112,813	95,042	102,281	79,320	(17,770)	-18.70%	(19,038)	-24.00%	10,532	15,722	3,923	11,799	
EBP Supportive Housing	13,712	18,480	13,712	12,591	4,769	25.80%	(1,120)	-8.90%	(0)	5,889		5,889	
Geriatrics	-	58,643	-	28,356	58,643	100.00%	28,356	100.00%	0	30,287		30,287	
Jackson Place	39,677	681	32,534	1,789	(38,996)	-5723.61%	(29,625)	-1656.18%	7,143	(1,107)	1,120	(2,228)	
JC Non-CCBHC	64,595	108,158	52,897	53,353	43,564	40.28%	456	0.86%	11,698	54,806		54,806	
Marshall Place	22,465	24,174	26,366	22,256	1,709	7.07%	(3,724)	-16.73%	(3,900)	1,919	386	1,533	
MC Non-CCBHC	106,798	139,881	73,431	52,344	33,083	23.65%	(21,087)	-40.29%	33,367	87,537		87,537	
Prevention	28,553	33,909	25,107	31,981	5,356	15.80%	6,874	21.49%	3,445	1,928		1,928	
Substance Use	111,712	118,000	108,380	119,261	6,288	5.33%	17,893	15.00%	3,332	(1,261)	7,012	(8,273)	
Supervised Apartments	6,254	7,429	4,372	3,998	1,175	15.82%	312	7.81%	1,882	3,431	686	2,745	
	506,578	604,398	448,572	405,249	97,819		(30,197)		58,006	199,149	13,126	186,023	
Board Investments	26,889	3,100	2,137	2,665	(23,789)	-767.39%	1,729	64.90%	24,752	435	1,201	(766)	
Grand Total	533,467	607,498	450,709	407,914					82,758	199,584	14,328	185,256	

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
SUMMARY YTD
FY 2026

PROGRAM	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)
CCBHC	1,041,998	460,014	249,393	210,621
NonCCBHC Outpatient	661,476	986,637	0	986,637
Residential MI/SU	116,467	1,002,140	127,994	874,146
Board Investments	222,772	429,154	8,393	420,761
Grand Total	2,042,712	2,877,946	385,780	2,492,166

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
CCBHC PROGRAM SUMMARY
FOR THE NINE MONTHS ENDED JUNE 30, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
Administration	880,108	178,268	880,109	61,069	(701,840)	-393.70%	(701,841)	-393.70%	(0)	117,199	117,199	0	
Marshall County MHC	6,339,503	4,976,387	5,573,300	4,397,785	(1,363,116)	-27.39%	(1,120,232)	-25.47%	766,203	578,602	55,283	523,319	
Jackson County MHC	3,773,874	2,823,472	3,498,080	3,059,260	(950,402)	(0)	(361,909)	-11.83%	275,795	(235,788)	76,911	(312,699)	
Grand Total	10,993,486	7,978,127	9,951,488	7,518,113	(3,015,359)		(2,183,982)		1,041,998	460,014	249,393	210,621	

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
NonCCBHC PROGRAM SUMMARY
FOR THE NINE MONTHS ENDED JUNE 30, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
CRU 16 Bed Facility	0	148,507	85,442	0	148,507	100.00%	(85,442)	#DIV/0!	(85,442)	148,507	0	148,507	
Dutton Facilities	1,015,315	1,023,011	920,528	691,029	7,697	0.75%	(188,566)	-27.29%	94,786	331,982	40,933	291,049	
EBP Supportive Housing	123,404	119,453	123,404	96,096	(3,951)	-3.31%	(27,308)	-28.42%	(0)	23,357		23,357	
Geriatrics	-	472,594	-	248,891	472,594	100.00%	248,891	100.00%	0	223,703		223,703	
Jackson Place	357,092	294,565	292,806	191,460	(62,527)	-21.23%	(86,991)	-45.44%	64,286	103,105	14,355	88,750	
JC Non-CCBHC	718,173	772,002	385,807	388,967	53,830	6.97%	3,160	0.81%	332,365	383,035		383,035	
Marshall Place	202,189	273,259	237,290	218,309	71,070	26.01%	(15,505)	-7.10%	(35,101)	54,950	3,476	51,475	
MC Non-CCBHC	870,923	1,329,933	541,813	726,331	459,010	34.51%	184,518	25.40%	329,110	603,602		603,602	
Prevention	256,974	259,278	225,965	231,855	2,305	0.89%	5,889	2.54%	31,009	27,424		27,424	
Substance Use	1,005,412	948,972	975,420	886,193	(56,440)	-5.95%	(26,514)	-2.99%	29,992	62,779	62,713	66	
Supervised Apartments	56,282	58,224	39,346	31,892	1,942	3.33%	(936)	-2.94%	16,936	26,332	6,518	19,814	
	4,605,763	5,699,800	3,827,821	3,711,022	1,094,037		11,196		777,942	1,988,778	127,994	1,860,783	
Board Investments	242,003	444,331	19,231	15,176	202,328	45.54%	4,338	28.59%	222,772	429,154	8,393	420,761	
Grand Total	4,847,766	6,144,131	3,847,052	3,726,198					1,000,714	2,417,932	136,388	2,281,545	

2026 COMPARATIVE BALANCE SHEET

As of Accounting Period 9

	FY 2025	FY 2026	$ VARIANCE	%
Current Assets				
Cash	$529,275	$1,703,571	$ 1,174,296	68.93%
Total Receivables	$2,856,650	$2,084,431	$ (772,218)	-37.05%
Total Other Current Assets	$3,383,409	$3,467,477	$ 84,068	2.42%
Total Current Assets	**$6,769,334**	**$7,255,479**	**$486,145**	**6.70%**
Long Term Assets				
Fixed Assets	$6,042,028	$6,109,377	$ 67,348	1.10%
Other Long Term Assets	$4,691,825	$5,320,108	$ 628,283	11.81%
Total Long Term Assets	**$10,733,854**	**$11,429,485**	**$ 695,631**	**6.09%**
Total Assets	**$17,503,187**	**$18,684,964**	**$ 1,181,777**	**6.32%**
Liabilities				
Current Liabilities	($569,571)	($936,069)	$ (366,498)	39.15%
Long Term Liabilities	$0	$0	$ -	
Total Liabilities	**($569,571)**	**($936,069)**	**$ (366,498)**	**39.15%**
Net Assets				
Unrestricted Net Assets	($15,610,386)	($15,256,730)	$ 353,656	-2.32%
Net (Income) Loss	($1,323,231)	($2,492,165)	$ (1,168,935)	46.90%
Total Net Assets	**($16,933,617)**	**($17,748,895)**	**$ (815,278)**	**4.59%**
Total Liabilities and Net Assets	**($17,503,187)**	**($18,684,964)**	**($1,181,777)**	**6.32%**

Other Information

June 2026

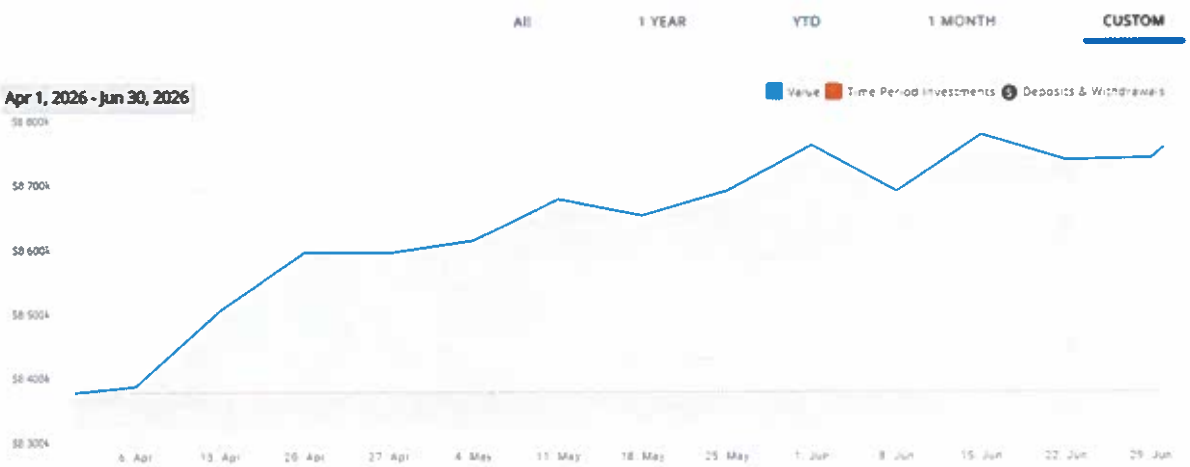
Transportation	**Marshall County**	**Jackson County**	
Miles driven in month	1,200.00	1,448.00	
Number of riders	155	54	
Fuel Purchased	402.00	229.06	
Average Price/gallon	3.41	3.71	
Maintenance	-	166.42	Oil change & air filter
Depreciation	869.78	842.00	
Salary	3,183.20	3,061.76	
Cost/rider	28.74	79.62	

Client Medical Expense	**Dutton**	**Jackson Place**	**Marshall Place**	**Cedar Lodge**	
Pharmacy	2,959.06	149.73	229.01	419.54	
Physician Charges	147.50			5,116.50	
Co-Pays/Deductibles					
	3,106.56	149.73	229.01	5,536.04	**9,021.34**

Consumer Housing	**Duplex-Board Inv**
# of Available Units	-
# of Units Rented	1.00
Rental Revenue	400.00

VALUE OVER TIME

STARTING MARKET VALUE *Apr 1, 2026*	$8,377,444.62
DEPOSIT AND WITHDRAWALS	$0.00
INVESTMENT RETURNS	$379,424.28
TOTAL RETURN	4.53%
ENDING MARKET VALUE *As of Jun 30, 2026, Market Close*	$8,756,868.91*



ASSET ALLOCATION

VIEW BY

Broad Asset Class

ASSET	PERCENT
Bonds	65.47%
US Stocks	25.85%
Balanced	8.54%
Others	0.14%

During market hours, values for securities that are priced daily are calculated using prior day's closing price

Marshall-Jackson Mental Health Board, Inc.
dba Mountain Lakes Behavioral Healthcare

COMMITTEE APPOINTMENTS
July 1, 2026 – June 30, 2027

Executive Committee

David Kennamer	President
Hannah Nixon	Vice-President
Jane Seltzer	Secretary
Lucien Reed	Treasurer

Finance Committee

Lucien Reed	Chairperson
John David Jordan	
David Kennamer	
Myron Gargis, Executive Director	
Cammy Holland, Business Manager	

Personnel and Compensation Committee

Bill Kirkpatrick	Chairperson
Joe Huotari	
David Kennamer	
Andrea LeCroy	
Victor Manning	
Hannah Nixon	
Lane Black, HR Coordinator	
Myron Gargis, Executive Director	

Information Technology (IT) Committee

Jane Seltzer	Chairperson
Jo-Anne Hutton	
David Kennamer	
Steve Collins, IT Director	
Myron Gargis, Executive Director	

Minutes of all committee meetings must be kept and submitted to the Board for approval and appended to the Board minutes

MLBH PERSONNEL REPORT

7/21/2026

NEW HIRES

FT	Lunden Wilder	Case Manager (Low Intensity Care Coord.)	7/14/2026	MCMHC	CCBHC
FT	Daniel Chamberlain	Care Navigator	7/14/2026	MCMHC	CCBHC
FT	Tracie Manning	LSS/ Transportation	7/14/2026	Dutton	Carve Out
FT	Elizabeth Kidd	Peer Support Specialist	7/14/2026	JCMHC	CCBHC

NEW POSITIONS ADDED

TRANSFERS

PROMOTIONS

FT	T Ryan Hixon	Training Specialist	6/26/2026	Administration	CCBHC
FT	Erica Player	Clinical Diretor	7/11/2026	Administration	CCBHC
FT	Sherneria Rose	Assistant Clinical Director	TBD	Administration	CCBHC

SEPARATIONS (VOLUNTARY)

FT	Sarah Sims	SB Therapist	6/11/2026	C/A Outreach	CCBHC
FT	Savannah Miller	Peer Support Specialist	6/11/2026	JCMHC	CCBHC
FT	Jeffrey Wilson	Life Skills Specialist	7/3/2026	Dutton	Carve Out
FT	Dianne Simpson (retirement)	Clinical Director	7/10/2026	Both Counties	CCBHC
FT	Kendra Harvey	Certified Peer Support	7/7/2026	Geriatrics	Carve Out

SEPARATIONS (INVOLUNTARY)

PRN	Clarence Walker	Life Skills Specialsit	6/11/2026	Dutton	Carve Out
FT	Edna Huff-Hight	Life Skills Specialsit	6/30/2026	Dutton	Carve Out

ACT = Aseertive Community Therapy
AIH = Adult In-Home
CPS = Certified Peer Support
CAIH = Child/Adolescent In-Home
CRNP = Certified Registered Nurse Practitioner
CRSS = Certified Recovery Support Specialist (SA)
NL= Non-Licensed
IOP= Intensive Out Patient
QSAP = Qualified Substance Abuse Professional
SU = Substance Use
SLP=Sign Language Proficient
RDP = Rehabilitative Day Program
TPR= Treatment Plan Review

Peer Support Services Overview

Aligned with ADMH & CCBHC Standards

What is Peer Support?

Peer Support is a professional, evidence-based service provided by certified individuals with lived experience of recovery who support others navigating mental health and substance use challenges. Focus: hope, engagement, and self-direction.

Why It Matters

• Increases engagement and retention • Improves recovery outcomes and quality of life • Reduces hospitalizations and crisis utilization • Supports whole-person, family-centered care • Cost-effective intervention

Alignment with ADMH

• Certified, Medicaid-reimbursable service • Delivered by trained, credentialed professionals • Recovery-oriented and non-clinical • Includes CRSS, Adult CPS, Youth CPS, Parent CPS roles

Alignment with CCBHC

• Core service component • Supports care coordination, access, and engagement • Assists with transitions of care • Bridges clinical services with real-life recovery

Current Peer Staffing

Our peer workforce includes approximately 10 certified Peer Specialists supporting both mental health and substance use populations across the continuum of care, including adults, youth, families, veterans, first responders, and individuals seeking employment.

Impact

• Higher appointment adherence • Increased patient satisfaction • Reduced ER visits and hospitalizations • Improved stability and self-sufficiency

Peer Roles Overview

Role	Population	Focus
CRSS	Substance Use	Recovery support, sobriety maintenance
Adult CPS	Adults	Recovery planning, navigation
Youth CPS	Youth	Engagement, resilience
Parent CPS	Caregivers	Advocacy, family support

CQI Minutes
June 25, 2026

- **Report of the Clinical Director**
- **Staff Error Summary**
- **Wall of Fame and Incentive Plan**

Incentive Plan:
Boxley, Sarah
Brookshire, Tom
Headrick, Tina
McWhorter, Montana
Ramsey, Racheal
Ramsey Racheal
Tomas-Jiminez, Melisa

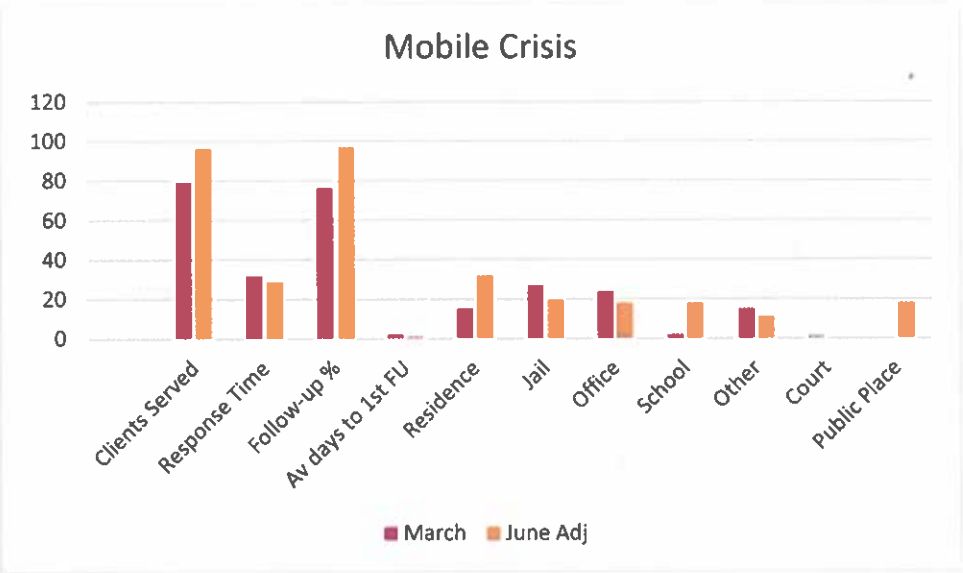
Wall of Fame-

Alford, Lindsay	Marshall ACT	Johnson, Dallas	MC CAIH
Barrett, Rob	Jackson Split	Knott, Stephanie	Marshall OP
Bartke, George	IOP	Moore, Leah	Geriatrics
Benton, Anna	Dutton	Rice, Hayden	Cedar
Cheek, Brittany	Cedar	Ritchie, Denise	Marshall ACT
Clonts, Lisa	Marshall AIH	Robinson, Hannah	MC CAIH
Cooper, Rebecca	Dutton	Russell, Meggie	MP
Crabtree, Margie	Marshall	Steed, Tyler	Geriatrics
Crowell, Robert	Cedar	Sweatman, Susan	Cedar
Early-Foster Allison	Guntersville SB	Traweek, Elizebeth	Marshall ACT
Eddings, Amanda	Cedar	Whitworth, Chris	JP
Estes, Ashlee	Marshall AIH	Willinson, Jaslynn	Jackson
Hanna, Sarah	MP		
Herring, Belinda	Marshall		
Holcomb, Mitzi	Geriatrics		
Holderfield, Alec	Marshall		

- **Review and approval of the monthly summary report for May 28, 2026:** No changes were recommended to the previous month's minutes. They will stand approved.

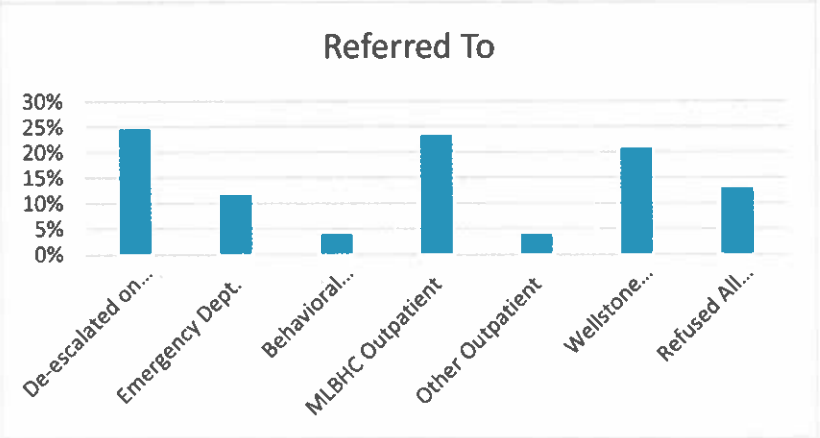
I. **CQI Plan Goal II Objective A-** Conduct an in-depth review of each protocol at least annually.
MLBH CCBHC Crisis Services Protocol Audit-1-2:30 pm- The past review was compared to this current quarter to show comparisons between the two quarters.

Mobile Crisis Metric	**Jan-March**	**Apr-May**
Number served	79	70
Response Locations		
• **Client Residence**	15	23
• **Jail**	27	14
• **Office**	24	13
• **School**	2	8
• **Public Place**	0	5
• **Court**	1	0
• **Other**	15	13
Average Response Time in Minutes	32	29
Percentage of individuals with documented follow-up	76%	97%
Average days to 1st follow-up	2	1



March review included 84 days. June review included 61 days. Graph shows adjustment to June data to account for the difference.

Referred From		**Referred To**	
Family	12	De-escalated on scene	19
Hospital	3	Emergency Dept.	9
Jail/Court	25	Behavioral Health Unit	3
Law Enforcement	9	MLBHC Outpatient	18
MLBHC Internal	9	Other Outpatient	3
School	9	Wellstone Emergency Services	16
Self-Referred	11	Refused All Referrals	10



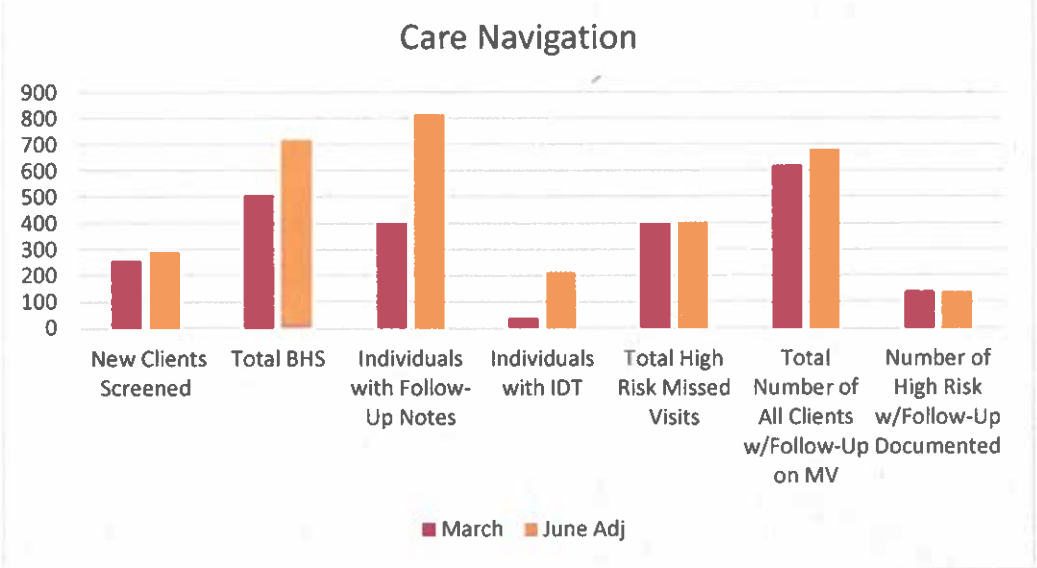
- **MLBH Crisis Services Audit Summary Metrics-** The committee reviewed quantitative data for 4/1/26-5/31/26. Data was collected from Avatar as well as the MCT tracking spreadsheet. A random chart review was conducted to assess protocol compliance and identify areas for improvement.

	January 1-March 25, 2026				April 1-May 31, 2026			
Section	Compliant (C)	Non-Compliant (NC)	N/A	Compliance Rate (if applicable)/Comments	Compliant (C)	Non-Compliant (NC)	N/A	Compliance Rate (if applicable)/Comments
1. Access, Entry, and Initial Contact	1				1			
2. Safety Screen & Triage	1			Partially compliant assumptions not documented	1			
3. Mobile Crisis Team Assignment	1					1		No documentation of 2nd team member
4. Pre-Arrival & Interim Support			1	Need to improve documentation			1	
5. Arrival & Scene Safety	1			Partially compliant-environmental safety scan and trauma informed engagement not documented.	1			
6. Comprehensive Crisis Assessment	1				1			
7. De-Escalation & Stabilization	1			Partially compliant-Verbal De-escalation and harm-reduction techniques not documented	1			
8. Level of Care Determination	1				1			
9. Warm Handoff	1			Partially compliant-Receiving staff name/title/time not documented	1			Needs improvement.
10. Crisis Prevention & Safety Planning			1	Client refused to create safety plan/asked to reach out to crisis resources if needed.	1			Partial compliance. CI mother to transport to WES. Info given r.e. school-based services.
11. 72-Hour Follow-Up		1	1	No contact by psych unit to inform MLBH of discharge. Client returned to hospital.	1			F/U documented next day and second day.
12. Event Closure			1	Did not complete	1			
13. Documentation & Billing Compliance			1	Did not complete	1			
14. System Coordination			1	Did not complete		1		No communication with WES at WES request.
15. CQI Monitoring			1	Did not complete	1			
Totals	8	1	7		13	2	1	

- **MLBH CCBHC Care Coordination Protocol Audit-2:30-4:15pm** – The committee reviewed quantitative data from April 1-May 31, 2026, collected from Avatar. A random review of four charts was conducted to assess protocol compliance and identify areas for improvement. One chart was reviewed from first contact and Behavioral Health Screening. Two charts with Interdisciplinary Team reviews and one high risk chart were reviewed.

Care Navigation Metric	Jan-March	Apr-May
Behavioral Health Screenings		
New Clients	259	210
Total	508	521
Individuals with Follow-Up Notes	401	592
Average Days to Services Scheduled		

Emergent	Not available	0
Urgent	6.05	12.8
Routine	12.85	14.25
Individuals with IDT	Not available	156
Total High Risk Missed Visits	399	294
Total Number of All Clients w/Follow-Up on MV	620	495



Section	January 1-March 25, 2026 Compliant (C)	Non-Compliant (NC)	N/A	Compliance Rate (if applicable)/Comments	April 1-May 31, 2026 Compliant (C)	Non-Compliant (NC)	N/A	Compliance Rate (if applicable)/Comments
1. Referral / Initial Contact	1		1	MMCN-list if ED or BHU	1			
2. Screen & Triage	1		1	Notify Veteran Peer specialist for F/UP	1			
3. Immediate Action Based on Triage Level	1		1			1		Routine admission intake was scheduled 17 days out
4. Consents for Information Sharing			2		2	1	1	No ROI for WES
5. Referrals and Care Coordination Activities			2			1	3	Case management referral needed
6. Track Engagement and Maintain Closed-Loop Referrals			2				4	
7. Transitions of Care			2		1		3	
8. Ongoing Care Coordination and IDT Participation	1		1	Partial compliance	2		2	Partial compliance. Needs improvement
9. Regular Communication with Partners	1		1			3	1	Need improvement with internal communications.
10. Update Consents and Coordination Needs	1		2	Further details needed	3		1	
11. Documentation	1		1	Could do more F/UP	4			
12. CQI Monitoring	2				4			
Totals	9		16		18	6	15	

II. Administrative Summary/Error Reports for May (April MTD: 0.8%; YTD: 1.0%):

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	
TOTAL	9	860	15	15	Late notes; Med record incomplete

MONTHLY ADMIN REVIEW ERROR RATE: 1.7 % YTD ERROR RATE: 1.0 %

III. ACSIS Consumer Profile Report for April 2026:

Total Errors	Predominant Error Trends
2	Invalid Diag 1

IV. **Cedar Lodge Access Report for May 2026:** During May 2026, two admissions were denied due to medical, medication-related, or NDP-related concerns, and both individuals were referred to their PCP for follow-up. One denied individual land on 5/26/2026 and reported that her PCP was completing testing and that she would call back once this was addressed. The other denied individual was subsequently admitted on 5/18/2026 following the initial denial.

V. **Prevention Activities:** A total of 231 activity sheets were reviewed for May 2026.

	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	N/A	N/A
Block-Environmental	28	22
Block- Information Dissemination	25	44
Block-Education	5	0
Block-Alternatives	8	4
Block-PIDR	21	14
SOR-Environmental	69	48
SOR-CBP	23	43
Total	179	175

Accomplishments:
During May 2026, prevention staff strengthened partnerships with schools, law enforcement, pharmacies, and community organizations across Marshall and Jackson Counties. Efforts resulted in the collection of 208 pounds of unused medication, distribution of 126 Narcan kits, delivery of evidence-based vaping education to youth, and expanded community awareness through prevention campaigns and outreach activities.

VI. **Hospital Discharge Follow-up Report for May:** Follow-up contact was completed for all but one individual. MLHBC was not notified by the facility of the need for follow-up in that case.

Local	State/CRU	One Day FU	Total	Average Days to FU
13	6	13	15	1.33

VII. **Incident Prevention and Management for the Previous Month:** During May, there were two allegations of non-consensual sexual contact, the first was unsubstantiated and the second one was substantiated; one incident involving client aggression and one incident involving a client seizure.

VIII. **Medication Errors for May:** A total of 0 medication errors were reported for May.

By Personnel

	MAC	RN	LPN	Pharmacist	Other (explain)
Level 1					
Level 2					
Level 3					
TOTAL	0	0	0	0	0

By Division

	MI	SU	TOTAL

Level 1	0	0	0
Level 2			
Level 3			
TOTAL	0	0	0

By Error Type

	Wrong Person	Wrong Med	Wrong Dose	Wrong Route	Wrong Time	Wrong Reason	Wrong Documentation	Missed Dose	Other (explain)
Level 1					0			0	0
Level 2									
Level 3									
TOTAL	0	0	0	0	0	0	0	0	0

IX. Consumer Feedback, Complaints, and Grievances for May 2026:

FY26-Consumer Feedback	May	May	May	May	May
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville	0	0	0	0	0
Scottsboro	0	0	0	0	0
Outreach/Residential	0	0	1	0	1
Cedar Lodge	0	0	0	0	0
Total MTD	0	0	1	0	1
Total YTD	11	5	10	2	28

X. Residential Services Report for May

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Marshall Place	3	93	93	100
Dogwood Apartments	8	248	217	88
Supportive Housing	12	372	248	67
MLBH Residential Care	10	310	279	90
MLBH Crisis Stabilization	2	62	62	100
Foster Homes	26	806	748	93
Totals		**1891**	**1647**	**87**

XI. Treatment Plan Reviews for May:

Programs	Total Charts	Admission Criteria not met	Not Timely	Not Individualized	Documentation Does Not Relate to TP And/or Address Progress	No Attempts of Active Engagement Documented	No Modification for Accommodations	Total Errors
TOTALS	23	0	1	0	0	0	0	1

The primary trend identified was that treatment plans were not completed in a timely manner. May error rate: 26.3%

Standards 580-2-20-.07 (7) (a):

(1.) The appropriateness of admission to that program is relative to published admission criteria.
(2.) Treatment plan is timely.
(3.)Treatment plan is individualized.
(4.) Documentation of services is related to the treatment plan and addresses progress toward treatment objectives.

(5.) There is evidence of attempts to actively engage recipient, family and collateral supports in the treatment process to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.
(6.) Treatment plan modified (if needed) to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

XII. Form-Policy & Procedure Revisions/Approvals:

Forms:

- **Client Information Handbook-English-Rev**
- **Clients Rights for Posters-English Rev**
- **Crisis Support and Emergency Resources-New**
- **Information for Assessment/Admission Clients (SU)-Rev**

P & P: Procedure Revisions for CQI Approval-None

P & P: Board-Approved Policy-Section 2-General Administration

XIII. Miscellaneous Items: None

XIV. Monthly Analysis of No-Show Rates for May 2026:

Location	Scheduled	Kept	Missed	Missed %
Guntersville	1536	992	544	35.42%
Scottsboro	1205	797	408	33.86%
Overall Total	2741	1789	952	34.73%

The CQI committee will conduct further analysis of missed appointments. This will look at data for individual providers as well as the reason for the missed appointment (client cancellation, staff cancellation, did not show). Then a plan of action will be created to improve this measure.

XV. Action Items:

(Key Code: Emergent-Red, Urgent-Orange, Routine-Yellow, Completed-Green highlights)

Please note*If your name/position is listed below on any of the action item reports, please reply back to me as you complete these action items or state how you made progress with them so we can update and clear out our action items more effectively. *** These will be moved next month to a separate spreadsheet for ease of tracking and reporting that will list both CQI and all protocols reviewed.**

Action	Responsible Person(s)	Time Frame	Comments/Updates
Ongoing			
Staff education on revisions to Admin Code	Program Directors & Coordinators train existing staff, Training Coordinators train new hires	April 2026	Ongoing. DMH extended the deadline to 10/1/26
Revision of P & Ps reflecting Admin Code revisions	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	April 2026	Ongoing. DMH extended the deadline to 10/1/26
Update signature line for ROI, Consent for Follow up, Client Handbook, Medical Dental form	QA Coordinator; EHR Specialist	June 2026	Still being revised in Avatar. Back up forms will be approved in April CQI.
Hospital follow up within 24 hours	Program Directors, care navigators, Clinical Director (tracking progress)	7/16/26	Further training needed in documentation.
Missed Visit analysis and plan of action	CQI Committee, office managers	TBA	Need to determine how to gather data on client barriers, LOC and high risk and add to metrics

MLBH Crisis Services Audit Summary Metrics Summary of Findings

Gap in Compliance	Corrective Action	Responsible Staff	Time Frame
Rapid safety screening not consistently conducted or documented prior to client contact.	Implement verbal rapid safety screening prior to arrival and require documentation at the beginning of the progress note, including safety and medical concerns	Mobile Crisis Team (MCT) Staff	Immediate-continued from last review
No documentation of second team member.	MCT has implemented a template for progress notes with separate documentation for therapist and peer/case manager.	Mobile Crisis Team (MCT) Staff	Immediate
Handoff process needs improvement.	Implementation of outreach intake coordinator to bridge continuity of care.	MCT Staff/Outreach Intake Coordinator	Immediate
Lack of measurable monitoring of trauma-informed engagement practices	Document use of trauma-informed assessment techniques and implement periodic verbal client surveys to audit respectful engagement	Program Leadership / Continuous Quality Improvement Committee	Ongoing
Safety Planning needs improvement.	Need to include back-up safety measures with family. (i.e. unable to admit to WES)	MCT staff	Immediate
Care coordination needed for individuals with external providers.	Obtain ROI and send summary of MCT episode to external provider.	MCT staff/Records Librarians	Immediate
Follow-up after MCT episode not consistent.	Develop process to ensure Care Navigator assigned for ongoing follow-up.	Assistant Clinical Director, Care Navigators	7/23/26

Care Navigator Summary of Findings

Gap in Compliance	Corrective Action	Responsible Staff	Time Frame
Routine intake not scheduled within 10 days	Evaluate scheduling and utilization of intake coordinators.	Clinical Director, Assistant Clinical Director, Program Directors	8/27/26
Follow-ups on missed appointments are inconsistent, especially high-risk clients.	Care Navigators will review previous workday's schedule and follow up on missed appointments. Need dependable process to communicate high risk status to front desk staff.	Assistant Clinical Director, Program Directors, Care Navigators, Front Desk	7/23/26
TPR findings not included in IDT	Care Navigators will include TPR findings or document N/A if no TPR required in the time period.	Care Navigators	7/23/26

IDT recommendations not communicated to internal providers. Lack of follow up on recommendations (updating LOC, tx plan, diagnosis, etc.)	Internal communication processes to be established.	Clinical Director, Assistant Clinical Director, Program Directors	7/23/26
System-wide documentation across services and transitions of care inconsistent. Gaps in follow-up after MCT episode, hospitalization, etc. Overdependence on use of AI in documentation, lacking human component of therapy.	Ongoing training with relevant staff.	Clinical Director, Assistant Clinical Director, Program Directors, Program Coordinators	8/27/26
Safety planning needs improvement.	Safety plans to be updated following significant changes (crisis, hospitalization, risk factors, etc.) Documentation in progress notes to support.	All clinical providers	8/27/26
Follow-up attempts with high-risk clients often unsuccessful due to client's inadequate telephone access.	Explore options such as providing TracFone, prepaid minutes.	CEO, CD, ACD, PD, PC	9/1/26
Improvement needed in addressing SDOH needs.	Care Navigators trained to make case management referral. Training with all staff on utilizing internal services and resources.	Clinical Director, Assistant Clinical Director, Program Directors, Care Navigators	8/27/26

Leadership Committee
June 18, 2026

MINUTES

Present: Kali Brand, Jessica Floyd, Myron Gargis, Cammy Holland, Shelly Pierce, Erica Player, Gerald Privett, Sherneria Rose, Dianne Simpson, Susan Sweatman and Vanessa Vandergriff

Absent: Lane Black and Jeremy Burrage

I. Approve minutes of the April 16, 2026, meeting

Minutes were approved, with one correction noted: Under the HR Office Report the correct PA (Request for Personnel Action) form has a revision date of 6/19/25 and contains spaces for Availability Date and Effective Date OR Hire Date. This form will be emailed to all LC members.

II. Committee Reports

EEG from 6/2/26

Meeting Focus: Planning and coordination for upcoming family-related event activities.

Attendees and Participation

- April Burns, Christy Keeper, Lineise Arnold, Misty McDermott, Margie Crabtree, Hanna Lowery; Guest Misty Mcdowell.

Key Discussion Points

- Christy reminded attendees to sign up and complete an RSVP if they plan to attend upcoming activities so that an accurate headcount can be maintained.
- The meeting focused primarily on family-related upcoming event planning.
- Christy shared that a karaoke speaker system had been ordered for use at upcoming events and potentially future events as well.
- The speaker system includes Wi-Fi connectivity, can connect to a computer or phone, includes two wireless microphones, and appears to be portable with wheels.
- Christy planned to test the system before the event to make sure it works properly.

Decisions Made

- Misty McDermott will be added to the team.
- The newly ordered karaoke speaker system will be used to support upcoming event audio needs.
- The speaker system will be tested before the event.

Action Item	Owner	Status/Notes
Add Misty McDermott to the team.	Christy	To be completed.
Confirm attendee RSVPs and maintain headcount.	All attendees / Christy	Attendees should complete RSVP if attending.
Test the karaoke speaker system before the event.	Christy	System includes Wi-Fi and two wireless microphones.

Next Steps

- Continue planning family-related event details.
- Verify who will attend once RSVPs are received.
- Set up and test the speaker system prior to the event.
- Use the transcription/note process for future meeting documentation as needed.

Human Rights from 6/1/26

In Attendance: Erica Player (virtual), Dianne Simpson (virtual), Sherneria Rose, Margurite Rollins (virtual), Susan Sweatman, Tricia Hopper, Kathleen Rice (virtual), Lee Denmark, consumer committee member, Cedar Lodge consumer

Not present: Megan Lea, Sherry Bailey

Approval of Previous Minutes
Minutes from the March 9, 2026 meeting were reviewed. Motion to approve by Susan Sweatman, seconded by Kathleen Rice. Approved unanimously.

A consumer from Cedar Lodge spoke of his experience in the program. The consumer stated that he had been at Cedar Lodge since May 19. He stated that he was "trying to get my life together." He shared that he had been in SU treatment in the past, but his experience at Cedar Lodge was far superior. He said that it was apparent that the staff genuinely cared for the clients and it was not just a job. He said he was learning a lot about himself and he now had a restored sense of hope.

Review and Revision of House Rules
The committee continued the discussion from last meeting regarding the use of vapes in residential programs. Given the challenges in monitoring the contents of these devices, the committee concluded that prohibiting their use was the best way to ensure the welfare of residents.

Next meeting was scheduled for September 14, 2026 at 5:00 at Cedar Lodge.
Meeting adjourned at 5:14 p.m.

III. Financial Reports: October, 2025 – April, 2026

• CCBHC Programs	$ 416,994
• Non-CCBHC Outpatient and Residential Programs	$1,689,848
• Board Investments	$ 421,528
o Grand Total	$2,528,370

Cammy shared that the current financial performance reflects a temporary rate based on projections. The long-term rate will be based on actual costs. Our focus is building the services, staffing, and infrastructure needed to sustain the CCBHC model.

Myron noted that the CCBHC financial year runs from July 1, 2026, to June 30, 2027, after which the costing rate will be recalculated (rebased). We need to make certain that all necessary positions (clinical and non) are filled as these will be included in the rate.

Other than necessary positions, other legitimate expenses to be included in the rate are costs for equipment, supplies, materials, furniture, office furnishings, training, etc. Myron asked LC members to develop a wish list (Amazon, Walmart, etc.) of needs for their programs, as purchasing will begin after July 1. It was noted likely that all future purchasing responsibilities will be done by one specific staff member instead of everyone ordering from various sources.

Regarding upcoming purchases, Cammy explained that current MLBHC purchasing cards would no longer be active after Sunday at midnight. New cards are forthcoming and will be distributed once they are received.

IV. Reports and Program Updates:

- **CEO – Myron Gargis**
  - Progress continues on the CRU. A meeting is scheduled for tomorrow to focus on the kitchen area, and the design phase will be completed by the end of the month. The bid process will then begin, with all on track to break ground in October/November.

- Myron has a meeting scheduled for next week with Kim Hammack from DMH. This will be to discuss the possible future of JP as a semi-independent living facility for hearing consumers.
- A new lease has been signed on the current Guntersville Clinic. It is a 10-year lease, with the option of an additional 10 years.
- Once the appraisal on the old Scottsboro Clinic is completed, a decision will be made to lease or sell that facility.
- It was noted that we are moving into the next phase of CCBHC productivity. Now that we have nine months of data to review, productivity standards will again be evaluated and revised, if deemed necessary. New standards will be set at the July LC meeting with an effective date of August 1, 2026. Disciplinary procedures will then be administered, as needed.
    - In discussion of productivity, it was noted that the weight of three services that are not considered triggering events needs to be evaluated. These services are MH Care Coordination (Consult), TPR and Nursing Assessment. Prior to next month's meeting, LC members need to consider how these services should be calculated into productivity.

- **Clinical Director – Dianne Simpson**
    - Today is Dianne's last LC meeting prior to her retirement in July.
    - Supervisors were encouraged to remind clinical staff that all significant events (suicide attempt, hospitalization, etc.) must be documented in a progress note.
    - Lisa Burgess, TPR Coordinator, recently resigned.
- **Administrative Services – Cammy Holland**
    - The 401(k) audit is approximately mid-way through and seems to be going well.
    - The next payroll will have a quick turnaround time for processing. A recommendation was made to possibly consider changing pay period dates to eliminate the times when payroll processing is on such a tight schedule.
    - Veronica Jasso, Payee Specialist, is staying busy and working with payees on budgeting, etc.
- **HR Office – Shelly Pierce**
    - Lane shared the list of currently vacant positions in the monthly Board packet. Please advise him of any revisions.
    - Next orientation is scheduled for 6/24/26.
    - Several employees have outstanding wellness screenings. Supervisors are to encourage staff members to finalize these screenings, or else healthcare premiums will increase.
- **Jackson County OP & OR – Kali Brand**
    - Tomorrow is Brittany Burkhalter's last day with MLBHC.
    - Bianca Ray has been employed as a new OP TH, focusing on C/A.
    - RDP is going well, with a purchase order recently submitted for materials/resources.
        - Tiffany Denton, JC Sec is transferring to the RDP LSS position.
        - The JC Sec position left vacant by Tiffany's transfer is likely filled.
    - Savannah Miller, JC CPS-A, has resigned, but there is possibly an applicant to fill that position.
    - Ryan Hixon, JC CM, is transferring to the bachelor's level Training Specialist position. Misha Welden will be assisting with Ryan's current caseload.
    - Recruitment continues for a JC ACT CM.
    - As both MC and JC are currently in need of a Transportation Specialist, Myron recommended the idea of evaluating Uber Health or Lyft Healthcare as a possible

alternative for the current transportation plan. All agreed to go ahead and hire for the Transportation Specialist positions if appropriate applicants are identified and Myron will check on the other possible transportation options discussed today.

- **Marshall County OP & OR – Vanessa Vandergriff**
  - Hiring paperwork has been submitted for a MC CN, MC CM (LICC) and a MC CPS-A.
  - A MC ACT CM and Transportation Specialist is still needed.
  - Caseloads are slowly creeping up again. All were down to around 125 but those are beginning to increase. Vanessa is hopeful to promote Beth Kuhn to OP TH once she receives her master's degree in August. If this happens, it will relieve the caseload issue.
  - Christy Keeper has transferred to Outreach IC.
  - JD Boatwright has transferred from Training Specialist to MC IC and his schedule is filling quickly.
  - The rep with Genoa Pharmacy will no longer work out of the MC Clinic.
  - The PCS are working out some kinks in scheduling and therapists are being encouraged to send consumers for these screenings.
  - RDP is going great with several recent visits from local citizens to share about careers with RDP consumers. It was discussed that occasional visitors/volunteers need only to sign a confidentiality statement. Others that will be coming on a more frequent basis will need to complete the required background check forms.
  - The salary for Regan Ellison, CPS-A focusing on employment, needs to be split between JC and MC.
- **Child/Adolescent – Jessica Floyd**
  - All SB TH positions are filled.
  - It is likely that Hannah Lowery will soon transfer to Asbury Schools and Ali Early Foster will transfer to Albertville.
  - A new bi-lingual SB TH will be split between Asbury and Albertville.
  - There is possibly need for another SB TH at Guntersville and for Jackson County.
  - Recruitment continues for a MC TM on a part-time basis.
- **Geriatrics – Gerald Privett**
  - Everything is going well in Geriatrics.
  - A new CPS-A, Kendra Harvey, will be starting next week and covering Ashville and Albertville.
- **Residential – Sherneria Rose**
  - Sherneria continues to work on appropriate placements for former JP consumers.
  - Several residents at Dutton have moved, with referrals from other agencies coming in.
  - DMH has encouraged that current consumers in the EBP Supported Housing Program be moved so that new consumers can move into that program. Many current consumers have been placed on the waiting list for government subsidized housing.
  - Recruitment continues for LSS and a Program Coordinator for the Dutton Residential Facility.
  - Sherneria mentioned the possibility of MC mimicking the JC plan on transportation for Dutton consumers in RDP.
  - Sherneria also noted the need for a part-time Primary Care Screener at Dutton. Following discussion, a recommendation was made to use one of the JC PCS to get started at DGH and then hire an additional PCS, if necessary. Jessica noted that a PCS could also be utilized in the school systems.
- **SU Services – Susan Sweatman**
  - Everything is going well at Cedar Lodge.
  - The last week or so has been a full house, with census at 29. Census today is 25.

- Cedar Lodge staff have recently experienced several situations with consumers experiencing severe mental health symptoms.
- Susan is currently working on IOP, OP and group sessions.
- Susan noted it likely beneficial to have three staff members on the 3-11 pm shift. This is a very chaotic time with bag searches, med passes, etc. Myron suggested that she develop a proposal for this staffing pattern and present it to him.

- **Mobile Crisis – Erica presented Jeremy's report due to his absence today**
  - Jeremy is currently scheduling interviews for the JC Stepping Up Case Manager. This staff member will need an office at the JC Clinic.
  - Calls for service: May = 37 vs April = 41
    - As of today, the teams are down 16 triggering events for the month.
    - Not billing jail clients under MCT will also lower triggering events.
  - Focus for June: Quality co-authored documentation and utilizing the new community-based Intake Coordinator.

V. Review of wait times

For May, 2026, the following wait times were reported:

MC Intake	20 days	MC MD/CRNP	30 days
JC Intake	6 days	JC MD/CRNP	11 days
Average	13 days	Average	20.5 days

VI. Unfinished Business

- **Revisions to Performance Appraisals** – Dianne utilized the feedback from LC members and made additional revisions to the direct care provider Performance Appraisal. There was no feedback on the indirect care provider PA, so no additional revisions were made to the form.

  Following review of the revisions, LC members agreed to continue practicing with the new PAs, until they become effective on 10/1/26 for FY27. Also agreed was the change in routing the completed PA for approval signatures prior to reviewing it with the employee.

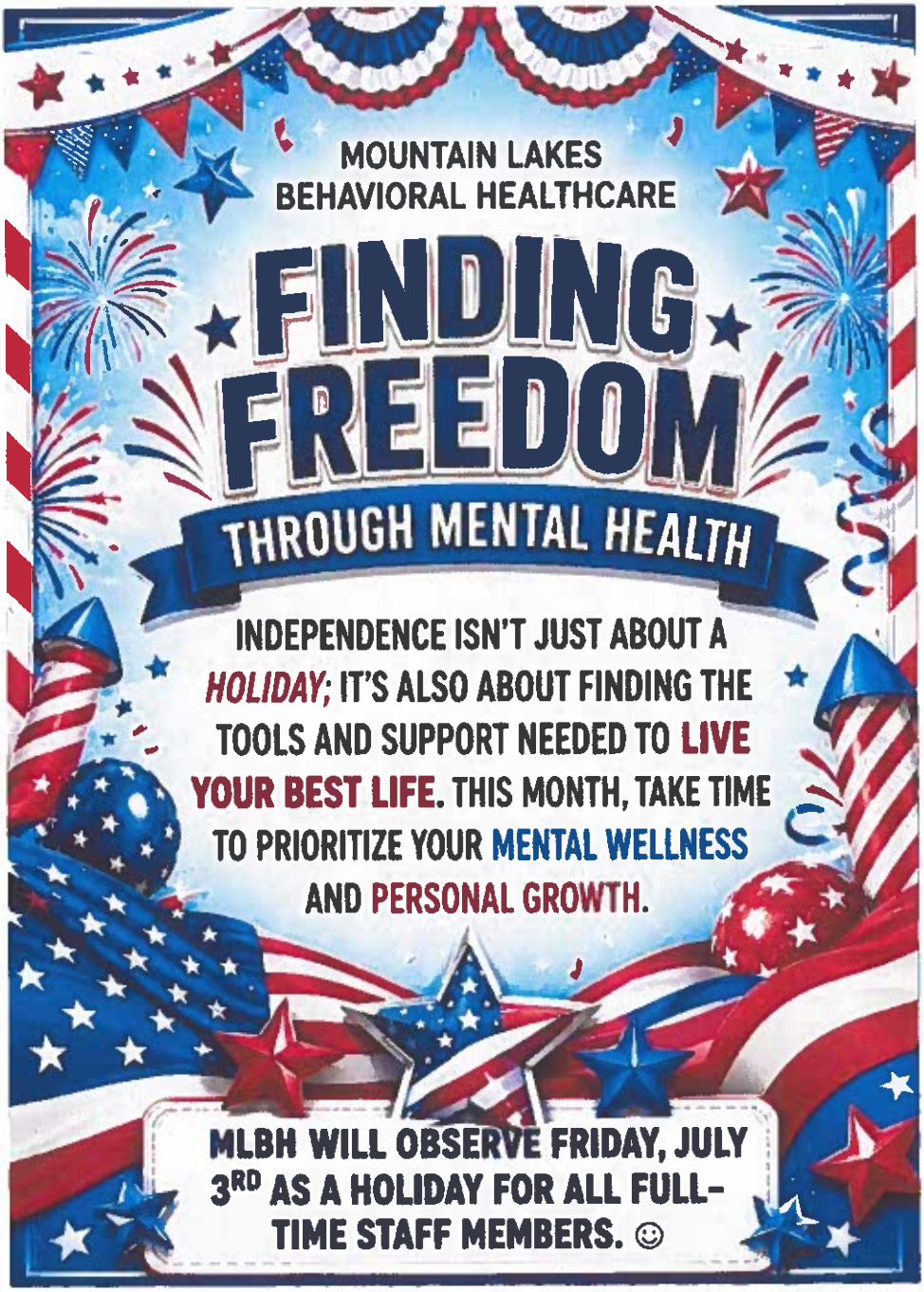
- **Revisions to Personnel Policy 4.1.8 – Attendance, Punctuality and Dependability** – As discussed in detail last month, the possible revision of 4.1.8 is being considered to limit the current excessive use of Leave without Pay (LWOP) that does not meet the defined criteria outlined in the Policy 4.3.5 – LWOP. LC members agreed to table the possible revision of Personnel Policy 4.1.8 until a later date.

VII. New Business

- **None noted**

VIII. Adjournment

The LC meeting was adjourned at 3:45 p.m.


MOUNTAIN LAKES
BEHAVIORAL HEALTHCARE
FINDING FREEDOM
THROUGH MENTAL HEALTH
INDEPENDENCE ISN'T JUST ABOUT A HOLIDAY; IT'S ALSO ABOUT FINDING THE TOOLS AND SUPPORT NEEDED TO LIVE YOUR BEST LIFE. THIS MONTH, TAKE TIME TO PRIORITIZE YOUR MENTAL WELLNESS AND PERSONAL GROWTH.
MLBH WILL OBSERVE FRIDAY, JULY 3RD AS A HOLIDAY FOR ALL FULL-TIME STAFF MEMBERS. ☺


MLBH
Birthdays
Nicolette Manns
July 1st
Myron Gargis
July 12th
Denise Ritchie
July 19th
Sarah Dettweiler
July 2nd
Lane Black
July 15th
Darick Phillips
July 20th
Shawn Fahy
July 4th
Max Koehler
July 18th
Tabitha Mount
July 22nd
Auston London
July 8th
Anniversaries
Margie Crabtree
1 Year
Joanna DeAtley
3 Years
Kerri Smith
15 Years
Tara Erwin
1 Year
Cailey Daniel
3 Years
Dana Childs
23 Years
Lilly Strange
3 Years
Christy Keeper
5 Years

RED, WHITE, AND NEW!

WELCOME TO THE TEAM!

BIANCA BULLOCK, MSW
JACKSON CO. SCHOOL BASED THERAPIST

BIANCA RAY, MS
JACKSON CO. OUTPATIENT THERAPIST

HUNTER ALLEN, LSS
CEDAR LODGE

CRIS'DEONA BEASLEY, MS
MARSHALL CO. SCHOOL BASED THERAPIST

GABBY HAMPTON
MARSHALL CO. WORK BASED LEARNING STUDENT

STEVEN BENSON, LSS
SU RESIDENTIAL

KARLA DE LEON, MSW
SCHOOL BASED THERAPIST

KENDRA HARVEY, CPS-A
PEER SUPPORT GERIATRICS

ANDREW SOLOVE, LSS
DUTTON GROUP HOMES

We're proud to have you with us!

★ THANK YOU FOR CHOOSING TO MAKE AN IMPACT. ★

JACKSON COUNTY RDP

DONATION Request!

Next month's Jackson County RDP theme will be *Cleaning and Organization*, and we are looking for new or gently used donations to help create hands-on activities, games, demonstrations, and life-skills training opportunities for our participants.

WE WOULD GREATLY APPRECIATE DONATIONS OF THE FOLLOWING ITEMS:

CLEANING SUPPLIES

- Microfiber cloths
- Sponges
- Scrub brushes
- Dust pans
- Handheld brooms
- Empty spray bottles
- Rubber gloves
- Cleaning caddies
- Dusting cloths
- Bucket sets

ORGANIZATION SUPPLIES

- Laundry baskets
- Storage bins
- Plastic containers with lids
- Hangers

HOUSEHOLD ITEMS FOR PRACTICE

- Towels
- Washcloths
- Pillowcases
- Sheets
- Empty food containers
- Empty cleaning product bottles

HOUSEHOLD ITEMS FOR PRACTICE (CONT.)

- Silverware
- Measuring cups
- Remote controls
- Plastic dishes and cups
- Reusable water bottles
- Empty laundry detergent containers
- Cookie sheets
- Pots and pans
- Trays
- Small kitchen appliances (working or non-working for practice)
- Wastebaskets
- Plastic storage containers
- Mirrors
- Small rugs or mats
- Kitchen utensils
- Baskets

THESE ITEMS WILL BE USED TO TEACH IMPORTANT *cleaning, organization, and independent living skills* IN A FUN AND INTERACTIVE WAY.

Thank you for your continued support of our RDP participants. If you have any items you would like to donate, please let us know or bring them to the program at your convenience.

THANK YOU!

Congratulations!

ON YOUR WELL-DESERVED

PROMOTION!

RYAN HIXON, BS

PROMOTED FROM

JACKSON COUNTY CASE MANAGER

★ **TO** ★

MLBH TRAINING SPECIALIST

Your Hard Work.
Your Dedication.
Your Impact.

YOU MAKE A DIFFERENCE!

This promotion is a reflection of:

- ★ YOUR COMMITMENT TO OUR MISSION
- ★ YOUR PASSION FOR HELPING OTHERS
- ★ YOUR WILLINGNESS TO GO ABOVE AND BEYOND
- ★ YOUR DRIVE TO GROW, LEARN, AND LEAD

Thank you for the energy, knowledge, and heart you bring to Mountain Lakes Behavioral Healthcare every day. We are excited to see all the amazing ways you will continue to inspire, teach, and lead our team forward!

WE ARE PROUD TO HAVE YOU ON OUR TEAM!

Here's to New Opportunities, New Challenges, and Continued Success!

★ WELL DONE, RYAN! ★

Exciting NEWS!

FROM THE MLBH PREVENTION TEAM!

THE
MLBH PREVENTION TEAM
has created their
OWN NEWSLETTER!

This newsletter is dedicated to enlightening others about the importance of
SUBSTANCE ABUSE
and how
MLBH
makes an impact through our
SUBSTANCE ABUSE TEAM.

You can find the full newsletter

UNDER THE
MLBHC NEWSLETTERS
FOLDER

LOOK FOR THE SUBFOLDER:
SUBSTANCE ABUSE NEWSLETTERS