



MOUNTAIN LAKES
Behavioral Healthcare

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

TO: Board of Directors
FROM: Shelly Pierce, HR Assistant
RE: February Board meeting
DATE: February 13, 2026

The next meeting of the Board of Directors will be conducted on **Tuesday, February 17, 2026**, at the Administrative Office in Guntersville. An evening meal will be provided, with the Board work session starting at 5:30 pm. The regular monthly meeting will begin immediately after the work session concludes.

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

- February Board Agenda
- Minutes from the January 20, 2026, Board meeting
- Financial Reports through January 31, 2026
- Personnel Report
- IT Director's Report
 - IT Leadership Briefing
- Clinical Director's Report
- Minutes from the January CQI Committee meeting
- Minutes from the January Leadership Committee meeting
- February 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

February 17, 2026

WORK SESSION

5:30 p.m.

MONTHLY MEETING AGENDA

6:00 p.m.

- I. Call the meeting to order – David Kennamer, President
- II. FY25 Audit Report – Joella Bogle, CPA – MDA Professional Group, PC
- III. Approval of minutes of the January 20, 2026, meeting – David Kennamer, President
- IV. Executive Director’s Report
- V. Financial reports through January 31, 2026 – Cammy Holland, Business Manager
- VI. Written reports
 - Personnel – Lane Black, HR Coordinator
 - IT – Steve Collins, IT Director
 - Clinical – Dianne Simpson, Clinical Director
- VII. Board requested items for future meeting
- VIII. Executive Session

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

**Board of Directors Meeting
January 20, 2026**

MINUTES

I. Call to Order

David Kennamer, President, called the meeting to order at 5:30 p.m. at the Mental Health Center in Scottsboro, Alabama. Virtual participation was also available for this meeting.

Present: Joe Huotari
Jo-Anne Hutton – Virtual
David Kennamer, President
Victor Manning
Lucien Reed, Treasurer
Jane Seltzer, Secretary

Absent: John David Jordan
Bill Kirkpatrick
Andrea LeCroy
Hannah Nixon, Vice-President

Staff: Lane Black, HR Coordinator
Kali Brand, Program Director, Jackson County Outpatient and Outreach
Katrina Fryer, Primary Care Screener, Marshall County
Myron Gargis, Executive Director
Cammy Holland, Business Manager
Shelly Pierce, HR Assistant
Erica Player, Assistant Clinical Director
Dianne Simpson, Clinical Director

II. Approval of the minutes of the November 18, 2025, Board meeting – David Kennamer, President

MOTION: Victor Manning made a motion that the Board approve the minutes of the November 18, 2025, meeting, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

III. Executive Director's Report

Myron Gargis introduced Kali Brand as the new Program Director for Jackson County. Ms. Brand has been with the organization for several years, serving initially as School Based Therapist and most recently as Child and Adolescent Program Coordinator. She has strong leadership skills and brings a wealth of knowledge to her new role.

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

Along with the monthly report, Mr. Gargis also shared MLBHC's "State of the Organization" review of calendar year 2025, noting it as a historic and celebratory year for the agency.

Included in the Executive Director's Report was the Third Session of the Board Education Training Series, titled "Financial Transformation – The PPS Model". 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.

IV. Financial reports through December 31, 2025 – Cammy Holland, Business Manager

As noted at the November meeting, Ms. Holland reminded all that the financial reports now look a bit different due to CCBHC. Included in the packet were a YTD CCBHC Program Summary and a YTD Non-CCBHC Program Summary. Both documents provided financial details for each individual program. Also included was a condensed YTD Program Summary, which very much streamlined the financial information by reporting only totals for CCBHC, Non-CCBHC, Residential Programs and Board Investments.

The current Balance Sheet, including Board Investments, indicated Total Cash of \$1,101,844. This total is \$1,077,881 less than this same time period last year. Continued review reflected Total Accounts Receivable of \$3,328,756, which is \$1,311,343 more than in FY25.

Ms. Holland shared that all FY25 payments from DMH for substance use services have now been received, but FY26 payments are currently outstanding. These financial delays, along with recent capital purchases, created the need to previously borrow from the line of credit (LOC) established with Cadance Bank. With the receipt of FY25 funding payments from DMH, the LOC was paid off, resulting in no long-term liabilities on the current Balance Sheet.

The Quarterly Investment Statement was also included in the monthly Board packet.

V. Approval of committee minutes

Per the Board Bylaws, minutes from each committee meeting are to be recorded, submitted to the Board of Directors for approval and appended to the Board minutes.

Minutes from the November 25, 2025, meeting of the Ad Hoc Planning Committee were distributed for review prior to the Board meeting.

MOTION: Victor Manning made a motion that the Board approve the minutes of the Ad Hoc Planning Committee, as presented. Joe Huotari seconded the motion, which was approved unanimously.

With the aforementioned motion, minutes from the Ad Hoc Planning Committee will be included as Appendix B to the minutes from tonight's Board meeting.

VI. Annual Board review of Policies and Procedures – Myron Gargis, Executive Director

As required by the Administrative Code, the Board of Directors is to review and approve all the organization's Policies and Procedures on, at least, an annual basis. In early December, 2025, Board members received a flash drive containing all current MLBHC P&Ps. This practice allows ample time for review of the P&Ps prior to discussion during tonight's meeting.

MOTION: Joe Houtari made a motion that per the Administrative Code, the Board approve the organization's Policies and Procedures, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

With the recent implementation of CCBHC, Mr. Gargis noted it an appropriate time to review and revise any Policies and Procedures that do not currently meet CCBHC criteria. A recommendation was made to use the monthly Board meetings to review and revise, when necessary, one P&P section at a time. Board members agreed to this proposal, with review and revision of P&P Section 1 – Board of Directors, being included on the agenda for the March, 2026, meeting.

VII. Written Reports

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

The Clinical Director’s Report for the month included information on outpatient clinic primary care screening and monitoring. Katrina Fryer was introduced as the new Primary Care Screener for Marshall County. Ms. Fryer is a Certified Medical Assistant (CMA) with many years of experience in primary care. She now conducts primary care screenings for consumers when they come in for appointments with other MLBHC providers.

Ms. Fryer emphasizes the importance of health screenings and encourages consumers to establish care with a primary care physician (PCP). If a consumer does not have a PCP, she initiates the referral process and monitors the consumer for follow-up. Mr. Fryer noted that most consumers have been very receptive to the new primary care screening process and that MLBHC has a goal to have primary care screenings completed on all consumers by the end of the year.

VIII. Board requested items for future meeting

There were no items requested.

IX. Executive Session

Mr. Kennamer announced that the Board needed to enter Executive Session to discuss the FY25 Financial Audit as it relates to the job performance of certain public employees. During Executive Session, the Board will also discuss a potential property purchase and negotiation strategies.

MOTION: Joe Huotari made a motion that the Board enter Executive Session to discuss the FY25 Financial Audit as it relates to the job performance of certain public employees and a potential property purchase, including negotiation strategies. Victor Manning seconded the motion, which was approved unanimously.

MOTION: Jane Seltzer made a motion that the Board reconvene the regular meeting at 7:18 p.m. and adjourn. Lucien Reed seconded the motion, which was approved unanimously.

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

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

APPENDIX A

Executive Director's Report – January 20, 2026

Transportation Services Update

Transportation continues to be a vital support service in ensuring individuals can reliably access behavioral health and day program services in both Marshall and Jackson Counties. Utilization data from November and December demonstrate sustained demand and strong alignment with program objectives:

- **Jackson County:**
 - November: 33
 - December: 36
- **Marshall County:**
 - November: 159
 - December: 131
 - Of these, **142 in November** and **112 in December** supported Day Program participation.

Crisis Residential Unit (CRU) & Claysville Campus Development

Our internal CRU Task Force has received and is in the process of completing a review of architect proposals for both final floor plans and facility location. Our goal is to finalize these decisions by the end of January, so we can move into the next project phases.

Billboard Acquisition Opportunity:

The current owner has offered to sell both billboards to Mountain Lakes Behavioral Healthcare for **\$100,000**. This offer includes one year of rent-free use of two existing signs on one of the billboards (Special Touch Restoration and American Dumpster Company), with the first right to rent them from us after the initial year.

Funding Updates:

Following my request, Alabama Department of Mental Health Commissioner Kimberly Boswell confirmed that we may use **first-year operational funds** to support capital expenses, including site preparation, furniture/fixtures/equipment (FFE), and other startup costs. These first-year funds total **\$2.2 million**. Commissioner Boswell has requested a formal proposal outlining our planned use of these funds, which is currently in development. This approval represents a significant financial win, reducing our total capital burden by approximately **\$2.2 million**.

In addition, a proposal has been submitted to the **Marshall County Opioid Committee / County Commission** requesting **\$950,000** to support facility-related capital expenses. Additional funding opportunities will become available as opioid settlement dollars are distributed over the coming years. A similar request to **Jackson County** is also planned to help offset CRU construction costs. I also plan to request CRU capital funds from our Federal Legislative Delegation.

School-Based Telehealth Grant – Alabama State Department of Education

The Alabama State Board of Education recently announced that this grant was awarded to an out-of-state, for-profit telehealth provider. While we were not selected, our team made a strong effort, and we will continue to pursue future funding opportunities aligned with our mission.

Guntersville Clinic Land Lease Discussions

Marshall Medical Center is currently obtaining a survey and appraisal of the land. Once those materials are completed, we will be in a position to evaluate either a purchase option or a new lease agreement. Bill Smith has agreed to notify me once the information is available.

O’Brig Property Lease with Alabama Department of Transportation (ALDOT)

Our current lease with ALDOT expires this summer. Due to employee growth and the need to restructure office space at our Marshall County location, we will need to reclaim this area. With Board approval, I plan to notify ALDOT that we will not be renewing the lease. This will serve as a temporary space solution until a new outpatient clinic can be constructed.

Sign-On and Referral Bonuses

The Leadership Committee recommends discontinuing **new CCBHC employee sign-on bonuses**, as we have successfully filled open positions based on the upgraded pay scale alone.

Referral bonuses are recommended to continue through the remainder of FY26. To date, **four successful employee referrals** have been achieved.

2025 State of the Organization Report

The full **2025 State of the Organization Report** is attached. The year reflected significant progress, growth, and organizational achievements.

CCBHC Board Education Training Series

This report accompanies the third session in our Board Education Training Series:
“Financial Transformation – The PPS Model.”

APPENDIX B

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.

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
NonCCBHC PROGRAM SUMMARY
FOR THE MONTH ENDED JANUARY 31, 2026**

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Variance \$	Variance %	Variance \$	Variance %	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
Dutton Facilities	112,813	102,556	102,281	74,703	(10,257)	-10.00%	(22,778)	-30.44%	10,532	27,852	4,799	23,053	
EBP Supportive Housing	13,712	12,150	13,712	10,511	(1,562)	-12.85%	(3,200)	-30.44%	(0)	1,638		1,638	
Geriatrics	-	58,033	-	28,144	58,033	100.00%	28,144	100.00%	0	29,889		29,889	
Jackson Place	39,677	50,055	32,534	28,989	10,378	20.73%	(1,814)	-6.28%	7,143	21,066	1,731	19,335	
JC Non-CCBHC	64,595	99,446	42,867	44,448	34,851	35.05%	1,581	3.56%	21,727	54,997		54,997	
Marshall Place	22,465	30,972	26,366	22,644	8,506	27.46%	(3,395)	-14.73%	(3,900)	8,328	386	7,941	
MHC Non-CCBHC	96,789	206,496	73,431	85,217	109,727	53.14%	11,786	13.83%	23,338	121,279		121,279	
Prevention	28,553	28,146	25,107	19,932	(4,07)	-1.45%	(5,175)	-25.96%	3,445	8,214		8,214	
Substance Use	111,712	100,452	108,380	91,747	(11,260)	-11.21%	(9,621)	-10.49%	3,332	8,705	7,012	1,693	
Supervised Apartments	6,254	8,801	4,372	2,895	2,547	28.94%	(733)	-25.31%	1,882	5,905	744	5,162	
	<u>496,549</u>	<u>697,106</u>	<u>429,050</u>	<u>409,232</u>	<u>200,557</u>		<u>(5,146)</u>		<u>67,500</u>	<u>287,874</u>	<u>14,672</u>	<u>273,202</u>	
Board Investments	26,889	66,548	2,137	1,093	41,659	60.77%	(115)	-10.52%	24,752	67,454	928	66,526	
Grand Total	<u>523,438</u>	<u>765,654</u>	<u>431,186</u>	<u>410,325</u>					<u>92,252</u>	<u>355,328</u>	<u>15,600</u>	<u>339,728</u>	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
CCBHC PROGRAM SUMMARY
FOR THE MONTH ENDED JANUARY 31, 2026**

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Revenue Variance		Expenses Variance		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- % Comments
					\$	%	\$	%					
Administration	97,790	18,517	97,790	5,470	(79,273)	-428.10%	(79,272)	-428.10%	0	13,047	13,047	0	
Marshall County MHC	696,788	569,342	611,654	517,145	(127,446)	-22.39%	(88,350)	-17.08%	85,134	52,197	6,160	46,037	
Jackson County MHC	411,718	339,271	381,074	357,795	(72,446)	(0)	(14,773)	-4.13%	30,644	(18,525)	8,506	(27,030)	
Grand Total	1,206,296	927,130	1,090,518	880,410	(279,166)		(182,395)		115,778	46,719	27,713	19,006	

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

PROGRAM	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)
CCBHC	463,110	421,179	110,852	310,327
NonCCBHC Outpatient	601,970	601,970	0	601,970
Residential MI/SU	89,737	435,238	58,687	376,551
Board Investments	99,010	167,382	3,714	163,668
Grand Total	<u>1,253,827</u>	<u>1,625,770</u>	<u>173,253</u>	<u>1,452,517</u>

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

NonCCBHC PROGRAM SUMMARY
FOR THE FOUR MONTHS ENDED JANUARY 31, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Variance \$	Variance %	Variance \$	Variance %	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- %	Comments
Dutton Facilities	451,251	533,128	409,124	312,236	81,877	15.36%	(77,690)	-24.88%	42,127	220,891	19,198	201,694		
EBP Supportive Housing	54,846	40,243	54,946	35,974	(14,603)	-36.29%	(18,872)	-52.46%	(0)	4,269		4,269		
Genetics	-	212,820	-	104,747	212,820	100.00%	104,747	100.00%	0	108,073		108,073		
Jackson Place	158,707	216,937	130,136	114,609	58,230	26.84%	(8,604)	-7.51%	28,572	102,328	6,923	95,405		
JC Non-CCBHC	288,783	370,051	201,875	175,011	81,268	21.96%	(26,863)	-15.35%	86,909	195,040		195,040		
Marshall Place	89,862	151,309	105,462	95,336	61,448	40.61%	(8,581)	-9.00%	(15,800)	55,973	1,545	54,429		
MC Non-CCBHC	417,482	618,088	324,129	319,231	200,607	32.46%	(4,898)	-1.53%	93,353	298,858		298,858		
Prevention	114,211	90,548	100,429	89,542	(23,663)	-26.13%	(10,887)	-12.16%	13,782	1,006		1,006		
Substance Use	446,850	409,110	433,520	371,059	(37,739)	-9.22%	(34,415)	-9.27%	13,330	39,052	28,047	10,005		
Supervised Apartments	25,014	26,308	17,487	13,588	1,293	4.92%	(923)	-6.79%	7,527	12,719	2,976	9,744		
	<u>2,047,006</u>	<u>2,668,543</u>	<u>1,777,007</u>	<u>1,631,334</u>	<u>621,537</u>		<u>(86,986)</u>		<u>269,998</u>	<u>1,037,209</u>	<u>58,687</u>	<u>978,522</u>		
Board Investments	107,557	172,518	8,547	5,135	64,961	37.65%	302	5.89%	99,010	167,382	3,714	163,668		
Grand Total	<u>2,154,563</u>	<u>2,841,060</u>	<u>1,785,555</u>	<u>1,636,470</u>					<u>369,008</u>	<u>1,204,591</u>	<u>62,401</u>	<u>1,142,190</u>		

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
 CCBHC PROGRAM SUMMARY
 FOR THE FOUR MONTHS ENDED JANUARY 31, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Revenues		Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
					\$	%	\$	%					
Administration	391,159	76,799	391,159	24,609	(314,361)	-409.33%	(314,361)	-409.33%	(0)	52,189	52,189	0	
Marshall County MHC	2,787,152	2,119,916	2,446,617	1,747,499	(667,237)	-31.47%	(674,480)	-38.60%	340,535	372,417	24,639	347,778	
Jackson County MHC	1,546,873	1,211,522	1,524,297	1,214,949	(435,351)	(0)	(275,325)	-22.66%	122,575	(3,427)	34,023	(37,451)	
Grand Total	4,825,184	3,408,236	4,362,074	2,987,057	(1,416,948)		(1,264,165)		463,110	421,179	110,852	310,327	

2026 COMPARATIVE BALANCE SHEET

As of Accounting Period 4

	<u>FY 2025</u>	<u>FY 2026</u>	<u>\$</u>	<u>%</u>
			<u>VARIANCE</u>	
Current Assets				
Cash	\$724,299	\$717,968	\$ (6,331)	-0.88%
Total Receivables	\$1,967,543	\$4,030,047	\$ 2,062,504	51.18%
Total Other Current Assets	\$3,457,240	\$3,568,679	\$ 111,439	3.12%
Total Current Assets	\$6,149,082	\$8,316,694	\$2,167,612	26.06%
Long Term Assets				
Fixed Assets	\$3,314,471	\$5,855,498	\$ 2,541,027	43.40%
Other Long Term Assets	\$6,982,294	\$5,019,013	\$ (1,963,281)	-39.12%
Total Long Term Assets	\$10,296,765	\$10,874,510	\$ 577,745	5.31%
Total Assets	\$16,445,847	\$19,191,204	\$ 2,745,357	14.31%
Liabilities				
Current Liabilities	(\$602,377)	(\$599,946)	\$ 2,431	-0.41%
Long Term Liabilities	\$0	\$0	\$ -	
Total Liabilities	(\$602,377)	(\$599,946)	\$ 2,431	-0.41%
Net Assets				
Unrestricted Net Assets	(\$15,610,386)	(\$17,138,741)	\$ (1,528,355)	8.92%
Net (Income) Loss	(\$233,084)	(\$1,452,517)	\$ (1,219,433)	83.95%
Total Net Assets	(\$15,843,470)	(\$18,591,258)	\$ (2,747,788)	14.78%
Total Liabilities and Net Assets	(\$16,445,847)	(\$19,191,204)	(\$2,745,357)	14.31%

Other Information

January 2025

Transportation	<u>Marshall County</u>	<u>Jackson County</u>
Miles driven in month	1,290.00	1,161.00
Number of riders	27	39
Fuel Purchased	216.32	161.11
Average Price/gallon	2.41	2.47
Maintenance	-	
Depreciation	869.78	842.00
Salary	3,455.36	2,906.40
Cost/rider	168.20	100.24

Client Medical Expense	<u>Dutton</u>	<u>Jackson Place</u>	<u>Marshall Place</u>	<u>Cedar Lodge</u>	
Pharmacy	3,000.67	250.11	279.59	546.21	
Physician Charges		-		3,587.00	
Co-Pays/Deductibles	528.05				
	<u>3,528.72</u>	<u>250.11</u>	<u>279.59</u>	<u>4,133.21</u>	8,191.63

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

**Mountain Lakes Behavioral Healthcare
Estimated Net Accounts Receivable Aging
As of January 31, 2026**

	<u>Self Pay</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	37,195.22	12,855.20	9,948.48	5,594.45	65,593.35
Adjustment %	93.50%	93.50%	93.50%	93.50%	
Estimated Net Self Pay A/R Balance	2,417.69	835.59	646.65	363.64	4,263.57
	<u>DHR and Probate</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	2,500.00	500.00	1,000.00	830.69	4,830.69
Adjustment %	0.00%	0.00%	0.00%	0.00%	
Estimated Net DHR/Probate A/R Balance	2,500.00	500.00	1,000.00	830.69	4,830.69
	<u>Medicare</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	2,846.89	163.80	-	-	3,010.69
Adjustment %	50.00%	50.00%	50.00%	50.00%	
Estimated Net Medicare A/R Balance	1,423.45	81.90	-	-	1,505.35
	<u>Medicaid</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	437,963.06	70,719.93	15,943.34	13,799.94	538,426.27
Adjustment %					
Estimated Net Medicaid A/R Balance	437,963.06	70,719.93	15,943.34	13,799.94	538,426.27
	<u>Insurance</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	23,506.33	6,593.57	2,942.73	4,375.49	37,418.12
Adjustment %	51.67%	51.67%	51.67%	51.67%	
Estimated Net Insurance A/R Balance	11,360.61	3,186.67	1,422.22	2,114.67	18,084.18
	<u>AS AIS</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	272,082.98	125,785.54	12,912.64	-	410,781.16
Adjustment %	33.00%	33.00%	33.00%	33.00%	
Estimated Net Insurance A/R Balance	182,295.60	84,276.31	8,651.47	-	275,223.38
	<u>Total</u>				
	<u>30</u>	<u>60</u>	<u>90</u>	<u>>90</u>	<u>Total</u>
A/R Balance as of 1/31/26	776,094.48	216,618.04	42,747.19	24,600.57	1,060,060.28
Average Adjustment %					
Estimated Net Total A/R Balance	637,980.40	159,600.40	27,663.68	17,108.94	842,333.43

MLBH PERSONNEL REPORT

2/17/2026

NEW HIRES

FT	Jana Wheeler	Life Skills Specialist	2/3/2026	Dutton	Carve-Out
FT	Max Koehler	Peer Specialist-Youth	2/17/2026	Both Counties	CCBHC
FT	Blakely Hannah	Prevention Specialist	2/17/2026	Prevention	Carve-Out
FT	Veronica Jasso	Payee Specialist	2/17/2026	Administration	CCBHC

NEW POSITIONS ADDED

PT	Darick Phillips	IT Specialist	2/17/2026	IT	CCBHC
FT	Heather Jeffery	Accountant	2/17/2026	Administration	CCBHC
FT	Alyssa Kielszewski	Therapist School-Based	2/17/2026	MCMHC	CCBHC

TRANSFERS

FT	Montana McWhorter	From Employment Spec (CCBHC) to Rehab Day Coordinator (Carve-Out)	1/26/2026	MCMHC	Carve-Out
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PROMOTIONS

FT	Kali Brand	From Program Coord C/A Services to Program Director Jackson County Outpatient Services	1/11/2026	JCMHC	CCBHC
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SEPARATIONS (VOLUNTARY)

FT	Kimberly Romero	Case Manager	1/15/2026	MCMHC	Carve-Out
PRN	Melissa Sanders	Life Skills Specialist	1/21/2026	Dutton	Carve-Out
FT	Ashlan Towry	Secretary	1/21/2026	MCMHC	CCBHC
FT	Ivan Taylor	Tx Plan Review Coord.	2/2/2026	Both Counties	CCBHC
FT	Julie Burks	Program Coord-RDP	2/6/2026	MCMHC	Carve-Out

SEPARATIONS (INVOLUNTARY)

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

MLBH PERSONNEL REPORT

POSITIONS TO BE FILLED

CARVE-OUT

Case Manager LICC JC (1)

ACT In Home Case Manager MC (1)

ACT In Home Therapist JC (1)

ACT In Home Case Manager JC (1)

Therapist Geriatric MC, JC Etowah C (1)

Peer Support Spec Geriatric (1)

AIH Therapist (1)

AIH Case Manager (1)

CCBHC

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

Peer Support Specialist/ Adult (1) MC

Outpatient Therapist MC FT (1)

Case Manager MC (1)

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

**IT Board Report
FEB 2026**

Items Completed from last reports:

- Moving to Microsoft Security Platforms and Agents.
- Moving to Microsoft GSA VPN and other stuff.
- Cedar Cabling and Camera System installation.
- Web Design Contractor meetings to start.
- Windows Update server move process to Microsoft Cloud.
- Network Core switch modification issues.
- Barracuda Web Filter Replacement Quote / Installation.
- Problem with some Server hangs / crashes.
- Ubiquity WIFI Controller migrated to common management platform.

New Items / Continued:

- Get additional IT Staff in place. Part Time Staff to add next.
- Testing Microsoft IP Phone System.
- CCBHC Integration final steps we hope.
- Lots of Network Infrastructure equipment to upgrade.
- Investigating moving Windows Servers to Microsoft Cloud.
- Windows Desktops upgrade to 25H2 version.
- Dutton Cabling and Camera System installation next.
- Start print services to Azure Cloud migration.
- Gotta get Farmers Tel to increase Internet Speed.
- Microsoft Purview Security Analysis Software.
- Netsmart Orderconnect Lab module Software.
- Wifi hardware upgrades.
- Dell Secureworks / Sophos payment issues.

IT Leadership Briefing

Wes Morgan - Assistant IT Director

Executive Summary

The IT department is actively modernizing core technology systems to improve security, reliability, operational efficiency, and long-term scalability. These initiatives address aging infrastructure, end-of-life systems, cybersecurity risk, and workforce capacity while ensuring the organization maximizes the value of existing technology investments. Collectively, these efforts position the organization for sustainable growth, improved service delivery, and stronger security posture.

Strategic Focus Areas

- Infrastructure modernization and resiliency
- Security and risk reduction
- Cloud adoption and cost optimization
- Operational efficiency and workforce sustainability

Current IT Objectives

1. Organization-Wide Infrastructure Modernization

Modernizing foundational IT infrastructure across all locations to improve performance, reliability, and physical security.

- Upgrade camera systems to modern, centrally managed platforms
- Modernize door access systems to enhance physical security and auditing
- Standardize and replace wireless access points for improved coverage
- Upgrade network cabling to CAT6 to support higher speeds and future growth

2. Migration to Microsoft Teams Voice (VoIP)

Replacing the unsupported NEC phone system with Microsoft Teams Voice to modernize communications.

- Address end-of-support risk associated with legacy phone infrastructure
- Consolidate calling, messaging, and collaboration into a single platform
- Reduce reliance on aging on-premises hardware
- Support remote and hybrid work models

3. Transition to Cloud-Based Device Management

Moving from traditional on-premises device management to a cloud-first model using Microsoft Intune.

- Migrate Group Policy-based management to Intune
- Implement Windows Autopilot v2 for standardized device provisioning
- Improve visibility, compliance, and lifecycle management of endpoints

4. Increased Adoption of Cloud-Based Resources

Leveraging cloud services already included in licensing to reduce on-premises dependency and improve resilience.

- Migrate additional on-premises resources to the cloud.
- Improve accessibility and collaboration across locations
- Reduce infrastructure maintenance and disaster recovery risk

5. Enhanced Authentication for Critical Users

Strengthening security controls for high-risk and elevated-access users.

- Evaluate smart cards and FIDO2-based authentication
- Reduce risk of credential-based and phishing attacks
- Apply advanced controls to a defined subset of critical users

6. Centralized Documentation Platforms

Implementing a centralized knowledge base to improve consistency and reduce operational risk.

- Develop internal IT documentation and standard operating procedures
- Reduce reliance on institutional knowledge
- Potential documentation for Netsmart Avatar EHR workflows

7. Expansion of Help Desk Support for Jackson County

Increasing IT support capacity through targeted part-time staffing.

- Hire part-time help desk staff to support Jackson County sites
- Improve response times and user satisfaction
- Reduce workload strain on existing IT staff

Outlook and Next Steps

These initiatives represent a coordinated effort to modernize technology, strengthen security, and ensure IT services scale with organizational needs. Future phases will continue to prioritize risk reduction, cost efficiency, and improved user experience, with additional projects presented as part of an evolving IT roadmap.

Clinical Services Report

February 2026

Care Coordination

Care coordination is an integral principle of the CCBHC model. It involves coordinating across settings and providers to ensure seamless transitions for individuals across the full spectrum of health services. This includes access to quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

MLBHC employs Care Navigators who are the designated staff primarily responsible for care coordination activities. The requirements for a Care Navigator are a Bachelor's degree in the human services field and completion of an approved training program in case management or mental health services.

Care Navigators (CN):

- Upon referral or first contact, the CN conducts an initial screening and triage to determine the needs of the individual and coordinate services accordingly.
 - Routine- No immediate safety risk; services and initial evaluation are completed within 10 business days.
 - Urgent- Elevated risk or distress; clinical services provided and initial evaluation completed within one (1) business day.
 - Emergent- Immediate crisis requiring same-day intervention; initial evaluation may occur via telehealth but in-person evaluation is preferred.
- Initiate and manage referrals to internal and external providers:
 - Outpatient behavioral health services
 - Crisis services
 - Inpatient psychiatric care
 - Substance use treatment, including withdrawal management and residential services
 - Physical health and primary care services
 - Social services, housing supports, education, and employment systems
 - Criminal justice, juvenile justice, and child welfare systems
 - Veteran-specific services
- Obtain, manage, and document consents for information sharing.
- Track engagement, admissions, discharges, and transitions of care (inpatient acute-care hospitals, emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings).
- Coordinate services across internal programs and external partners.
- Schedule and facilitate Interdisciplinary Treatment Team (IDT) processes as required. The IDT includes the individual receiving services, their family/caregivers, internal, and external providers. The IDT works together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the individual.
- Ensure follow-up and closed-loop referral completion.

- Support appointment scheduling when possible
 - Providing clear instructions and contact information
 - Tracking appointment attendance
 - Conduct follow-up outreach when appointments are missed
 - Document outcomes, barriers, and next steps
- Document all care coordination activities in the Electronic Health Record (EHR)

Care coordination goes beyond simple referrals. The intent of care coordination is to overcome barriers and assist the individual as needed in meeting their needs. The Care Navigator provides ongoing support to individuals at higher risk to help keep them engaged in treatment and reduce the likelihood of decompensation or the need for more intensive services, such as inpatient admission, emergency department visits, or involuntary commitment.

CQI Minutes
January 15, 2026
First Quarter FY26

Attendees: Dana Childs, Dana McCarley, Dianne Simpson, Erica Player, Jeremy Burrage, Kali Brand, Myron Gargis, Vanessa Vandergriff, Sherneria Rose, and Susan Sweatman.

Absent: Cammy Holland, Gerald Privett, Hannah Chandler

- **Report from Clinical Director-** Effective February, the CQI Committee will meet monthly on the fourth Thursday at 1:00 p.m. Meetings will focus on reviewing CCBHC protocols, and only staff relevant to the protocols under review will be required to attend. CQI indicators will continue to be reviewed monthly via email, with in-person meetings held semi-annually. The next meeting is scheduled for February 26 and will cover the Primary Care Screening and Training protocols.

- **Wall of Fame/Incentive Plan**

Incentive Plan-

Brookshire, Tom

Burks, Julie

Jimenez, Melisa

Knapp, Ileana

McMurrey, Kimberly

Strange, Lilly

Wall of Fame-

Bartke, George

Cedar

Holcombe, Mitzi

Geriatrics

Campbell, Teana

J. P.

Moore, Leah

Geriatrics

Cheek, Brittany

Cedar

Steed, Tyler

Geriatrics

Cooper, Rebeca

Dutton

Sweatman, Susan

Cedar

Crowell, Robert

Cedar

Tubbs, Felicia

JP

Eddings, Amanda

Cedar

Whitworth, Chris

JP

Hambrick, Miranda

Dutton

Wilson, Justin

Dutton

Hanna, Sarah

M.P.

Woodham, Cynthia

Cedar

I. Review and approval of monthly summary report December 18, 2025:

II. Administrative Review Summary/Error Reports December (Nov MTD: 1.5%; YTD 0.9%):

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	21	2480	14	38	Late notes: ACT consumers not seen 1x week; No staffing note for the week.

MONTHLY ADMIN REVIEW ERROR RATE: 1.5% YTD ERROR RATE: 1.1%

III. ACSIS Consumer Profile Report for Nov 2025: Errors not submitted for Nov or Dec 2025.

Total Errors	Predominant Error Trends
0	

IV. Cedar Lodge Access Report for December 2025:

There were four individuals denied admission in the month of December. Two individuals tested positive for opioids, placing them at risk of withdrawal. They were referred to detox services, but both refused. They were, however, admitted at a later date. One individual was medically unstable. Agency RN

communicated with medical staff at the jail who decided to seek placement elsewhere. The fourth individual had recently been discharged from the hospital and did not have the prescribed medications.

V. Significant Events of People Receiving Services for Quarter Oct-Dec 2025:

Event	Total Number
Suicide Deaths	0
Suicide Attempts	2
Fatal and Non-fatal Overdoses	1
All-cause Mortality	8
30 Day hospital readmissions	6

VI. Outcomes and disparities for populations of focus: After reviewing the quarterly data, Myron observed that staff may not be using a consistent definition of homelessness. The committee agreed to adopt the definition used by the Department of Education. Following the meeting, Dianne reviewed the homeless data from the AHC HRSN screenings and confirmed the findings with the intake. The population-of-focus data below was updated accordingly. The Department of Education’s definition of homelessness has now been added to the Avatar demographic screen, and staff will receive training on its use.

General Population Data

	Jackson	Marshall	Alabama
Total Population*	53,467	100,756	
African American*	3.5%	3.3%	
Hispanic*	3.7%	17.5%	
Homeless**	10.1%	12.1%	
Veterans**	4%	4.4%	
LGBTQ+***			3.1%

*US Census July 1, 2023*Data USA***The Williams Institute

MLBHC Data for Individuals Receiving Services during Quarter

	Jackson	Marshall	Other Counties
Total Population	535	979	239
African American	7.48%	5.62%	4.6%
Hispanic	2.24%	10.73%	3.35%
Homeless	.15%	1.04%	1%
SMI	34.21%	19.71%	43.93%
SED	20.19%	30.75%	10.88%
Veterans	.75%	.51%	1.26%
LGBTQ+	1.68%	.51%	1.67%
LGBTQ+ Youth	.93%	.33%	1.79%
Co-occurring MI & SU (COD)	14.39%	9.81%	7.53%
Opioid Use Disorder (OUD)	.56%	.82%	1.67%
African American w/OUD	0	0	.42%
Pregnant and Parenting Women	13.46%	7.46%	18.83%
Rural Population	100%	100%	100%
Risk of Gun Violence	TBA	TBA	TBA

VII. CCBHC Clinic-Collected Quality Measures FY 26 Q1

Measure	Description	Measure Data
Time to Services (I-SERV)	The I-SERV measure calculates the average time for clients to access	Initial Evaluation
		By Age

three different types of services: (1) initial evaluation, (2) initial clinical services, and (3) crisis services.

Age 12-17	9.71
Age 18 years and older	9.86
By Payer	
Medicaid	8.59
Non-Medicaid	10.44
By Ethnicity	
Not Hispanic or Latino	10.03
Hispanic or Latino	6.27
Unknown	16.0
By Race	
White or Caucasian	10.22
Black or African American	9.67
American Indian or Alaska Native	N/A
Asian	N/A
Native Hawaiian or Other Pacific Islander	2.0
More than one race	5.17
Unknown	6.3
Total Eligible	9.82
Initial Clinical Services	
By Age	
Age 12-17	9.49
Age 18 years and older	9.3
By Payer	
Medicaid	9.87
Non-Medicaid	8.76
By Ethnicity	
Not Hispanic or Latino	9.43
Hispanic or Latino	7.44
Unknown	16.0
By Race	
White or Caucasian	9.56
Black or African American	9.56
American Indian or Alaska Native	N/A
Asian	N/A
Native Hawaiian or Other Pacific Islander	N/A
More than one race	6.67
Unknown	7.0
Total Eligible	9.35
Crisis Services	
By Age	No Data Available
Age 12-17	
Age 18 years and older	
By Payer	
Medicaid	
Non-Medicaid	
By Ethnicity	
Not Hispanic or Latino	
Hispanic or Latino	
Unknown	
By Race	
White or Caucasian	
Black or African American	
American Indian or Alaska Native	
Asian	

		Native Hawaiian or Other Pacific Islander	
		More than one race	
		Unknown	
		Total Eligible	
Depression Remission at six months (DEP-REM-6)	Clients seen during the Measurement Year with a dx of Major Depression or Dysthymia and an initial (PHQ-9) or (PHQ-9M) greater than nine (Index Event). The DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission (score < 5) Six Months (+/- 60 days) after an Index Event Date (score > 9)	Reports not built for stratification	
		By Payer	
		Medicaid	
		Non-Medicaid	
		By Ethnicity	
		Not Hispanic or Latino	
		Hispanic or Latino	
		Unknown	
		By Race	
		White or Caucasian	
		Black or African American	
		American Indian or Alaska Native	
		Asian	
		Native Hawaiian or Other Pacific Islander	
		More than one race	
		Unknown	
		Total Eligible	676
Preventive Care and Screening: Unhealthy Alcohol Use Screening and Brief Counseling (ASC)	Percentage of clients aged 18 years and older who were screened for unhealthy alcohol use at least once within the last 12 months AND who received brief counseling if identified as an unhealthy alcohol user. *Began tracking counseling 9/25/25	All Clients Who Were Screened	
		By Payer	
		Medicaid	19.80
		Non-Medicaid	13.18
		By Ethnicity	
		Not Hispanic or Latino	15.25
		Hispanic or Latino	8.57
		Unknown	N/A
		By Race	
		White or Caucasian	15.47
		Black or African American	8.11
		American Indian or Alaska Native	28.57
		Asian	33.33
		Native Hawaiian or Other Pacific Islander	N/A
		More than one race	23.53
		Unknown	6.67
		Total Eligible	
		Identified as Unhealthy Alcohol User and Provided Counseling*	
		By Payer	
		Medicaid	10.7
		Non-Medicaid	7.4
		By Ethnicity	
		Not Hispanic or Latino	9.43
Hispanic or Latino	0		
Unknown	N/A		
By Race			
White or Caucasian	9.8		
Black or African American	0		
American Indian or Alaska Native	N/A		
Asian	N/A		
Native Hawaiian or Other Pacific Islander	N/A		
More than one race	N/A		

		Unknown	N/A
		Total Eligible Population:	1112
Screening for Social Drivers of Health (SDOH)	Percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. Accountable Health Communities Health Related Social Needs (AHC HRSN) Screening	By Payer	
		Medicaid	56.73
		Non-Medicaid	47.15
		By Ethnicity	
		Not Hispanic or Latino	49.19
		Hispanic or Latino	22.22
		Unknown	60
		By Race	
		White or Caucasian	49.08
		Black or African American	45
		American Indian or Alaska Native	55.56
		Asian	66.67
		Native Hawaiian or Other Pacific Islander	N/A
		More than one race	43.48
		Unknown	31.43
		Total Eligible Population:	
Screening for Clinical Depression and Follow-Up Plan (CDF-AD and CDF-CH)	Adult- Percentage of clients age 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool (i.e. PHQ-9), and if positive, a follow-up plan is documented on the date of the eligible encounter. Child- Percentage of clients ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool (i.e. PHQ-A), and if positive, a follow-up plan is documented on the date of the eligible encounter.	Report not built	

VIII. Prevention Activities: 216 activity sheets were reviewed for December 2025.

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	0	0
Block-Environmental	15	12
Block- Information Dissemination	21	42
Block-Education	10	0
Block-Alternatives	0	0
Block-PIDR	15	15
SOR-Environmental	29	65
SOR-CBP	16	12
Total	106	146

TOTAL IMPACT (Combined Counties)

Through coordinated SOR and Block Grant efforts, prevention staff provided critical overdose reversal tools, substance misuse education, and evidence-based youth programming across both counties. Activities strengthened community partnerships with schools, pharmacies, fire departments, law enforcement, and social service agencies.

These efforts significantly increased access to naloxone, expanded fentanyl awareness, supported safe medication disposal, and improved prevention services for both youth and adults in Jackson and Marshall Counties.

IX. Hospital Discharge Follow-up Report for December: Previously the state contract required follow-up within 3 business days. The agency is working toward the CCBHC requirement which is follow-up within 24 hours and will begin tracking the progress through CQI.

Local	State/CRU	Total
13	2	15

X. Incident Prevention and Management for Previous Month: There were four reports of client aggression for December.

XI. Medication Errors for December: There were 4 medication errors reported for the month of December. One wrong dose and three missed doses. No trends were noted.

By Personnel

	MAC	RN	LPN	Pharmacist	Other (explain)
Level 1	4				
Level 2					
Level 3					
TOTAL	4	0	0	0	0

By Division

	MI	SA	TOTAL
Level 1	4		4
Level 2			
Level 3			
TOTAL	4	0	4

By Error Type

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

XII. Consumer Feedback, Complaints, and Grievances for Dec:

FY25-Consumer Feedback	Dec	Dec	Dec	Dec	Dec
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville					0
Scottsboro					0
Outreach/Residential					0
Cedar Lodge					0
Total MTD					0
Total YTD	0	0	0	0	0

XIII. DMH Utilization Review (UR) Monitor Reports: None

XIV. Utilization Review Admission Criteria-Q1-FY26: Reviews submitted by: Dianne Simpson, Erica Player, Vanessa Vandergriff, Kali Brand, Sherneria Warren, and Gerald Privett

The charts for the programs listed below were thoroughly reviewed. In each case, the documentation clearly demonstrated compliance with the established admission criteria and confirmed that the services offered effectively addressed the needs of consumers.

#	Program	#	Program
X	ACT Team Jackson County	X	Child & Adolescent Case Management Jackson County
X	ACT Team Marshall County		Child & Adolescent In-Home Intervention Jackson County
X	Adult Case Management Jackson Co.		Child & Adolescent In-Home Intervention Marshall County
	Adult Case Management Marshall Co.	X	Child & Adolescent Outpatient Jackson County
	Adult In-Home Intervention Jackson County	X	Dutton CRF (Jenny's Place)
X	Adult In-Home Intervention Marshall County		Geriatric Outpatient Services
X	Adult Outpatient Services Jackson Co.	X	Jackson Place CRF
X	Adult Outpatient Services Marshall Co.	X	Jackson Place Supervised Apartments
X	Adult Rehabilitative Day Program Jackson County		Level I Outpatient Treatment
X	Adult Rehabilitative Day Program Marshall County		Level III.5 Clinically Managed High Intensity Residential Program
X	Child & Adolescent Case Management Marshall County		Marshall Place 3- Bed CRF
X	Child & Adolescent Outpatient (Marshall County)	X	Supervised Apartments (Dogwood)

XV. Inpatient Commitments Quarterly

Location	Total	Discharged
Marshall	1	0
Jackson	0	0
Dutton	0	0
Bryce/Harper	3	0
Total	4	0

XVI. Outpatient Commitments Quarterly- There were 18 clients under outpatient commitment for the quarter. All but one client was compliant with services during the quarter. One client was "lost to contact" and order expired on 10/25. It should be noted that the follow-up for missed appointments was not consistent. A plan has been developed to delegate this responsibility to the care navigators.

XVII. Residential Services Report for December

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	310	100
MLBH Crisis Stabilization	2	62	62	100
Foster Homes	26	806	806	100

Totals	2046	1891	92
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Sherneria Rose, Residential Program Director, provided an update on current residential openings. There is one male vacancy at Jenny's Place with screenings scheduled to fill it. Case managers are working with a few residents of Dutton and Dogwood Apartments seeking public housing, but availability is limited.

XVIII. Treatment Plan Reviews for December:

Programs	Total Charts	Admission Criteria not met	Not Timely	Not Individualized	Documentation Does Not Relate to TP And/or Address Progress	No Attempts of Active Engagement Documented	No Modification for Accommodations	Total Errors
TOTALS	146	0	15	0	12	0	0	27

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.

The trends were treatment plan not timely and documentation Does Not Relate to TP And/or Address Progress.

XIX. Form-Policy & Procedure Revisions/Approvals:

Forms-

- Referral Application-Sebring Apartments-New
- Travel Reimbursement-Rev-1-1-26

P & P: Procedure revisions for CQI approval

- None

P & P: Board Approved Policy

- None

XX. Miscellaneous Items: The committee reviewed the Authorization for Release of Information form. As the form contains a signature line for the client, this could lead to the impression that a minor or individual with a guardian is authorized to sign. The committee determined to revise the form with one signature line with a label for client or legal representative. This revision will also be applied to any other forms requiring consent signatures.

XXI. Monthly No shows for December:

<p>MARSHALL COUNTY-Outpatient Therapy/DR/RN</p> <p>Total Appointments: 1450</p> <p>No Shows: 231</p> <p>Cancelled: 292</p> <p>Marshall County-Intakes</p> <p>Total Appointments: 74</p> <p>No Shows: 22</p> <p>Cancel: 14</p> <p>Total No Show: 34.38 %</p>

<p>JACKSON COUNTY-Outpatient Therapy/DR/RN</p> <p>Total Appointments: 639</p> <p>No Shows: 145</p> <p>Cancelled: 37</p> <p>Jackson County-Intakes</p> <p>Total Appointments: 55</p> <p>No Shows: 30</p> <p>Cancel: 3</p> <p>Total No Show: 26.80 %</p>
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XXII. Action Items

Action	Responsible Person(s)	Time Frame	Follow-up if indicated
Completed			
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	
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	
Education of all staff on documentation of interpretation	Assistant Clinical Director, Program Directors & Coordinators train existing staff, Training Coordinators train new hires.	November 20	
Hospital discharge follow up	Care Navigators	1/1/26	
Ongoing			
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	
New Items			
Update signature line for ROI, Consent for Follow up, Client Handbook, Medical Dental form	QA Coordinator	2/26/26	
Training for Columbia Risk Screening for recipients 11 and up.	Training Coordinators	2/26/26	
Revised definition of homeless	Clinical Director	2/26/26	
Hospital follow up within 24 hours	Program Directors, care navigators, Clinical Director (tracking progress)	7/16/26	

Leadership Committee

January 15, 2026

MINUTES

Present: Lane Black, Kali Brand, Jeremy Burrage, Myron Gargis, Cammy Holland, Dana McCarley, Shelly Pierce, Erica Player, Shermeria Rose, Dianne Simpson, Susan Sweatman and Vanessa Vandergriff

Absent: Gerald Privett

Prior to the start of the LC meeting, Lane provided a demo on accessing various training reports in Relias.

I. Approve minutes of the December 18, 2025, meeting

Minutes were approved, as presented.

II. Committee reports for the month

EEG from 12/4/25

Attendees: Christy Keeper (Chair), Hannah Lowery, Jeremy Burrage, Savannah Miller, Jimmie Boatwright, Jaclynn, Lindsey (Guest).

Call to Order

- The meeting was called to order by Christy Keeper at 1:10 PM.

Old Business

- Stocking Contest: Email sent; contest is ongoing.
- Hot Cocoa & Apple Cider Events:
 - - Marshall County: December 17
 - - Jackson County: December 18
- Supplies and crockpots will be arranged by Christy Keeper and volunteers.
- Leadership Representation: Jeremy Burrage will represent EEG at leadership meetings and read minutes.

Leadership Feedback

- Leadership emphasized engagement activities should foster interaction among employees rather than external events (e.g., concerts).
- Positive feedback on the pumpkin contest.
- Need to include Cedar Lodge staff more in activities.

New Business

- Quarter 2 Engagement Activity (Jan–Mar): Proposed: Quarterly ‘Lunch & Learn’ session to introduce new roles and resources.
- Jeremy will advocate for lunch at leadership.
- March Madness Bracket: Approved as an easy engagement activity.
- Savannah Miller will track scores; Jeremy will prepare the bracket.
- Email with bracket to be sent March 1.

Upcoming Events

- Hot Chocolate & Apple Cider:
 - - Marshall County – Dec 17
 - - Jackson County – Dec 18
- Supplies and recipes to be shared; decorations and ugly sweater ideas discussed.
- Door Decorating: Optional, pending approval

Future Planning

- Quarter 3 (Apr–Jun): Ideas: Mental Health Awareness Walk in May; Company picnic at Sand Mountain Park (family-inclusive).
- Christy will contact Sand Mountain Park for details.

- Quarter 4: Ice cream social or similar summer-themed event discussed.

Next Meeting

- Date: January 6, 2026
- Time: 1:00 PM

Action Items

Task	Responsible Person	Due Date
send event reminders; coordinate supplies for hot chocolate/cider.	Christy	Dec 17
Advocate for Lunch & Learn funding; prepare March Madness bracket.	Jeremy	TBD
Track bracket scores; purchase Jackson County supplies.	Savannah	Mar 1/Dec 18
Prepare stockings for contest; brainstorm ideas for future quarters.	All	Ongoing

III. Financial Reports: October – December, 2025

- CCBHC Programs \$ 291,321
- Non-CCBHC Outpatient and Residential Programs \$ 705,319
- Board Investments \$ 97,142
- Grand Total \$1,093,783

IV. Reports & Program Updates:

- **Executive Director’s Report – Myron Gargis**
 - Progress continues on the CRU project:
 - A meeting will be held tomorrow to review three floor plan options.
 - The floor plan and facility placement will be finalized by 1/31/26.
 - DMH Commissioner Boswell has confirmed that we may use first-year operational funds (\$2.2M) to support capital expenses, including site preparation, furniture/fixtures/equipment (FFE), and other startup costs for the CRU.
 - A proposal will soon be submitted to the MC Opioid Committee requesting \$950K to be used toward the CRU project.
 - A proposal was recently submitted for a School Based Telehealth Grant, but it was awarded to an out-of-state organization.
 - At next week’s meeting, Myron plans to ask the Board not to renew the lease on the facility located on O’Brig Avenue. MLBHC needs the space, with LC members being asked to consider the best use of that facility.
- **Clinical Director’s Report – Dianne Simpson**
 - The Clinical Director’s meeting was held earlier today.
 - An Ethics Conference will be conducted on 4/30/25.
 - There will soon be a new step-up program in Birmingham for children ages 6-12. This will be a new resource for future placement.
 - Dianne shared a report reflecting late notes for the quarter and agreed to make this report accessible to supervisors. Supervisors were instructed to address late note issues with staff members, as needed. Erica will soon be meeting with Vanessa and Kali to discuss this issue in further detail.
- **Administrative Services – Cammy Holland**
 - Recruitment for an Accountant and a Payee Specialist is underway.

- April Burns, Benefits Specialist, is currently developing that new program and can take referrals of consumers needing assistance with their benefits.
- **HR Office – Lane Black**
 - Lane and the Training Coordinators are working to develop training plans through Relias. Many staff that have taken some of the initial Relias courses are pleased with the system.
 - Most Relias training courses that are now being assigned to staff members are due by the end of March.
 - Lane shared that he had spoken with the HR contact at AltaPointe to discuss the possible sharing of training information, which AltaPointe seemed agreeable to doing.
 - Lane distributed the listing of current vacant positions. Any discrepancies should be reported to him ASAP.
- **Jackson County OP & OR – Kali Brand**
 - Myron announced that Kali has been promoted to the position of Program Director for Jackson County Outpatient and Outreach.
 - Kali noted that a list of treatment plans that need updating was shared with clinicians today.
 - Recruitment is again underway for a JC PCS.
- **Marshall County OP & OR – Vanessa Vandergriff**
 - Julie Burks, MC RDP Coordinator, is retiring. Several staff members have expressed an interest in that position.
 - Recruitment is underway for an additional MC PCS and a MC ACT CM to replace Tina Headrick, who recently transferred to a different CM position.
 - Vanessa noted it likely that two additional therapists will be needed in the future.
 - It is possible that Kim Coe will return from medical leave on 1/30/26.
- **Child/Adolescent – Kali Brand**
 - Kali noted that family therapy is being encouraged to consumers on the waiting list for C/A IH services.
 - She also noted the increased need for specialized staff to work with consumers on the autism spectrum. LC members discussed that this could be an employee of MLBHC or possibly a contracted position with a DCO. Kali was asked to provide estimated numbers to Myron for consumers needing this type of specialized treatment.
 - All Care Navigators have received CANS training.
 - An issue has recently surfaced with children in Jackson County/Scottsboro City Schools being told they cannot continue to see MLBHC Therapists if they are also receiving services through the CAC.
- **Geriatrics – Erica Player**
 - Geriatric staff will meet with Dana McCarley on 1/30/26 to review treatment plans and any other necessary training information.
 - Racheal Ramsey, Geriatric Peer Specialist has received her CPS – Adult certification.
- **Residential – Sherneria Rose**
 - Justin Wilson has been promoted to the position of Program Coordinator for the Dutton Residential Facility.
 - Staff shortages at Dutton and JP continue to be an issue. Although the use of current CCBHC staff to fill in at the residential facilities creates difficulties with the costing report, Myron agreed to continue to allow these staff to work during the 1st quarter of FY26. Cammy agreed to send an all users email announcing the approval of CCBHC staff to temporarily continue working at the residential facilities. All pertinent staff need to heavily focus on recruitment for these residential facilities.
- **SU Services – Susan Sweatman**

- Susan suggested that Cedar Lodge staff and Mobile Crisis staff get together to meet each other as they are all now housed at the same facility.
- Census is currently 22.
- Susan is working on a proposal for a CRSS/CM position and will soon share her ideas with Myron.
- Cammy noted that DMH has now paid all the SU money due to MLBHC for FY25. Payments for FY26 have not yet been received. If this issue is not resolved in the near future, ED's will be talking with the Legislative Delegation about DMH's severely delayed SU payments.
- **Mobile Crisis – Jeremy Burrage**
 - Jeremy noted that the Mobile Crisis Teams are fully staffed.
 - Extensive training sessions on Mobile Crisis Services have recently been conducted with local law enforcement and other community partners in Marshall County. Tablets to communicate with the Mobile Crisis Teams were provided to five local law enforcement agencies.
 - This same type of training will be conducted with Jackson County First Responders in the spring.
 - The Mobile Crisis Teams have experienced some IT issues with equipment, but Wes is working to resolve the problems.
 - Due to some of these technical issues, a decision was made that the after hours crisis line will continue to be manned at Cedar Lodge through the end of February.

V. Review of wait times

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

MC Intake	15 days	MC MD/CRNP	22 days
JC Intake	17 days	JC MD/CRNP	12 days
Average	16 days	Average	17 days

V. Unfinished Business

- None noted

VII. New Business

- **Quarterly (Q1) updates to FY26 Goals and Objectives (CCBHC and Non-CCBHC) – All Q1 updates to the FY26 Goals and Objectives were reviewed by LC members.**

VIII. Adjournment

The Leadership Committee meeting was adjourned at 4:35 p.m.

February 2026

NEWSLETTER

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

HONORING BLACK HISTORY MONTH

This month, we recognize the strength and resilience of the Black community while highlighting the importance of mental health awareness, healing, and access to care. Honoring Black history also means supporting well-being, empowerment, and hope for the future.

MANAGING STRESS WITHOUT THE BURNOUT

Stress is a part of life, but burnout doesn't have to be. Taking small, intentional breaks, setting healthy boundaries, and asking for support can protect your mental well-being and help you stay balanced, focused, and resilient.



HEY, YOU! WELCOME TO THE CREW



THE NEWEST FACES OF MLBHC



Nancy Myers
Life Skills Specialist
Dutton Group Homes



Deanne Smith
Mobile Crisis
Peer Specialist



Montana McWhorter, BS
Marshall County
Employment Specialist



Mary Ann Wooten
Peer Support Specialist
Veterans & First
Responders



Ta'Lyn Young, BS
Marshall Co.
Case Manager
HICC

MILESTONE MOMENT



Sarah Sims, School Based
Therapist for MLBHC, has
recently received her licensure
and is now a LICSW!

Congratulations, Sarah! We see
a bright future for you.

February

B I R T H D A Y S
&
A N N I V E R S A R I E S



Birthdays

Elizabeth Traweek - Feb. 3rd
Joanna DeAtley - Feb. 4th
Katrina Fryer - Feb. 6th
Averi Mitchell - Feb. 9th
Rob Barrett - Feb. 10th
Alec Holderfield - Feb. 12th
Kimberly Works - Feb 12th
AnnMarie Early - Feb. 15th
Lisa Burgess - Feb. 22nd
Miranda Hambrick - Feb. 22nd
Leah Moore - Feb. 26th

Anniversaries

Amanda Eddings - 1 year
Miranda Hambrick - 1 year
Kimberly McMurrey - 2 years
Lisa Burgess - 3 years
Wes Morgan - 3 years
Dana McCarley - 11 years
Stephanie Knott - 16 years
Erica Player - 16 years
Myron Gargis - 29 years

Monthly Meetings

Tuesday, February 17th
Board Meeting 5:30 PM
Administrative Office - Guntersville
Please confirm attendance with
Shelly Pierce!

Thursday, February 19th
Leadership Committee
Meeting
Time & Format - TBA

MLBHC

WALL OF FAME & INCENTIVES

MARSHALL COUNTY

Julie Burks (I)

Ileana Knapp (I)

JACKSON COUNTY

Tom Brookshire (I)

Lilly Strange (I)

Melisa Tomas-Jimenez (I)

GERIATRICS

Mitzi Holcombe

Leah Moore

Tyler Steed

MULTI PROGRAM

Kimberly McMurrey

RESIDENTIAL

Teana Campbell

Rebecca Cooper

Miranda Hambrick

Sarah Hanna

Felicia Tubbs

Chris Whitworth

Justin Wilson

SUBSTANCE ABUSE

George Bartke

Brittany Cheek

Bob Crowell

Amanda Eddings

Susan Sweatman

Cindy Woodham

SUP
GR

CPS



WHO WE ARE AND WHAT WE DO



Peer support is for individuals who are seeking encouragement, connection, and practical tools to support their personal growth. It is especially helpful for those who want to build confidence, strengthen coping skills, and learn how to navigate challenges in a supportive, judgment-free environment. Peer support welcomes people who may feel overwhelmed, stuck, or unsure of their next steps and offers a space where they can learn from shared experiences while developing skills such as goal setting, problem solving, self-advocacy, and positive self-talk.

At its heart, peer support is for anyone who wants to feel heard, understood, and empowered while working toward meaningful change, together with others who truly get it.



Savannah Miller is Jackson County's CPS-A, which stands for Certified Peer Specialist - Adult. She has begun support groups in the Jackson County Office as well as the Dutton Group Homes on Wednesdays.



"A dream is a wish your heart makes when you're fast asleep. No matter how your heart is grieving, if you keep on believing, the dream that you wish will come true." -Cinderella

UPDATE ON MILEAGE RATES 2026

The IRS has announced an increase in the mileage rate for business use of vehicles, raising it by 2.5 cents to 72.5 cents per mile for calendar year 2026. Effective January 1st, 2026, MLBHC will align with this updated rate for mileage reimbursement.

The reimbursement form has been updated to reflect this change and has become available by Dana Childs via email on 1/9/2026.

.....
Personnel Policy Spotlight 4.4.2 - Travel Expense/Reimbursement

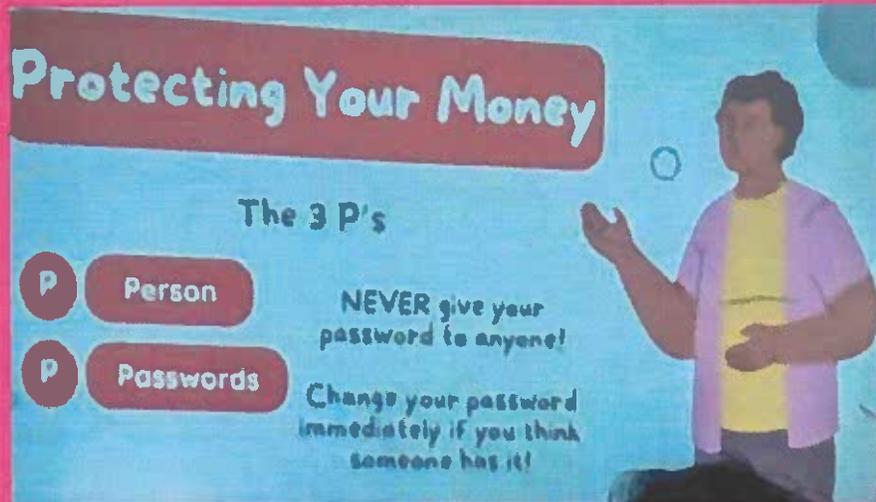


Employees using a personal vehicle for work will be reimbursed at the rate set by the Board of Directors. Due to limited travel funds, employees are expected to be cost-conscious. All out-of-area travel requires supervisor approval, and out-of-state travel must be approved by the Executive Director.

Receipts are required for food, lodging, and parking; receipts are not required for tolls, taxis, or tips. Alcohol purchases are not reimbursable. Employees must certify that all expenses are accurate and necessary for agency business.

Travel reimbursement requests must be submitted within 30 days using a Travel Reimbursement Form and approved by a supervisor before being sent to the Business Office. Reimbursements are paid via direct deposit on the second pay date of each month. Travel expenses may be capped.

EMPOWERING OUR RDP CLIENTS THROUGH FINANCIAL EDUCATION WITH REDSTONE CREDIT UNION



In December, RDP clients participated in a financial education class led by Redstone Credit Union, gaining practical tools to better manage their money and plan for the future. The class offered valuable guidance that supports independence, confidence, and long-term financial stability.

What's on the menu?



EASY VALENTINE'S DAY INSPIRED RECIPES TO TRY

Valentine Trail Mix

Perfect for: A grab-and-go snack

You'll need:

Pretzels

Pink or red M&Ms

Chocolate chips

Mini marshmallows

How to make it:

**Mix everything together in a bowl
and
serve in cute bags or jars.**

Mini Cupid Fruit Skewers

Perfect for: A fresh, fun option

You'll need:

Strawberries

Grapes

Cubed cheese or marshmallows

How to make it:

Thread fruit and cheese onto skewers in red-white-pink patterns.





Holiday Cheer Delivered, Thanks to R&D Electronics

This Christmas, the employees of R & D Electronics in Brownsboro went above and beyond to make the season brighter for sixty-four residential clients. Team members generously contributed their own funds to purchase thoughtful gifts... including hygiene items, snacks, drinks, and warm socks.

Their kindness made Christmas morning extra special, and our clients were delighted by the surprise.

A heartfelt thank-you to the R & D Electronics team for your thoughtfulness and generosity!



Residents of Jackson Place were very happy and thankful on Christmas morning!

