

Executive Director's Report – November 18, 2025

❖ Transportation Services Update

Transportation remains a vital support service in ensuring individuals can reliably access behavioral health and day program services in both Marshall and Jackson Counties. October data demonstrate continued strong utilization and alignment with program objectives:

- **Jackson County:** 61 total transports
- **Marshall County:** 202 total transports
 - **194** of these were for Day Program participation

These numbers highlight the ongoing dedication of our transportation team in reducing logistical barriers and promoting treatment engagement, attendance consistency, and improved outcomes.

❖ Crisis Residential Unit (CRU) & Claysville Campus Development

As shared in the email distributed earlier this month, our architects have produced preliminary conceptual drawings that outline potential master-planning scenarios for the full Claysville Campus development.

Given the breadth of this project, I recommend a phased approach:

Phase 1 – Crisis Residential Unit (CRU)

- Site selection, finalize design, and begin construction
- Time-sensitive due to community need, staffing pipeline, and anticipated funding impact
- This project remains our highest capital priority for the next 18–24 months

Phase 2 – Broader Campus Development

- Outpatient clinic, residential units, retail frontage, and long-term campus amenities
- Planning to begin once CRU construction is underway, ensuring strategic sequencing and resource alignment

This phased approach allows us to advance the CRU—our most urgent service expansion—while still preparing for long-term growth and the full vision for the Claysville property.

❖ School-Based Telehealth Grant – Alabama State Department of Education

MLBH submitted a competitive proposal to the Alabama State Department of Education for statewide school-based telehealth services for students and school personnel. Our application leveraged:

- The strong infrastructure of our existing School-Based Mental Health (SBMH) programs
- Our growing telehealth capacity
- Our reputation for high-quality crisis response and care coordination

Commissioner Boswell reported that **30 organizations** submitted proposals, with **Altapointe** being the only other community mental health center. Award notifications are expected in the coming weeks.

❖ **Guntersville Clinic Land Lease Discussions**

As previously shared, the land on which our Guntersville Clinic sits is leased from Marshall Medical Centers (Huntsville Hospital System). With the lease term approaching expiration, discussions are underway to:

- Pursue a long-term lease renewal **or**
- Explore the possibility of purchasing the land outright

Securing this location is important for long-term stability of the clinic and continued service access for the community.

❖ **CCBHC Board Education Training Series**

This report accompanies the second session of our Board Education Training Series: **“The CCBHC Difference – What Changes for Clients and Communities.”**

This series is designed to:

- Strengthen Board understanding of the CCBHC model
- Highlight changes in service delivery, access, and quality
- Demonstrate how CCBHC implementation enhances MLBH’s mission, sustainability, and ability to meet the needs of Marshall and Jackson Counties

Your ongoing engagement and understanding of CCBHC is essential as we continue this organizational transformation.

Session 2: The CCBHC Difference – What Changes for Clients and Communities

Learning Objective

Recognize how CCBHC implementation expands and enhances the client and community experience.

Key Takeaways

- Clients gain faster access to assessment and treatment through same-day or next-day appointments.
- Service delivery is trauma-informed, recovery-oriented, and person-centered.
- Crisis care is available 24/7, with mobile response and follow-up coordination.
- Veterans, youth, and rural populations receive tailored outreach and support.
- Integrated care ensures individuals move smoothly between crisis, outpatient, and community supports.
- Care coordination strengthens relationships among providers and agencies.
- Client engagement and satisfaction increase as barriers to access are removed.
- Community awareness and trust grow as MLBH expands visible outreach and partnerships.

Client Profile:

Emily, a 42-year-old mother of three, has struggled for years with bipolar II disorder. Her mood swings often made it difficult to maintain employment or parenting routines.

Before CCBHC:

When Emily experienced a manic episode, her family's only option was to call 911. Law enforcement transported her to the local emergency department, where she waited hours to be evaluated. After brief stabilization, she was discharged without coordination to outpatient care. Within weeks, she relapsed, repeating the cycle of crisis, ER visits, and family stress.

After CCBHC:

Today, Emily's family knows they can contact MLBH's 24-hour Mobile Crisis Team for immediate help. The team responds within an hour, de-escalates the situation at home, and connects Emily to same-day medication management and counseling. Her care coordinator follows up the next morning and engages her family in support education. With regular check-ins and coordinated treatment, Emily maintains stability, keeps her job, and her family reports less fear and disruption.

Key Message:

CCBHC care replaces fragmented crisis response with timely, compassionate, and coordinated intervention—helping individuals recover safely at home while restoring confidence for families and the community.

CCBHC in Action at MLBH (Anticipated Impact)

As MLBH's CCBHC services mature, we anticipate a measurable reduction in wait times, improved continuity of care across crisis and outpatient settings, and stronger community confidence in behavioral health access and response.

Discussion Questions

- How do these service expansions address the unique needs of our region?
- What community partnerships will be key to sustaining these improvements?