



**MOUNTAIN LAKES**  
Behavioral Healthcare

**ADMINISTRATIVE SERVICES**  
3200 Willow Beach Road, Guntersville, AL 35976  
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**TO:** Board of Directors  
**FROM:** Shelly Pierce, HR Assistant  
**RE:** January Board meeting  
**DATE:** January 16, 2026

The next meeting of the Board of Directors will be conducted on **Tuesday, January 20, 2026**, at the Jackson County Mental Health Center. An evening meal will be provided, with the meeting starting at 5:30 pm.

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

- January Board Agenda
- Minutes from the November 18, 2025, Board meeting
- Financial Reports through December 31, 2025
- Minutes from the Ad Hoc Planning Committee meeting
- Personnel Report
- IT Director's Report
- Clinical Director's report
- Recent local newspaper article
- CQI Summary of Reports for November and December, 2025
- Minutes from the November and December Leadership Committee meetings
- January 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

January 20, 2026

**AGENDA**

- I. Call the meeting to order – David Kennamer, President
- II. Approval of minutes of the November 18, 2025, meeting – David Kennamer, President
- III. Executive Director’s Report
- IV. Financial reports through December 31, 2025 – Cammy Holland, Business Manager
- V. Approval of committee minutes
  - Ad Hoc Planning Committee – November 25, 2025
- VI. Annual Board review of Policies and Procedures – Myron Gargis, Executive Director
- VII. Written reports
  - Personnel – Lane Black, HR Coordinator
  - IT – Steve Collins, IT Director
  - Clinical – Dianne Simpson, Clinical Director
- VIII. Board requested items for future meeting
- IX. Executive Session

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

**Board of Directors Meeting  
November 18, 2025**

**MINUTES**

**I. Call to Order**

David Kennamer, President, called the meeting to order at 5:30 p.m. at the Administrative Office in Guntersville, Alabama. Virtual participation was also available for this meeting.

**Present:** Joe Huotari  
Jo-Anne Hutton  
John David Jordan  
David Kennamer, President  
Bill Kirkpatrick  
Andrea LeCroy – Virtual  
Victor Manning  
Hannah Nixon, Vice-President  
Lucien Reed, Treasurer  
Jane Seltzer, Secretary

**Absent:** None

**Staff:** Lane Black, HR Coordinator  
Jeremy Burrage, Program Coordinator II, Mobile Crisis Services  
Dana Childs, QA Coordinator/Clinical Administrative Assistant  
Steve Collins, IT Director  
Myron Gargis, Executive Director  
Cammy Holland, Business Manager  
Shelly Pierce, HR Assistant  
Erica Player, Assistant Clinical Director  
Dianne Simpson, Clinical Director

**Other:** Amanda Davis, MLBHC Intern  
Hayden Rice, MLBHC Intern

Jeremy Burrage introduced and welcomed Amanda Davis and Hayden Rice, current MLBHC interns, to the Board meeting. He commended both for being a pleasure to work with and noted their promising futures in the field of behavioral health care.

**II. Approval of the minutes of the October 21, 2025, Board meeting – David Kennamer, President**

**MOTION:** Bill Kirkpatrick made a motion that the Board approve the minutes of the October 21, 2025, meeting, as presented. Victor Manning seconded the motion, which was approved unanimously.

### **III. Executive Director's Report**

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

After reviewing information about future use of the recently purchased property adjacent to Cedar Lodge, it was recommended that the Ad Hoc Planning Committee meet to discuss the development of the CRU and other potential projects for the Claysville Campus. Jane Seltzer, Chair of the Ad Hoc Planning Committee, scheduled the meeting for Tuesday, November 25, 2025, at 5:30 p.m. at MLBHC's Administrative Office.

Included in the Executive Director's Report was the Second Session of the Board Education Training Series, titled "The CCBHC Difference – What Changes for Clients and Communities". This series is designed to help deepen the Board's understanding of the CCBHC model and how it strengthens MLBHC's mission, vision and long-term sustainability.

In discussion of increased community services, Jeremy Burrage was noted as recently being promoted to MLBHC's Program Coordinator for Mobile Crisis Services. Mr. Burrage shared his excitement for the new program and announced that most positions on the Mobile Crisis Teams have already been filled. Only one staff peer position remains vacant. He noted that Mobile Crisis Services will greatly strengthen the already positive working relationships that MLBHC has with many local community partners such as law enforcement, EMTs, Probate Offices, etc.

### **IV. Financial reports through October 31, 2025 – Cammy Holland, Business Manager**

Ms. Holland noted that, beginning with this month, the financial reports look a bit different. Included in the November packet were a CCBHC Program Summary and a Non-CCBHC Program Summary, which include financial details for each program. Also included was a condensed Program Summary, which very much streamlined the financial information by only reporting monthly totals for CCBHC, Non-CCBHC and Residential Programs. She asked Board members to review the documents and advise her as to their preference for future inclusion in the monthly Board packets.

The current Balance Sheet, including Board Investments, indicated Total Cash of \$539,273. This total is \$1,551,045 less than this same time period last year. Continued review reflected Total Accounts Receivable of \$4,338,814, which is \$2,128,959 more than in FY25. Ms. Holland noted the continual delay in payments from DMH for substance use services. She and Mr. Gargis are working diligently to collect the monies that are due to the organization. These financial delays, along with recent capital purchases, created the need to borrow from the line of credit (LOC) established with Cadance Bank. A recommendation was made to now advise Board members when any substantial LOC borrowing is necessary.

### **V. Proposed approval of new Policy and Procedure**

For compliance with CCBHC, Policy and Procedure 12.28 – Mobile Crisis Team (MCT) Program Description has been developed and shared with Board members for review prior to tonight's meeting.

**MOTION:** Bill Kirkpatrick made a motion that the Board approved P&P 12.28 – Mobile Crisis Team (MCT) Program Description, as presented. Hannah Nixon seconded the motion, with was approved unanimously.

## **VI. 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.

## **VII. Decision on December, 2025, Board meeting**

After brief discussion on the possibility of conducting a Board meeting during the month of December, 2025, the following motion was made:

**MOTION:** Hannah Nixon made a motion that the Board elect not to conduct a monthly meeting in December, 2025. Victor Manning seconded the motion, which was approved unanimously.

The next monthly meeting will be held on Tuesday, January 20, 2026, at the Jackson County Clinic in Scottsboro.

## **VIII. Board requested items for future meetings**

There were no items requested.

**MOTION:** Hannah Nixon made a motion that the Board adjourn the meeting at 6:50 p.m. Victor Manning seconded the motion, which was approved unanimously.

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

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

## **APPENDIX A**

### **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.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

NonCCBHC PROGRAM SUMMARY

FOR THE MONTH ENDED DECEMBER 31 2025

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
					\$	%	\$	%					
Dutton Facilities	112,813	193,586	102,281	81,198	80,773	41.72%	(16,284)	-20.05%	10,532	112,388	4,799	107,589	
EBP Supportive Housing	13,712	6,808	13,712	8,455	(6,904)	-101.41%	(5,256)	-82.16%	(0)	(1,648)		(1,648)	
Geniatrics	-	83,299	-	26,842	83,299	100.00%	26,842	100.00%	0	56,657		56,657	
Jackson Place	39,677	83,887	32,534	31,586	44,210	52.70%	783	2.48%	7,143	52,300	1,731	50,569	
JC Non-CCBHC	64,595	140,356	42,867	25,752	75,761	53.98%	(17,116)	-66.46%	21,727	114,604		114,604	
Marshall Place	22,465	70,638	26,366	25,756	48,172	68.20%	(223)	-0.87%	(3,900)	44,882	386	44,496	
MC Non-CCBHC	96,769	217,717	73,431	59,131	120,948	55.55%	(14,300)	-24.18%	23,338	158,586		158,586	
Prevention	28,553	22,154	25,107	20,222	(6,398)	-28.86%	(4,865)	-24.16%	3,445	1,933		1,933	
Substance Use	111,712	26,112	108,380	101,682	(85,600)	-327.81%	313	0.31%	3,332	(75,569)	7,012	(82,581)	
Supervised Apartments	6,254	7,388	4,372	3,141	1,134	15.35%	(487)	-15.50%	1,882	4,247	744	3,503	
	<u>496,549</u>	<u>851,944</u>	<u>429,050</u>	<u>383,565</u>	<u>355,395</u>		<u>(30,813)</u>		<u>67,500</u>	<u>468,380</u>	<u>14,672</u>	<u>453,708</u>	
Board Investments	26,889	3,562	2,137	1,514	(23,328)	-654.98%	306	20.21%	24,752	2,047	928	1,119	
Grand Total	<u>523,438</u>	<u>855,506</u>	<u>431,186</u>	<u>385,079</u>					<u>92,252</u>	<u>470,427</u>	<u>15,600</u>	<u>454,827</u>	

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

CCBHC PROGRAM SUMMARY

FOR THE MONTH ENDED DECEMBER 31, 2025

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- % Comments
					\$	%	\$	%					
Administration	97,790	19,470	97,790	6,423	(78,319)	-402.25%	(78,319)	-402.25%	0	13,047	13,047	0	
Marshall County MHC	696,788	506,634	611,654	505,134	(189,954)	-37.48%	(100,360)	-19.87%	85,134	1,700	6,160	(4,460)	
Jackson County MHC	411,718	271,873	381,074	347,148	(139,845)	(1)	(25,420)	-7.32%	30,644	(75,275)	8,506	(83,781)	
<b>Grand Total</b>	<b>1,206,296</b>	<b>798,178</b>	<b>1,090,518</b>	<b>858,705</b>	<b>(408,118)</b>		<b>(204,100)</b>		<b>115,778</b>	<b>(60,527)</b>	<b>27,713</b>	<b>(88,240)</b>	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE  
SUMMARY YTD  
FY 2026**

<b>PROGRAM</b>	<b>BUDGETED OPERATING INCOME</b>	<b>ACTUAL OPERATING INCOME</b>	<b>DEPRECIATION EXPENSE</b>	<b>NET INCOME (LOSS)</b>
CCBHC	347,333	374,460	83,139	291,321
NonCCBHC Outpatient	395,805	395,805	0	395,805
Residential MI/SU	67,303	353,530	44,015	309,515
Board Investments	74,257	99,928	2,785	97,142
<b>Grand Total</b>	<b><u>884,697</u></b>	<b><u>1,223,722</u></b>	<b><u>129,940</u></b>	<b><u>1,093,783</u></b>

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE**  
**NonCCBHC PROGRAM SUMMARY**  
**FOR THE THREE MONTHS ENDED DECEMBER 31 2025**

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 6% Comments
					\$	%	\$	%				
Dutton Facilities	338,438	430,572	306,843	237,533	92,133	21.40%	(54,912)	-23.12%	193,039	14,398	178,641	
EBP Supportive Housing	41,135	28,093	41,135	25,463	(13,042)	-46.42%	(15,672)	-61.55%	2,630		2,630	
Genaircs	-	154,787	-	76,603	154,787	100.00%	76,603	100.00%	78,184		78,184	
Jackson Place	119,031	166,882	97,602	85,620	47,852	28.67%	(6,790)	-7.93%	81,262	5,192	76,070	
JC Non-CCBHC	193,784	270,606	488,112	130,563	76,822	28.39%	(337,549)	-258.53%	140,043		140,043	
Marshall Place	67,396	120,338	79,097	72,692	52,941	43.99%	(5,246)	-7.22%	47,646	1,159	46,487	
MC Non-CCBHC	290,308	411,592	234,014	234,014	121,284	29.47%	234,014	100.00%	177,578		177,578	
Prevention	85,658	62,402	75,322	69,610	(23,256)	-37.27%	(5,712)	-8.21%	(7,208)		(7,208)	
Substance Use	335,137	308,658	325,140	279,311	(26,479)	-8.58%	(24,794)	-8.88%	29,347	21,035	8,312	
Supervised Apartments	18,761	17,507	13,115	10,893	(1,253)	-7.16%	(190)	-1.78%	6,814	2,232	4,582	
	<u>1,489,647</u>	<u>1,971,437</u>	<u>1,406,365</u>	<u>1,222,102</u>	<u>481,789</u>		<u>(140,248)</u>		<u>749,335</u>	<u>44,015</u>	<u>705,319</u>	
Board Investments	80,668	103,970	6,410	4,042	23,302	22.41%	417	10.32%	99,928	2,785	97,142	
Grand Total	<u>1,570,315</u>	<u>2,075,407</u>	<u>1,412,776</u>	<u>1,226,144</u>					<u>849,263</u>	<u>46,801</u>	<u>802,462</u>	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE  
 CCBHC PROGRAM SUMMARY  
 FOR THE THREE MONTHS ENDED DECEMBER 31, 2025**

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- %	Comments
					\$	%	\$	%					
Administration	293,369	58,281	293,370	19,139	(235,088)	-403.37%	(235,088)	-403.37%	39,142	39,142	0		
Marshall County MHC	2,090,364	1,550,574	1,834,963	1,230,354	(539,790)	-34.81%	(586,130)	-47.64%	320,220	18,479	301,741		
Jackson County MHC	1,235,155	872,251	1,143,223	857,154	(362,903)	(0)	(260,552)	-30.40%	15,097	25,517	(10,420)		
<b>Grand Total</b>	<b>3,618,888</b>	<b>2,481,107</b>	<b>3,271,556</b>	<b>2,106,647</b>	<b>(1,137,782)</b>		<b>(1,081,770)</b>		<b>374,460</b>	<b>83,139</b>	<b>291,321</b>		

## 2026 COMPARATIVE BALANCE SHEET

As of Accounting Period 3

	<u>FY 2025</u>	<u>FY 2026</u>	\$	%
			<u>VARIANCE</u>	
<b>Current Assets</b>				
Cash	\$2,179,725	\$1,101,844	\$ (1,077,881)	-97.83%
Total Receivables	\$2,017,413	\$3,328,756	\$ 1,311,343	39.39%
Total Other Current Assets	<u>\$2,606,284</u>	<u>\$3,543,182</u>	<u>\$ 936,898</u>	<u>26.44%</u>
<b>Total Current Assets</b>	<b>\$6,803,422</b>	<b>\$7,973,782</b>	<b>\$1,170,360</b>	<b>14.68%</b>
<b>Long Term Assets</b>				
Fixed Assets	\$2,335,082	\$5,869,073	\$ 3,533,991	60.21%
Other Long Term Assets	<u>\$7,122,862</u>	<u>\$4,964,145</u>	<u>\$ (2,158,717)</u>	<u>-43.49%</u>
<b>Total Long Term Assets</b>	<b>\$9,457,944</b>	<b>\$10,833,218</b>	<b>\$ 1,375,274</b>	<b>12.69%</b>
<b>Total Assets</b>	<b>\$16,261,366</b>	<b>\$18,807,000</b>	<b>\$ 2,545,634</b>	<b>13.54%</b>
<b>Liabilities</b>				
Current Liabilities	(\$638,405)	(\$574,476)	\$ 63,929	-11.13%
Long Term Liabilities	<u>\$0</u>	<u>\$0</u>	<u>\$ -</u>	
<b>Total Liabilities</b>	<b>(\$638,405)</b>	<b>(\$574,476)</b>	<b>\$ 63,929</b>	<b>-11.13%</b>
<b>Net Assets</b>				
Unrestricted Net Assets	(\$15,012,055)	(\$17,138,741)	\$ (2,126,686)	12.41%
Net (Income) Loss	<u>(\$610,906)</u>	<u>(\$1,093,783)</u>	<u>\$ (482,877)</u>	<u>44.15%</u>
<b>Total Net Assets</b>	<b>(\$15,622,961)</b>	<b>(\$18,232,524)</b>	<b>\$ (2,609,563)</b>	<b>14.31%</b>
<b>Total Liabilities and Net Assets</b>	<b>(\$16,261,366)</b>	<b>(\$18,807,000)</b>	<b>(\$2,545,634)</b>	<b>13.54%</b>

## Other Information

December 2025

<b>Transportation</b>	<b><u>Marshall County</u></b>	<b><u>Jackson County</u></b>
Miles driven in month	696.20	1,062.00
Number of riders	139	36
Fuel Purchased	120.11	153.27
Average Price/gallon	2.59	2.54
Maintenance	-	
Depreciation	869.78	842.00
Salary	2,850.08	3,044.80
Cost/rider	27.63	112.22

<b>Client Medical Expense</b>	<b><u>Dutton</u></b>	<b><u>Jackson Place</u></b>	<b><u>Marshall Place</u></b>	<b><u>Cedar Lodge</u></b>	
Pharmacy	2,732.79	173.94	243.37	506.15	
Physician Charges		-		2,239.50	
Co-Pays/Deductibles	485.97				
	<u>3,218.76</u>	<u>173.94</u>	<u>243.37</u>	<u>2,745.65</u>	<b>6,381.72</b>

<b>Consumer Housing</b>	<b><u>Duplex-Board Inv</u></b>
# of Available Units	-
# of Units Rented	2.00
Rental Revenue	400.00

Value Time Period Investments Deposits & Withdrawals

STARTING MARKET VALUE  
 Oct 1, 2025 **\$8,351,207.09**

DEPOSIT AND WITHDRAWALS  
**\$0.00**

INVESTMENT RETURNS  
**\$81,687.05**

TOTAL RETURN  
**0.98%**

ENDING MARKET VALUE  
 As of Dec 31, 2025, Market Close **\$8,432,894.14\***

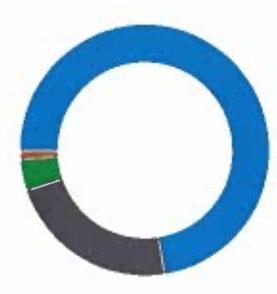
\*This value does not include intraday values, certain non-ETF accounts, and may not match Total Value

Oct 1, 2025 - Dec 31, 2025

All 1 YEAR YTD 1 MONTH CUSTOM

### ASSET ALLOCATION

VIEW BY: Broad Asset Class



During market hours, values for securities that are priced daily are calculated using primary closing price

### TOP POSITIONS

SYMBOL DESCRIPTION	CHANGE (\$) CHANGE (%)	VALUE (\$)	AS OF
<b>FISX</b> FRANKLIN CONVERTIBLE SECS CL A	\$3,218.65 0.49%	\$653,923.09	01/08/26
<b>FRDPX</b> FRANKLIN RISING DIVIDENDS CL A	\$4,622.39 0.76%	\$610,090.07	01/08/26
<b>FXAUX</b> FIDELITY 500 INDEX	\$3,657.26 0.65%	\$563,729.80	01/08/26
<b>FKUSX</b> FRANKLIN US GOVT SECS CL A1	\$1,913.75 0.39%	\$496,617.14	01/08/26
<b>FGMAX</b> FRANKLIN GROWTH OPPRTYS CL A	\$3,025.49 0.70%	\$432,548.13	01/08/26

**Ad Hoc Planning Committee**  
**November 25, 2025**

The Ad Hoc Planning Committee met to discuss the plans for and usage of the newly acquired property adjoining Cedar Lodge in the Claysville Community. Mr. Gargis provided three proposals, including photos, etc. Discussions were focused on all the proposals being located on the prior existing property.

Potential issues identified in utilizing the prior existing property included:

- a. congestion on the property
- b. single access
- c. new facilities near existing treatment venues and potential negative treatment/emotional impact of non “volunteer” consumers

After discussion, the following basic recommendations were made:

- a. carve out approximately 6 acres adjacent to the old property and move the new facility further away from the existing facilities.
- b. focus on the development/construction of the new facility.
- c. do not pursue further development of the remaining property at this time.

# MLBH PERSONNEL REPORT

1/20/2026

## NEW HIRES

FT	Sarah Sims	School-Based Therapist	12/2/2025	MCMHC
FT	Emmanule Vargas	Life Skills Specialist	12/2/2025	Dutton
FT	Cynthia Freed	Life Skills Specialist	12/5/2025	Jackson Place
FT	Tiffany North	Life Skills Specialist	12/17/2025	Dutton
FT	Nancy Myers	Life Skills Specialist	1/6/2025	Dutton

## NEW POSITIONS ADDED

FT	Alyssa Arias	Mobile Crisis Therapist	12/2/2025	Both Counties
FT	Racheal Ramsey	Certified Peer Support Specialist	12/2/2025	Geriatrics
FT	Madalyn Stott	Mobile Crisis Therapist	12/9/2025	Both Counties
FT	Zackery Moore	Mobile Crisis Peer	12/9/2025	Both Counties
FT	Landon Clark	Mobile Crisis Peer Support Specialist	12/9/2025	Both Counties
FT	Ashlan Towry	Secretary	12/9/2025	MCMHC
FT	Deanne Smith	Mobile Crisis Peer	1/6/2026	Both Counties
FT	Montana McWhorter	Employment Specialist	1/6/2026	MCMHC
PT	C. Hayden Rice**	Counselor	1/13/2026	Substance Use
FT	Mary Ann Wooten	Certified Peer Support Specialist Veterans & FR	1/30/2026	Both Counties
FT	Ta'Lyn Young	High Intensity Care Coordinator (Case Mgr)	1/30/2026	MCMHC

## TRANSFERS

FT	Elizabeth Rucker	From Community Out-Reach Specialist to Crisis Team Therapist	1/5/2026	Both Counties
FT	Jennifer Riggins	From Employment Case Manager Peer Support Specialist	1/5/2026	Both Counties
FT	Tina Headrick	From ACT MC Case Manager to Housing Case Manager	1/5/2026	Both Counties

## PROMOTIONS

FT	Justin Wilson	From Life Skills Spec to Program Coordinator	1/1/2026	Dutton
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## SEPARATIONS (VOLUNTARY)

FT	R Laura Young	Life Skills Specialist	11/14/2025	Dutton
FT	Bailey Reeves	SB Therapist NL	11/14/2025	MCMHC
PRN	Maria Alvarez	Life Skills Specialist	11/24/2025	Jackson Place
FT	Kelley Parkhurst	Peer Support Specialist	12/4/2025	Opioid Grant
FT	Kimberly Lahman	Program Coordinator	12/12/2025	Dutton
FT	Cynthia Freed	Life Skills Specialist	12/29/2025	Jackson Place
FT	Jeffrey Wilson	Life Skills Specialist	12/29/2025	Dutton
FT	Tiffany North	Life Skills Specialist	1/6/2026	Dutton
PT	Nancy Paschal	Life Skills Specialist	1/12/2026	Dutton

continued-----

# MLBH PERSONNEL REPORT

## SEPARATIONS (INVOLUNTARY)

FT	Kayla Carlton	Life Skills Specialist	11/21/2025	Dutton
FT	Terry Thompson	Life Skills Specialist	12/8/2025	Substance Use
FT	Zackery Moore	Mobile Crisis Peer	12/22/2025	Both Counties
FT	Bradley Smith	Life Skills Specialist	1/9/2026	Substance Use
FT	Holly Smith	Primary Care Screener	1/9/2026	JCMHC

NOTES: Stephen Ward began internship with Vanessa Vandergriff (MC)

\*\* C. Hayden Rice is a former intern

*AIH = Adult In-Home*

*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*

## OPEN POSITIONS

### CARVE OUT

DGH LSS FT (3)

JP LSS (1 FT)( 2 PRN)

SU LSS FT (1)

Therapeutic Mentor MC (1)

C/A Case Manager HICC JC(1)

ACT In Home Therapist JC (1)

ACT In Home Case Manager JC (1)

Therapist Geriatric MC, JC EtowahC (1)

Peer Support Spec Geriartic (1)

continued-----

## **MLBH PERSONNEL REPORT**

### **CCBHC**

Peer Support Specialist/ Parent (1)      1/2 each county

Peer Support Specialist/ Adult (1)      1/2 each county

Peer Support Specialist/ Youth (1)      1/2 each county

Case Manager MC (1)

School-Based Therapist (2) MC (1) Floater

Accountant FT (1)

Payee Specialist FT (1)

## **IT Board Report JAN 2026**

### **Items Completed from last reports:**

- Start testing Unifi IP phone system just in case.
- ~~-VZ Cell Phone Booster / Access point for Sboro Cell phones.~~
- Provision new Sboro Video Camera System.
- ~~-Secureworks / SOPHOS security monitoring Renewal.~~
- CCBHC Data Access / Sharing / Controls submitted to Netsmart.
- CCBHC Measures Data mapping logistics and modifications in process.
- CCBHC 837P successful EDI File format accepted for billing.
- Wes working on Intune configuration for first responder tablets.
- Wes working on / deploying mobile hunt group for Mobile Crisis Team.
- Wes is overhauling Dutton wireless infrastructure.
- Wes building out new IT office at Scottsboro.
- Wes overseeing 40 ethernet drops / camera installs at Scottsboro.
- ~~-Wes working on Job Posting integration with MLBHC Payentry System.~~
- Pharmacy implementation IT part done.
- New Board Tablets Order / Provision / Deploy.
- Start testing Windows Server 2022/2025 version and cost.
- ~~-Sophos Secureworks new Agent version to install.~~

### **New Items / Continued:**

- Get additional IT Staff in place. Part Time Staff to add next.
- Barracuda Web Filter Replacement Quote / Installation.
- Network Core switch modification issues.
- Testing Microsoft IP Phone System.
- CCBHC Integration final steps we hope.
- Moving to Microsoft Security Platforms and Agents.
- Moving to Microsoft GSA VPN and other stuff.
- Cedar Cabling and Camera System installation.
- Lots of Network Infrastructure equipment to upgrade.
- Investigating moving Windows Servers to Microsoft Cloud.
- Web Design Contractor meetings to start.
- Windows Update server move process to Microsoft Cloud.
- Problem with some Server hangs / crashes.
- Windows Desktops upgrade to 25H2 version.

## **Clinical Services Report**

**January 2026**

### **Outpatient Clinic Primary Care Screening and Monitoring**

Individuals with serious mental illness (SMI) or serious emotional disturbance (SED) experience significantly worse physical health outcomes and reduced life expectancy compared to the general population. Research shows they are 84% more likely to have multiple chronic medical conditions, including diabetes, cardiovascular disease, and respiratory disorders. These comorbidities contribute to a life expectancy gap of 10–20 years, with cardiovascular disease being a leading cause of premature mortality. Young adults with SMI also exhibit high rates of obesity, migraines, and asthma, underscoring the need for integrated care models that address both mental and physical health to reduce disparities and improve overall well-being.

MLBHC provides integrated, whole-person care, emphasizing prevention and early identification of health concerns. Through a protocol approved by ADMH, these services seek to ensure timely, comprehensive screening and monitoring of primary care health indicators, increase coordination with primary care providers, and improve health outcomes for all individuals served.

#### **Key Highlights**

Screenings are conducted at intake and annually, or more often if clinically indicated.

#### Scope of Screening

- Chronic conditions (diabetes, hypertension, HIV, hepatitis)
- Physical health symptoms such as pain, fatigue, respiratory issues, or changes in appetite, weight, or sleep.
- U.S. Preventive Services Task Force (USPSTF) recommended preventive health indicators based on the individual's age and gender (e.g. cancer screenings).
- Health-risk behaviors (tobacco, alcohol, drug use, physical inactivity, poor diet, unsafe sexual practices).
- Weight, BMI, and blood pressure for all adults and youth.
- Hemoglobin A1c for individuals with diabetes or at risk of metabolic syndrome.
- Other lab or biometric tests as determined by the Medical Director based on population health trends and clinical necessity.

#### Coordination with Primary Care Providers

- Upon consent, MLBH will coordinate with each individual's PCP to ensure screenings and follow-up care are completed.
- If the individual has an established PCP and that provider conducts the required screenings, MLBH may rely on that documentation provided results are obtained and recorded in the chart.
- When no PCP is identified, assist the individual in establishing and maintaining a primary care relationship.

## Monitoring and Follow-Up

Ongoing monitoring occurs through:

- Periodic reassessment of health indicators and vital signs.
- Review of lab results and health status during medication management or therapy visits.
- Care coordination follow-up to ensure attendance at medical appointments.
- Reinforcement of healthy lifestyle behaviors (nutrition, exercise, sleep, substance-use reduction, tobacco cessation).

## Health Promotion and Education

- Individuals receive education on disease prevention, medication adherence, healthy diet, exercise, and wellness resources.
- Educational materials are culturally and linguistically appropriate and include referral options for smoking cessation and preventive services.

## Staff Roles and Responsibilities

- Primary Care Screener/Nursing Staff: Conduct screenings, collect samples, document findings, and notify prescribers of abnormal results.
- Prescribers: Review and interpret screening results; incorporate findings into treatment planning and referrals.
- Case Managers & Care Navigators: Facilitate coordination with PCPs, schedule medical appointments, and track follow-up completion.

## Quality Assurance

Quarterly audits by the Continuous Quality Improvement (CQI) team will monitor adherence to screening protocols and CCBHC quality measures (e.g., A1c, BP control, tobacco use, etc.).

## Impact

The Outpatient Clinic Primary Care Screening and Monitoring protocol strengthens integrated care, reduces health risks, and supports better outcomes for individuals with behavioral health needs. It ensures compliance with state and federal standards while promoting accountability and quality improvement.

## Mental Health gets designation

Mountain Lakes Behavioral Healthcare (MLBH) has been officially selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Alabama Department of Mental Health (ADMH) to participate in the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program, effective October 1, 2025.

This achievement marks a major milestone for mental health and substance use services in Marshall and Jackson Counties, placing Mountain Lakes among a select group of behavioral health organizations in Alabama recognized for meeting the nation's highest standards of integrated, accessible, and accountable care.

### Transforming Access

The CCBHC model represents a national movement to expand access to comprehensive, person-centered behavioral health care. As a CCBHC, Mountain Lakes Behavioral Healthcare will ensure that any individual—regardless of diagnosis, ability to pay,

or place of residence—can receive timely, high-quality mental health and substance use treatment.

Key benefits of the CCBHC model include:

- **24/7 Crisis Response:** Continuous access to crisis care, including mobile crisis teams, coordination with 988 call centers, and crisis stabilization services.

- **Integrated Care Coordination:** Seamless collaboration between behavioral health, primary care, hospitals, schools, law enforcement, and social service partners.

- **Expanded Access to Treatment:** No waitlists, no service restrictions, and timely appointments for adults, children, veterans, and first responders.

- **Focus on Outcomes and Accountability:** Data-driven performance standards to ensure quality, effectiveness, and continuous improvement.

- **Support for Rural Communities:** Enhanced outreach through mobile clinics and telehealth to ensure that individuals in rural areas can access care close to home.

### A Milestone

"This is a transformational step for our communities,"

said Myron Gargis, Executive Director of Mountain Lakes Behavioral Healthcare. "Becoming a CCBHC means our system of care is more connected, more responsive, and more accessible than ever before. It allows us to deliver high-quality treatment, crisis intervention, and recovery support to every individual who needs it—when and where they need it most."

Gargis added, "We are deeply grateful to the Alabama Department of Mental Health and SAMHSA for recognizing our commitment to excellence. This designation will allow Mountain Lakes to expand services, attract new professionals, and strengthen the behavioral health safety net for North Alabama."

### Community Partnerships

The CCBHC model thrives on partnership. Mountain Lakes Behavioral Healthcare works closely with local hospitals, law enforcement agencies, courts, schools, veteran organizations, and faith-based partners to build a comprehensive community network of care.

"Our success depends on collaboration," Gargis said. "We're working side by side

with community leaders, first responders, and health-care partners to ensure that individuals in crisis are met with compassion, expertise, and immediate help—not barriers."

About Mountain Lakes Behavioral Healthcare

Founded in 1971, Mountain Lakes Behavioral Healthcare is a nonprofit community mental health center serving Marshall and Jackson Counties, Alabama. MLBH provides a full continuum of care including outpatient therapy, substance use treatment, crisis intervention, residential services, prevention programs, and care coordination.

With the implementation of the CCBHC model, Mountain Lakes will continue to lead efforts to transform rural behavioral health care, expand access, and improve outcomes for individuals and families across North Alabama.

For more information, please visit: [www.mlbh-webpage.com](http://www.mlbh-webpage.com); [www.samhsa.gov/communities/certified-community-behavioral-health-clinics](http://www.samhsa.gov/communities/certified-community-behavioral-health-clinics)

Follow us on Facebook: Mountain Lakes Behavioral Healthcare

**CQI Summary of Reports  
November 20, 2025**

- **Report from Clinical Director**
- **Staff Error Report**-Made available to supervisors.
- **Wall of Fame/Incentive Plan**

**Incentive Plan-**

Brookshire, Tom  
Burks, Julie  
Knapp, Ileana  
McMurrey, Kimberly  
Miller, Savannah

**Wall of Fame-**

Campbell, Teana	J. P.	Ritchie, Denise	Marshall
Connor, Brooke	Marshall	Robinson, Hannah	Jackson
Cooper, Rebecca	Dutton	Moore, Leah	Geriatrics
Hambrick, Miranda	Dutton	Steed, Tyler	Geriatrics
Hanna, Sarah	M.P.	Tubbs, Felicia	JP
Herring, Belinda	Marshall	Whitworth, Chris	JP
Holcombe, Mitzi	Geriatrics	Wilkinson, Jaslynn	Jackson
Holcomb, Keith	Marshall	Wilson, Justin	Dutton
Johnson, Dallas	Jackson	Bartke, George	Cedar
Kyle, April	Dutton	Cheek, Brittany	Cedar
McMurrey, Kimberly	Dutton	Eddings, Amanda	Cedar
Paschal, Nancy	Dutton	Sweatman, Susan	Cedar
		Woodham, Cynthia	Cedar

**I. Review and approval of monthly summary report October 16, 2025:** No changes were reported. Minutes will stand as approved.

**II. Administrative Review Summary/Error Reports October:**

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
<b>TOTAL</b>	28	4323	11	28	Late notes, med record not updated/incomplete and expired ROI

**MONTHLY ADMIN REVIEW ERROR RATE: 0.6 % YTD ERROR RATE: 0.6 %**

A representative sample of records was reviewed to ensure that all documentation is present, complete, and accurate.

**III. ACSIS Consumer Profile Report for Sept 2025:** ADMH monthly report of errors in the state Central Data Repository (CDR), Alabama Community Services Information System (AC SIS). This report is from the month before the prior month.

Total Errors	Predominant Error Trends
4	Termination date missing, Residential status not updated at age 18, Inactive legal status value, Invalid SU diagnosis.

**IV. ACSIS Consumer Profile Report for Sept 2025:** ADMH monthly report of errors in the state Central Data Repository (CDR), Alabama Community Services Information System (AC SIS). This report is from the month before the prior month.

Total Errors	Predominant Error Trends
4	Termination date missing, Residential status not updated at age 18, Inactive legal status value, Invalid SU diagnosis.

V. **Cedar Lodge Access Report for October 2025:** Admission denials are monitored to identify barriers and enhance access to treatment. For the month of October, four individuals were denied admission. One individual was denied due to medical issues and urine drug screen, which was positive for opioids, placing the individual at risk of withdrawal symptoms. The individual was referred to a detox facility and primary care. Individual was rescheduled but did not show and was unable to be contacted. Another individual was denied due to an untreated medical condition. The individual was referred to primary care for follow-up. Individual was unable to be contacted to reschedule. One individual presented with an untreated abscessed tooth. The individual received dental treatment and was admitted two weeks later. Another individual presented without prescribed medication. Individual was rescheduled and admitted the next week.

VI. **Prevention Activities:** 234 Prevention activity sheets were reviewed for October 2025:

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	0	0
Block-Environmental	47	20
Block- Information Dissemination	34	121
Block-Education	4	7
Block-Alternatives	0	0
Block-PIDR	18	0
SOR-Environmental	38	60
SOR-CBP	32	37
Total	173	245

**TOTAL IMPACT (Combined Counties)**

- 2,400+ students educated on vaping, alcohol, marijuana, and prescription drugs.
- 600+ community members reached through events and outreach.
- 600 resource bags distributed at Storybook Spectacular.
- 174 lbs of unused medication collected at Drug Take Back events.
- Hundreds of pamphlets, strips, stickers, and parent materials distributed

VII. **Hospital Discharge Follow-up Report for October:**

Location	Local	State/CRU	Total
Marshall	17 (15 Active)	0	17
Jackson	6 Active	0	6
Geriatrics	0	0	0
Total	23	0	23

This report tracks follow up visits for individuals discharged from a local psychiatric hospital, state hospital, crisis stabilization unit, or crisis diversion center. All individuals were seen for follow-up.

VIII. **Incident Prevention and Management for Previous Month:** There were six reports of client aggression for October. Of these, only one involved minor physical aggression by one client to another. The remainder were incidents of verbal aggression. All incidents were addressed through further assessment, treatment referrals, and/or behavioral interventions.

**IX. Medication Errors for October:** There were 2 medication errors reported for the month of October. Two missed doses with no trends noted.

**By Personnel**

	MAC	RN	LPN	Pharmacist	Other (explain)
Level 1	2				
Level 2					
Level 3					
<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**By Division**

	MI	SA	TOTAL
Level 1	2		2
Level 2			
Level 3			
<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>2</b>

**By Error Type**

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

**X. Consumer Feedback, Complaints, and Grievances for Oct:**

FY25-Consumer Feedback	Oct	Oct	Oct	Oct	Oct
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville	3	1	1	1	6
Scottsboro					0
Outreach/Residential					0
Cedar Lodge					0
Total MTD	3	1	1	1	6
<b>Total YTD</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>6</b>

The complaint was related to a soda machine not being restocked.

**XI. Residential Services Report for October**

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	93	93	100
Marshall Place	3	93	93	100
Jackson Place Sup Apt.	2	62	62	100
Dogwood Apartments	8	248	217	88
Supportive Housing	12	372	248	67
MLBH Residential Care	10	310	272	88
MLBH Crisis Stabilization	2	62	62	100
Foster Homes	26	806	797	99
<b>Totals</b>		<b>1980</b>	<b>1844</b>	<b>90</b>

Sherneria Rose, Residential Program Director, submitted a report for the month of October.

**XII. Treatment Plan Reviews for October:**

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
Geriatrics	9	0	0	0	0	0	0	0
Jackson	73	0	5	0	4	0	0	9
Marshall	114	0	11	0	8	0	0	19
Substance Abuse	0	0	0	0	0	0	0	0
Residential	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>196</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>28</b>

**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.

A summary report was sent out to the committee for each program. The trends were treatment plans that were not timely, and documentation does not relate to TP and/or address progress.

**XIII. Form-Policy & Procedure Revisions/Approvals:**

**Forms-**

- **AHC HRSN Screening Tool Core Questions-Rev-** Follow-up plan was added to capture data for quality measures. The form has been placed on the MLBHC links server under the Forms Manual>Quality Measures tab for staff access.
- **Hospital Discharge Follow Up-Rev-**The wording for one question was revised to "Aside from the hospitalization related to this follow-up, has the client had any other psychiatric hospitalizations within the past 30 days?" to help staff in answering the question accurately. The form has been placed on the MLBHC links server under the Forms Manual>Intake forms tab for staff access.
- **MLBHC AI Consent-Notice of Privacy Practices-New-**This is a new form that is to be presented to clients at intake, informing them of the use of AI in clinical documentation which has the potential to enhance care and improve treatment outcomes. The form has been placed on the MLBHC links server under the Forms Manual>Intake forms tab for staff access.
- **PHQ9-A-Rev-** Follow-up plan was added to capture data for quality measures. The form has been placed on the MLBHC links server under the Forms Manual>Quality Measures tab for staff access.
- **State Reporting Guidelines-Rev-**The instructions were revised to clarify the approved ICD-10 Z-codes that can be used if a client does not meet criteria for an MI diagnosis. The form has been placed on the MLBHC links server under the Forms Manual>Administrative Section tab for staff access.

**P & P: Procedure revisions for CQI approval**

- None

**P & P: Board Approved Policy Revisions effective 10/1/25**

- **Revision to P&P 3.10.1 Discounted Client Fees-**The phrase "clients must also meet applicable clinical criteria in order to qualify for discounted services" was removed from the policy in order to

be compliant with CCBHC. The revised policy was placed on the MLBHC links>Policy Docs tab on the server and sent out to all staff with an effective date of 10/1/25.

- **New P&P Section 12 CCBHC**-The board approved this new section of P & P's that are required for this new model of care. The new policies have been placed on the MLBHC links>Policy Docs tab on the server and sent out to all staff with an effective date of 10/1/25.

**XIV. Miscellaneous Items:**

- **MLBHC CQI Plan FY26 Continuous Quality Improvement Plan**- was approved by the board with effective date of 10/1/25. The plan was sent out to all users with this summary of reports and is available on the MLBHC links >Policy Docs tab on the server for staff access. Staff and supervisors are encouraged to review this plan.
- **Monthly No shows:** Added no show tracking to CQI process per DMH recommendation for each outpatient location. CQI Plan will be appended to formally add this tracking in CQI.

<p><b>MARSHALL COUNTY-Outpatient Therapy/DR/RN</b></p> <p><b>Total Appointments: 1526</b></p> <p><b>No Shows: 202</b></p> <p><b>Cancelled: 351</b></p> <p><b>Marshall County-Intakes</b></p> <p><b>Total Appointments: 115</b></p> <p><b>No Shows: 51</b></p> <p><b>Cancel: 31</b></p> <p><b>Total No Show: 34.06 %</b></p>
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<p><b>JACKSON COUNTY-Outpatient Therapy/DR/RN</b></p> <p><b>Total Appointments: 1045</b></p> <p><b>No Shows: 217</b></p> <p><b>Cancelled: 130</b></p> <p><b>Jackson County-Intakes</b></p> <p><b>Total Appointments: 50</b></p> <p><b>No Shows: 21</b></p> <p><b>Cancel: 10</b></p> <p><b>Total No Show: 32.15 %</b></p>
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- XV. Corrective Action Plan- Interpreter Documentation-** During the DMH site visit, a reviewer noted errors in some charts of consumers who were deaf or had Limited English Proficiency. There was no specific trend noted, and these were not counted as findings. **Corrective Action:** Document routing was added to the NRFLA to enable supervisor to review and ensure they are signed by ODS when required. Training completed with those conducting intakes on requirements for language assistance. Records Librarians will randomly review 5 charts each and report findings to CQI committee by 1/1/26.

**XVI. Action Items**

Action	Responsible Person(s)	Time Frame	Follow-up if indicated
Staff education on revisions to Admin Code	Program Directors & Coordinators train existing staff, Training Coordinators train new hires	March 2026	
Revision of P & Ps reflecting Admin Code revisions	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	March 2026	Copies of revised program descriptions to DMH
Revise HRSN to include documentation of follow-up	Clinical Director, Assistant Clinical Director	November 1	Added to hard copy form as well as Avatar, 11/25.
Education of intake coordinators and therapists on utilization of quality measures	MC Program Director, JC Program Director, C/A Program Coordinator train existing staff, Training Coordinators train new hires.	November 1	
Clarification of frequency of AUDIT-C	Clinical Director	November 1	Clarification from ADMH-should be done at least at intake and annually thereafter.
Add no show tracking to CQI process per DMH recommendation	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	November 20	Added to November CQI Summary of Reports.
Education of all staff on documentation of interpretation	Assistant Clinical Director, Program Directors & Coordinators train existing staff, Training Coordinators train new hires.	November 20	Report to CQI SBMH therapists trained

**CQI Summary of Reports  
December 18, 2025**

- **Report from Clinical Director**
- **Staff Error Report**-Made available to supervisors.
- **Wall of Fame/Incentive Plan**

**Incentive Plan-**  
 Brookshire, Tom  
 Burks, Julie  
 Hambrick, Miranda  
 Jimenez, Melisa  
 Miller, Savannah

**Wall of Fame-**

Alford, Lindsay	Marshall ACT	Kyle, April	Dutton
Bartke, George	Cedar	Moore, Leah	Geriatrics
Campbell, Teana	J. P.	Rothe, Stacy	Geriatrics
Cheek, Brittany	Cedar	Steed, Tyler	Geriatrics
Cooper, Rebeca	Dutton	Sweatman, Susan	Cedar
Crowell, Robert	Cedar	Whitworth, Chris	JP
Eddings, Amanda	Cedar	Wilkinson, Jaslynn	Jackson
Hanna, Sarah	M.P.	Wilson, Justin	Dutton
Herring, Belinda	Marshall	Woodham, Cynthia	Cedar
Holcombe, Mitzi	Geriatrics		

**I. Review and approval of monthly summary report November 20, 2025:** No changes were reported. Minutes will stand as approved.

**II. Administrative Review Summary/Error Reports November (Oct MTD: 0.6%; YTD 0.6%):**

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
<b>TOTAL</b>	14	1372	13	21	Med record not updated/incomplete

**MONTHLY ADMIN REVIEW ERROR RATE: 1.5 % YTD ERROR RATE: 0.9%**

A representative sample of records was reviewed to ensure that all documentation is present, complete, and accurate.

**III. ACSIS Consumer Profile Report for Oct 2025:** ADMH monthly report of errors in the state Central Data Repository (CDR), Alabama Community Services Information System (ACSIS).

Total Errors	Predominant Error Trends
0	This report was not received by DMH due to year end billing. Errors for October will be reported in January 2026.

**IV. Cedar Lodge Access Report for November 2025:** Admission denials are monitored to identify barriers and enhance access to treatment. For the month of November, five individuals were denied admission. One individual was denied due to the risk of withdrawal due to UDS positive for alcohol and benzodiazepines. Client referred to detox services and rescheduled. Two were medically unstable and

referred to ER, rescheduled. Two others were at risk of withdrawal due to UDS positive for benzodiazepines. Both were referred to detox services and rescheduled.

**V. Prevention Activities:** 201 Prevention activity sheets were reviewed for November 2025:

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	0	0
Block-Environmental	32	30
Block- Information Dissemination	42	22
Block-Education	0	14
Block-Alternatives	0	0
Block-PIDR	15	0
SOR-Environmental	33	82
SOR-CBP	12	10
<b>Total</b>	<b>134</b>	<b>158</b>

**TOTAL IMPACT (Combined Counties)**

Narcan Kits Distributed: 157

Fentanyl Test Strips: 107

Deterra Bags: 56

Students Reached: 19

Partnerships Established: EMA, Fire Departments, Pharmacies

**VI. Hospital Discharge Follow-up Report for November:**

Local	State/CRU	Total
23	4	27

This report tracks follow up visits for individuals discharged from a local psychiatric hospital, state hospital, crisis stabilization unit, or crisis diversion center. Two individuals were not seen for follow-up. One case was an adolescent who was transferred to a residential treatment facility. One individual was not scheduled for follow-up for undetermined reasons. Care navigator tasked to follow up with the individual.

**VII. Incident Prevention and Management for Previous Month:** There were three reports of SU Hospitalizations for November.

**VIII. Medication Errors for November:** There were 8 medication errors reported for the month of November. Six wrong time, and two missed doses. Five of the wrong times were for one client during one med pass.

**By Personnel**

	MAC	RN	LPN	Pharmacist	Other (explain)
Level 1	8				
Level 2					
Level 3					
<b>TOTAL</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**By Division**

	MI	SA	TOTAL
Level 1	8		8
Level 2			
Level 3			
<b>TOTAL</b>	<b>8</b>	<b>0</b>	<b>8</b>

**By Error Type**

	Wrong Person	Wrong Med	Wrong Dose	Wrong Route	Wrong Time	Wrong Reason	Wrong Documentation	Missed Dose	Other (explain)
Level 1					6			2	
Level 2									
Level 3									
<b>TOTAL</b>	0	0	0	0	6	0	0	2	0

**IX. Consumer Feedback, Complaints, and Grievances for Nov:**

FY25-Consumer Feedback	Nov	Nov	Nov	Nov	Nov
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville					0
Scottsboro					0
Outreach/Residential					0
Cedar Lodge		4	1		5
<b>Total MTD</b>	0	4	1	0	5
<b>Total YTD</b>	3	5	2	1	11

The complaint was related to family visits at Cedar Lodge.

**X. Residential Services Report for November**

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	90	90	100
Marshall Place	3	90	90	100
Jackson Place Sup Apt.	2	60	60	100
Dogwood Apartments	8	240	210	88
Supportive Housing	12	360	240	67
MLBH Residential Care	10	300	300	100
MLBH Crisis Stabilization	2	60	60	100
Foster Homes	26	780	780	100
<b>Totals</b>		<b>1980</b>	<b>1830</b>	<b>92</b>

Sherneria Rose, Residential Program Director, submitted a report for the month of November.

**XI. Treatment Plan Reviews for November:**

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
<b>TOTALS</b>	137	0	8	0	7	0	0	15

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.

**Error rate: 11%.** A summary report was sent out to the committee for each program. The trends continued to be treatment plans that were not timely, and documentation does not relate to TP and/or address progress. CQI committee will begin tracking monthly error rate with a goal to show improvement each month.

## **XII. Form-Policy & Procedure Revisions/Approvals:**

### **Forms-**

- **(Client's) Rights for Posters-Rev-**Contact information was updated and language revised to align with CCBHC. Poster approved and signed by Executive Director. The QA coordinator will ensure that the posters are replaced in all facilities.
- **Guidelines for Progress Note Start/Stop Times-Rev-** Changes were made to the form to be in compliance with CCBHC standards. The form was sent out to the committee with no changes suggested and has been placed on the MLBHC links server under the Forms Manual>Administrative forms tab for staff access.
- **Shift Report- (MI Residential)-New-**This report is being implemented in MI residential programs to comply with revised Administrative Code 580-2-20-.13(10)(b). The form was sent out to the committee with no changes suggested and has been placed on the MLBHC links server under the Forms Manual tab for staff access.

### **P & P: Procedure revisions for CQI approval**

- **P & P 10.1-(Client's) Recipient's Right to Privacy in Residential and Inpatient Programs-Rev-** This P & P was updated to reflect implementation of the shift report to comply with revised Administrative Code 580-2-20-.13(10)(b). The P & P was sent out to the committee with no changes suggested and has been placed on the MLBHC links>Policy Docs tab on the server for staff access.

### **P & P: Board Approved Policy**

- **P&P 12.30-Mobile Crisis Team (MCT) Program Description** -This new policy was approved by the Board at the November meeting. The revised policy was placed on the MLBHC links>Policy Docs tab on the server and sent out to all staff with an effective date of 10/1/25.

## **XIII. Miscellaneous Items: None**

**XIV. Monthly No shows:** Added no show tracking to CQI process per DMH recommendation for each outpatient location. CQI Plan will be appended to formally add this tracking in CQI.

<b>MARSHALL COUNTY-Outpatient Therapy/DR/RN</b>
<b>Total Appointments: 1348</b>
<b>No Shows: 215</b>
<b>Cancelled: 243</b>
<b>Marshall County-Intakes</b>
<b>Total Appointments: 62</b>
<b>No Shows: 26</b>
<b>Cancel: 18</b>
<b>Total No Show: 32.48 %</b>

<b>JACKSON COUNTY-Outpatient Therapy/DR/RN</b>
<b>Total Appointments: 661</b>
<b>No Shows: 108</b>
<b>Cancelled: 76</b>
<b>Jackson County-Intakes</b>
<b>Total Appointments: 45</b>
<b>No Shows: 14</b>
<b>Cancel: 3</b>
<b>Total No Show: 26.49 %</b>

**XV. Action Items**

Action	Responsible Person(s)	Time Frame	Follow-up if indicated
<b>Completed</b>			
Revise HRSN to include documentation of follow-up	Clinical Director, Assistant Clinical Director	November 1	Completed
Add no show tracking to CQI process per DMH recommendation	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	November 20	Completed
Clarification of frequency of AUDIT-C	Clinical Director	November 1	Clarification from ADMH-should be done at least at intake and annually thereafter.
<b>Ongoing</b>			
Staff education on revisions to Admin Code	Program Directors & Coordinators train existing staff, Training Coordinators train new hires	March 2026	
Revision of P & Ps reflecting Admin Code revisions	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	March 2026	
Education of intake coordinators and therapists on utilization of quality measures	MC Program Director, JC Program Director, C/A Program Coordinator train existing staff, Training Coordinators train new hires.	November 1	Jackson County and Marshall County staff trained.
Education of all staff on documentation of interpretation	Assistant Clinical Director, Program Directors & Coordinators train existing staff, Training Coordinators train new hires.	November 20	SBMH, SU staff, MC staff trained
<b>New Items</b>			
Revised Individual Rights Posters to be posted in all facilities.	QA Coordinator; office managers, group home coordinators	1/15/26	
Utilization of daily shift report in all MI residential Programs	Residential Program Director, group home coordinators to monitor each week and report daily percentage completed to CQI.	1/1/26	
Hospital discharge follow up	Jackson County Care Navigator	1/1/26	

# Leadership Committee

November 20, 2025

## MINUTES

**Present:** Lane Black, Kali Brand, Jeremy Burrage, Myron Gargis, Dana McCarley, Shelly Pierce, Erica Player, Gerald Privett, Sherneria Rose, Dianne Simpson and Susan Sweatman

**Absent:** Cammy Holland and Vanessa Vandergriff

### I. Approve minutes of the October 16, 2025, meeting

Minutes of the October 16, 2025, meeting were distributed to all staff via e-mail. Minutes were approved, with the following correction: Elizabeth Rucker (not Elizebeth Traweek) has transferred to MC Community OR Specialist.

### II. Committee reports

#### EEG from 9-24-25

**Event Food and Sponsorship Arrangements:** Brooke informed the group, including Jimmie and Margie, that the meat market will supply hamburgers and hot dogs for the event in exchange for sponsorship recognition, while efforts are ongoing to secure additional donations from Publix for condiments, buns, chips, and drinks.

**Meat Market Sponsorship:** Brooke explained that the meat market agreed to provide all hamburgers and hot dogs for the event as long as they are recognized as sponsors, which involves posting about their sponsorship on social media.

**Additional Food Needs:** Brooke stated that condiments, buns, chips, and drinks are still needed for the event, and they are attempting to contact Publix to see if they can donate these items.

**Event Roles and Activity Planning:** Jimmie, Brooke, and Margie reviewed assigned roles for the event, including sign-in and crafts, discussed the need to finalize activity plans as requested by Christy, and addressed the absence of some team members due to a tornado in Jackson County.

**Flag Football and Team Apparel Coordination:** Brooke and Jimmie discussed Christy's ideas for flag football team selection using bracelet colors, Dallas's request for help with tournament brackets, and the need for everyone to respond to an email about shirt sizes for team apparel.

**Dessert Planning and Survey Follow-Up:** Margie and Brooke discussed the need to finalize dessert options since Kona Ice will not be available, with ice cream being considered as an alternative, and reminded the group to complete a survey about event goals sent by Christy.

**Scheduling the Next Meeting:** Jimmie proposed scheduling the next meeting with Christy for Wednesday at 3:30, but Brooke and Hannah indicated a scheduling conflict, leading to consideration of Thursday as an alternative, with final details to be confirmed by Christy via email.

#### EEG from 11-13-25

**Attendees:** Christy Keeper, Jeremy Burrage, Savanna Miller, Hannah Lowery, Miranda, Jacelyn,

#### Old Business

- **Tailgate Event:** Positive feedback received; successful execution.
- **Pumpkin Decorating Contest:** Mixed reception; Jackson County did exceptionally well.

#### New Business

1. **Holiday Activities**

- **Christmas Decorating Contest**
  - Options discussed: Door, wreath, stocking, ornament.
  - **Decision:** Stocking decorating contest chosen due to space limitations.
  - **Voting Mechanism:** Printed “present” slips for category votes.
  - **Categories:**
    - Most Nostalgic
    - Most Tacky
    - Most Jolly
    - Most Creative
  - **Prizes:** Four \$25 gift cards.
  - Participants provide their own stockings.
- **Additional Holiday Engagement -**
  - Hot cocoa & cider stations with cookies/snacks at each center.
  - Tentative dates: **Dec 17–18** (aligned with staffing days).
  - Announcement of stocking contest winners: **Dec 19** via email.
- **Other Ideas Discussed**
  - Ugly sweater day.
  - Christmas card exchange (left for centers to decide).

## 2. Christmas Party

- No EEG-wide party this year due to budget and timing.
- Centers encouraged to host their own events.
- **Future Plan:** Resume EEG Christmas party next year.

## Quarter 2 Planning

- **Engagement Event:** Comedy show or concert.
  - **Action:** Send email poll in January to gauge interest.
  - Considerations: Location (likely Huntsville), language sensitivity for comedy, music preferences for concerts.

## Quarter 3 Planning

- **Family Event:** To be brainstormed later.

## Additional Engagement Ideas

- **March Madness Bracket Challenge**
  - Men’s and Women’s brackets.
  - Two winners; suggested prize gift card
  - Potential social meet-up for game viewing.
- **Resource Lunch Initiative**
  - Monthly lunch (or virtual Teams meeting) to share community resources.
  - Goal: Build a centralized, updated resource database (Excel sheet accessible company-wide).
  - Discussion on feasibility and engagement approach.

## Next EEG Meeting

- **Date:** December 4, 2025
- **Time:** 1:00 PM
- **Format:** Teams link to be sent.

## Action Items

- Christy:
  - Send email about stocking contest and holiday cocoa/cider event. Discuss with Myron for approval/denial
  - Prepare voting slips and category list.
  - Draft January email for comedy vs. concert poll.
- All Members:
  - Promote stocking contest and holiday stations.
  - Gather ideas for resource sharing and family event.
  - Coordinate with centers for crockpots and supplies.

## III. Program Financial Reports: October, 2025

LC members reviewed both the CCBHC and NON-CCBHC Program Summaries for detailed financial information. Both items are attached to the minutes from this meeting.

#### IV. Reports & Program Updates:

- **Executive Director's Report – Myron Gargis**
  - Myron has been focusing on development of CCBHC protocols.
  - The CCBHC Billing Manual should be available this week.
  - All existing consumers should be enrolled and treatment plans updated by 12/31/25.
  - The architect continues to work on the design for the CRU. The planning group met on 11/13/25 to walk the property where the new facility will be located.
- **Clinical Director's Report – Dianne Simpson**
  - Dianne and Erica are working to get programs up-to-date with basic CCBHC components by the end of the year.
- **Administrative Services – No report today due to Cammy's absence**
- **HR Office – Lane Black**
  - Pertinent staff are working together to develop a plan for completing all CCBHC required trainings. A decision has been made to contract with Relias as the main source for training courses. A bulk spreadsheet of staff info was recently emailed to Relias and a zoom meeting is scheduled for Tuesday with our Relias representative.
  - Approximately 25 new staff members have been hired since 10/1/25. We currently have about 151 employees, with an estimated 10+ to come. Once all positions are filled, we should have an estimated 175 employees.
  - Lane shared the listing of current vacant positions. Any discrepancies should be reported to him ASAP.
- **Jackson County OP & OR – Dana McCarley**
  - JC has recently employed a PC Screener, Community Outreach Specialist and an AIH CM.
  - Savannah Miller is transferring from the JC AIH Team to full time JC CPS – A.
  - Kellye, Shelby, and Vanessa have been interviewing for Jackson County positions, including Employment Specialist, Care Navigator, and Case Manager.
  - All CCBHC staff have received initial CCBHC readiness information.
  - Dana is currently working toward creating competency modules for evidenced based practices and reviewing training checklists for all positions.
- **Marshall County OP & OR – Kali Brand**
  - Erica and Kali noted that many treatment plans are due and those are being addressed.
  - Kali reported that eight SB TH have been employed since May, with one more to start in December. One floater position remains open.
  - Kali is currently splitting her work week between Scottsboro and Guntersville.
- **Geriatrics – Gerald Privett**
  - Everything is going well in Geriatrics.
  - Racheal Ramsey will start on 12/2/25 and attend the Peer Specialist - Adult training later in December.
- **Residential – Sherneria Rose**
  - Residential programs are working on goals and objectives for FY26.
  - Sherneria is also working to develop a written staffing/coverage plan.
  - Shift changes are forthcoming at the Dutton Residential Facility.
  - Beginning 12/1/25, RDP will move from Dutton to the JC Clinic.
  - Due to the severity of MI consumers at Dutton, an on-site therapist was requested.
  - One consumer at Dutton is having severe MI symptoms, making him extremely difficult to manage. This situation was discussed as a liability as this consumer needs 1:1 supervision 24/7.
  - Two large vans are needed for Dutton.

- Shermeria questioned the possibility of contracting or hiring a dietician to cover all residential facilities.
- Recruitment continues for a Community Support Case Manager. This is proving to be a difficult position to fill.
- Shermeria questioned what items are covered by the 92% of a consumer's income while living in a residential program. Many items were discussed, including that a consumer should be responsible for all co-pays, if financially possible
- **SU Services – Susan Sweatman**
  - The DMH contract was fully exhausted for FY 25.
  - Census is currently 20. This is historically a slow time of year due to all holidays.
  - Susan has two interviews scheduled for the vacant Counselor's position.
  - Many SU consumers are exhibiting severe MI issues, so the possibility of getting Amanda Eddings certified as a SU CM was briefly discussed.
  - It was also noted that April Burns, Benefits Specialist, could possibly help consumers at Cedar Lodge with getting signed up for benefits.
- **Mobile Crisis – Jeremy Burrage**
  - Jeremy noted that Mobile Crisis Services are being implemented, with a “go live” date scheduled for early January. It was noted that these staff members, and likely others, need more extensive training before being ready to provide and document services.
  - With the intent of Mobile Crisis Services being to address emergencies within the community setting, Jeremy made a recommendation to again consider the employment of a Crisis Specialist to handle emergencies at MLBHC facilities.
  - It is likely that a Lunch and Learn will soon be provided to educate staff on what qualifies as a legitimate need for the Mobile Crisis Team.
  - Jeremy reported a recent positive meeting with hospital staff, local law enforcement officers, EMA, etc. He will soon meet again with this group to further discuss mobile crisis services, court petitions, etc.
  - Wes Morgan, Assistant IT Director, is attempting to develop a way for local law enforcement officers to use tablets to communicate with the Mobile Crisis Teams.
  - A recommendation was made for LC members to consider best uses for the Mobile Crisis Unit. It will soon be featured in several local Christmas Parades to make community members aware of this new resource.

**V. Review of wait times**

For October, 2025, the following wait times were reported:

MC Intake	7 days	MC MD/CRNP	20 days
JC Intake	6 days	JC MD/CRNP	8 days
Average	6.5 days	Average	14 days

**VI. Unfinished Business**

- None Noted

**VII. New Business**

- **October productivity for Non-CCBHC staff** – Dianne distributed a report of Non-CCBHC staff productivity for October. Although new productivity standards went into effect on October 1, 2025, staff have an allowance until January 1, 2026, before disciplinary action begins.

**VIII. Adjournment**

The Leadership Committee meeting was adjourned at 3:30 p.m.

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE**  
**NonCCBHC PROGRAM SUMMARY**  
**FOR THE MONTH ENDED OCTOBER 31, 2025**

PROGRAM	BUDGETED REVENUE		ACTUAL REVENUE		BUDGETED EXPENSES		ACTUAL EXPENSES		Budget vs Actual		Budget vs Actual		ACTUAL OPERATING INCOME	BUDGETED OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- % Comments
	15,202	15,202	15,202	15,202	15,202	15,202	\$	%	\$	%	Revenues	Expenses					
Region 1 Project	15,202	15,202	15,202	15,202	15,202	15,202	0	0.00%	0	0.00%	0	0.00%	(0)	0	0	0	0
Geriatrics	0	43,236	43,236	25,491	25,491	25,491	100.00%	100.00%	0	100.00%	0	100.00%	17,745	0	0	17,745	
Behavioral Health Unit (BHU)	20,058	20,000	20,000	20,058	20,058	(58)	0.00%	0.00%	(58)	0.00%	0	0.00%	0	0	0	0	0
Supervised Apartments	6,254	7,257	4,270	4,372	4,270	642	13.83%	15.04%	642	15.04%	1,882	2,987	2,987	744	744	2,243	
EBP Supportive Housing	13,712	11,315	8,542	13,712	8,542	(2,397)	-21.18%	-60.51%	(5,169)	-60.51%	(0)	2,773	2,773	0	0	2,773	
Dutton Facilities	112,813	117,090	79,969	102,281	79,969	4,278	3.65%	-21.90%	(17,513)	-21.90%	10,532	37,122	37,122	4,799	4,799	32,322	
JC C/A InHome	19,443	9,858	4,037	12,573	4,037	(9,584)	-97.22%	-211.43%	(9,536)	-211.43%	6,889	5,821	5,821	0	0	5,821	
JC C/A Outreach	0	0	6,445	0	6,445	6,445	#DIV/0!	100.00%	6,445	100.00%	0	(6,445)	(6,445)	0	0	(6,445)	
JC InHome	0	13,195	9,569	0	9,569	13,195	100.00%	100.00%	9,569	100.00%	0	3,626	3,626	0	0	3,626	
JC ACT	29,757	24,858	16,271	18,215	16,271	(4,900)	-19.71%	-11.95%	(1,944)	-11.95%	11,543	8,587	8,587	0	0	8,587	
JC RDP	15,395	17,980	8,716	12,079	8,716	2,566	14.28%	-38.58%	(3,363)	-38.58%	3,315	9,244	9,244	0	0	9,244	
Jackson Place	39,377	41,531	29,322	32,534	29,322	2,155	5.19%	-5.05%	(1,482)	-5.05%	6,843	12,210	12,210	1,731	1,731	10,479	
Jail Based	0	0	7,954	0	7,954	7,954	#DIV/0!	100.00%	7,954	100.00%	0	(7,954)	(7,954)	0	0	(7,954)	
MC C/A InHome	19,581	10,921	7,399	14,131	7,399	(8,659)	-79.29%	-90.99%	(6,733)	-90.99%	5,449	3,522	3,522	0	0	3,522	
MC C/A Outreach	0	0	1,309	0	1,309	1,309	#DIV/0!	100.00%	1,309	100.00%	0	(1,309)	(1,309)	0	0	(1,309)	
MC InHome	0	10,126	15,183	0	15,183	10,126	100.00%	100.00%	15,183	100.00%	0	(5,057)	(5,057)	0	0	(5,057)	
MC ACT	38,241	37,596	24,144	25,712	24,144	(645)	-1.72%	-6.49%	(1,568)	-6.49%	12,530	13,452	13,452	0	0	13,452	
MC RDP	13,889	20,802	10,885	9,480	10,885	6,913	33.23%	12.91%	1,406	12.91%	4,409	9,916	9,916	0	0	9,916	
Marshall Place	22,465	24,478	23,534	26,366	23,534	2,012	8.22%	-10.39%	(2,445)	-10.39%	(3,900)	943	943	386	386	557	
Stepping Up	5,000	5,000	4,757	4,050	4,757	-	0.00%	14.86%	707	14.86%	950	243	243	0	0	243	
Substance Use	111,712	141,676	85,812	108,380	85,812	29,964	21.15%	-18.40%	(15,756)	-18.40%	3,332	56,064	56,064	7,012	7,012	49,052	
Prevention	28,553	34,327	26,591	25,107	26,591	5,774	16.82%	5.58%	1,484	5.58%	3,445	7,736	7,736	0	0	7,736	
	<u>511,451</u>	<u>606,429</u>	<u>435,204</u>	<u>444,252</u>	<u>435,204</u>	<u>94,978</u>			<u>5,624</u>		<u>67,200</u>	<u>171,225</u>	<u>171,225</u>	<u>14,872</u>	<u>14,872</u>	<u>156,553</u>	
Board Investments	26,889	48,787	1,428	2,137	1,428	21,898	44.88%	15.38%	220	15.38%	24,752	47,359	47,359	928	928	46,431	
Grand Total	<u>538,341</u>	<u>655,216</u>	<u>446,389</u>	<u>446,389</u>	<u>436,632</u>						<u>91,952</u>	<u>218,584</u>	<u>218,584</u>	<u>15,800</u>	<u>15,800</u>	<u>202,984</u>	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE  
CCBHC PROGRAM SUMMARY  
FOR THE MONTH ENDED OCTOBER 31, 2025**

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Actual Revenues		Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- % Comments
					\$	%	\$	%					
Administration	97,790	32,554	97,790	(6,092)	(65,236)	-200.39%	(90,834)	-1305.89%	(0)	38,646	13,047	25,599	
Marshall County MHC	696,788	571,888	611,654	319,522	(124,900)	-21.84%	(285,973)	-89.50%	85,134	252,367	6,160	246,207	
Jackson County MHC	411,718	359,852	381,074	259,452	(51,866)	(0)	(116,588)	-44.94%	30,644	100,399	5,034	95,365	
<b>Grand Total</b>	<b>1,206,296</b>	<b>964,294</b>	<b>1,090,519</b>	<b>572,882</b>	<b>(242,002)</b>		<b>(493,395)</b>		<b>115,778</b>	<b>391,412</b>	<b>24,241</b>	<b>367,171</b>	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE  
PROGRAM SUMMARY  
FOR THE MONTH ENDED OCTOBER 31, 2025**

<b>PROGRAM</b>	<b>BUDGETED OPERATING INCOME</b>	<b>ACTUAL OPERATING INCOME</b>	<b>DEPRECIATION EXPENSE</b>	<b>NET INCOME (LOSS)</b>
CCBHC	115,778	391,412	24,241	367,171
NonCCBHC Outpatient	73,263	106,486	928	105,558
Residential MI/SU	18,689	112,098	14,672	97,426
Grand Total	<u>207,730</u>	<u>609,996</u>	<u>39,841</u>	<u>570,155</u>

# Leadership Committee

December 18, 2025

## MINUTES

**Present:** Lane Black, Kali Brand, Jeremy Burrage, Myron Gargis, Cammy Holland, Dana McCarley, Shelly Pierce, Erica Player, Gerald Privett, Shermeria Rose and Susan Sweatman

**Absent:** Dianne Simpson and Vanessa Vandergriff

### I. Approve minutes of the November 20, 2025, meeting

Minutes were approved, as presented.

### II. No committee reports for the month

### III. Reports & Program Updates:

- **Executive Director's Report – Myron Gargis**
  - Much progress is being made on CCBHC:
    - Pertinent staff are currently working on protocols, with Dr. Boxley just approving the one for Primary Care. The next focus will be on the protocol for Training. As protocols are finalized, they will be accessible on the server.
    - Good progress is also being made on agreements for care coordination. Meetings have been held with JC DHR and JPO and agreements will soon be signed with several local PCPs. Once agreements are finalized, consumers identified as needing a PCP will be routed to those offices.
  - Progress continues on the CRU project:
    - The Archeological Survey for the property has been completed. This survey is a requirement for securing financing through USDA.
    - Several staff will meet with the architect tomorrow to review the current design.
    - Once the design is finalized, the bid process will begin, which is anticipated to take 4-6 weeks.
- **Clinical Director's Report – Erica Player**
  - Erica provided updated stats on enrollments, tx plans, etc.
- **Administrative Services – Cammy Holland**
  - The next payroll will require a quick turnaround on submission. Any supervisor that will be unable to approve timesheets should notify Cammy.
  - Although there is a lot of reviewing involved, we have received payment for CCBHC services provided for October and part of November.
- **HR Office – Lane Black**
  - Pertinent staff have participated in several virtual meetings with Relias. Relias has numerous courses to meet our training needs, and we can also upload our own courses, if necessary. Lane is currently working on training plans as different courses are required for different positions (direct care, indirect care, adm, etc.).
  - As we are currently having trouble recruiting Peer Specialists, a meeting is scheduled for next week with Nick Snead (ADMH Director of Peer Programs) to discuss any possible additional recruitment ideas.
  - Lane shared the listing of current vacant positions. Any discrepancies should be reported to him ASAP.

- Myron noted that both the referral and sign on bonuses are scheduled to end on 12/31/25. A recommendation was made to leave the referral bonus in place for an extended time, but allow the sign on bonus to expire at the end of the calendar year.
- **Jackson County OP & OR – Dana McCarley**
  - Dana noted the JC Clinic seems to be running smoothly.
  - There is still a need for a JC ACT Therapist and JC ACT CM.
  - Dana recently met with a rep from AIDB to improve Avatar accessibility for staff members that are blind.
  - Billy Gilbert, JC OP TH, is now seeing consumers and has received position feedback from all.
- **Marshall County OP & OR – Erica Player**
  - Erica and Kali both noted that many treatment plans are due and those are being addressed.
  - Primary care screenings began this week, with several staff members helping with this process.
  - Myron noted that he had spoken with Dr. Boxley about lab orders and that she trusts the screeners to base labs on risk factors, age, etc. Dr. Boxley will review and then sign off on lab orders.
- **Child/Adolescent – Kali Brand**
  - All SB TH are doing well with CCBHC.
  - Kali discussed the probable need for additional SB THs due to current caseload sizes.
  - She noted very positive working relationships with all contracted schools.
  - A meeting with all SB TH and Mental Health Coordinators will be held after the first of the new year.
- **Geriatrics – Gerald Privett**
  - One CPS-A has been hired and there is currently another prospective applicant that will attend the training in March.
- **Residential – Sherneria Rose**
  - Kimber Lahman, Program Coordinator for the Dutton Residential Facility, has resigned. Her replacement will likely be a promotion from within.
  - Anna Benton, RN, will be assisting with med passes during the holidays.
  - Sherneria and Teana Campbell, JP PC, have a meeting with the ADMH ODS to discuss issues of communication regarding training, etc.
- **SU Services – Susan Sweatman**
  - Census is currently 28.
  - The Cedar Lodge Christmas Party was held today, with staff and consumers participating in a door decorating contest.
  - There is currently a Hispanic consumer at Cedar Lodge, which is making communication difficult. Dana McCarley agreed to send the Propio info to Susan. The possible use of a headset or Microsoft technology for translation was also discussed.
- **Mobile Crisis – Jeremy Burrage**
  - Jeremy noted that Mobile Crisis Team is fully staffed. Two internal transfers will be happening, and the addition of another therapist slot will bring the team to a total of nine members.
  - Several training events are forthcoming that will educate not only MLBH staff, but also community partners, on Mobile Crisis Teams, call dispatching and the services that the team can and cannot offer.
  - As discussed at the last LC meeting, the MCT will have use of the organization's blue Expedition and seat covers have been ordered.

- Jeremy noted that he would like to the MLBHC MCT to meet with the MCT at Wellstone to observe their SOP, dispatching, charting, follow-up, etc.

**IV. Review of wait times**

For October, 2025, the following wait times were reported:

MC Intake	7 days	MC MD/CRNP	20 days
JC Intake	6 days	JC MD/CRNP	8 days
Average	6.5 days	Average	14 days

**V. Unfinished Business**

- None noted

**VI. New Business**

- None noted

**VII. Adjournment**

The Leadership Committee meeting was adjourned at 3:50 p.m.

# JANUARY 2026

## NEWSLETTER

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

# Celebrating 25 Years of Shelly

We're proud to celebrate Shelly Pierce's 25 years of dedicated service at MLBHC. As our Human Resources Assistant, her kindness, reliability, and support have made a lasting impact on our team and workplace culture. Thank you, Shelly, for everything you do.. We're grateful to have you!



# JANUARY 2026

## Important Updates you need to know

Effective January 1, 2026, the monthly premiums for LOCAL GOV Medical Insurance will be the following amounts. (MLBHC pays 68% of premium and staff pays 32% of premium)

Ind	\$ 638.00
MLBHC	\$ 433.84
Staff	\$ 204.16
(\$102.08/pp)	
Family	\$1,553.00
MLBHC	\$1,056.04
Staff	\$ 496.96
(\$248.48/pp)	

### Remaining FY26 Holidays for Full Time MLBHC Staff

Friday, April 3<sup>rd</sup> - Good Friday  
Monday, May 25<sup>th</sup> - Memorial Day  
Friday, July 3<sup>rd</sup> - Independence Day  
Monday, September 7<sup>th</sup> - Labor Day

### Monthly Meetings

Thursday, January 15th

**CQI Committee Meeting 1:00 pm**

**Leadership Committee Meeting**

(following CQI) Administrative Office  
Quarterly meeting so all attend in person

Tuesday, January 20th

**Board meeting 5:30 pm Jackson County  
Clinic (Confirm attendance with Shelly  
Pierce)**



**MOUNTAIN LAKES**  
Behavioral Healthcare

# WALL OF FAME & INCENTIVE

## Marshall County OP and OR

Lindsay Alford  
Julie Burks (I)  
Belinda Herring

### Residential

Teana Campbell  
Rebecca Cooper  
Miranda Hambrick (I)  
Sarah Hanna  
April Kyle  
Christopher Whitworth  
Justin Wilson

### Multi Program

Kimberly McMurrey

## Jackson County OP and OR

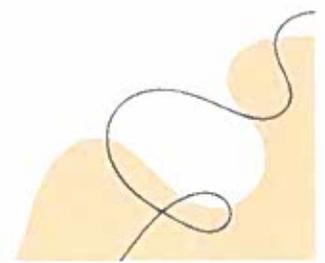
Tom Brookshire (I)  
Savannah Miller (I)  
Stacy Rothe  
Melisa Tomas-Jimenez (I)  
Jaslynn Wilkinson

### Geriatrics

Mitzi Holcombe  
Leah Moore  
Tyler Steed

### Substance Use

George Bartke  
Brittany Cheek  
Bob Crowell  
Amanda Eddings  
Susan Sweatman  
Cindy Woodham



# JANUARY 2026 BIRTHDAYS

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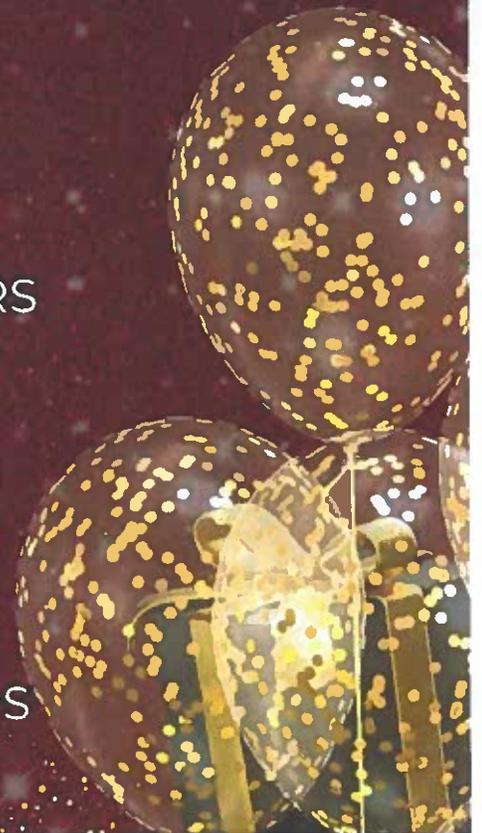
MELODY BRISCOE - JAN 2  
LEILANI HAYES - JAN 2  
DANIELLE WILBANKS - JAN 4  
SHELBY GRANGER - JAN 6  
SHELLY PIERCE - JAN 7  
CHRISTY KEEPER - JAN 8  
EMMANULE VARGAS - JAN 8  
LINDSAY ALFORD - JAN 9

JENNIFER RIGGINS - JAN 12  
LINEISE ARNOLD - JAN 14  
RYAN HIXON - JAN 14  
BETH RODEN - JAN 17  
ILEANA KNAPP - JAN 22  
TIFFANY DENTON - JAN 23  
HANNAH ROBINSON - JAN 24  
DEWAYNE GEORGE - JAN 29  
SUSAN SWEATMAN - JAN 29

# JANUARY 2026 ANNIVERSARIES

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KYLIE EVANS - 1 YEAR  
JD BOATWRIGHT - 1 YEAR  
IVAN TAYLOR - 2 YEARS  
LEILANI HAYES - 5 YEARS  
LOYALTY BONUS \$200  
REBECCA COOPER - 6 YEARS  
TYLER STEED - 10 YEARS  
LOYALTY BONUS \$400  
STEVE COLLINS - 18 YEARS  
JULIE BURKS - 20 YEARS  
LOYALTY BONUS \$2,000  
LEAH MOORE - 23 YEARS  
GERALD PRIVETT - 23 YEARS



# WELCOME TO THE CREW!

MLBHC's newest crew members as of  
December 2025



Emmanule Vargas  
Life Skills Specialist  
Dutton Group Home



Sarah Sims, MSW  
School Based  
Therapist



Alyssa Arias, MSW  
Mobile Crisis Therapist

Rachael Ramsey  
Peer Support Specialist  
Geriatrics



Landon Clark  
Mobile Crisis Peer  
Specialist



Ashlan Towry  
Marshall County  
Secretary



Madalyn Scott, MSW  
Mobile Crisis Therapist

Tiffany North  
Life Skills Specialist  
Dutton Group Home





# Personnel Policy

## Spotlight

### 4.1.14 - Personal Appearance/Dress Code

It is MLBHC's policy that each employee's dress, grooming and personal hygiene should be appropriate to the work environment. Employees are expected to meet specific standards, and will be required to take corrective action, which may include leaving the premises, if they do not meet these standards. Employees will not be compensated for any work time missed because of their failure to comply with this policy. Violations of this policy may result in disciplinary action.

- At all times, employees are expected to present a professional, businesslike image to our customers and to the public. Favorable personal appearance and proper maintenance of work areas are requirements of employment with MLBHC. Radical departures from conventional dress or personal grooming and hygiene standards are not permitted. These are determined by the Immediate Supervisor.

- The personal appearance of office workers and other employees who may or may not have regular contact with the public is governed by the following guidelines:

Employees are expected to dress in a manner that is normally acceptable in similar business establishments. For example, the wearing of suggestive attire or casual attire such as jeans, athletic clothing, t-shirts, baseball caps are not permitted, as they do not present a professional appearance.

Hair should be kept clean, combed and neatly trimmed or groomed. Shaggy, unkempt hair is not permissible, regardless of hair length.

Sideburns, mustaches and beards should be kept neatly trimmed.

Certain employees may be required to meet additional dress, grooming and/or hygiene standards depending on the nature of their particular job/ position.

- At its discretion, MLBHC may allow employees to dress in a more casual fashion than is normally required for special occasions. However, employees are still expected to present a neat appearance on any such occasions and are not permitted to wear ripped or disheveled clothing, athletic wear, or similarly inappropriate clothing.

MLBHC Took to the Streets with  
Holiday Spirit! 🎅 ✨



From left to right: Ryan Hixon - JC Case Manager; Jeremy Burrage - Mobile Crisis Program Coordinator; Amanda Harris - Prevention Specialist; Danielle Wilbanks - Prevention Specialist; Lineise Arnold - JC Community Outreach Specialist;



From left to right: Belinda Herring, Marshall County PMHNP; Elizabeth Rucker, Marshall County Community Outreach Specialist; Christy Keeper, Marshall County Intake Coordinator; Jeremy Burrage, Mobile Crisis Program Coordinator.

On Monday, December 9<sup>th</sup>, 2025, Jackson County and Mobile Crisis unit teamed up to ride in style in the Scottsboro Christmas Parade.



On Saturday, December 13<sup>th</sup>, Marshall County teamed up with Jeremy and the Mobile Crisis Unit to show the community of Marshall County our new Mobile Clinic.





Jackson Place celebrated the holidays by making Christmas cookies and enjoying a special visit from Santa. It was a fun and festive day filled with smiles and holiday cheer. 🎄





The Jackson County office was feeling festive and ready for the holidays! With Santa Claus spreading cheer, the season was full of smiles, warmth, and holiday spirit for everyone who stopped by. 🎅🌲





Lastly, let us give a round  
of applause to our Stocking  
Decorating Contest  
**Winners!**



**Jackson County (left) :**

Most Nostalgic: Dianne Simpson (2)  
Most Tacky: Dianne Simpson (2)  
Most Jolly: Shaquitta Sabb (3)  
Most Creative: Savannah Miller (1)

**Marshall County (below) :**

Most Nostalgic: Belinda Herring (3)  
Most Tacky: Crystal Malone (5)  
Most Jolly: Hannah Lowery (1)  
Most Creative: Stacy Adams (2)

