



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: April Board meeting
DATE: April 16, 2026

The next meeting of the Board of Directors will be conducted on **Tuesday, April 21, 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:

- April Board Agenda
- Minutes from the March 17, 2026, Board work session
- Minutes from the March 17, 2026, Board meeting
- Financial Reports through March 31, 2026
- Proposed revisions to P&Ps:
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- March Summary of Reports for CQI Committee
- Minutes from the March Leadership Committee meeting
- April 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

April 21, 2026

WORK SESSION

5:30 p.m.

MONTHLY MEETING AGENDA

6:00 p.m.

- I. Call the meeting to order – David Kennamer, President
- II. Update on MLBHC Investments – Scott Belgard, Financial Advisor – LPL Financial
- III. Approval of minutes of the March 17, 2026, work session and meeting – David Kennamer, President
- IV. CEO Report – Myron Gargis, CEO
- V. Financial reports through March 31, 2026 – Cammy Holland, Business Manager
- VI. Proposed revisions to P&Ps:
 - Section 1 – Board of Directors
 - Section 2 – General Administration (drafts to review for approval at May meeting)
- 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

Mountain Lakes Behavioral Healthcare

Board of Directors – Work Session Minutes

Date: March 17, 2026

Time: 5:30 P.M. – 6:05 P.M.

Location: In person at the Scottsboro Office, with members attending virtually

Attendance

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

Absent:

Bill Kirkpatrick

A quorum was present.

Purpose of Work Session

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

Items Discussed

Jackson Place Program Transition:

Discussion occurred regarding the planned transition of Jackson Place to a semi-independent living model. This change is being considered in response to ongoing staffing challenges and is intended to support continued service delivery in a sustainable manner.

Crisis Residential Unit (CRU) Project & Billboard Acquisition Updates:

An update was provided on the status of the 16-bed Crisis Residential Unit (CRU) project, including current progress and next steps. The Board also received an update regarding the potential acquisition of billboard structures and related considerations.

Policy & Procedure (P&P) Review Process:

Discussion occurred regarding plans to systematically review and update organizational policies and procedures. The approach will involve reviewing policies section-by-section to ensure full alignment with Certified Community Behavioral Health Clinic (CCBHC) requirements.

Adjournment

The work session adjourned at 6:05.

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

**Board of Directors Meeting
March 17, 2026**

MINUTES

I. Call to Order

Following a Board work session, David Kennamer, President, called the monthly meeting to order at 6:00 p.m. at the Jackson County Clinic in Scottsboro, Alabama. Virtual participation was also available for this meeting.

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

Absent: Bill Kirkpatrick

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

II. Approval of minutes of the February 17, 2026, Board work session and meeting– David Kennamer, President

MOTION: Hannah Nixon made a motion that the Board approve the minutes of the February 17, 2026, work session and meeting, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

III. Executive Director's Report

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

The next session in the Board Education Training Series, "Continuous Quality Improvement", will be presented later in the meeting by Dianne Simpson.

IV. Financial reports through February 28, 2026 – Cammy Holland, Business Manager

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

The current Balance Sheet, including Board Investments, indicated Total Cash of \$947,659. This total is \$503,582 more than this same time period last year. Continued review reflected Total Accounts Receivable of \$4,152,941, which is \$1,783,137 more than in FY25. Ms. Holland noted that \$247K in payments for substance use services had recently been received from DMH.

V. Proposed title change from Executive Director to Chief Executive Officer (CEO) – David Kennamer, President

As discussed by the Board during last month's work session, a recommendation was made to change the title of Executive Director to Chief Executive Officer (CEO).

MOTION: Hannah Nixon made a motion that the Board approve the change in title of Executive Director to Chief Executive Officer (CEO). Joe Huotari seconded the motion, which was approved unanimously.

VI. Proposed revisions to Policies and Procedures – Myron Gargis, Executive Director

4.6.7 – Employee Productivity – Based on discussion during tonight's work session, several revisions were recommendation to the proposed productivity document. With Board members in agreement on the revisions, the following motion was made:

MOTION: Victor Manning made a motion that the Board approve P&P 4.6.7, with the agreed upon revisions. Hannah Nixon seconded the motion, which was approved unanimously.

6.12 – Level II.1 Intensive Outpatient Services (SU) – Mr. Gargis explained that these type services were previously provided by MLBHC but had been discontinued due to lack of funding. These services are a requirement of CCBHC, so the older P&P has been updated to match current CCBHC criteria.

MOTION: John David Jordan made a motion that the Board approved P&P 6.1.2, as presented. Victor Manning seconded the motion, which was approved unanimously.

Section 1 – Board of Directors – As discussed several months ago, the recent implementation of CCBHC is an appropriate time to review and revise any Policies and Procedures that do not currently meet CCBHC criteria. A recommendation was made to use the monthly Board meetings to review and revise, when necessary, one P&P section at a time.

The proposed revisions to P&P Section 1 – Board of Directors, were included in this month's Board packet. Proposed approval of the revisions to Section 1 will be included on the agenda for the April Board 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 provided educational information on the importance of Continuous Quality Improvement (CQI) for a CCBHC and how the CQI process is designed to operate. Ms. Simpson also explained the Board's role in CQI, which ultimately ensures that quality care for MLBHC consumers remains a top priority.

Following review of the monthly report, Ms. Simpson announced to the Board that, after 29 years of employment with MLBHC, she would be retiring in July of this year.

VIII. Board requested items for future meeting

There were no items requested for a future meeting.

With Jeremy Burrage, MCS Program Coordinator, in attendance at tonight's meeting, he was asked to provide a brief update on Mobile Crisis Services. Mr. Burrage reported that the Mobile Crisis Teams have a nice office at Cedar Lodge and an excellent vehicle for transportation of consumers. Calls for Mobile Crisis Services continue to grow, and it is likely that additional two-member teams will be necessary in the future.

MOTION: Hannah Nixon made a motion that the Board adjourn the meeting at 6:45 p.m. Andrea LeCroy 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 – March 17, 2026

Transportation Services Update

Transportation continues to play an important role in supporting access to services across our system of care.

February Transport Activity

- Jackson County: 38 transports
- Marshall County: 174 transports

Of the Marshall County transports, 143 supported participation in the Day Program, reinforcing the importance of transportation as a critical access and engagement support for individuals receiving care.

Crisis Residential Unit (CRU) & Guntersville Campus Development

The project remains on schedule and is currently in the Design Development phase.

Please see the attached Project Schedule for additional details regarding key milestones and the overall project timeline.

Billboard Acquisition Opportunity

We have reached an agreement with the owner to purchase both billboards for a total cost of \$90,000.

We are currently working with legal counsel to schedule the closing meeting to complete the transaction.

Funding Updates

Several funding opportunities related to capital development are currently in progress:

- Our proposal to the Marshall County Opioid Committee / County Commission requesting \$950,000 to support facility-related capital expenses is currently under review. We hope to receive notice soon regarding approval and the amount of funding that will be awarded.
- The Jackson County Opioid Committee has scheduled a meeting for April 30, and I plan to request a capital allocation at that meeting.
- Federal appropriations requests were submitted earlier this month to the offices of Senator Britt, Senator Tuberville, and Representative Aderholt. The total capital funding requested through these submissions is \$7 million.

Stepping Up Initiative – Jackson County

The Stepping Up funding request for Jackson County has been submitted to the Alabama Department of Mental Health (ADMH).

We are currently awaiting notification regarding approval and funding.

Jackson Place Program Update

Due to ongoing staffing challenges, we have requested approval from ADMH to convert the Jackson Place program to a Semi-Independent Residential model.

This modification will allow us to continue serving deaf individuals in the program without the requirement for 24/7 on-site staffing.

Under the proposed structure:

- Individuals will receive daily case management services
- Life Skills Specialist supports will be available
- Individuals will continue participating in Rehabilitative Day Treatment
- Additional outpatient services will be provided as needed

ADMH has expressed support for this approach. We are currently working to appropriately review the remaining residents and coordinate referrals to other programs when necessary.

At least two of the current residents will need to transition to programs that provide a higher level of supervision.

Policy & Procedure Updates

Section 1 – Board of Directors Policies

Attached are:

- The current Board policies
- The proposed revised and updated policies
- A summary sheet outlining the changes and improvements made to each policy

I recommend that the Board review these revisions over the next month, with a vote on adoption scheduled for the next Board meeting.

Moving forward, I plan to present one policy section per month, allowing the Board a full month to review each section prior to voting.

CCBHC Board Education Training Series

“Continuous Quality Improvement”

Dianne will cover this important topic during her report.

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

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
					\$	%	\$	%					
Administration	97,790	21,589	97,790	8,542	(76,200)	-352.95%	(76,200)	-352.95%	0	13,047	13,047	0	
Marshall County MHC	696,788	622,706	611,654	495,066	(74,082)	-11.90%	(110,429)	-22.31%	85,134	127,641	6,160	121,481	
Jackson County MHC	411,718	366,959	381,074	348,841	(44,759)	(0)	(23,728)	-6.80%	30,644	18,118	8,506	9,612	
Grand Total	1,206,296	1,011,255	1,090,518	852,449	(195,041)		(210,356)		115,778	158,806	27,713	131,093	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
NonCCBHC PROGRAM SUMMARY**

FOR THE MONTH ENDED MARCH 31, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Variance \$	Variance %	Actual Revenues	Actual Expenses	Actual Budget vs Budget vs	Actual Budget vs Budget vs	Actual Expenses	Actual Expenses	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- %	Comments
Dutton Facilities	112,813	121,325	102,281	70,347	8,512	7.02%							10,532	50,978	4,799	46,179		
EBP Supportive Housing	13,712	15,183	13,712	11,812	1,471	9.69%							(0)	3,371		3,371		
Geriatrics	-	52,381	-	28,138	52,381	100.00%							0	24,243		24,243		
Jackson Place	39,677	42,786	32,534	28,230	3,109	7.27%							7,143	14,556	1,731	12,825		
JC Non-CCBHC	89,201	92,145	52,897	46,583	2,944	3.19%							36,304	45,562		45,562		
Marshall Place	22,465	27,284	26,366	22,566	4,819	17.66%							(3,900)	4,718	386	4,332		
MC Non-CCBHC	106,798	112,799	73,431	58,975	6,001	5.32%							33,367	53,823		53,823		
Prevention	28,553	30,387	25,107	24,765	1,834	6.04%							3,445	5,621		5,621		
Substance Use	111,712	103,838	108,380	93,091	(7,874)	-7.58%							3,332	10,747	7,012	3,735		
Supervised Apartments	6,254	4,828	4,372	3,034	(1,425)	-29.52%							1,882	1,794	744	1,050		
	<u>531,185</u>	<u>602,956</u>	<u>439,079</u>	<u>387,543</u>	<u>71,771</u>								<u>92,106</u>	<u>215,413</u>	<u>14,672</u>	<u>200,741</u>		
Board Investments	26,889	(174,520)	2,137	751	(201,409)	115.41%							24,752	(175,271)	928	(176,199)		
Grand Total	<u>558,074</u>	<u>428,436</u>	<u>441,215</u>	<u>388,294</u>									<u>116,858</u>	<u>40,142</u>	<u>15,600</u>	<u>24,542</u>		

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

PROGRAM	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)
CCBHC	694,665	704,180	166,278	537,902
NonCCBHC Outpatient	213,431	694,968	0	694,968
Residential MI/SU	134,606	692,878	88,031	604,848
Board Investments	148,515	30,177	5,571	24,606
Grand Total	<u><u>1,191,216</u></u>	<u><u>2,122,203</u></u>	<u><u>259,879</u></u>	<u><u>1,862,324</u></u>

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
CCBHC PROGRAM SUMMARY**

FOR THE SIX MONTHS ENDED MARCH 31, 2026

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
					\$	%	\$	%					
Administration	586,739	119,077	586,739	40,793	(467,662)	-392.74%	(467,662)	-392.74%	(0)	78,284	78,284	0	
Marshall County MHC	4,180,728	3,349,259	3,669,926	2,711,125	(831,470)	-24.83%	(921,843)	-34.00%	510,802	638,134	36,959	601,176	
Jackson County MHC	2,470,309	1,853,667	2,286,446	1,865,905	(616,642)	(0)	(369,506)	-19.80%	183,863	(12,236)	51,035	(63,273)	
Grand Total	7,237,777	5,322,003	6,543,111	4,617,823	(1,915,774)		(1,759,011)		694,655	704,180	166,278	537,902	

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
NonCCBHC PROGRAM SUMMARY
FOR THE SIX MONTHS ENDED MARCH 31, 2026**

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Variance \$	Variance %	Budget vs Actual Revenues	Budget vs Actual Expenses	Budget vs Actual Expenses %	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- %	Comments
Dutton Facilities	676,877	730,928	613,686	449,939	54,052	7.39%				63,191	280,990	28,796	252,193		
EBP Supportive Housing	82,270	69,704	82,270	58,940	(12,566)	-18.03%		(23,329)	-39.58%	(0)	10,784		10,784		
Geriatrics	-	305,462	-	161,927	305,462	100.00%		161,927	100.00%	0	143,536		143,536		
Jackson Place	238,061	293,281	195,204	168,289	55,220	18.83%		(16,531)	-9.82%	42,857	124,992	10,384	114,608		
JC Non-CCBHC	387,568	506,279	257,205	239,885	118,712	23.45%		(17,320)	-7.22%	130,363	266,395		266,395		
Marshall Place	134,793	193,647	158,193	141,940	58,854	30.39%		(13,935)	-9.82%	(23,400)	51,706	2,317	49,389		
MC Non-CCBHC	671,829	982,611	588,762	554,038	310,782	31.63%		(34,724)	-6.27%	83,068	428,573		428,573		
Prevention	171,316	148,152	150,644	137,195	(23,164)	-15.64%		(13,449)	-9.80%	20,672	10,957		10,957		
Substance Use	670,275	606,338	650,280	552,978	(63,936)	-10.54%		(55,232)	-9.99%	19,995	53,360	42,070	11,290		
Supervised Apartments	37,521	36,116	26,231	19,542	(1,405)	-3.89%		(2,225)	-1.39%	11,291	16,574	4,463	12,111		
	<u>3,070,509</u>	<u>3,872,519</u>	<u>2,722,472</u>	<u>2,494,673</u>	<u>802,010</u>			<u>(149,769)</u>		<u>348,036</u>	<u>1,387,846</u>	<u>88,031</u>	<u>1,299,815</u>		
Board Investments	161,335	37,037	12,821	6,860	(124,298)	-335.60%		(390)	-5.68%	148,515	30,177	5,571	24,606		
Grand Total	<u>3,231,844</u>	<u>3,909,556</u>	<u>2,735,293</u>	<u>2,491,533</u>						<u>496,551</u>	<u>1,418,023</u>	<u>93,602</u>	<u>1,324,422</u>		

2026 COMPARATIVE BALANCE SHEET

As of Accounting Period 6

	<u>FY 2025</u>	<u>FY 2026</u>	<u>\$</u>	<u>%</u>
			<u>VARIANCE</u>	
Current Assets				
Cash	\$790,599	\$1,438,512	\$ 647,913	45.04%
Total Receivables	\$2,556,899	\$2,064,375	\$ (492,524)	-23.86%
Total Other Current Assets	\$3,425,498	\$3,514,536	\$ 89,038	2.53%
Total Current Assets	\$6,772,996	\$7,017,423	\$244,427	3.48%
Long Term Assets				
Fixed Assets	\$3,663,842	\$5,965,427	\$ 2,301,585	38.58%
Other Long Term Assets	\$6,811,703	\$4,934,634	\$ (1,877,069)	-38.04%
Total Long Term Assets	\$10,475,545	\$10,900,061	\$ 424,516	3.89%
Total Assets	\$17,248,541	\$17,917,484	\$ 668,943	3.73%
Liabilities				
Current Liabilities	(\$662,589)	(\$798,430)	\$ (135,841)	17.01%
Long Term Liabilities	(\$200,000)	\$0	\$ 200,000	
Total Liabilities	(\$862,589)	(\$798,430)	\$ 64,159	-8.04%
Net Assets				
Unrestricted Net Assets	(\$15,610,386)	(\$15,256,730)	\$ 353,656	-2.32%
Net (Income) Loss	(\$775,566)	(\$1,862,324)	\$ (1,086,758)	58.35%
Total Net Assets	(\$16,385,952)	(\$17,119,054)	\$ (733,102)	4.28%
Total Liabilities and Net Assets	(\$17,248,541)	(\$17,917,484)	(\$668,943)	3.73%

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

	<u>Self Pay</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	147,244.21	54,573.77	47,410.25	44,423.21	293,651.44
Adjustment %	93.50%	93.50%	93.50%	93.50%	
Estimated Net Self Pay A/R Balance	9,570.87	3,547.30	3,081.67	2,887.51	19,087.34
	<u>DHR and Probate</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	3,040.00	1,500.00	1,000.00	3,830.69	9,370.69
Adjustment %	0.00%	0.00%	0.00%	0.00%	
Estimated Net DHR/Probate A/R Balance	3,040.00	1,500.00	1,000.00	3,830.69	9,370.69
	<u>Medicare</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	4,704.33	2,237.07	1,668.63	1,287.46	9,897.49
Adjustment %	50.00%	50.00%	50.00%	50.00%	
Estimated Net Medicare A/R Balance	2,352.17	1,118.54	834.32	643.73	4,948.75
	<u>Medicaid</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	1,153,396.81	(533.94)	(6,711.26)	(40,701.89)	1,105,449.72
Adjustment %					
Estimated Net Medicaid A/R Balance	1,153,396.81	(533.94)	(6,711.26)	(40,701.89)	1,105,449.72
	<u>Insurance</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	94,451.71	13,695.21	1,341.89	1,989.74	111,478.55
Adjustment %	51.67%	51.67%	51.67%	51.67%	
Estimated Net Insurance A/R Balance	45,648.51	6,618.89	648.54	961.64	53,877.58
	<u>ASAIS</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	253,701.05	13,228.17	26,079.10	195,212.38	488,220.70
Adjustment %	33.00%	33.00%	33.00%	33.00%	
Estimated Net Insurance A/R Balance	169,979.70	8,862.87	17,473.00	130,792.29	327,107.87
	<u>Total</u>				
	30	60	90	>90	Total
A/R Balance as of 3/31/26	1,656,538.11	84,700.28	70,788.61	206,041.59	2,018,068.59
Average Adjustment %					
Estimated Net Total A/R Balance	1,383,988.06	21,113.66	16,326.25	98,413.97	1,519,841.95

Other Information

March 2026

Transportation	<u>Marshall County</u>	<u>Jackson County</u>
Miles driven in month	2,136.70	1,719.00
Number of riders	213	48
Fuel Purchased	533.47	297.06
Average Price/gallon	3.28	3.39
Maintenance	-	
Depreciation	869.78	842.00
Salary	3,146.40	2,768.00
Cost/rider	21.36	81.40

Client Medical Expense	<u>Dutton</u>	<u>Jackson Place</u>	<u>Marshall Place</u>	<u>Cedar Lodge</u>	
Pharmacy	3,327.47	261.74	251.45	716.73	
Physician Charges		-		2,040.50	
Co-Pays/Deductibles	31.31				
	<u>3,358.78</u>	<u>261.74</u>	<u>251.45</u>	<u>2,757.23</u>	6,629.20

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

STARTING MARKET VALUE
Dec 31, 2025

\$8,432,894.14

Dec 31, 2025 - Mar 31, 2026

DEPOSIT AND WITHDRAWALS

\$0.00

INVESTMENT RETURNS

-\$76,304.09

TOTAL RETURN

0.90%

ENDING MARKET VALUE
As of Mar 31, 2026, Market Close

\$8,356,590.05*

*This value does not include irregular values contained in accounts and may not match Total Value



ASSET ALLOCATION

VIEW BY

Broad Asset Class



ASSET
■ Bonds
■ US Stocks
■ Balanced
■ Others

PERCENT
 66.24%
 23.78%
 7.99%
 1.98%

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

TOP POSITIONS

SYMBOL DESCRIPTION	CHANGE (\$) CHANGE (%)	VALUE (\$)	AS OF
FISCK FRANKLIN CONVERTIBLE SECS CL A	\$1,882.72 0.30%	\$635,819.93	04/01/26
FRDPX FRANKLIN RISING DIVIDENDS CL A	\$198.10 0.03%	\$583,082.07	04/01/26
FXAIX FIDELITY 500 INDEX	\$652.25 0.12%	\$534,192.23	04/01/26
FKUSX FRANKLIN U.S. GOVT SECS CL A	\$965.14 0.19%	\$498,011.41	04/01/26
FGMAX FRANKLIN GROWTH OPPRTYS CL A	\$97.60 0.02%	\$397,413.36	04/01/26

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Board Governance and Policy Implementation
NUMBER:	1.1
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
REVISION APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATES: 04/26/11, 09/25/12, 05/21/20;??/26

POLICY:

The Marshall-Jackson Mental Health Board (hereinafter called the "Board") will issue clearly stated policies as guides and constraints for management. All such policies will be issued by the Board of Directors with the advice and assistance of the Chief Executive Officer and/or the Chief Executive Officer's designated staff. The Board of Directors will assign to the Chief Executive Officer the responsibility of assuring compliance with each policy. Mountain Lakes Behavioral Healthcare (MLBH) will establish and maintain a comprehensive Policy and Procedure Manual to ensure compliance with all applicable federal, state, and local regulations, including the standards set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA) for Certified Community Behavioral Health Clinics (CCBHCs).

The Board of Directors will ensure that policies reflect the mission, vision, and values of MLBH and are consistent with CCBHC requirements, including access, care coordination, evidence-based practices, and quality reporting. The Chief Executive Officer will oversee implementation and ensure dissemination, staff education, and compliance monitoring. Department Directors will participate in policy development and annual review to ensure operational and clinical relevance.

Policies and Procedures will be updated as needed and in accordance with Alabama Administrative Code and Medicaid. Implementation of policy updates will take effect upon approval by the Board. Implementation of procedural updates will take effect upon approval by the Chief Executive Officer.

The Policy and Procedures Manual will be reviewed at least annually, or more frequently as needed, to ensure continued compliance with evolving SAMHSA CCBHC certification criteria, Alabama Department of Mental Health standards, and Medicaid regulations. Revisions will incorporate findings from Continuous Quality Improvement (CQI) activities, internal audits, and staff or stakeholder feedback. All policies will include revision histories and effective dates.

MLBH will ensure that all staff have access to the most current version of the Policy and Procedure Manual through the agency's shared electronic system. Orientation and annual training will include instruction on relevant policies and changes affecting clinical and administrative operations.

Superseded versions of policies will be archived for a minimum of seven years and maintained in accordance with record retention requirements.

PROCEDURES:

The Chief Executive Officer is expected to reconcile differences of opinion which may occur regarding policy interpretation and implementation. In cases of conflict, the Chief Executive Officer will ensure that all policy interpretations align with SAMHSA CCBHC standards, the Alabama Department of Mental Health regulations, and applicable Medicaid requirements, when applicable.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Board of Directors Code of Ethics and Governance Conduct
NUMBER:	1.2
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
REVISION APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATES: 02/18/14; ??/??/26

POLICY:

This policy establishes ethical standards and conduct expectations for members of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH). It ensures that governance decisions uphold the organization's mission, vision, and values while maintaining compliance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, Alabama law, and applicable ethical codes for nonprofit behavioral health organizations.

It is the policy of the Board that all selected members shall abide by the following Code of Ethics:

1. Board members shall be committed to service to the community through the organization's programs, above any personal motives such as power, prestige, or political advantage.
2. Elections and appointments within the Board should represent the open consensus of the Board and not give the appearance of undue influence.
3. Members shall serve primarily in matters of policy rather than engaging in administrative prerogatives such as personnel evaluation, daily finances, or program direction.
4. Members shall relate to the staff through the Chief Executive Officer or their designee.
5. Members shall coordinate volunteer activities, community relations, needs assessment, program evaluation, and related activities through the professional staff and official committees of the Board.
6. All business requiring Board action shall be brought before a convened Board meeting, preferably with the Chief Executive Officer present, rather than being discussed in private by individual members.
7. Board members shall comply at all times with the approved administrative processes, policy-making decisions, Chief Executive Officer evaluation, and chain of command. These processes shall not be waived by any Board member without the approval of the Board and/or appropriate Board Committee and the Chief Executive Officer.
8. Members should devote proper time to committee work, assignments, and attendance at meetings.
9. Members shall not accept, nor permit acceptance by members of their families, any favor, gratuity, or

entertainment directly or indirectly from any person, firm, or entity engaged in procurement activities or business transactions with the organization.

10. Members shall have no financial interest, direct or indirect, that would conflict in any manner or degree with their service to the Board. Any questionable interest must be disclosed to the Board for evaluation and documented in the meeting minutes.

11. Board members shall ensure that all actions support equitable access to high-quality, recovery-oriented, and trauma-informed care for all individuals receiving services.

12. Members shall maintain confidentiality in accordance with HIPAA, 42 CFR Part 2, and related privacy regulations.

13. Members shall disclose and recuse themselves from any decision in which a real or perceived conflict of interest exists.

14. The Board shall actively support the organization's Continuous Quality Improvement (CQI) program and promote ongoing enhancement of care and operations.

15. Board members shall direct operational or administrative concerns to the Chief Executive Officer or their designee and avoid giving direction to staff outside the established chain of command.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Board of Directors and Advisory Committee Orientation and Education
NUMBER:	1.3
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kenamer

REVISION DATES: ??/??/26

POLICY:

It is the policy of the Board that all new members of the Board of Directors and Advisory Committees shall receive a structured orientation to Mountain Lakes Behavioral Healthcare (MLBH) as soon as possible following their appointment. The purpose of this policy is to ensure that all Board and Advisory Committee members are knowledgeable about the organization's mission, vision, values, governance responsibilities, and alignment with the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) model.

The orientation process will promote understanding of MLBH's role in providing high-quality, recovery-oriented, trauma-informed behavioral health and substance use services to individuals receiving care across all programs and service areas.

PROCEDURES:

1. The Chief Executive Officer (CEO) will be responsible for coordinating and overseeing the orientation of all new Board and Advisory Committee members.
2. Orientation will include education on the following topics:
 - The governance structure, responsibilities, and functions of the Board and Advisory Committees.
 - Overview of MLBH's mission, vision, values, and strategic priorities.
 - The SAMHSA CCBHC model of care, including core services, access standards, and care coordination expectations.
 - Overview of the organization's fiscal accountability, funding sources, and budgeting processes.
 - Review of the Board of Directors Code of Ethics and Conflict of Interest Policy.
 - HIPAA and 42 CFR Part 2 confidentiality requirements.
 - Overview of the organization's Continuous Quality Improvement (CQI) plan, performance measures, and improvement cycles.
3. Each new member shall have an opportunity to meet with the Chief Executive Officer, key leadership staff, and fellow Board members to gain a clear understanding of the organization's programs, services, and operations.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Primary Responsibilities of the Board of Directors
NUMBER:	1.5
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kenamer

REVISION DATE: 1/1/01; 7/11/03; 2/21/17; ??/??/26

POLICY:

The primary responsibility of the Board of Directors shall be to oversee the operation of a comprehensive behavioral health and substance use service delivery system for Mountain Lakes Behavioral Healthcare (MLBH). The Board shall ensure that programs and services are carried out in accordance with all applicable federal and state standards, laws, and regulations, including those established by SAMHSA for Certified Community Behavioral Health Clinics (CCBHCs).

The Board is responsible for ensuring the ethical governance, fiscal accountability, and strategic oversight of MLBH operations. This includes promoting transparency, integrity, and compliance with documentation standards that prohibit the creation, alteration, or falsification of administrative or clinical records for the purpose of misrepresentation or to give the appearance of compliance.

The Board shall actively participate in and monitor the organization's Continuous Quality Improvement (CQI) program to promote excellence in governance, service delivery, and outcomes. The CQI program will provide the Board with regular data and feedback related to quality metrics, access, and performance improvement initiatives.

MLBH shall provide or ensure access to the following core behavioral health and substance use services consistent with SAMHSA CCBHC criteria:

- 24-hour Crisis Behavioral Health Services
- Outpatient Mental Health and Substance Use Services
- Psychiatric Rehabilitation Services and Day Treatment
- Case Management and Care Coordination
- Peer and Family Support Services
- Screening, Assessment, and Diagnosis (including Risk Assessment)
- Outpatient Primary Care Screening and Monitoring
- Community Education and Consultation Services
- Residential and Supportive Housing Services
- Access to Inpatient Psychiatric Services through cooperative agreements with certified providers

These services shall be provided primarily to individuals residing in Marshall and Jackson Counties. All services will be offered without regard to an individual's age, race, ethnicity, gender, sexual orientation, disability, ability to pay, or degree of behavioral health condition.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Chief Executive Officer (CEO)
NUMBER:	1.6
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: 5/16/19; ??/??/26

POLICY:

It is the policy of the Board of Directors to employ a Chief Executive Officer (CEO) who shall serve as the official representative of the Board and be responsible for the overall administrative and operational direction of all programs and services under the authority of Mountain Lakes Behavioral Healthcare (MLBH). The CEO is charged with ensuring that the organization operates in full compliance with applicable federal and state laws, SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, Alabama Department of Mental Health regulations, and internal policies established by the Board.

The CEO has the authority to select, supervise, and release staff as necessary and to initiate corrective action to address any situation inconsistent with the contractual, ethical, or operational commitments of the organization. The Board retains the authority to review, approve, or disapprove management or administrative actions that may affect policy implementation.

The CEO serves at the pleasure of the Board of Directors and is accountable to the Board for all operations, performance outcomes, and strategic initiatives of the organization. The CEO provides leadership to ensure that MLBH delivers high-quality, trauma-informed, and recovery-oriented services to individuals receiving care in accordance with the mission, vision, and values of the organization.

PROCEDURES:

1. The Chief Executive Officer shall be a full-time employee responsible for the overall administration and direction of the organization.
2. The CEO shall:
 - Provide strategic leadership in the planning, development, and implementation of all MLBH programs and services.
 - Ensure compliance with SAMHSA CCBHC standards, HIPAA, 42 CFR Part 2, and other applicable laws and regulations.
 - Oversee financial management, budgeting, and resource allocation to maintain organizational sustainability and accountability.
 - Participate in the organization's Continuous Quality Improvement (CQI) program to evaluate performance outcomes and drive improvement.
 - Recruit, develop, and retain a qualified workforce aligned with CCBHC staffing and service delivery requirements.

- Promote collaboration and partnerships with community stakeholders to enhance service access and coordination.
- Provide regular reports to the Board of Directors on organizational performance, compliance status, and strategic progress.

3. Qualifications:

The Chief Executive Officer shall meet one of the following minimum qualifications consistent with the Alabama Department of Mental Health Administrative Code:

- a. Possess at least a master's degree in public health, business administration, public administration, psychology, counseling, social work, or a closely related field and have a minimum of five (5) years of managerial experience in a behavioral health, mental health, or substance use treatment setting; or
- b. Possess at least a bachelor's degree in public health, business administration, public administration, psychology, counseling, social work, or a closely related field and have a minimum of ten (10) years of managerial experience in a behavioral health, mental health, or substance use treatment setting.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Chief Executive Officer (CEO) Evaluation and Performance Review
NUMBER:	1.6.1
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	06/01/06
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: 3/27/07; 7/28/11; ??/??/26

POLICY:

It is the policy of the Board of Directors to conduct a formal, structured evaluation of the Chief Executive Officer (CEO) at least annually. The purpose of this evaluation is to ensure accountability, transparency, and alignment of executive leadership with the mission, vision, and strategic goals of Mountain Lakes Behavioral Healthcare (MLBH), as well as compliance with the standards established by SAMHSA for Certified Community Behavioral Health Clinics (CCBHCs).

The evaluation process promotes collaborative governance and data-driven decision making by assessing the CEO's performance across key domains, including leadership effectiveness, fiscal stewardship, compliance, workforce development, and advancement of the organization's Continuous Quality Improvement (CQI) initiatives.

PROCEDURES:

1. The Board of Directors will use a standardized evaluation tool approved by the Board to assess the CEO's annual performance.
2. The evaluation will address the following domains:
Board Relationship, Leadership and Management Ability, Community Relations, Financial Management, and Innovation/Improvement, consistent with the categories included in the Board's Chief Executive Officer Performance Evaluation Form.
3. The CEO will complete a self-assessment prior to the annual evaluation, using the same form approved by the Board.
4. Each Board member will complete the evaluation form, and responses will be submitted to the Board President or designee for compilation.
5. The compiled evaluation results will be presented and discussed in executive session at a regular or special meeting of the Board.
6. The CEO will have the opportunity to review and respond to the Board's evaluation findings in writing or verbally.

7. The summary of the evaluation will be maintained in the CEO's personnel file.

8. The Board will consider the results of the annual evaluation when determining compensation, performance goals, and professional development objectives for the CEO.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Financial Operations and Reporting
NUMBER:	1.8
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH) to maintain accurate, timely, and transparent financial reporting that supports the organization's mission, accountability, and compliance with all applicable laws, regulations, and standards, including the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) model.

The Board of Directors shall receive monthly reports of financial operations to support informed governance decisions and ensure the fiscal stability and sustainability of the organization. Financial operations shall be conducted in accordance with Generally Accepted Accounting Principles (GAAP), federal cost principles (2 CFR Part 200), and Alabama Department of Mental Health requirements.

PROCEDURES:

1. A monthly summary of financial operations shall be presented at each regular meeting of the Board of Directors. The summary shall include key financial data such as revenue, expenditures, cash flow, and budget-to-actual comparisons.
2. The Chief Executive Officer (CEO) and Business Manager shall jointly prepare and present these financial reports to the Board. The presentation shall highlight significant variances, fiscal risks, and opportunities for improvement.
3. The financial report will include, at minimum:
 - Statement of Revenues and Expenditures (Income Statement)
 - Balance Sheet (Assets, Liabilities, and Fund Balances)
 - Cash Flow Report and Accounts Receivable Summary
 - Budget Performance by Program Area
4. The Board Finance Committee, or full Board when acting as such, shall review the financial operations report each month and make recommendations as necessary to ensure continued compliance, fiscal responsibility, and efficient use of resources.
5. The Business Manager and CEO shall ensure that all financial records are maintained accurately and in compliance with GAAP, 2 CFR Part 200, and internal policies. Any significant discrepancies, irregularities, or compliance issues shall be reported immediately to the Board President.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Service Area and Accessibility
NUMBER:	1.9
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	10/01/92
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/?/26

POLICY:

It is the policy of Mountain Lakes Behavioral Healthcare (MLBH) to define and maintain a designated service area that ensures accessibility and equity in the provision of behavioral health and substance use services. MLBH's primary service area consists of Marshall and Jackson Counties, Alabama.

In accordance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, services will be made available to any individual seeking care, regardless of their place of residence, when MLBH is the most appropriate or accessible provider. No individual will be denied services based on place of residence, race, ethnicity, religion, age, gender identity, sexual orientation, disability, socioeconomic status, or ability to pay.

Residential services operated by MLBH will be open to all individuals meeting established clinical and program admission criteria. Individuals residing within Marshall and Jackson Counties may be given priority for placement when local demand and resources require it.

MLBH will ensure that all programs and services are delivered in a manner that is trauma-informed, recovery-oriented, and culturally and linguistically appropriate. Accessibility will be maintained through outreach, care coordination, and collaboration with community partners across and beyond the defined service area.

Service utilization and accessibility data will be reviewed regularly as part of the organization's Continuous Quality Improvement (CQI) process to ensure equitable access to care and identify opportunities for system improvement.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Board Member Emeritus Recognition
NUMBER:	1.10
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	06/01/06
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH) to recognize and honor former members of the Board who have demonstrated distinguished service and made lasting contributions to the organization's mission, vision, and governance. The designation of Board Member Emeritus is an honorary title intended to acknowledge outstanding leadership and promote continued engagement with the organization.

This recognition reflects MLBH's commitment to the principles of collaboration, inclusion, and community stewardship consistent with the standards and values of the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) model.

PROCEDURES:

1. The Board of Directors may grant Board Member Emeritus status to former members who have distinguished themselves through exemplary service and made significant contributions to the success and ongoing operation of Mountain Lakes Behavioral Healthcare.
2. Emeritus status shall be conferred by a majority vote of the Board of Directors based on a recommendation from the Board President or a Board Committee.
3. To qualify for consideration, an individual must have served at least one full six-year term as a member of the Board of Directors and demonstrated exceptional dedication, integrity, and alignment with the organization's mission and values.
4. The Board President or Board Committee shall prepare a written nomination summarizing the candidate's service record, leadership accomplishments, and contributions to the organization.
5. The Board Member Emeritus classification is an honorary, non-voting role. Emeritus members shall:
 - Receive a standing invitation to all Board meetings and organizational functions.
 - Be recognized annually at the corporation's annual meeting for their service and ongoing support.
 - Be invited by the Board President or Chief Executive Officer (CEO) to provide advice, mentorship, or historical perspective on strategic matters as appropriate.
6. Emeritus members shall not be included in quorum counts, voting decisions, or formal governance processes.

7. The Board shall maintain an updated roster of all individuals holding Emeritus status and review this list annually to ensure accuracy.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Personnel and Compensation Committee
NUMBER:	1.11
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	11/28/17
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kenamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH) to establish and maintain a Personnel and Compensation Committee in accordance with the organization's Bylaws. The Committee provides oversight and recommendations regarding staff compensation, benefits, and personnel policies to ensure alignment with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards and best practices in nonprofit governance.

The Committee shall promote fair, competitive, and equitable compensation practices that support recruitment, retention, and development of a qualified workforce necessary to deliver high-quality, trauma-informed, and recovery-oriented services to individuals receiving care.

PROCEDURES:

1. The Personnel and Compensation Committee shall review staff compensation annually (excluding the Chief Executive Officer) and make recommendations to the Board of Directors regarding adjustments, bonuses, and wage range revisions.
2. The review shall include consideration of:
 - Market salary data and statewide benchmarks for behavioral health positions.
 - Organizational performance, fiscal sustainability, and workforce retention data.
 - Equity and internal consistency across roles.
 - Workforce development goals and CCBHC staffing standards.
3. Recommendations shall be presented to the Finance Committee for review and integration into the proposed annual operating budget.
4. The Committee shall ensure that the annual performance evaluation of the Chief Executive Officer is completed in accordance with Policy 1.6.1 – CEO Evaluation and Performance Review.
5. The Committee may recommend revisions to personnel policies, benefit programs, or incentive plans that enhance employee engagement, retention, and alignment with CCBHC workforce expectations.
6. The Committee shall consist of at least three (3) members of the Board of Directors, appointed by the Board President. The Chief Executive Officer may serve as a non-voting advisor.

7. The Committee shall meet at least annually and more frequently as necessary to fulfill its responsibilities.

****Note- Recommend that this one be eliminated due to the legislation that passed last year****

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE**

TITLE:	Executive Committee
NUMBER:	1.12
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	06/01/06
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH) to establish an Executive Committee in accordance with the organization's Bylaws. The Executive Committee shall provide leadership and oversight between meetings of the full Board and act on behalf of the Board in emergency situations when immediate action is required and the full Board cannot be convened.

The Executive Committee supports the effective governance of MLBH by ensuring that urgent or time-sensitive matters are addressed efficiently while maintaining alignment with the organization's mission, vision, and strategic priorities, as well as applicable standards established by SAMHSA for Certified Community Behavioral Health Clinics (CCBHCs).

PROCEDURES:

1. The Executive Committee shall act on behalf of the Board in emergency situations when immediate action is required and the full Board cannot be convened. All actions shall be reported to and ratified by the full Board at its next regularly scheduled meeting.
2. The Executive Committee shall periodically review the organization's mission, vision, and guiding values and assess strategic alignment with organizational goals.
3. The Executive Committee shall review the Bylaws at least every two (2) years and recommend revisions to the Board of Directors when necessary.
4. The Executive Committee shall serve as the Nominating Committee when one has not otherwise been appointed, reviewing and recommending officers or members for consideration.
5. The Executive Committee shall provide leadership guidance and act in an advisory capacity to the Chief Executive Officer (CEO) on governance or operational matters requiring timely input.
6. The Executive Committee shall not take any action reserved by law or the Bylaws for the full Board, including but not limited to:
 - Amending or repealing Bylaws or corporate documents.
 - Electing or removing Board members or officers.

- Authorizing merger, consolidation, or dissolution actions.
- Approving the sale or transfer of substantial corporate assets.
- Reversing or modifying any action of the Board that expressly prohibits amendment by committee.

7. The Executive Committee shall meet as needed at the call of the Board President or upon request of the Chief Executive Officer.

8. Actions taken by the Executive Committee shall be documented in meeting minutes and made available to all Board members.

9. The composition, authority, and responsibilities of the Executive Committee shall remain consistent with the provisions of the MLBH Bylaws and any applicable laws governing nonprofit organizations.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Finance Committee
NUMBER:	1.13
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	11/28/17
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH) to maintain a Finance Committee that provides oversight of financial planning, budget development, fiscal accountability, and financial policy review. The Committee ensures that financial operations support the organization's mission, vision, and values, and comply with applicable standards for nonprofit behavioral health organizations and Certified Community Behavioral Health Clinics (CCBHCs).

The Finance Committee promotes fiscal responsibility, transparency, and sustainability through careful monitoring of the organization's financial health, investment performance, and long-term strategic priorities.

PROCEDURES:

1. The Finance Committee shall collaborate with the Chief Executive Officer (CEO), Business Manager, and designated staff to develop the annual operating and capital budgets for review and approval by the Board of Directors.
2. The proposed annual budget shall be presented to the Board by August 31 each year and shall include:
 - Projected income and expenditures by program and department.
 - Profit and Loss Statement for each major service area and the organization as a whole.
 - Current Balance Sheet.
 - Capital expenditures and projected impact on depreciation.
 - Investment fund performance and allocation summary.
3. The Finance Committee shall:
 - Monitor fiscal performance and review financial statements monthly.
 - Recommend corrective actions when significant variances occur between budgeted and actual results.
 - Review the organization's investments/cash reserves policy and capital expenditures policy annually.
 - Ensure compliance with Generally Accepted Accounting Principles (GAAP), federal cost principles (2 CFR Part 200), and Alabama Department of Mental Health (ADMH) standards.
4. The Finance Committee shall coordinate with the Personnel and Compensation Committee to assess the financial feasibility of proposed salary adjustments, bonuses, or workforce-related initiatives.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Information Technology (IT) Committee
NUMBER:	1.14
SUBJECT:	Board of Directors Policies
EFFECTIVE DATE:	04/26/22
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: 4/26/22; ?/?/26

POLICY:

It is the policy of the Board of Directors of Mountain Lakes Behavioral Healthcare (MLBH) to maintain an Information Technology (IT) Committee that provides oversight of the organization's technology infrastructure, data systems, cybersecurity, and information management practices. The Committee ensures that technology operations align with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, HIPAA, 42 CFR Part 2, and other applicable state and federal regulations governing data privacy and security.

The IT Committee promotes effective and secure use of technology to support high-quality, efficient, and compliant behavioral health and substance use service delivery.

PROCEDURES:

1. In coordination with the IT Director, the Committee shall develop and review an annual Technology and Security Risk Assessment and accompanying budget recommendation. The assessment shall be completed and presented to the Board by July 31 of each fiscal year.
2. The annual report shall include:
 - Software licensing and maintenance costs.
 - Anticipated hardware and software needs for the upcoming fiscal year.
 - Major system upgrades or replacements.
 - Review of any cybersecurity incidents or data breaches and corresponding remediation actions.
3. The IT Director shall provide monthly updates to the Board regarding system performance, cybersecurity status, and significant incidents.
4. The IT Committee shall review and recommend updates to policies and procedures related to data governance, privacy, disaster recovery, and network security.
5. The Committee shall ensure that IT infrastructure supports CCBHC data reporting, interoperability with community partner systems, and secure management of electronic health information (EHI).
6. The Committee shall consist of at least two (2) Board members appointed by the Board President. The Chief Executive Officer (CEO) and IT Director shall serve as non-voting advisors.

MLBH PERSONNEL REPORT

4/21/2026

NEW HIRES

FT	Misty McDermott	Certified Peer Support - Parent	3/16/2026	Both Counties	CCBHC
FT	Lacey Byrum	Primary Care Screener	3/31/2026	JCMHC	CCBHC
PRN	Alexandria Billingsly	Life Skills Specialist	4/14/2026	Marshall Place	Carve Out
FT	Meadows Tidmore	Case Manager HICC	4/14/2026	JCMHC	Carve Out
FT	Imani Rivers	Therapist/ NL School-B	4/14/2026	JCMHC	CCBHC
FT	Misha Welden	Case Manager LICC	4/14/2026	JCMHC	CCBHC

NEW POSITIONS ADDED

FT	Michelle Britt	Case Manager CAIH	4/14/2026	Both Counties	Carve Out
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TRANSFERS

PT	Paul Horn	Therapist From JC to MC	3/17/2026	MCMHC	CCBHC
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PROMOTIONS

FT	Landon Clark	From Peer Support Specialist to Case Mgr. Mobile Crisis Team	3/26/2026	MCMHC	CCBHC
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SEPARATIONS (VOLUNTARY)

FT	Teana Campbell	Program Coordinator	4/3/2026	Jackson Place	Carve Out
FT	Felicia Tubbs	Life Skills Specialist	4/3/2026	Jackson Place	Carve Out
FT	Samantha Mick	School Therapist NL	4/6/2026	JCMHC	CCBHC

SEPARATIONS (INVOLUNTARY)

ACT = Aseertive Community Therapy

AIH = Adult In-Home

CAIH = Child/Adolescent In-Home

CRNP = Certified Registered Nurse Practitioner

CRSS = Certified Recovery Support Specialist (SA)

NL = Non-Licensed

HICC = High-Intensity Care Coordinator

IOP = Intensive Out Patient

QSAP = Qualified Substance Abuse Professional

SU = Substance Use

SLP = Sign Language Proficient

RDP = Rehabilitative Day Program

TPR = Treatment Plan Review

SB = School-Based

MLBH PERSONNEL REPORT

POSITIONS TO BE FILLED

CARVE-OUT

Life Skills Specialist Dutton WE days(1) WE nights (1) 2nd shift (1) PRN (3)

Therapist Geriatric MC, JC Etowah C (1)

ACT Case Manager MC (1) JC (1)

Therapeutic Mentor MC (1)

CCBHC

Peer Support Specialist/ Adult (1) MC

Outpatient Therapist MC FT (1)

Outpatient Therapist JC (1)

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

Psychologist Both Counties (1)

Program Coordinator DGH (1)

Records Librarian (1)

Peer Support Specialist----ClientEmployment Assistance (1)

IT Board Report
APR 2026

Items Completed from last reports:

- Testing Microsoft IP Phone System 2nd phase Admin office.
- Dell Secureworks / Sophos payment issues.
- Copyright violation for use of LOCUS-CALOCUS form in Avatar.
- Testing Geotab Vehicle tracking, telemetry, cameras.
- Waystar clearing house service renewed.
- Dutton Cabling and Camera System installation.
- Windows Desktops upgrade to 25H2 version 99% done.

New Items / Continued:

- Alt Plan if Microsoft Phone System is not acceptable.
- Evaluate Grandstream VoIP Phone System next.
- Lots of Network Infrastructure equipment to upgrade.
- Print services to Azure Cloud migration Sboro left to do.
- Farmers Tel increased Internet Speed ordered & waiting.
- Netsmart Orderconnect Lab module Software.
- Netsmart Care Manager & CC Inbox Project.
- New Waystar system implementation. (billing stuff).
- User shares to OneDrive Cloud, Programming done, user steps next.
- Start domain controller prep for OS upgrade Srv 2022.
- Laptop inventory low. Testing Lenovo models.
- Two sites left to do for video cameras, wait till after July 2026.

Clinical Services Report

March 2026

Substance Use & Mental Health Treatment Integration

Approximately 30–33 percent of adults with a mental health condition also meet diagnostic criteria for a substance use disorder (SUD). Conversely, 40–50 percent of individuals with a lifetime substance use disorder experience a co-occurring mental health condition at some point in their lives. Historically, mental health and substance use services have often been delivered in separate systems. Current evidence-based practices and national standards, however, emphasize integrated treatment models that address both conditions concurrently.

The American Society of Addiction Medicine (ASAM) has established a nationally recognized framework for determining the appropriate intensity of substance use treatment. This framework, referred to as the ASAM Levels of Care, is designed to match individuals with the level of services that best meets their clinical needs at a given point in time. Rather than relying on a uniform treatment approach, ASAM supports a continuum of care ranging from less intensive, community-based services to highly structured, medically supervised treatment. An individual's recommended level of care is determined through a comprehensive clinical assessment conducted by a qualified provider and may be adjusted over time as needs evolve.

In order of increasing intensity, the ASAM Levels of Care include:

Level 1 – Outpatient Treatment

Level 2 – Intensive Outpatient / Partial Hospitalization

Level 3 – Residential / Inpatient Treatment

Level 4 – Medically Managed Intensive Inpatient Treatment

MLBHC has a longstanding history of providing adult crisis residential treatment (ASAM Level III.5) through Cedar Lodge. In addition, MLBHC has offered Level 1.0 outpatient substance use treatment at the Cedar Lodge location. With implementation of the Certified Community Behavioral Health Clinic (CCBHC) model, MLBHC has expanded its service array to include Level 2.1 Intensive Outpatient Treatment.

As a result, MLBHC now offers a comprehensive, integrated behavioral health continuum of care that ensures individuals receive services at the intensity most appropriate to their clinical presentation while maintaining uninterrupted access to mental health services. Individuals may receive mental health treatment, substance use disorder treatment, psychiatric services, and care coordination concurrently, supporting more effective and sustained recovery outcomes.

The primary distinction between Level 1.0 outpatient treatment and Level 2.1 intensive outpatient treatment is the frequency and intensity of services provided. Level 1.0 services are individualized based on clinical need and may include multiple counseling sessions per week, not to exceed eight (8) contact hours weekly. Level 2.1 Intensive Outpatient Treatment is designed for individuals requiring a higher level of structure and therapeutic engagement while

continuing to reside in the community. This program delivers nine (9) to nineteen (19) hours of structured therapeutic services per week.

Both outpatient programs provide the following core services:

- Structured group counseling
- Individual counseling
- Family counseling
- Psychoeducation
- Relapse prevention therapy
- Recovery skills development
- Peer recovery support
- Medication management
- Drug screening and monitoring
- Case management and care coordination

Outpatient treatment services are delivered by a multidisciplinary team that includes a master's-level Qualified Substance Abuse Professional I (QSAP I), a bachelor's-level counselor, and a Certified Recovery Support Specialist (CRSS). Services are currently provided at the Marshall County office on Homer Clayton Drive, with plans to expand outpatient programming to Jackson County in the near future.

**CQI Meeting Minutes
March 26, 2026**

Present for Mobile Crisis Services Protocol: Myron Gargis, Dianne Simpson, Erica Player, Kali Brand, Dana Childs, Dana McCarley, JD Boatwright, Jeremy Burrage, Madalyn Stott, Landon Clark
Present for Care Coordination Protocols: Myron Gargis, Dianne Simpson, Erica Player, Kali Brand, Dana McCarley, JD Boatwright, Dana Childs, Jeremy Burrage, Miranda Holland, Annie Houser, Joanna DeAtley

- **Report from Clinical Director**
- **Staff Error Report**
- **Wall of Fame/Incentive Plan**

Incentive Plan-

Knapp, Illeana
 McWhorter, Montana
 Ramsey, Racheal
 Roden, Beth
 Strange, Lilly

Wall of Fame-

Bartke, George	Cedar	McMurrey, Kimberly	Jackson
Campbell, Teana	JP	Moore, Leah	Geriatrics
Cheek, Brittany	Cedar	Rice, Hayden	Cedar
Crowell, Robert	Cedar	Steed, Tyler	Geriatrics
Eddings, Amanda	Cedar	Sweatman, Susan	Cedar
Hanna, Sarah	MP	Whitworth, Chris	JP
Holcomb, Mitzi	Geriatrics	Wilson, Justin	Dutton
Huff-Hight, Edna	Dutton	Woodham, Cynthia	Cedar

Review and approval of monthly summary report February 26, 2026: No changes reported regarding final minutes were sent out. Minutes will stand as approved.

- I. **CQI Plan Goal II Objective A- Conduct an in-depth review of each protocol at least annually.** The purpose of these reviews is to monitor compliance with established MLBHC CCBHC Protocols and systematically analyze compliance data to identify gaps, drive corrective actions, and implement improved procedures that strengthen compliance and enhance overall outcomes.

MLBH CCBHC Crisis Services Protocol Audit

The MCT services began in November 2025. The committee reviewed quantitative data YTD for Measurement Year 2026. Data was collected from Avatar as well as the MCT tracking spreadsheet. A random chart review was conducted to assess protocol compliance and identify areas for improvement.

MLBH Crisis Services Audit Summary Metrics-1/1/26-3/25/26				
Section	Compliant (C)	Non-Compliant (NC)	N/A	Compliance Rate (if applicable)/Comments
1. Access, Entry, and Initial Contact	1			

2. Safety Screen & Triage	1			Partially compliant assumptions not documented
3. Mobile Crisis Team Assignment	1			
4. Pre-Arrival & Interim Support			1	Need to improve documentation
5. Arrival & Scene Safety	1			Partially compliant-environmental safety scan and trauma informed engagement not documented.
6. Comprehensive Crisis Assessment	1			
7. De-Escalation & Stabilization	1			Partially compliant-Verbal De-escalation and harm-reduction techniques not documented
8. Level of Care Determination	1			
9. Warm Handoff	1			Partially compliant-Receiving staff name/title/time not documented
10. Crisis Prevention & Safety Planning			1	Client refused to create safety plan/asked to reach out to crisis resources if needed.
11. 72-Hour Follow-Up		1	1	No contact by psych unit to inform MLBH of discharge. Client returned to hospital.
12. Event Closure			1	Did not complete
13. Documentation & Billing Compliance			1	Did not complete
14. System Coordination			1	Did not complete
15. CQI Monitoring			1	Did not complete
Totals	8	1	7	

Total Individuals Served: 79 (7 individuals with more than one MCT episode)

Response Locations:

Client Residence: 15

Jail: 27

Office: 24

School: 2

Other: 15

Court: 1

Average Response Time: 32 minutes (March was first full month of tracking)

Individuals with follow-up services: 60

Percentage of Individuals with documented follow-up: 76%

Average days to first follow-up: 2

Summary of Findings

Gap in Compliance	Corrective Action	Responsible Staff	Time Frame
Rapid safety screening not consistently conducted or documented prior to client contact	Implement verbal rapid safety screening prior to arrival and require documentation at the beginning of the progress note, including safety and medical concerns	Mobile Crisis Team (MCT) Staff	Immediate
External handoff recipient not consistently documented	Require documentation of the full name of the external agency and individual when clients are transferred or handed off	MCT Staff	Immediate
Lack of measurable monitoring of trauma-informed engagement practices	Document use of trauma-informed assessment techniques and implement periodic verbal client surveys to audit respectful engagement	Program Leadership / Continuous Quality Improvement Committee	05/26/26
Crisis resolution and outcomes not clearly documented	Revise documentation standards to include how the crisis was stabilized and the outcome (e.g., inpatient placement, referrals, safety planning)	MCT Staff	Immediate
Safety plan documentation inconsistent when completed or declined	Require staff to document when a safety plan is completed, declined, or when further follow-up is indicated by risk assessment	MCT Staff	Immediate
Hospital discharge notifications from WES not consistently received	Establish daily outreach by Crisis Coordinator or Care Navigators to WES to identify discharges when MCT placed the client	Crisis Coordinator / Care Navigators	04/26/26
Progress notes do not consistently show participation of both team members	Utilize available co-signer functionality so both practitioners sign and timestamp documentation	Clinical Leadership	04/26/26
Staff lack standardized documentation language for required elements	Develop and distribute approved documentation blurbs and a field sheet to guide required note elements	Program Leadership / Jeremy	05/26/26

The Crisis Services protocol will be reviewed again in June 2026.

MLBH CCBHC Care Coordination Protocol Audit

The committee reviewed quantitative data YTD for Measurement Year 2026 collected from Avatar. A random review of two charts was conducted to assess protocol compliance and identify areas for improvement.

MLBH Care Coordination Audit Summary Metrics-1/1/26-3/25/26				
Section	Compliant (C)	Non-Compliant (NC)	N/A	Compliance Rate (if applicable)/Comments
1. Referral / Initial Contact	1		1	MMCN-list if ED or BHU
2. Screen & Triage	1		1	Notify Veteran Peer specialist for F/UP
3. Immediate Action Based on Triage Level	1		1	
4. Consents for Information Sharing			2	
5. Referrals and Care Coordination Activities			2	
6. Track Engagement and Maintain Closed-Loop Referrals			2	
7. Transitions of Care			2	
8. Ongoing Care Coordination and IDT Participation	1		1	Partial compliance
9. Regular Communication with Partners	1		1	
10. Update Consents and Coordination Needs	1		2	Further details needed
11. Documentation	1		1	Could do more F/UP
12. CQI Monitoring			2	
Totals	7		18	

Behavioral Health Screenings

New Clients: 259

Total Number: 508

Total Number of Individuals with Follow-Up Notes: 401

Average Days to Services by Need

Emergent:

Urgent: 6.05

Routine: 12.85

Total Number of Individuals with IDT: Data not available

Summary of Findings

Gap in Compliance	Corrective Action	Responsible Staff	Time Frame
Referral source in MMCN does not specify ED vs BHU	Revise MMCN referral fields to require selection of ED or BHU at time of referral	Care Navigators / Intake Team	04/26/26

Veteran status not consistently coordinated with VA services	When veteran involvement is identified, notify and coordinate with Mary Ann Whooten and Julianna Davis	Care Navigators	Immediate and ongoing
BHS routine scores not consistently billed with correct service code	Ensure routine BHS scores are billed using service code 1300R and Urgent ones use 1300U.	Clinicians / Billing Staff	Immediate; audit 04/26/26
BHS score does not always match billed service code	Reinforce policy that billing must align with BHS score rather than visit circumstance	Clinical Leadership / Billing	04/26/26
Post-BHS workflow not consistently documented	Standardized documentation of scheduling, follow-up, and referral actions after BHS completion	Care Navigators	05/26/26
Delays and inconsistencies in same-day and re-intake scheduling	Review re-intake workflow, clarify responsibility, and implement corrective process changes	Program Leadership / Erica	05/26/26
LOCUS not updated following client hospitalization	Require LOCUS review and update following hospital discharge and monitor due dates	Therapists	Immediate; ongoing monitoring
IDT meeting format not updated after hospitalization	Ensure in-person IDT meeting occurs within 10 days following hospitalization	Therapists / Supervisors	Immediate
LOC changes not consistently communicated to Care Navigators	Require therapists to notify Care Navigators via email when LOC changes or hospitalization occurs	Therapists	Immediate
TPR information missing from IDT documentation when not yet completed	Notify and include TPR coordinator in IDT updates when TPR is pending	Care Navigators / Therapists	04/26/26
IDT notes lack documentation of client communication and referrals	Standardize IDT notes to include client/caregiver communication and referral activity	Care Navigators	05/26/26
Medication lists not consistently obtained after hospital discharge	Require Care Navigators to forward discharge paperwork to RL and copy therapist and physician for medication updates	Care Navigators	Immediate

In Marshall County, a care navigator has been attending probate hearings to assist the individual in transition to outpatient services and ensure a warm handoff with a mental health provider.

- The committee discussed a plan to assign high risk individuals to a Care Navigator’s caseload to ensure follow-up until they are no longer considered high risk. The committee discussed management of external referrals when contact cannot be established. Referrals over 90 days will be reviewed to determine whether a chart was opened; applicable referrals will be imported, and those without an open chart may be removed. Referrals under 90 days will continue to receive outreach efforts.

The Care Coordination protocol will be reviewed again in June 2026.

I. Administrative Review Summary/Error Reports February (Dec MTD: 2.6%; YTD 1.2%):

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	12	897	2	2	Med record incomplete

MONTHLY ADMIN REVIEW ERROR RATE: 0.2% YTD ERROR RATE: 1.1%

II. ACSIS Consumer Profile Report for January 2026:

Total Errors	Predominant Error Trends
9	Invalid Diag 2; Invalid SA Diag 1

- III. Cedar Lodge Access Report for February 2026:** For the month of February, there were 6 denials for admission. Two denials due to medical risk or violation of NDP rules. These individuals were referred to medical providers. Three were denied due to withdrawal risk and referred to withdrawal management services. One individual was under the influence of unknown substances. In each case, the individual was offered an opportunity to reschedule once the issue was resolved.

IV. Prevention Activities: 198 activity sheets were reviewed for February 2026.

	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	-	-
Block-Environmental	26	20
Block- Information Dissemination	38	16
Block-Education	21	6
Block-Alternatives	0	0
Block-PIDR	18	12
SOR-Environmental	30	59
SOR-CBP	24	54
Total	157	167

Overview:

In February 2026, prevention services in Marshall and Jackson Counties delivered coordinated youth, community, and overdose prevention efforts supported by Block Grant and SOR funding, billing \$27,217.44. Activities included prevention messaging, community outreach, youth intervention through the InDepth curriculum, Vape Court engagement, and Remove the Risk initiatives distributing Narcan and medication safety resources, while strengthening partnerships and planning future prevention programming.

VIII. Hospital Discharge Follow-up Report for February: All individuals had follow-up contact.

Local	State/CRU	One Day FU	Total	Average Days to FU
15	9	20	24	0.88

IX. Incident Prevention and Management for Previous Month: There were no “other” incidents for the month of February.

X. Medication Errors for February: There were 20 medication errors reported for the month of February. There were eighteen missed doses, one documentation error and one wrong time. The trend was all 7 med errors for SU were the same medication for the same consumer that was missed for three days by different staff.

By Personnel

	MAC	RN	LPN	Pharmacist	Other (explain)
Level 1	20				
Level 2					
Level 3					
TOTAL	20	0	0	0	0

By Division

	MI	SU	TOTAL
Level 1	13	7	20
Level 2			
Level 3			
TOTAL	13	7	20

By Error Type

	Wrong Person	Wrong Med	Wrong Dose	Wrong Route	Wrong Time	Wrong Reason	Wrong Documentation	Missed Dose	Other (explain)
Level 1					1		1	18	
Level 2									
Level 3									
TOTAL	0	0	0	0	1	0	1	18	0

XI. Consumer Feedback, Complaints, and Grievances for February 2026:

FY26-Consumer Feedback	Feb	Feb	Feb	Feb	Feb
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville	1	0	1	0	2
Scottsboro	0	0	1	0	1
Outreach/Residential	0	0	0	0	0
Cedar Lodge	3	0	0	0	3
Total MTD	4	0	2	0	6
Total YTD	11	5	9	1	26

XII. Residential Services Report for February

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	84	84	100
Marshall Place	3	84	84	100
Jackson Place Sup Apt.	2	56	56	100

Dogwood Apartments	8	224	168	75
Supportive Housing	12	336	224	67
MLBH Residential Care	10	280	280	100
MLBH Crisis Stabilization	2	56	56	100
Foster Homes	26	728	728	100
Totals		1848	1680	91

XIII. Treatment Plan Reviews for February:

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	77	0	14	0	0	0	0	14

The trends noted treatment plan not timely. February error rate 18.2%

XIV. Form-Policy & Procedure Revisions/Approvals:

Forms-

- Columbia Protocol-Hard copy back up form-New
- ICD-10 Diagnosis-Hard copy back up form-Rev
- MLBHC Treatment Plan-Hard copy back up form-Rev

P & P: Procedure revisions for CQI approval

- None

P & P: Board Approved Policy

- Personnel Policy 5.6.7-Employee Productivity
- 6.12-Level II.1 Intensive Outpatient (SU)

XV. Miscellaneous Items: None

XVI. Monthly- No shows:

MARSHALL COUNTY-Outpatient Therapy/DR/RN
Total Appointments: 1577
No Shows: 208
Cancelled: 286
Marshall County-Intakes
Total Appointments: 40
No Shows: 16
Cancel: 4
Total No Show: 31.05 %

JACKSON COUNTY-Outpatient Therapy/DR/RN
Total Appointments: 967
No Shows: 188
Cancelled: 106
Jackson County-Intakes
Total Appointments: 70
No Shows: 27
Cancel: 14
Total No Show: 28.93 %

XVII. Action Items

Action	Responsible Person(s)	Time Frame	Follow-up if indicated
Completed			
Revised definition of homeless	Clinical Director	2/26/26	
Ongoing			
Staff education on revisions to Admin Code	Program Directors & Coordinators train existing staff, Training Coordinators train new hires	April 2026	Administrative code training to be provided by DMH 4/9/26 to administrative staff.
Revision of P & Ps reflecting Admin Code revisions	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	April 2026	Revisions to follow DMH Administrative Training on 4/9

Update signature line for ROI, Consent for Follow up, Client Handbook, Medical Dental form	QA Coordinator	April 2026	Still being revised in Avatar. Back up forms will be approved in April CQI.
Training for Columbia Risk Screening for recipients 11 and up.	Training Coordinators	April 2026	New form was built in Avatar per email sent to trainer 3/3/26. Access being given to staff week of 3/9/26. Training will be conducted during the month of April.
Hospital follow up within 24 hours	Program Directors, care navigators, Clinical Director (tracking progress)	7/16/26	MC training completed 3/5/26 with care navigators.
New Items			
*See Protocol Review Summaries			

Leadership Committee

March 19, 2026

MINUTES

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

Absent: Lane Black and Jessica Floyd

I. Approve minutes of the February 19, 2026, meeting

Minutes were approved, as presented.

II. Committee reports for the month

EEG from 3/10/26

Time: 1:09 PM (58 minutes)

Chair: Christy Keeper

Attendees:

- Christy Keeper, Lineise Arnold, Miranda Holland, Jaslynn, April Burns, Hannah Lowery, JD Boatwright

1. Welcome & Attendance

- Introductions made, including two new attendees: Lineise Arnold (Outreach Coordinator) and April Burns (Benefits Specialist).

2. Monthly Meet-Ups

- Current meet-up at Hydrant City Grill.
- Proposed next month's location: **Warehouse 207 (Jackson County)** — positive feedback.
- Feedback on timing: consider **later start time (~6 PM)** for those getting off work at 5:30.
- Reminder to avoid scheduling meet-ups right before payday.

3. T-Shirt Orders

- Strong participation (122+ responses).
- Orders due soon; shirts distributed in April.
- Plan to coordinate county pickup/drop-off after arrival.

4. Valentine's Day Activities Recap

- Highly successful.
- Increased participation in Jackson County (approx. six participants).
- Employees enjoyed shared Valentines; good morale booster.
- Activity will be repeated next year.

5. Family Day Event Planning — June 13

Location: Sand Mountain Parks

Highlights:

- Kickball tournament with trophies.
- Use of conference room for lunch (catered: burgers, hot dogs, chicken sandwiches, drinks).
- Day passes for waterpark after kickball.
- Inflatable area for kids; Kona Ice.
- Possibility of therapy dogs if appropriate.
- Balloon artist tentatively planned.
- Craft station & face painting proposed.
- Jaslyn & Miranda volunteered to assist with kids' crafts.

Volunteers needed for:

- Kickball referees
- Activity booths

- Check-in area
- 6. Gym Membership Discussion**
- Some staff interest in discounted memberships.
 - Current option: **Sand Mountain Park membership \$29/month** through Blue 360 + \$29 start fee.

7. Community Walk Event (CAC – Rock the Block)

- **Date:** April 18
- Mountain Lakes will pay for entry fees and T-shirts for staff who join a team.
- Walk is one mile around downtown; family-friendly event with food trucks and entertainment.

8. March Madness Brackets

- Awaiting update from Savannah who is preparing materials.

9. Employee Recognition Program

Shift away from “employee of the month.”

New plan:

- Relaunch **“I Saw It” Recognition Program** beginning **May**.
- Multiple employees recognized each month.
- Shout-outs featured in newsletter.
- Optional printable certificates emailed to recipients.
- Capture positive contributions and boost morale.

10. Advocacy & Communication Concerns

- Major concerns raised about:
 - Poor communication from admin.
 - Retention challenges due to burnout and feeling unheard.
- Discussion included:
 - Idea of anonymous concern channels.
 - Challenges with current organizational culture.
 - Possible suggestion of **Town Hall-style meeting** for structured communication.
 - Group agreed to revisit and brainstorm realistic solutions.

11. Next EEG Meeting

Date: April 7

Time: 1:00 PM

- Selected to allow adequate time to gather “I Saw It” submissions before May rollout.

Human Rights from 3/9/26

Erica Player, Dianne Simpson, Sherneria Rose, Margurite Rollins (virtual), Susan Sweatman, Megan Lea (virtual)
 Lee Denmark, consumer committee member
 Not present: Kathleen Rice, Sherry Bailey, Tricia Hopper

Approval of Previous Minutes

Minutes from the September 9, 2025 meeting were reviewed. Motion to approve by Susan Sweatman, seconded by Erica Player. Approved unanimously.

Megan Lea of Community Action Agency of Northeast Alabama was welcomed to the committee.

Review and Revision of House Rules

The committee reviewed the residential House Rules. The following rules were identified for revision.

TOBACCO/NICOTINE PRODUCTS- The use of vapes is not specifically addressed in this rule. Sherneria reported that it has been handled differently by each group home. The concern is that it is difficult to monitor the content of a vape product. They could contain substances other than nicotine, some of which are potentially dangerous or illegal. The committee decided that the MLBHC staff will investigate the issue further and make a recommendation for the HR committee to review at the next meeting.

HOME, BEDROOMS, CHORES

The committee decided to add the following rule:

- Due to limited storage space, residents are expected to keep their personal belongings organized. If the volume or condition of personal items creates a safety or sanitation concern, the resident will be required to reduce or remove excess items.

OUTING AND VISITS

The committee agreed to add the following statement to this rule:

18. After living in the home for 30 days, you may be granted passes to visit with family or friends outside the group home (subject to any conditions imposed by the courts). Passes are handled on an individual basis and can only be granted by the program director/coordinator, and/or psychiatrist “based on the resident’s current status.”

This accounts for temporary situations where a resident may not be stable or may have restrictions due to rule violations.

Consumer Input

Lee Denmark, consumer representative was asked for any feedback related to services at MLBHC. She stated that there had recently been changes in the program schedule for the Marshall County Rehab Day Program. She reported that the consumers in the program agree that these were positive changes and they enjoyed the activities.

Next meeting was scheduled for June 1, 2026 at 5:00 at Cedar Lodge.

Meeting adjourned at 5:37 p.m.

Consumer Satisfaction from 3/18/26

Members Present: Cammy Holland, Dianne Simpson, Brittany Cheek, Courtney Landers, Dana McCarley

Members Absent: Hannah Chandler, Lilly Strange, April Burns

Updates

- Consumer feedback reporting will shift from a **fiscal year** to **calendar-year** format.
- Positive feedback reported from **Cedar Lodge**; outpatient clients continue to adjust to **30-minute appointments**.
- The committee needs **more employee representation agency-wide**.
- **An all-user email** will be sent out to promote the Consumer Satisfaction Committee, and information will be included in the **agency newsletter**.

Consumer Appreciation Day (May – Mental Health Awareness Month)

- **Marshall County:** Tuesday, May 12, 11 AM–2 PM
 - Hamburgers, hotdogs, chips, drinks, Little Debbie dessert, door-prize raffle, music, and games.
- **Jackson County:** Wednesday, May 13, 11 AM–2 PM
 - Same setup as Marshall County.
- **Cedar Lodge:** Friday in May (TBD)
 - Ice cream bar & games.
- **Dutton/Jackson Place:** Donuts provided.
- *Ensure Dr. Boxley is scheduled at both centers to support attendance.*

Action Items

- **April:** Create flyers; create goody-bag/MLBHC swag list.
- **Courtney:** Provide speaker and do the grilling at both centers
- **Hannah:** Provide and set up tents at both centers.
- **Brittany:** Determine Cedar Lodge date.
- **Cammy:** Obtain Walmart gift cards, provide grill, coordinate with Office Managers, and send all-user email.
- **Dianne:** Provide Cornhole materials.
- **Dana Mc:** Research outdoor games; coordinate with Outreach Specialist.
- **Volunteers:** Distribute flyers; bring coolers for ice/drinks.

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

- CCBHC Programs \$ 422,012
- Non-CCBHC Outpatient and Residential Programs \$1,083,873

- Board Investments \$ 200,805
 - Grand Total \$1,706,689

IV. Reports and Program Updates:

- **CEO – Myron Gargis**

- Board approved updated Employee Productivity P&P, effective April 1, 2026.
 - LC members received copies; this document will be distributed to all users later this week.
 - CCBHC productivity standards based on five months of data; Non-CCBHC standards unchanged.
 - Staff members affected by these revisions should now be signing new productivity agreements for their personnel files.
- A letter was received as follow-up to a recent Medicaid visit. The only item noted was the need for a visitor sign-in sheet.
- Due to long-term staffing challenges at Jackson Place, a proposal is being developed for DMH to convert the facility to semi-independent housing for deaf consumers.
 - A full-time Case Manager will be hired for JP.
 - Appropriate consumers may remain at JP; others may relocate to Dutton or other facilities.
 - In consideration of the ongoing staffing issues at MLBHC residential facilities, current staff may continue residential shift coverage through June 30, 2026.
- CRU project updates:
 - Interior and finish decisions are expected next week.
 - Groundbreaking anticipated in October/November.
 - It is likely that the Cedar Lodge kitchen will be renovated to support both Cedar Lodge and CRU meal preparation.

- **Clinical Director – Dianne Simpson**

- Recent focus has been on revision and submission of the updated CQI Plan.
- CQI training is now available through Relias.
- Concerns raised with DMH regarding MI Contract Manual development without MHC input.
- Legal Services of Alabama is providing training for MLBHC MI and SU consumers.
- Prior to her retirement in July, Dianne plans to update the Performance Appraisal process and will provide a draft before the next LC meeting.

- **Administrative Services – Cammy Holland**

- New staff performing well:
 - Veronica Jasso (Payee Specialist): recommended to expand consumer budgeting education.
 - Heather Jeffery (Accountant): assisting Regenia with processing next payroll.
 - April Burns (Benefits Specialist): continue to define and expand role.

- **HR Office – Shelly Pierce**

- Five new employees began orientation this week.
- Vacant position list distributed; discrepancies should be reported to Lane Black.

- **Jackson County OP & OR – Kali Brand**

- Roman Peppers filled the JC ACT TH position.
- JC ACT CM and LICC positions remain open.
- Interviews underway for JC PCS.
- Staff collaborating to address gaps in schedules.
- Genoa Pharmacy at JC Clinic nearing completion.

- **Marshall County OP & OR – Vanessa Vandergriff**
 - SU IOP launched; meeting held to encourage staff to work together on implementation of this new program.
 - Primary care screenings are increasing with staff using the Avatar screening form.
 - IT is relocating equipment to accommodate the pharmacy setup at MC Clinic.
 - Parking remains an issue due to staff growth and limited parking spaces.
- **Child/Adolescent – Kali Brand**
 - Max Koehler performing well as CPS-Y.
 - Misty McDermott hired as CPS-P.
 - Ta'Lyn Young (HICC) is doing well.
 - Brooke Conner to begin maternity leave soon.
 - Applicants for SB TH are being reviewed and interviews scheduled.
 - Effective 4/11/26, SB TH will return to standard work schedules, holidays and leave policies.
- **Geriatrics – Gerald Privett**
 - New PS, Racheal Ramsey, performing well.
 - Additional PS expected to begin in late April.
- **Residential – Sherneria Rose**
 - Consumers responded well to the upcoming changes at JP.
 - Possible residential placement identified for one current JP consumer.
- **SU Services – Susan Sweatman**
 - After 20+ years of service at Cedar Lodge, Bob Crowell is retiring in April.
 - Current census is 27.
 - April Burns continues to assist with Medicaid enrollment for appropriate consumers at Cedar Lodge.
 - Block Grant and SOR compliance visit scheduled for 4/9/26.
 - Raised-bed garden project underway.
 - Current MLBHC MI consumers prioritized for SU Residential placement.
- **Mobile Crisis – Jeremy Burrage**
 - Three of four Mobile Crisis Service training events have been completed with MLBHC staff.
 - JC Stepping Up pending final approval.
 - Wellness checks deemed billable when clinically appropriate.
 - Care Navigators are providing strong support to Mobile Crisis Teams when necessary.
 - Productivity standards for Mobile Crisis Teams was briefly discussed.

V. Review of wait times

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

MC Intake	13 days	MC MD/CRNP	15 days
JC Intake	15 days	JC MD/CRNP	8 days
Average	14 days	Average	11.5 days

VI. Unfinished Business

- None noted

VII. New Business

- None noted

VIII. Adjournment

The Leadership Committee meeting was adjourned at 3:00 p.m.



Mountain Lakes Behavioral Healthcare

APRIL 2026

NEWSLETTER



AUTISM AWARENESS MONTH

April is Autism Awareness Month, a time to celebrate neurodiversity, promote inclusion, and deepen understanding. It's an opportunity to listen to autistic voices, challenge misconceptions, and support individuals and families in meaningful ways. Together, we can help create a more compassionate and inclusive community for everyone.

DID YOU KNOW?

Autism Spectrum Disorder (ASD) affects 1 in every 36 children.

**"The world needs different kinds
of minds to work together"**
-Temple Grandin



MOUNTAIN LAKES
Behavioral Healthcare

APRIL BIRTHDAYS & ANNIVERSARIES



APRIL BIRTHDAYS

APRIL 1 SHERNERIA ROSE
APRIL 2 ASHLEE ESTES
APRIL 5 REGENIA DAVIS
APRIL 9 JEREMY BURRAGE
APRIL 11 STACY ROTHE
APRIL 17 TA'LYN YOUNG
APRIL 21 CAILEY DANIEL
APRIL 21 WES MORGAN
APRIL 26 KALI BRAND
APRIL 26 LINDSEY QUINN
APRIL 27 BLAKLEY HANNAH
APRIL 28 TOM BROOKSHIRE
APRIL 29 COURTNEY LANDERS
APRIL 30 KYLIE EVANS

ANNIVERSARIES

ILEANA KNAPP 1 YEAR
JASLYN WILKINSON 1 YEAR
GABBY CATCHINGS 2 YEARS
SHELBY GRANGER 2 YEARS
KALI BRAND 4 YEARS
AMANDA HIGDON 5 YEARS
LOYALTY BONUS ☺ \$200
BELINDA HERRING 10 YEARS
LOYALTY BONUS ☺ \$400

MONTHLY MEETINGS

THURSDAY, APRIL 16

LEADERSHIP COMMITTEE

ADMIN OFFICE

TIME: TBA

TUESDAY, APRIL 21

BOARD MEETING @ ADMIN OFFICE

5:30 PM

CONFIRM ATTENDANCE WITH
SHELLY PIERCE, PLEASE! ☺



MLBHC WILL OBSERVE THE *Good Friday*
HOLIDAY ON APRIL 3RD FOR ALL FULL-
TIME STAFF MEMBERS

WELCOME TO THE TEAM! MLBHC'S NEWEST STAFF



**ROMAN PEPPERS, LMSW
JC ACT THERAPIST**



**COLTON HENDERSON
LSS AT CEDAR LODGE**



**ASHLEY MIZE
MARSHALL COUNTY
SECRETARY**



**MISTY MCDERMOTT
CPS-P (MC AND JC)**



**MARY KATHRYN GIBSON
LSS AT CEDAR LODGE**



**CATARINA PEDRO
FRANCISCO, RMA
MARSHALL COUNTY
PRIMARY CARE SCREENER**

WALL OF FAME & INCENTIVES

JANUARY

MARSHALL CO. OP/OR

JULIE BURKS

JACKSON CO. OP/OR

TOM BROOKSHIRE (I)

KIMBERLY MCMURREY

LILLY STRANGE (I)

MELISA TOMAS-

JIMENEZ (I)

GERIATRICS

MITZI HOLCOMBE

RACHEAL RAMSEY (I)

TYLER STEED

RESIDENTIAL

TEANA CAMPBELL

REBECCA COOPER

FELICIA TUBBS

CHRIS WHITWORTH

SUBSTANCE USE

GEORGE BARTKE

BRITTANY CHEEK

BOB CROWELL

AMANDA EDDINGS

SUSAN SWEATMAN

CINDY WOODHAM



Good job!

FEBRUARY

MARSHALL CO. OP/OR

ILEANA KNAPP (I)

MONTANA MCWHORTER (I)

JACKSON CO. OP/OR

KIMBERLY MCMURREY

LILLY STRANGE (I)

GERIATRICS

MITZI HOLCOMBE

RACHEAL RAMSEY (I)

TYLER STEED

LEAH MOORE

RESIDENTIAL

TEANA CAMPBELL

SARAH HANNA

EDNA HUFF-NIGHT

KIMBERLY MCMURREY

CHRIS WHITWORTH

JUSTIN WILSON

BETH RODEN (I)

SUBSTANCE USE

AMANDA EDDINGS

SUSAN SWEATMAN

CINDY WOODHAM

HAYDEN RICA

GEORGE BARTKE

BRITTANY CHEEK

BOB CROWELL

“DANA AND I ARE EXCITED TO BEGIN SHARING A SERIES OF DYNAMIC UPDATES FEATURING VALUABLE TIPS, TRICKS, AND TRAINING INSIGHTS.



AS DOCUMENTS EVOLVE AND NEW GUIDELINES ARE INTRODUCED, WE’LL KEEP YOU ENGAGED AND INFORMED WITH CLEAR EXPLANATIONS OF WHAT’S CHANGING AND WHY IT MATTERS.



OUR GOAL IS TO ENSURE EVERYONE FEELS SUPPORTED, CONFIDENT, AND READY TO NAVIGATE EACH UPDATE WITH EASE.”



-JD

TO START OUT, WE THOUGHT THAT WE MIGHT DISCUSS SOME OF THE EVIDENCE-BASED PRACTICES (EBP) THAT ARE REQUIRED THROUGH CCBHC. THE FIRST ONE BEING DISCUSSED IS CBT.



WHAT IS CBT?

COGNITIVE BEHAVIORAL THERAPY (CBT) IS A WIDELY USED, EVIDENCE-BASED TYPE OF PSYCHOTHERAPY THAT HELPS PEOPLE UNDERSTAND THE CONNECTION BETWEEN THEIR THOUGHTS, EMOTIONS, AND BEHAVIORS. IT TEACHES PRACTICAL SKILLS TO CHANGE UNHELPFUL THINKING PATTERNS AND DEVELOP HEALTHIER BEHAVIORS.

CBT IS STRUCTURED, GOAL-ORIENTED, AND USUALLY SHORT-TERM (OFTEN 6-20 SESSIONS).

WHAT CBT HELPS WITH

CBT IS EFFECTIVE FOR MANY CONCERNS, INCLUDING:

- ANXIETY DISORDERS (GENERAL ANXIETY, PANIC, SOCIAL

ANXIETY)

- DEPRESSION

- PTSD

- OCD

- STRESS MANAGEMENT



- STRESS MANAGEMENT

- ANGER ISSUES

- PHOBIAS

- INSOMNIA

- CHRONIC PAIN

- SUBSTANCE USE PATTERNS

HOW CBT WORKS

1. IDENTIFY NEGATIVE OR UNHELPFUL THOUGHTS

CBT TEACHES YOU TO NOTICE AUTOMATIC THOUGHTS LIKE:

- "I'M GOING TO FAIL."

- "NOBODY LIKES ME."

- "THIS WILL NEVER GET BETTER."



2. CHALLENGE AND REFRAME THE THOUGHTS YOU LEARN TO ASK:

- IS THIS THOUGHT BASED ON EVIDENCE?

- IS THERE ANOTHER WAY TO LOOK AT THIS?

EXAMPLE REFRAME: INSTEAD OF "I ALWAYS MESS UP," → "I HANDLED THIS PART WELL, AND I CAN IMPROVE THE REST."



3. BEHAVIORAL STRATEGIES

CBT INCLUDES STRUCTURED ACTIVITIES SUCH AS:

- EXPOSURE THERAPY (FOR ANXIETY/FEARS)

- BEHAVIORAL ACTIVATION (FOR DEPRESSION)

- GOAL PLANNING

- PROBLEM-SOLVING SKILLS

- RELAXATION TRAINING



4. HOMEWORK

CBT ALMOST ALWAYS INCLUDES PRACTICE BETWEEN SESSIONS, SUCH AS:

- THOUGHT RECORDS

- JOURNALING

- BEHAVIORAL EXPERIMENTS

- TRACKING EMOTIONS



CORE CBT TOOLS



HERE ARE SOME TECHNIQUES YOU MAY COME ACROSS:

COGNITIVE RESTRUCTURING

IDENTIFYING AND CORRECTING DISTORTED THINKING.

THOUGHT RECORDS

A WORKSHEET TO LOG SITUATIONS, EMOTIONS, AND ALTERNATIVE THOUGHTS.

EXPOSURE THERAPY

GRADUALLY FACING FEARS IN A CONTROLLED, SAFE WAY.

BEHAVIORAL ACTIVATION

INCREASING ACTIVITIES THAT IMPROVE MOOD.

COPING SKILLS TRAINING

BREATHING, GROUNDING, MINDFULNESS, AND PROBLEM-SOLVING.

FRESH START, FRESH SPACE



SPRING IS THE PERFECT TIME FOR A RESET! IT DOESN'T HAVE TO MEAN A FULL DAY OF DEEP CLEANING. SOMETIMES THE SMALLEST SPACES MAKE THE BIGGEST IMPACT.



START SIMPLE:



CLEAN OUT ONE CLOSET. IF YOU HAVEN'T USED IT IN A WHILE, IT MAY BE TIME TO LET IT GO!

WIPE DOWN AND ORGANIZE YOUR DESK DRAWERS FOR A FRESH WORKDAY FEEL.

ADD SOMETHING SMALL THAT MAKES YOU SMILE, LIKE A PLANT OR A FAVORITE PHOTO!



A LITTLE DECLUTTERING CAN BOOST YOUR MOOD, IMPROVE FOCUS, AND BRING THAT FRESH SPRING ENERGY INTO YOUR DAY. JUST PICK ONE SPACE AND START.. YOU'LL BE SURPRISED HOW GOOD IT FEELS.