



ADMINISTRATIVE SERVICES
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TO: Board of Directors
FROM: Shelly Pierce, HR Assistant
RE: August Board meeting
DATE: August 14, 2025

The next meeting of the Board of Directors will be conducted on **Tuesday, August 19, 2025**, at the Jackson County Mental Health Center (16003 AL Hwy 35, Scottsboro). An evening meal will be provided, with the meeting starting at 5:30 pm.

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

- August Board Agenda
- Minutes from the July 15, 2025, Board meeting
- Financial Reports through July 31, 2025
- Minutes from the P&C Committee work session
- Personnel Report
- IT Director's Report
- Clinical Director's report
- Minutes from the CCBHC Task Force meetings
- Minutes from the July CQI Committee meeting
- Minutes from the July Leadership Committee meeting
- August 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

August 19, 2025

AGENDA

- I. Call the meeting to order – David Kennamer, President
- II. Approval of minutes of the July 15, 2025, meeting – David Kennamer, President
- III. Executive Director’s Report
- IV. Financial reports through July 31, 2025 – Cammy Holland, Business Manager
- V. Board review/approval of committee meeting minutes
 - Ad Hoc Planning Committee
 - Personnel and Compensation Committee
- VI. Written reports
 - Personnel – Lane Black, HR Coordinator
 - IT – Steve Collins, IT Director
 - Clinical – Dianne Simpson, Clinical Director
- VII. Board requested items for future meeting

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

**Board of Directors Meeting
July 15, 2025**

MINUTES

I. Call to Order

David Kennamer, President, called the meeting to order at 5:30 p.m. at the Administrative Office in Guntersville, Alabama.

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

Absent: Bill Kirkpatrick
Hannah Nixon, Vice-President

Staff: Lane Black, HR Coordinator
Dana Childs, QA Coordinator/Clinical Administrative Assistant
Steve Collins, IT Director
Myron Gargis, Executive Director
Cammy Holland, Business Manager
Shelly Pierce, HR Assistant
Erica Player, Assistant Clinical Director
Dianne Simpson, Clinical Director

Other: Consumer, Marshall Place Group Home

II. Introduction of consumer from Marshall Place Group Home

Dianne Simpson, Clinical Director, introduced a consumer from Marshall Place Group Home that was invited to attend the meeting. The consumer shared that she had been at Bryce Hospital for several years and was then provided with the opportunity to move to Marshall Place. She stated that she enjoys living there and that MLBHC staff members treat her well. She spends her days attending the Rehabilitative Day Program (RDP) and she engages in drawing and coloring to maintain a positive outlook. She commented that Marshall Place is a small home that would benefit from new carpeting and additional upgrades, but her dream is for Marshall Place to relocate to a larger home, with a full-size stove and a separate bathroom for each consumer.

III. Approval of the minutes of the June 17, 2025, Board meeting – David Kennamer, President

MOTION: Victor Manning made a motion that the Board approve the minutes of the June 17, 2025, meeting, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

IV. Executive Director’s Report

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

As included in the Executive Director’s Report, the “Authorization and Agreement to Proceed” document from Chapman Sission Architects was reviewed. After some discussion, the following motion was made:

MOTION: John David Jordan made a motion that the Board authorize Myron Gargis to sign the document and move forward on the project of the 16-bed Crisis Residential Unit (CRU). Victor Manning seconded the motion, which was approved unanimously.

V. Financial reports through June 30, 2025 – Cammy Holland, Business Manager

Ms. Holland noted that all standard financial reports and the Quarterly Investment Statement were included in the monthly packet and asked if there were any questions regarding these items.

The FY25 Program Summary reflected a net income across all programs.

The current Balance Sheet, including Board Investments, indicated Total Cash of \$529,275. This total is \$335,765 less than this same time period last year. Continued review reflected Total Accounts Receivable of \$2,856,650, which is \$72,413 more than in FY24.

The Income Statement, excluding Board Investments, reflected a YTD Net Income of \$1,021,572, which is \$225,527 more than in FY24.

VI. Committee Appointments 2025-2026 – David Kennamer, President

Prior to tonight’s meeting, Mr. Kennamer made the following Committee Appointments for July 1, 2025, through June 30, 2026:

Executive Committee

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

Finance Committee

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

Personnel and Compensation Committee

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

Information Technology (IT) Committee

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

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.

VIII. Board requested items for future meetings

In consideration of the upcoming 16-bed CRU project and future use or construction of other MLBHC facilities, Jane Seltzer made a recommendation to develop an Ad Hoc Planning Committee. Mr. Kennamer appointed Ms. Seltzer to serve as Chairperson of the committee, with Jo-Anne Hutton and Bill Kirkpatrick as committee members.

MOTION: Andrea LeCroy made a motion that the Board adjourn the meeting at 6:40 p.m. Victor Manning 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 – July 15, 2025

Transportation Services Update

In June, our transportation program facilitated a total of **199 client transports**:

- **Jackson County:** 26 transports
- **Marshall County:** 173 transports, broken down as follows:
 - Day Treatment: 134
 - Outpatient Services: 39

16-Bed Crisis Residential Unit

We have received the “Authorization and Agreement to Proceed” document from Chapman Sission Architects (attached for your review). Pending your review and approval, I would recommend that I sign the agreement so we can keep moving forward on the project. DMH has given 100% assurance that we will receive a FY26 contract amendment for the 16-bed facility. Let's also discuss a new Marshall County outpatient clinic option.

CCBHC Project

DMH will conduct an on-site visit tomorrow to review client records and verify that we are delivering the required CCBHC core services. DMH continues to work on our CCBHC application and remains committed to submitting all required documentation to SAMHSA by August 1st.

Internal CCBHC Task Force

Our internal Task Force has resumed weekly meetings to prepare for the October launch. Key updates include:

- **New Position Roles & Responsibilities**

We continue to finalize daily workflows and role definitions for several new positions, including:

 - Care Navigators
 - Primary Care Screeners
 - Primary Care Nurse Practitioner
 - Employment Specialists
 - Mobile Crisis Team

Genoa Pharmacy Partnership

We are currently planning to partner with Genoa Healthcare (<https://www.genoahealthcare.com/>) to establish a full-service pharmacy in our HWY 35 location. They will employ the pharmacy staff and will cover all financial obligations associated with the pharmacy operations. They will also employ a Pharmacy Tech who will be stationed at our Guntersville Clinic location for medication coordination and delivery for clients who are interested. Genoa will pay us fair market rent for the space they utilize in each clinic location.

Marshall County Opioid Committee

The Committee will resume meetings tomorrow. I will represent MLBH on the committee and Judge Lecroy is also an appointed member representing the Probate Court. I have developed a proposal, and we plan to request funding to assist with the construction of the 16 bed CRU.

HWY 35 Open House

We have scheduled the open house event for Friday September 26th from 12-4. It will be a come and go event and we will provide lunch for attendees who are interested. We will invite the community through media advertisements and we will also personally invite key stakeholders (i.e. School Board representatives, Legislative Delegation, County Commissioners, DHR staff, etc.). If you have specific individuals or groups that you want to make sure are invited, please let us (Shelly) know.

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PROGRAM SUMMARY**

FOR THE MONTH ENDED JULY 31, 2025

PROGRAM	BUDGETED REVENUE		ACTUAL REVENUE		BUDGETED EXPENSES		ACTUAL EXPENSES		Budget vs Actual Revenues \$		Budget vs Actual Revenues %		Budget vs Actual Expenses \$		Budget vs Actual Expenses %		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments	
	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Variance \$	Variance %	Variance \$	Variance %	Variance \$	Variance %												
1000 Administration	45,665	21,594	45,665	8,720	(24,071)	-111.47%	(24,071)	-111.47%	0	0.00%	0	0.00%	0	12,875	12,875	0	0					
1500 Region 1 Project	15,202	15,202	15,202	15,202	(0)	0.00%	0	0.00%	0	0.00%	0	0.00%	0	(0)	0	0	0					
2110 Marshall County MHC	290,083	299,215	283,134	291,693	9,132	3.05%	14,541	4.99%	6,948	2.39%	0	0.00%	6,948	7,522	5,983	1,539						
2210 Jackson County MHC	216,409	231,876	217,999	223,370	15,467	0	11,720	5.25%	(1,490)	-0.69%	0	0.00%	8,506	8,506	6,249	2,257						
2300 Geriatrics	32,950	45,265	31,039	33,250	12,315	27.21%	2,211	6.65%	1,911	5.80%	0	0.00%	1,911	12,015	0	12,015						
2400 Behavioral Health Unit (BHU)	20,058	0	20,058	0	(20,058)	0.00%	(20,058)	0.00%	0	0.00%	(20,058)	0.00%	0	0	0	0	0					
2610 Dogwood Apartments	5,679	5,824	4,395	3,165	1,453	2.45%	(486)	-15.36%	1,284	2.24%	1,284	2.24%	2,659	2,659	744	1,915						
2620 EBP Supportive Housing	13,726	14,675	13,724	14,817	949	6.46%	1,092	7.37%	2	0.01%	2	0.01%	(1,442)	0	0	(1,442)						
2640 Dutton Facilities	83,014	105,752	89,611	85,388	22,738	21.50%	536	0.63%	(6,597)	-0.79%	0	0.00%	20,364	20,364	4,759	15,606						
2650 Jackson Place	36,767	40,528	34,406	35,857	3,761	9.28%	3,133	8.74%	2,361	6.43%	0	0.00%	4,671	4,671	1,682	2,988						
2651 Marshall Place	20,945	22,399	27,051	29,084	1,464	6.49%	2,419	8.32%	(6,105)	-29.14%	0	0.00%	(6,685)	386	386	(7,071)						
3030 Substance Use	110,317	143,121	110,840	115,347	32,805	22.92%	11,519	9.99%	(523)	-0.47%	0	0.00%	27,775	27,775	7,012	20,763						
3060 Prevention	30,908	35,733	30,002	34,983	4,826	13.50%	4,991	14.26%	906	2.93%	906	2.93%	740	740	0	740						
Board Investments	921,724	981,185	923,027	890,884	59,461	7.547%	7,547	0.82%	(1,303)	-0.14%	0	0.00%	90,300	39,690	50,611	58,685						
Grand Total	944,610	1,042,199	924,664	892,286	117,535	12.44%	19,946	2.11%	149,914	15.77%	19,946	2.11%	40,618	109,296	109,296	109,296						

Budget is divided equally over 12 months. Actual is based on the activity during the month

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**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PROGRAM SUMMARY**

FOR THE TEN MONTHS ENDED JULY 31, 2025

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
					\$	%	\$	%					
1000 Administration	456,652	567,685	456,652	442,242	111,034	19.56%	111,037	19.56%	0	125,443	125,446	(3)	
1500 Region 1 Project	152,023	152,023	152,023	152,023	(0)	0.00%	0	0.00%	0	(0)	0	0	
2110 Marshall County MHC	2,900,827	3,281,220	2,831,344	2,787,942	380,393	11.59%	5,488	0.20%	69,483	493,277	48,889	444,388	
2210 Jackson County MHC	2,184,089	2,191,006	2,178,988	2,063,790	26,918	0	(63,642)	-3.08%	(14,899)	127,216	51,555	75,661	
2300 Geriatrics	329,501	376,042	310,394	309,489	46,541	0	(896)	-0.29%	19,106	66,543	0	66,543	
2400 Behavioral Health Unit (BHU)	200,581	240,697	200,581	240,697	40,116	0.00%	40,116	0.00%	0	0	0	0	
2610 Dogwood Apartments	56,791	62,106	43,953	32,008	5,315	8.56%	(4,506)	-14.08%	12,839	30,098	7,439	22,659	
2620 EBP Supportive Housing	137,262	145,616	137,241	137,518	8,354	5.74%	277	0.20%	21	8,097	0	8,097	
2640 Dutton Facilities	830,143	1,227,552	896,108	935,437	397,409	32.37%	86,915	9.29%	(65,965)	292,115	47,587	244,528	
2650 Jackson Place	367,671	423,294	344,064	310,063	55,623	13.14%	(17,178)	-5.54%	23,607	113,231	16,824	96,407	
2651 Marshall Place	209,453	282,188	270,508	265,370	72,734	25.78%	(1,276)	-0.48%	(61,055)	16,818	3,862	12,956	
3030 Substance Use	1,103,167	1,265,715	1,108,396	1,088,713	152,547	12.15%	50,433	4.63%	(5,229)	167,002	70,117	96,885	
3060 Prevention	309,077	292,707	300,017	288,646	(16,370)	-5.59%	(11,371)	-3.94%	9,080	4,061	0	4,061	
Board Investments	228,858	382,628	16,367	13,000	153,770	40.19%	5,918	45.52%	212,491	369,628	9,285	360,344	
Grand Total	9,446,095	10,880,478	9,246,636	9,066,948					199,459	1,813,530	381,004	1,432,526	

Budget is divided equally over 12 months. Actual is based on the activity during the month

**REVENUE & EXPENSE REPORT FOR THE
TEN MONTHS ENDED JULY 31, 2025**

	PROGRAM	BUDGET	ACTUAL
Revenue	1500 REGION 1 PROJECT	<u>152,023</u>	<u>152,023</u>
Expense		<u>152,023</u>	<u>152,023</u>
Revenue	2110 MARSHALL COUNTY MHC	<u>2,900,827</u>	<u>3,281,220</u>
Expense		<u>2,831,344</u>	<u>2,787,942</u>
Revenue	2210 JACKSON COUNTY MHC	<u>2,164,089</u>	<u>2,191,006</u>
Expense		<u>2,178,988</u>	<u>2,063,790</u>
Revenue	2300 GERIATRICS	<u>329,501</u>	<u>376,042</u>
Expense		<u>310,394</u>	<u>309,499</u>
Revenue	2400 BEHAVIORAL HEALTH UNIT	<u>200,581</u>	<u>240,697</u>
Expense		<u>200,581</u>	<u>240,697</u>
Revenue	2610 DOGWOOD APARTMENTS	<u>56,791</u>	<u>62,106</u>
Expense		<u>43,953</u>	<u>32,008</u>
Revenue	2620 EBP SUPPORTIVE HOUSING	<u>137,262</u>	<u>145,616</u>
Expense		<u>137,241</u>	<u>137,518</u>
Revenue	2640 DUTTON FACILITIES	<u>830,143</u>	<u>1,227,552</u>
Expense		<u>896,108</u>	<u>935,437</u>
Revenue	2650 JACKSON PLACE	<u>367,671</u>	<u>423,294</u>
Expense		<u>344,064</u>	<u>310,063</u>
Revenue	2651 MARSHALL PLACE	<u>209,453</u>	<u>282,188</u>
Expense		<u>270,508</u>	<u>265,370</u>
Revenue	3030 SUBSTANCE USE	<u>1,103,167</u>	<u>1,255,715</u>
Expense		<u>1,108,396</u>	<u>1,088,713</u>
Revenue	STR/CURES/SOR (Part of the Substance Use Program)	<u></u>	<u>30,500</u>
Expense		<u></u>	<u>22,048</u>
Revenue	3060 PREVENTION	<u>309,077</u>	<u>292,707</u>
Expense		<u>300,017</u>	<u>288,646</u>

2025 COMPARATIVE INCOME STATEMENT

As of Accounting Period 10

	83.33%	<u>FY 2024</u>	<u>FY 2025</u>	<u>\$</u>	<u>%</u>
				<u>VARIANCE/YEAR</u>	
Medicaid % of Budget		\$2,838,270 78.08%	\$3,789,146 105.69%	\$950,876	25.09%
DMH		\$ 5,075,139 90.03%	\$ 5,133,653 86.66%	\$ 58,514	1.14%
Medicare		\$ 24,289 76.08%	\$ 23,404 79.34%	\$ (885)	-3.78%
Self Pay		\$ 96,738 67.55%	\$ (70,509) -65.88%	\$ (167,247)	237.20%
Insurance		\$ 519,607 102.04%	\$ 488,773 80.43%	\$ (30,834)	-6.31%
Total Operating Revenue		\$9,300,008 87.05%	\$10,497,850 94.74%	\$ 1,197,842	11.41%
Salary		\$ 4,858,556 89.90%	\$ 5,462,037 87.02%	\$ 603,481	11.05%
Fringe		\$ 1,011,897 87.76%	\$ 1,087,156 90.05%	\$ 75,259	6.92%
Misc Exp-BHU		\$ 240,697 100.00%	\$ 240,697 100.00%	\$ -	0.00%
Fees Contract Staff		\$ 37,082 54.57%	\$ 95,783 62.55%	\$ 58,701	61.29%
Travel		\$ 197,908 84.09%	\$ 229,855 94.52%	\$ 31,947	13.90%
Total Operating Expenses		\$8,242,048 86.82%	\$9,044,664 85.41%	\$802,616	8.87%
Operating Income		\$1,057,959	\$1,453,186	\$395,227	27.20%
Depreciation		(\$305,497)	(\$381,004)	(\$75,507)	19.82%
Net Income/(Loss)		<u>\$752,462</u>	<u>\$1,072,182</u>	<u>\$319,720</u>	

***Does not include Board Investments

2025 COMPARATIVE BALANCE SHEET

As of Accounting Period 10

	<u>FY 2024</u>	<u>FY 2025</u>	<u>\$</u>	<u>%</u>
			<u>VARIANCE</u>	
Current Assets				
Cash	\$946,374	\$568,317	\$ (378,057)	-66.52%
Total Receivables	\$2,727,263	\$2,924,470	\$ 197,207	6.74%
Total Other Current Assets	\$3,388,180	\$3,380,117	\$ (8,063)	-0.24%
Total Current Assets	\$7,061,817	\$6,872,904	-\$188,913	-2.75%
Long Term Assets				
Fixed Assets	\$3,200,059	\$6,009,543	\$ 2,809,484	46.75%
Other Long Term Assets	\$6,814,653	\$4,732,058	\$ (2,082,595)	-44.01%
Total Long Term Assets	\$10,014,712	\$10,741,600	\$ 726,888	6.77%
Total Assets	\$17,076,529	\$17,614,504	\$ 537,975	3.05%
Liabilities				
Current Liabilities	(\$697,659)	(\$571,592)	\$ 126,067	-22.06%
Long Term Liabilities	\$0	\$0	\$ -	
Total Liabilities	(\$697,659)	(\$571,592)	\$ 126,067	-22.06%
Net Assets				
Unrestricted Net Assets	(\$14,513,195)	(\$15,610,386)	\$ (1,097,191)	7.03%
Net (Income) Loss	(\$1,865,675)	(\$1,432,526)	\$ 433,149	-30.24%
Total Net Assets	(\$16,378,870)	(\$17,042,912)	\$ (664,042)	3.90%
Total Liabilities and Net Assets	(\$17,076,529)	(\$17,614,504)	(\$537,975)	3.05%

Other Information

July 2025

Transportation	<u>Marshall County</u>	<u>Jackson County</u>
Miles driven in month	1,672.00	1,800.00
Number of riders	177	55
Fuel Purchased	307.49	258.64
Average Price/gallon	2.84	2.80
Maintenance	91.53	0 Oil Change
Depreciation	869.78	842.00
Salary	1,887.74	2,390.08
Cost/rider	17.83	63.47

Client Medical Expense	<u>Dutton</u>	<u>Jackson Place</u>	<u>Marshall Place</u>	<u>Cedar Lodge</u>	
Pharmacy	2,346.94	364.37	151.85	457.80	
Physician Charges				4,292.28	
Co-Pays/Deductibles	271.12		86.46		
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	2,618.06	364.37	238.31	4,750.08	7,970.82

Consumer Housing	<u>Duplex-Board Inv</u>
# of Available Units	1.00
# of Units Rented	1.00
Rental Revenue	60.00

**Mountain Lakes Behavioral Healthcare
Estimated Net Accounts Receivable Aging
As of July 31, 2025**

	<u>Self Pay</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	66,764.53	7,040.66	9,467.40	37,537.91	120,810.50
Adjustment %	93.50%	93.50%	93.50%	93.50%	
Estimated Net Self Pay A/R Balance	4,339.69	457.64	615.38	2,439.96	7,852.68
	<u>DHR and Probate</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	4,273.83	1,585.07	1,500.00	1,085.07	8,443.97
Adjustment %	0.00%	0.00%	0.00%	0.00%	
Estimated Net DHR/Probate A/R Balance	4,273.83	1,585.07	1,500.00	1,085.07	8,443.97
	<u>Medicare</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	4,790.58	-	-	491.40	5,281.98
Adjustment %	70.00%	70.00%	70.00%	70.00%	
Estimated Net Medicare A/R Balance	1,437.17	-	-	147.42	1,584.59
	<u>Medicaid</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	298,069.60	4,677.08	2,351.45	17,485.80	322,583.93
Adjustment %					
Estimated Net Medicaid A/R Balance	298,069.60	4,677.08	2,351.45	17,485.80	322,583.93
	<u>Insurance</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	63,340.73	3,230.98	1,310.07	2,876.97	70,758.75
Adjustment %	51.67%	51.67%	51.67%	51.67%	
Estimated Net Insurance A/R Balance	30,612.57	1,561.53	633.16	1,390.44	34,197.70
	<u>ASAIS</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	326,599.20	201,543.54	183,713.44	154,570.43	866,426.61
Adjustment %	33.00%	33.00%	33.00%	33.00%	
Estimated Net Insurance A/R Balance	218,821.46	135,034.17	123,088.00	103,562.19	580,505.83
	<u>Total</u>				
	30	60	90	>90	Total
A/R Balance as of 7/31/25	763,838.47	218,077.33	198,342.36	214,047.58	1,394,305.74
Average Adjustment %					
Estimated Net Total A/R Balance	557,554.34	143,315.50	128,187.99	126,110.88	955,168.71

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

**Personnel and Compensation Committee Work Session
August 5, 2025**

MINUTES

Present: Bill Kirkpatrick, Chairperson, Personnel and Compensation Committee
Lucien Reed, Chairperson, Finance Committee
Via email: Hannah Nixon, Victor Manning, Joe Huotari, Andrea LeCroy
Staff: Lane Black, HR Coordinator
Cammy Holland, Business Manager
Myron Gargis, Executive Director

Discussion: The Chairman of the Personnel & Compensation Committee, the Chairman of the Finance Committee, and the above shown MLBHC Staff met in work session on Tuesday, August 5, 2025. The purpose of the work session was to review of salaries for current MLBHC FFS and CCBHC positions. This work session is used to fulfill the Bylaw requirement for the P&C Committee to review current compensation levels for all staff except the CEO and pass compensation recommendations to the Finance Committee for consideration in the FY26 budget.

FY26 will be unique in MLBHC's history in that the organization will transition a number of its current programs from a Fee for Service (FFS) payment model to the new Certified Community Health Clinic (CCBHC) payment model. 11 programs will remain under the FFS payment model. Due to these changes in payment models, MLBHC will adopt a two-tiered compensation plan - one for CCBHC employees, one for FFS employees. Effectively, the CCBHC model is a cost-plus reimbursement scheme and its national rollout anticipates increasing pay for all positions under that model. Wellstone (Huntsville) and AltaPoint (Mobile) adopted the CCBHC model on July 1, 2024. As discussed in previous Board meetings, the proximity to Wellstone places MLBHC in a vulnerable position with regard to attracting and retaining the best employees due to Wellstone's early adoption of the CCBHC model and wage scale. As you may recall, the Board approved significant wage increases for certain positions in the past twelve months to mitigate Wellstone's potential for attracting those vulnerable employees away from MLBHC.

As the organization begins its CCBHC journey on October 1, 2025, the recommendation for the P&C Committee to consider is as follows:

- Provide a 30% across the board wage adjustment for ALL employees transitioning to the CCBHC model (this is dependent on receiving a favorable reimbursement rate) effective with the pay period beginning October 11, 2025.
The increase will be implemented without regard to the performance or disciplinary standing of current employees. Any performance or disciplinary issues will continue and/or be addressed per existing policy.
 - Provide Administration with approximately \$88,000 in one-time payment (bonus) dollars for this employee group to be disbursed on a scale of:
 - 3% for Outstanding performance
 - 2% for Excellent performance
 - 1% for Good performance

- The justification for awarding these one-time payments in addition to the anticipated 30% wage increase is:
 - these employees were FFS employees for FY25 and contributed to the financial success of MLBHC for this fiscal year
 - all previous one-time payments have come from current year finances, not next budget year dollars. These payments will come from FY25 budget dollars
 - MLBHC is financially well situated to provide this recognition to employees
 - it is anticipated that future increase dollars will be fixed under the CCBHC model and these employees will not be eligible for future one-time payments under that model.
- Provide a 10% across the board wage adjustment for ALL employees not transitioning to the CCBHC model effective with the pay period beginning October 11, 2025. The increase will be implemented without regard to the performance or disciplinary standing of current employees. Any performance or disciplinary issues will continue and/or be addressed per existing policy.
 - the intent of providing this substantial increase is to, in part,
 - help offset any perceived negative response from employees remaining in the FFS positions
 - allow the organization to continue pursuing/retaining the most qualified individuals
 - provide the beginning of a mechanism to level the compensation between CCBHC and FFS employees in MLBHC. Finances permitting, the organization will provide 10% annual increases to FFS employees in FY26, FY27, and FY28 to level employee compensation regardless of reimbursement model.
 - Providing a 10% across the board increase to the FFS based employees still allows MLBHC to enjoy a projected net income of +/- \$500,000 in FY26 for those programs remaining FFS.
 - All FFS programs will provide a positive net income in FY26 with the exception of Marshall Place. It is anticipated that Marshall Place will experience a negative net income regardless of the wage increases provided. At the 10% increase level, Marshall Place will end FY26 with a (\$45,000-\$50,000) negative net income. However, as stated above, the overall net income for MLBHC FFS programs, including the loss for Marshall Place, will be around \$500,000. The Finance Committee and Administration will need to consider this in preparing the FY26 FFS budget.
 - Provide Administration with approximately \$100,000 in one-time payment (bonus) dollars for this employee group to be disbursed on a scale of:
 - 6% for Outstanding performance
 - 5% for Excellent performance
 - 4% for Good performance
 - Providing the higher level of one-time payments further reduces the gap between CCBHC/FFS pay scales
 - Finances permitting, employees in the FFS compensation model will continue to receive one-time payments in coming budget years until the wage scales are essentially compatible.

- Adjust current pay scale by 10% across the board (see attached Excel sheet).
While not a matter for FY26 consideration, the FFS pay scale will need to be revised in FY27 and FY28, too.

Based on the conversations with Myron, Lane, Cammy, and Lucien, these are the recommendations presented to P&C committee members for consideration via email on Thursday, August 7, 2025.

Affirmative email responses received from all P&C Committee members. Recommendation is approved and submitted to the Finance Committee on Saturday, August 9, 2025.

Bill Kirkpatrick, Chairperson, Personnel & Compensation Committee

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PAYSCALE**

	A	B	C	D	E	F	G	H	I	J
7	26,628	27,693	28,801	29,953	31,151	32,397	33,693	35,041	36,443	37,900
	12.80	13.31	13.85	14.40	14.98	15.58	16.20	16.85	17.52	18.22
8	28,758	29,908	31,105	32,349	33,643	34,989	36,388	37,844	39,357	40,932
	13.83	14.38	14.95	15.55	16.17	16.82	17.49	18.19	18.92	19.68
9	31,059	32,301	33,593	34,937	36,334	37,788	39,299	40,871	42,506	44,206
	14.93	15.53	16.15	16.80	17.47	18.17	18.89	19.65	20.44	21.25
10	33,544	34,885	36,281	37,732	39,241	40,811	42,443	44,141	45,907	47,743
	16.13	16.77	17.44	18.14	18.87	19.62	20.41	21.22	22.07	22.95
11	36,227	37,676	39,184	40,751	42,381	44,076	45,839	47,673	49,580	51,563
	17.42	18.11	18.84	19.59	20.38	21.19	22.04	22.92	23.84	24.79
12	39,125	40,690	42,317	44,010	45,770	47,601	49,505	51,485	53,545	55,687
	18.81	19.56	20.34	21.16	22.00	22.89	23.80	24.75	25.74	26.77
13	42,255	43,945	45,703	47,531	49,432	51,409	53,466	55,604	57,828	60,141
	20.31	21.13	21.97	22.85	23.77	24.72	25.70	26.73	27.80	28.91
14	45,635	47,460	49,359	51,333	53,386	55,522	57,743	60,052	62,455	64,953
	21.94	22.82	23.73	24.68	25.67	26.69	27.76	28.87	30.03	31.23
15	49,286	51,258	53,308	55,440	57,658	59,964	62,363	64,857	67,452	70,150
	23.70	24.64	25.63	26.65	27.72	28.83	29.98	31.18	32.43	33.73
16	53,229	55,358	57,573	59,876	62,271	64,761	67,352	70,046	72,848	75,762
	25.59	26.61	27.68	28.79	29.94	31.14	32.38	33.68	35.02	36.42
17	57,487	59,786	62,178	64,665	67,251	69,941	72,739	75,649	78,675	81,822
	27.64	28.74	29.89	31.09	32.33	33.63	34.97	36.37	37.82	39.34
18	62,087	64,570	67,153	69,839	72,632	75,538	78,559	81,702	84,970	88,368
	29.85	31.04	32.28	33.58	34.92	36.32	37.77	39.28	40.85	42.48
19	67,053	69,735	72,525	75,426	78,443	81,580	84,843	88,237	91,767	95,437
	32.24	33.53	34.87	36.26	37.71	39.22	40.79	42.42	44.12	45.88
20	72,418	75,315	78,327	81,460	84,719	88,107	91,632	95,297	99,109	103,073
	34.82	36.21	37.66	39.16	40.73	42.36	44.05	45.82	47.65	49.55

10/11/2023

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PAYSCALE**

	A	B	C	D	E	F	G	H	I	J
7	29,291	30,463	31,681	32,948	34,266	35,637	37,063	38,545	40,087	41,690
	14.08	14.65	15.23	15.84	16.47	17.13	17.82	18.53	19.27	20.04
8	31,634	32,899	34,215	35,584	37,007	38,487	40,027	41,628	43,293	45,025
	15.21	15.82	16.45	17.11	17.79	18.50	19.24	20.01	20.81	21.65
9	34,164	35,531	36,952	38,430	39,968	41,566	43,229	44,958	46,756	48,627
	16.43	17.08	17.77	18.48	19.22	19.98	20.78	21.61	22.48	23.38
10	36,898	38,374	39,909	41,505	43,165	44,892	46,688	48,555	50,497	52,517
	17.74	18.45	19.19	19.95	20.75	21.58	22.45	23.34	24.28	25.25
11	39,850	41,444	43,102	44,826	46,619	48,484	50,423	52,440	54,538	56,719
	19.16	19.93	20.72	21.55	22.41	23.31	24.24	25.21	26.22	27.27
12	43,037	44,759	46,549	48,411	50,347	52,361	54,456	56,634	58,899	61,255
	20.69	21.52	22.38	23.27	24.21	25.17	26.18	27.23	28.32	29.45
13	46,480	48,339	50,273	52,284	54,375	56,550	58,812	61,165	63,611	66,156
	22.35	23.24	24.17	25.14	26.14	27.19	28.28	29.41	30.58	31.81
14	50,198	52,206	54,295	56,466	58,725	61,074	63,517	66,058	68,700	71,448
	24.13	25.10	26.10	27.15	28.23	29.36	30.54	31.76	33.03	34.35
15	54,215	56,384	58,639	60,984	63,424	65,961	68,599	71,343	74,197	77,165
	26.06	27.11	28.19	29.32	30.49	31.71	32.98	34.30	35.67	37.10
16	58,552	60,894	63,330	65,863	68,498	71,238	74,087	77,050	80,133	83,338
	28.15	29.28	30.45	31.66	32.93	34.25	35.62	37.04	38.53	40.07
17	63,235	65,765	68,395	71,131	73,976	76,936	80,013	83,213	86,542	90,004
	30.40	31.62	32.88	34.20	35.57	36.99	38.47	40.01	41.61	43.27
18	68,295	71,027	73,868	76,823	79,896	83,091	86,415	89,872	93,467	97,205
	32.83	34.15	35.51	36.93	38.41	39.95	41.55	43.21	44.94	46.73
19	73,758	76,709	79,777	82,968	86,287	89,738	93,328	97,061	100,943	104,981
	35.46	36.88	38.35	39.89	41.48	43.14	44.87	46.66	48.53	50.47
20	79,660	82,846	86,160	89,606	93,190	96,918	100,795	104,827	109,020	113,380
	38.30	39.83	41.42	43.08	44.80	46.60	48.46	50.40	52.41	54.51

MLBH PERSONNEL REPORT

8/19/2025

NEW HIRES

FT	Tieraney Bullard	Intake Coordinator	7/21/2025	MCMHC
FT	Keily Esquivel	Therapist School-Based	7/21/2025	MCMHC
FT	Edna Huff-Hight	Life Skills Specialist	7/29/2025	Dutton Group Homes
PRN	Rebecca Fox	Life Skills Specialist	7/29/2025	Substance Use
PRN	Jennifer Ormsby	Life Skills Specialist	7/29/2025	Substance Use
FT	Serah Blackwell	School-Based Therapist	8/12/2025	MCMHC
FT	Kelly Parkhurst	Peer Support Specialist	8/12/2025	Opioid Grant
FT	Anna Benton	Registered Nurse	8/12/2025	Dutton Group Homes

SEPARATIONS (VOLUNTARY)

PRN	Gerald Bell	Case Manager	7/28/2025	JCMHC
FT	Marili Zurita	School-Based Therapist	7/18/2025	MCMHC
FT	Danny Quick	Cook	7/29/2025	Substance Use
FT	Jana Kirkland	Counselor	8/1/2025	Substance Use
FT	Rachelle Hampton	Intake Coordinator	8/8/2025	JCMHC
PRN	Kimberly Smith	School-Based Therapist	8/8/2025	JCMHC
FT	Haley Nichols	School-Based Therapist	8/12/2025	MCMHC

SEPARATIONS (INVOLUNTARY)

NEW POSITIONS ADDED

TRANSFERS

FT	Brittany Cheek	From JC RDP Program Coordinator to Substance Use Counselor	7/26/2025	Substance Use
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PROMOTIONS

FT	Vanessa Vandergriff	From School-Based Tpi st to Program Director	8/4/2025	MCMHC
FT	Lilly Strange	From Life Skills Specialist to Program Coordinator of Rhab Day Program	7/28/2025	JCMHC
FT	Jennifer L Brown	From MC Records Librarian to Electronic Health Record Specialist	7/26/2025	Administration

NOTE: Lilly Strange recently received her Bachelor degree and took advantage of the Education Assistance Program for some of her course work.

AIH = Adult In-Home

CAIH = Child/Adolescent In-Home

CRNP = Certified Registered Nurse Practitioner

CRSS = Certified Recovery Support Specialist (SA)

NL = Non-Licensed

QSAP = Qualified Substance Abuse Professional

SU = Substance Use

SLP = Sign Language Proficient

RDP = Rehabilitative Day Program

TPR = Treatment Plan Review

MLBH PERSONNEL REPORT

SU Life Skills Specialist FT (1)

SU Prevention Specialist (1)

Intake Coordinator JC (2)

AIH Case Manager. JC (1)

Peer Support Specialist/ Parent (1)

Peer Support Specialist/ Geriatric (1)

Peer Support Specialist/ Youth (1)

JP LSS FT (1) PRN (2)

DGH FT 7on-7off (1)

Therapeutic Mentor MC (1)

SB Therapist MC (1)

SB Therapist JC (1)

Records Librarian (1)

Transportation Specialist JC (1)

LSS Rehab Day Program JC (1)

IT Board Report
AUG 2025

Items Completed from last reports:

- Farmers started discussions with moving Servers to their Datacenter.
- Secureworks Security Review.
- Replacing Avatar Scanners.
- Adding / removing several printers.
- Admin Office Bullpen buildout and networking.
- Netsmart System Administrator / Billing Specialist.

New Items / Continued:

- WAN and Internet bandwidth. Waiting on Traffic Study.
- Pharmacy thing for Sboro.
- CCBHC Avatar changes / conferences Starting.
- Video Camera's, limited testing with Ubiquity.
- Sboro Door code system limited testing with Ubiquity.
- Testing Vmware virtualization replacement Proxmox in lab.
- Testing Proxmox VM backup systems in lab.
- Wes testing some addl security stuff in 365.
- Debian Linux upgrades from version 12 to version 13.
- Proxmox Virtualization OS upgrades to version 9.X.
- Ceph shared storage cluster upgrades.
- Proxmox Backup Server OS version upgrades 4.X.

Community Outreach Summer 2025 (May-July)

2 speeches at schools on mental health topics for children (500 people)

2 Miracle League Events – awards and we provided 9 miracle leaguers with a day at the special needs rodeo

Assisted Marshall County Homeless Ministries with reviewing/editing their intake process

Participated in the North Alabama Healthcare Coalition (NAHCC) quarterly meeting which included psychological disaster response for the first time ever

Obtained Critical Incident Stress Management (CISM) certification from International Critical Incident Stress Foundation (ICISF)

Refreshed Alabama Law Enforcement Alliance for Peer Support (ALLEAPS) peer support certification for law enforcement

Taught CPR for MLBHC employees and Marshall County 911 staff

Received a grant from Opioid settlement funds (Myron) and have provided:

- 20 wellness checks

- 90 hours of educational presentations to police/fire departments

- 16 hours of stress inoculation training to new police officers

- 15 hours of critical incident response after traumatic calls to police and fire departments

- Obtained commitments from 4 new cities/agencies to begin wellness checks for all public safety employees in fiscal year 2025

- Agreed to speak at 4 conferences for public safety community in October 2025 (AL911, GSCC, SSCC, University of Montevallo)

- Handed out over 100 boxes of Narcan to local first responders

- Planned and secured this years Softball and Golf tournament fundraisers!

CCBHC Task Force

July 30, 2025

MINUTES

Present: Lane Black, Myron Gargis, Cammy Holland, Dana McCarley, Devin Oppenhuizen, Shelly Pierce, Erica Player, and Dianne Simpson

Absent: None

Devin Oppenhuizen was welcomed as the newest member of the task force.

The meeting began with a review of the CCBHC position list (both filled and vacant), distributed by Lane. Vacant positions will be reposted internally today or tomorrow. Members were asked to notify Lane of any discrepancies or omissions.

The task force discussed the need to develop a comprehensive training plan that includes both existing and new CCBHC training requirements. Lane proposed the idea of designating a specific “training day” to allow staff to complete all required training at once, with a productivity allowance provided for that day. Myron suggested that some training might be completed through Relias or Azure, though it is currently unclear whether these platforms will be available. The group agreed that in-person training is not feasible and emphasized the need for electronic training options. Some training topics will also require competency verification.

The group then focused on mobile crisis positions and services. Key points included:

- Mobile crisis services will operate 24/7.
- Mobile crisis teams will be provided with vehicles by MLBHC.
- Services may be accessed through various channels, including:
 - **Wellstone, Inc.** – Operates a 988 crisis/suicide line and a Crisis Diversion Center. MLBHC teams will collaborate closely with Wellstone. (An MOU will be required.)
 - **Law Enforcement and 911 Call Centers** – As most crisis situations will involve these agencies, both will need training on mobile crisis protocols.
 - **School Faculty** – There has been an increase in student crises during school hours.
 - **General Public and Current Consumers** – The after-hours crisis line at Cedar Lodge and the emergency services team will be phased out. Crisis calls will be routed directly to the mobile crisis team.

Staffing and Scheduling:

- Mobile crisis team members (Therapists, Case Managers, and Peer Specialists) will be paid **hourly**.
- **12-hour shifts** will be structured as follows:
 - **Shift A: 4:00 AM – 4:00 PM**
 - 4:00 AM – 8:00 AM: **On-call**
 - 8:00 AM – 4:00 PM: **In-person**
 - **Shift B: 4:00 PM – 4:00 AM**
 - 4:00 PM – 12:00 AM: **In-person**
 - 12:00 AM – 4:00 AM: **On-call**
- Overtime will be paid for any hours worked beyond 40 per week.
- The workweek runs from Saturday at 12:00 AM through Friday at 11:59 PM.

Lane will update the internal job postings to reflect these details and will email the revised information to all task force members for review.

Next Meeting:

The next meeting will focus on implementing the new training requirements. JD Boatwright, Training Specialist, will be invited to participate.

The CCBHC Task Force will continue to meet on Wednesday at 10:00 am for the next two weeks (8/6 and 8/13).

Beginning on August 18, the task force will change meeting days/times to Mondays from 9:30 am to 11:00 am. This will align with the DMH weekly check-in meetings at 10:00 am.

CCBHC Task Force

August 6, 2025

MINUTES

Present: Lane Black, JD Boatwright, Myron Gargis, Cammy Holland, Dana McCarley, Devin Oppenhuizen, Shelly Pierce, Erica Player, Dianne Simpson and Vanessa Vandergriff

Absent: None

Vanessa Vandergriff and JD Boatwright were welcomed to the meeting. Vanessa will serve as a permanent member of the task force, while JD will attend as a guest when training topics are discussed.

Document Distribution:

Earlier today, Myron emailed several key documents to task force members, including:

- CCBHC Certification Criteria
- CCBHC Implementation Bulletins
- Alabama Comprehensive Provider and Billing Manual for CCBHCs

All members were encouraged to thoroughly review these materials, as they are critical to understanding and implementing the CCBHC model.

Training Discussion:

The group shifted focus to training topics. Myron introduced JD as a new Training Specialist and noted that an additional master's-level Training Specialist will be joining the team in the future. The group agreed that both specialists should be equipped to train all staff members.

Myron distributed the following training documents for review:

- Required and implied staff trainings under the 2023 CCBHC Certification Criteria
- Categorized staff training requirements from the DMH CCBHC Manual
- MLBHC CCBHC Training Plan

Key Discussion Points:

- The MLBHC CCBHC Training Plan was developed based on review of the other training documents.
- In-person training was deemed impractical; electronic training options are preferred.
 - The group discussed the availability of online training resources, both free and paid.
 - Relias and myLearningPointe were identified as potential platforms, pending content evaluation.
 - JD noted he had found several free online courses that offer certificates upon completion.
 - Myron confirmed that funding for purchase of approved training programs is included in the Costing Report.
- A method for assessing staff competency needs to be established.
 - CCBHC job descriptions should be revised to include a statement requiring staff to meet competency standards.
- An electronic system is needed to track training deadlines, completion, etc.

Next Meeting:

As previously discussed, the new billing system will include codes designed to be as foolproof as possible. Devin is currently working to develop codes and will have those ready for the task force to focus on in the coming weeks.

Dianne is developing provider-specific cheat sheets outlining the triggering events each provider can deliver. These will be reviewed at the next meeting on Wednesday, August 13 at 10:00 am.

Beginning August 18, the task force will meet on Mondays from 9:30 am to 11:00 am to align with the DMH weekly check-in meetings at 10:00 am.

CCBHC Task Force

August 13, 2025

MINUTES

Present: Lane Black, Myron Gargis, Cammy Holland, Dana McCarley, Devin Oppenhuizen, Shelly Pierce, Erica Player, Dianne Simpson and Vanessa Vandergriff

Absent: None

Myron provided an update on the status of the CCBHC implementation scheduled for October 1, 2025. We are currently awaiting final approval from Medicaid regarding our PPS rate. Nicole Walden confirmed that she has all application materials and supporting documents prepared for submission, with the exception of the Medicaid-approved final rate. DMH must submit all required documentation by September 1, 2025, for MLBHC to proceed with the October 1 implementation. Myron emphasized to all involved the critical importance of avoiding further delays and urged everyone to prioritize this initiative.

Due to the current uncertainty surrounding the October 1 implementation date, task force members agreed to postpone external recruitment for CCBHC positions until a definitive date is confirmed.

In exploring lab service options, Myron shared details from a recent meeting with Melanie Bradford, who oversees the lab at Marshall Medical Centers (MMCs). Ms. Bradford indicated that MMCs could customize their lab model to meet MLBHC's needs and proposed two potential collaboration options:

- MMCs would hire a full-time phlebotomist, with MLBHC providing space for the individual; or
- MMCs would train an MLBHC employee to collect lab samples, with the hospital's courier picking up samples daily. (No license or certification is required for sample collection—only on-the-job training.)

Following discussion, task force members agreed that training and utilizing MLBHC staff for sample collection would likely be the most effective approach.

Ms. Bradford also noted that MMCs could manage all billing, offering either a self-pay option for clients or billing MLBHC at a significantly reduced rate for self-pay services.

Myron then distributed and reviewed two documents with task force members:

- *PPS Basics for Mountain Lakes Staff*
- *Prospective Payment System (PPS) – How It Works at Mountain Lakes Behavioral Healthcare*

Task force members were strongly encouraged to share these materials with staff, as comprehensive training and education on CCBHC processes are essential.

The group then reviewed “cheat sheets” created by Dianne, which outline the triggering events each provider can deliver. Dianne explained that the billing system contains extensive information and that some assumptions were necessary in developing the cheat sheets. Devin is currently working on coding to make the process as

accurate and user-friendly as possible. Task force members were encouraged to continue reviewing the cheat sheets in detail, as they remain a work in progress.

Next Meeting:

Today marked the final Wednesday meeting for the task force. Beginning August 18, meetings will be held on Mondays from 9:30 am to 11:00 am to align with the DMH weekly check-in meetings at 10:00 am.

Questions noted for next week's check-in meeting include:

- Will Relias be a resource for staff training?
- Will all staff members be required to complete both traditional and new CCBHC training courses?

CQI Quarterly Meeting Minutes
July 17, 2025

Present: Cammy Holland, Dana Childs, Dana McCarley, Dianne Simpson, Erica Player, Gerald Privett, Myron Gargis, Sherneria Rose
Absent: Hannah Chandler, JD Boatwright

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

Incentive Plan-

Boxley, Sarah	Kyle, April
Brookshire, Tom	McMurrey, Kimberly
Burks, Julie	Miller, Savannah
Cheek, Brittany	Riggins, Jennifer
Headrick, Tina	Ritchie, Denise
Holland, Miranda	Strange, Lilly
Johnson, Dallas	

Wall of Fame-

Alford, Lindsay	Marshall	Justice, Desiree	Dutton
Barrett, Rob	Jackson	Kilian, Zachary	Dutton
Bishop, Hannah	Marshall	Knott, Stephanie	Marshall
Brand, Kali	Marshall	Martin, Stephanie	Marshall
Burkhalter, Brittany	Jackson	Moore, Leah	Geriatrics
Burns, April	M. P.	Moses, Mona	Geriatrics
Campbell, Teana	J. P.	Paschal, Nancy	Dutton
Clonts, Lisa	Marshall	Quinn, Lindsey	Marshall
Conner, Brooke	Jackson	Romero, Kimberley	Marshall
Cooper, Rebecca	Dutton	Rucker, Elizabeth	Marshall
DeAtley, Joanna	Residential	Scyphers, Patrick	Marshall
Dettweiler, Sarah	Jackson	Steed, Tyler	Geriatrics
Early-Foster, Alison	Marshall	Traweek, Elizebeth	Marshall
Estes, Ashlee	Marshall	Tubbs, Felicia	J. P.
Floyd, Jessica	Jackson	Vandergriff, Vanessa	Marshall
Hanna, Sarah	M. P.	Amanda Whitley	Jackson
Herring, Belinda	Marshall	Wilson, Billy (Ross)	M. P.
Hixon, Ryan	Dutton	Wilson, Justin	Dutton
Holcombe, Mitzi	Geriatrics	Crowell, Robert	Cedar
Holderfield, Alec	Marshall	Kirkland, Jana	Cedar
Horn, Paul	Jackson	Sweatman, Susan	Cedar
Hughes, Destiny	Dutton	Woodham, Cynthia	Cedar

- I. Review and approval of monthly summary report June 19, 2025:** The June meeting minutes were approved with no changes noted.

The clinical director revised the reports that were used to determine the score for Depression Remission at six months (DEP-REM-6) category reported quarterly for CCBHC Behavioral Health Clinic Quality Measures. The current report has been revised and reports for the previous two quarters

are shown below. The quarterly minutes for January and April 2025 were updated to reflect these changes.

DEP REM 6 Q1-January 2025 CQI

Depression Remission at six months (DEP-REM-6)	Clients seen during the Measurement Year with a dx of Major Depression or Dysthymia and an initial (PHQ-9) or (PHQ-9M) greater than nine (Index Event). The DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission (score < 5) Six Months (+/- 60 days) after an Index Event Date (score > 9).	Remission at 6 mo: 10%	Consumers 18 years and older who were seen for a billable service: 330 had dx of Major Depression or Dysthymia 207 were administered a PHQ-9 154 had an initial score greater than 9 10 were readministered the PHQ-9 during the Measurement Year 1 Score decreased to <5
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DEP REM 6 Q2-April 2025 CQI

Depression Remission at six months (DEP-REM-6)	Clients seen during the Measurement Year with a dx of Major Depression or Dysthymia and an initial (PHQ-9) or (PHQ-9M) greater than nine (Index Event). The DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission (score < 5) Six Months (+/- 60 days) after an Index Event Date (score > 9).	Remission at 6 mo: 12%	Consumers 18 years and older who were seen for a billable service: 391 had dx of Major Depression or Dysthymia 273 were administered a PHQ-9 203 had an initial score greater than 9 17 were readministered PHQ-9 during the Measurement Year 2 Score decreased to <5
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II. Administrative Review Summary/Error Reports June: (May MTD 0.8%/ YTD 0.7%)

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	17	2079	17	18	Late notes and Services billed but not on T-plan (CPSP, Therapeutic Mentor)

MONTHLY ADMIN REVIEW ERROR RATE: 0.9 % YTD ERROR RATE: 0.7 %

A summary report was sent to the committee for each program containing details of the errors for review. The breakdown of reviews done for 6-month reviews and other/transfers were submitted for each program. The predominant errors were late notes and services that were billed but not on T-plan (CPSP, Therapeutic Mentor). The monthly and yearly error rates were about the same as last month. Dianne asked Devin to add a label on the EPSDT referral form to remind the staff to add the service to the treatment plan.

III. State Reporting Data Elements (SRDE) Report for May 2025: These errors are reported one month later as they are not received in time to research and compile prior to the CQI review.

Total Errors	Predominant Error Trends
4	None

IV. CCBHC Behavioral Health Clinic Quality Measures for Quarter: The I-SERV data was taken from Behavioral Health Screening (BHS). *Myron requested feedback from the BHS staff as to reasons for consumer no show and cancellations when they call back to engage them with services. Erica will add a column to their tracking spreadsheet to add the reason for missed intakes. Screening could help determine the need for CM services. Myron discussed the difference of the care*

coordinator roles for CCBHC, which will work with all consumers. They will not focus on consumers who need case management services.

A report was given to the program directors listing clients with these diagnoses to assist the primary therapists in identifying those needing an updated PHQ-9 scale.

Measure	Description	Measure Data	Other Information
Time to Services (I-SERV)	Average time for clients to access three different types of services: (1) initial evaluation, (2) initial clinical services, and (3) crisis services.	Average time to access initial evaluation: <u>4</u> days Crisis Services: <u>N/A</u> Day	Total Screenings: <u>245</u> Intakes Scheduled: 234 (Ages 12+) Missed initial apt: <u>41%</u>
Depression Remission at six months (DEP-REM-6)	Clients seen during the Measurement Year with a dx of Major Depression or Dysthymia and an initial (PHQ-9) or (PHQ-9M) greater than nine (Index Event). The DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission (score < 5) Six Months (+/- 60 days) after an Index Event Date (score > 9).	Remission at 6 mo: <u>9%</u>	Consumers 18 years and older who were seen for a billable service: <u>437</u> had dx of Major Depression or Dysthymia <u>310</u> were administered a PHQ-9 <u>221</u> had an initial score greater than 9 <u>23</u> were readministered the PHQ-9 during the Measurement Year
Preventive Care and Screening: Unhealthy Alcohol Use Screening and Brief Counseling (ASC)	Alcohol use screening occurred in the past 12 months.	Percentage of intakes screened with ASC: <u>88%</u>	Total Intakes (all ages): <u>415</u> AUDIT C Screenings: <u>203 (95%)</u> CRAFFT Screenings: <u>95 (77%)</u>
Screening for Social Drivers of Health (SDOH)	Percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. Accountable Health Communities Health Related Social Needs (AHC HRSN) Screening	Percentage screened: <u>97%</u>	Total Intakes (18+): <u>229</u> AHC HRSN Screenings: <u>221</u>

V. Cedar Lodge Access report for CQI Monitoring- The goal of this report is to utilize this data to help develop solutions to remove barriers to treatment.

List MM/DD/YY (M-F) for each scheduled day of month below:	Crisis Residential Admissions	Appt Kept	Appt Not Kept	No Show	Client Cancel	Staff Cancel	Denied	Denial Reason
6/2/2025	4	2	2	2	0	0	0	
6/3/2025	1	1	0	0	0	0	0	
6/4/2025	5	4	1	1	0	0	0	
6/5/2025	1	1	0	0	0	0	0	
6/9/2025	3	1	2	0	2	0	0	
6/10/2025	2	2	0	0	0	0	0	
6/11/2025	5	4	1	1	0	0	0	
6/12/2025	3	0	3	1	0	0	0	

6/16/2025	5	4	1	1	0	0	2	UDS positive for opioids
6/17/2025	4	2	2	2	0	0	0	
6/18/2025	2	2	0	0	0	0	0	
6/20/2025	3	1	2	2	0	0	0	
6/23/2025	3	2	1	1	0	0	0	
6/24/2025	2	2	0	0	0	0	0	
6/25/2025	2	2	0	0	0	0	0	
6/26/2025	3	2	1	1	0	0	0	
Totals	48	32	16	12	2	0	2	
Percentages		66.67%	33.33%	75.00%	12.50%	0.00%	12.50%	

VI. Significant Events of People Receiving Services for Quarter Apr-June 2025: The suicide attempts and overdose data are captured via the progress note. By tracking these data, the CCBHC seeks to keep individuals engaged in treatment therefore reducing hospital utilization.

Event	Total Number
Suicide Deaths	0
Suicide Attempts	0
Fatal and Non-fatal Overdoses	3
All-cause Mortality	8
30 Day hospital readmissions	7

Definitions of categories listed above: Education would be helpful with staff

- Suicide attempt- an overt act in an attempt to take one's life. This does not include hospitalization for suicidal ideations, or acts of self-harm without intent of taking one's life
- Fatal and non-fatal overdose- An incident where the individual overdoses on an illegal drug, prescription or OTC medication, or other toxic substance whether intentional or accidental.
- 30-day re-hospitalization- A subsequent admission to a psychiatric inpatient facility within 30 days of discharge from the previous hospitalization. DOES NOT include the episode for which client is scheduled for 72-hour follow-up.

Summary of Significant Events Review:

All significant events were thoroughly reviewed to assess the need for additional services. The outcomes are as follows:

One client, following an overdose and subsequent rehospitalization, was transferred to a Residential Care Home.

Two clients were transitioned to a different service provider.

One client was referred to transportation services to support attendance at appointments.

One client is recommended for assessment for in-home support services.

Next Steps:

Ensure follow-up is completed with all clients to monitor progress and address any emerging needs.

VII. Outcomes and disparities for populations of focus

ADMH identified the following populations of focus (POF):

- All ages, races, ethnicities, genders, disability statuses, sexual orientations, and gender identities with serious emotional disturbance (SED), serious mental illness (SMI), substance use disorder (SUD), opioid use disorder (OUD), and co-occurring mental and substance disorders (COD), and those with or at risk of HIV and Hepatitis C due to injection drug use.
- Opioid Use Disorder with emphasis on African American Population
- The rural population
- Those who identify as LGBTQ+, with a particular focus on youth
- Those at risk of gun violence

- Pregnant and Parenting Women (PPW)
- People experiencing homelessness.

General Population Data

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

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

MLBHC Data for Individuals Receiving Services during Quarter: This data will tie into where the community outreach specialists will target for consumers that are receiving services.

	Jackson	Marshall	Other Counties
Total Population	603	1239	295
African American	7.3%	4.6%	5.2%
Hispanic	2.3%	10.9%	3%
Homeless	0%	.16%	0%
SMI	33.83%	19.29%	44.41%
SED	27.53%	39.39%	14.92%
Veterans	.5%	.7%	2%
LGBTQ+	1.33%	.4%	1%
LGBTQ+ Youth	.82%	.25%	0%
Co-occurring MI & SU (COD)	18%	9.69%	6.44%
Opioid Use Disorder (OUD)	1%	1%	1%
African American w/OUD	0%	0%	0%
Pregnant and Parenting Women	12.8%	6.3%	15.9%

VIII. Prevention Activities: 211 Prevention activity sheets were reviewed for June 2025:

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	0	0
Block-Environmental	55	28
Block- Information Dissemination	28	78
Block-Education	0	0
Block-Alternatives	18	16
Block-PIDR	15	N/A
SOR-Environmental	42	62
SOR-CBP	27	38
Total	185	222
Total Hours	407	

Community Outreach & Engagement

• **Kids ‘n Kin Events:**

Prevention staff attended Kids ‘n Kin events in both Marshall and Jackson Counties. At these events, materials from the “Talk. They Hear You.” campaign were distributed to parents. Children received vaping awareness coloring books and crayons.

• **Positive Pathways Event (Section):**

Staff participated in the Positive Pathways event in Section, where they distributed test strips, Deterra drug deactivation bags, and “Remove the Risk” informational materials.

• **Library Outreach:**

Staff provided “Talk. They Hear You.” materials at both Scottsboro Library and Dutton Library.

- **Summer Feeding Programs - School Outreach:**

Prevention information was disseminated at several schools during their summer feeding programs, including:

- North Sand Mountain School
- Bridgeport Elementary
- Section High School
- Woodville School

Parents received “Talk. They Hear You.” materials, and students received vaping prevention resources.

Collaboration & Partnerships

- **Juvenile Probation Office (JPO) Meetings:**

Staff met with Juvenile Probation Officers in both Marshall and Jackson Counties to discuss the implementation of the new H8 Law and the establishment of a Vape Court for students.

- *Note:* Mountain Lakes Behavioral Healthcare (MLBHC) will continue to provide the educational component for students caught vaping or in possession of tobacco on school campuses.

- **Pharmacy Partnerships (SOR 4.0 Grant):**

Staff successfully partnered with the following pharmacies to distribute “Remove the Risk” information and Deterra drug disposal packets:

- Grant Pharmacy
- Pill Box Pharmacy
- Big C Drugs (Scottsboro & Skyline)
- Albertville Discount Pharmacy
- Jones Discount Pharmacy

Training & Capacity Building

- **Strengthening Families Training:**

Staff completed the Strengthening Families Training at the Scottsboro Library.

Coalition Meetings

- **Impact Meeting – Jackson County:**

Staff attended the Jackson County Impact Meeting to support coalition activities and promote ongoing prevention efforts.

IX. Hospital Discharge Follow-up Report for Previous Month:

Location	Local	State/CRU	Total
Marshall	10 (8 Active)	0	10
Jackson	7 Active	0	7
Geriatrics	0	0	0
Total	17	0	17

Tracking reports of hospital discharges and 72-hour follow-ups for clients in Marshall and Jackson County were sent out to the committee. All but three appointments were kept in both counties. Follow up was attempted for the two not seen in Marshall County as well as the one in Jackson County.

X. Incident Prevention and Management for Previous Month: There was one incident of client aggression for June.

XI. Medication Errors for Previous month: There were 3 medication errors reported for the month of June. One wrong dose and 2 documentation errors. No trends were identified.

By Personnel

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

By Division

	MI	SA	TOTAL
Level 1	0	3	3
Level 2			

Level 3			
TOTAL	0	3	3

By Error Type

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

XII. Consumer Feedback, Complaints, and Grievances:

FY25-Consumer Feedback		June	June	June	June
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville	1	1			2
Scottsboro					0
Outreach/Residential			4		4
Cedar Lodge	1	1		2	4
Total MTD	2	2	4	2	10
Total YTD	24	19	25	14	82

XIV. Utilization Review Admission Criteria-Q3-FY25: Charts from the list of Programs below were reviewed. In all the programs, the documentation supported how the established admission criteria were met and how the services provided were adequate to address the needs of the consumers.

#	Program	#	Program
	ACT Team Jackson County		Child & Adolescent Case Management Jackson County
	ACT Team Marshall County	X	Child & Adolescent In-Home Intervention Jackson County
	Adult Case Management Jackson Co.	X	Child & Adolescent In-Home Intervention Marshall County
	Adult Case Management Marshall Co.		Child & Adolescent Outpatient Jackson County
	Adult In-Home Intervention Jackson County		Dutton CRF (Jenny's Place)
X	Adult In-home Intervention Marshall County		Geriatric Outpatient Services
	Adult Outpatient Services Jackson Co.	X	Jackson Place CRF
	Adult Outpatient Services Marshall Co.		Jackson Place Supervised Apartments
	Adult Rehabilitative Day Program Jackson County		Level 1 Outpatient Treatment
	Adult Rehabilitative Day Program Marshall County	X	Level III.5 Clinically Managed High Intensity Residential Program
	Child & Adolescent Case Management Marshall County		Marshall Place 3- Bed CRF
X	Child & Adolescent Outpatient (Marshall County)		Supervised Apartments (Dogwood)

XIII. Inpatient Commitments Q3-FY25:

Location	Total	Discharged
Marshall	7	4
Jackson	0	0
Dutton	0	0
Bryce/Harper	3	0
Total	10	4

Dianne Simpson, Clinical Director, submitted this report. All consumers from MLBHC's catchment area who are committed to any DMH facility are tracked until discharge.

- There were 7 consumers from Marshall County who were committed to an inpatient facility during the third quarter of FY25. In four cases, the commitment order was dismissed before admission to a

CRU or other unit. Three consumers remain under commitment and will be tracked until discharge from commitment.

- There were no consumers from Jackson County under inpatient commitment during the third quarter of FY25.
- There were no inpatient commitments to the Dutton Residential Care Home facility in Jackson County during the third quarter of FY25.
- There were 3 consumers residing in Bryce during the third quarter of FY25.

XIV. Outpatient Commitments Q3-FY25-Christy Keeper has agreed to add these consumers to her case load so we can start tracking these consumers consistently.

Location Marshall	Compliant	Noncompliant	Totals	Revocation Recommended	New Commitment	Completed Commitment
Total	13	3	16	1	7	3

Dianne Simpson, Clinical Director, submitted this report. All consumers who are outpatient committed to MLBHC are tracked for compliance. A report tracking Outpatient Commitments for clients in Marshall and Jackson Counties was sent out to the committee.

- There were 16 consumers who were on outpatient commitment in the third quarter of FY25. All but three were compliant with treatment recommendations. The consumers who were non-compliant were recommended for revocation or commitment was allowed to naturally expire due to lack of contact. There were seven new commitments.

XV. Residential Services Report for Previous month A monthly report was run for June. Sherneria provided the committee with a summary of current openings. Jackson Place is 100 percent as of today. A current Jackson Place Supportive Apartments client is requesting to move to a MOMS appt at JBS MHC in Birmingham. There are three (1 male/2 female) openings at dogwood apartments currently. Foster Home bed is open but is being held for a CED client. CED is swapping this consumer with a current consumer at Marshall Place. There is a consumer currently in jail who will be going to Marshall Place. *All the other beds are full.* —Except EBSHP—reason noted in previous quarterly meetings.

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	90	79	88
Marshall Place	3	90	90	100
Jackson Place Sup Apt.	2	60	60	100
Dogwood Apartments	8	240	147	161
Supportive Housing	12	360	240	67
MLBH Residential Care	10	300	300	100
MLBH Crisis Stabilization	2	60	60	100
Foster Homes	26	780	753	97
Totals		1980	1729	87

XVI. Treatment Plan Reviews for Previous month:

Programs	Total Charts	Admission Criteria not met	Not Timely	Not Individualized	Documentation Does Not Relate To TP And/or Address Progress	No Attempts of Active Engagement Documented	No Modification for Accommodations	Total Errors
Geriatrics	14	0	0	0	0	0	0	0
Jackson	66	0	4	0	2	0	0	6
Marshall	113	0	2	0	3	0	0	5
Substance Abuse	0	0	0	0	0	0	0	0

Residential	0	0	0	0	0	0	0	0
TOTALS	193	0	6	0	5	0	0	11

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

- (1.) The appropriateness of admission to that program is relative to published admission criteria.
- (2.) Treatment plan is timely.
- (3.) Treatment plan is individualized.
- (4.) Documentation of services is related to the treatment plan and addresses progress toward treatment objectives.
- (5.) There is evidence of attempts to actively engage recipient, family and collateral supports in the treatment process to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.
- (6.) Treatment plan modified (if needed) to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

The committee was sent a breakdown of the clinical data compiled from the Treatment Plan Reviews. A summary report was sent out to the committee for each program. The trends again this month were treatment plans that were not timely, and documentation does not relate to treatment plan and/or address progress.

XVII. Form-Policy & Procedure Revisions/Approvals:

Forms-

- **Cedar Lodge MAT Grant Program Enrollment-New/Rev-** This form was revised to add a signature for consumers who are enrolled in the SOR grant to satisfy the requirements of the grant. The consumer record must contain signed documentation of the grant acknowledgement. The form was sent out to the committee with no changes noted. The form has been placed on the MLBHC links server under the Forms Manual>Substance Use tab for staff access.

P & P: Procedure revisions for CQI approval:

- **P & P 6.1.8-Case Management Services: Program Description-Rev-** This P & P was revised per the request of DMH. Changes were approved by the executive director. They have been placed on the MLBHC links server under the Policy Docs>Policies and Procedures tab for staff access.
- **P & P 6.1.9-Child and Adolescent In-Home Intervention: Program Description-Rev-** This P & P was revised per the request of DMH. Changes were approved by the executive director. They have been placed on the MLBHC links server under the Policy Docs>Policies and Procedures tab for staff access.
- **P & P 6.1.10-Adult In-Home Intervention: Program Description-Rev-** This P & P was revised per the request of DMH. Changes were approved by the executive director. They have been placed on the MLBHC links server under the Policy Docs>Policies and Procedures tab for staff access.
- **P & P 6.1.11-Assertive Community Treatment (ACT): Program Description-Rev-** This P & P was revised per the request of DMH. Changes were approved by the executive director. They have been placed on the MLBHC links server under the Policy Docs>Policies and Procedures tab for staff access.
- **P & P 6.14.1 State Opioid Response Grant-Rev-** This P & P was revised to include a change in frequency of financial updates and include a reference to P & P 6.15 Telehealth Services. Changes were approved by the executive director. They have been placed on the MLBHC links server under the Policy Docs>Policies and Procedures tab for staff access.

P & P: Board Approved Policy Revisions-

XVIII. Miscellaneous Items:

- **Mental Illness Contract Service Delivery Manual-** Revised and on server under the MLBHC links>Policy Docs folder
- **Cultural and Linguistically Appropriate Services (CLAS)-** This is an area we will begin evaluating and monitoring in FY 26.

- **In Home referral and tracking forms are being corrected by Erica.** DMH has asked for another Ad hoc report for CPS services from 1/1/24 to June 2025. It was determined that further training with staff is needed. Training will be done with JD and Kali so JD can train outpatient clinicians, and Kali can train school-based ones.

Leadership Committee

July 17, 2025

MINUTES

Present: Lane Black, Myron Gargis, Cammy Holland, Dana McCarley, Shelly Pierce, Erica Player, Gerald Privett, Sherneria Rose and Dianne Simpson

Absent: Susan Sweatman

I. Microsoft 365 training session

Over the next few months, LC members will participate in brief training sessions on the various apps in Microsoft 365. For today's meeting, Wes Morgan covered the main points of "Teams".

II. Approve minutes of the June 19, 2025, meeting

Minutes of the June 19, 2025, meeting were distributed to all staff via e-mail. Minutes were approved, as presented.

III. No committee reports for the month

IV. Program Financial Reports: October, 2024 – June, 2025

- YTD net income of \$1,021,572 (not including Board investments).
- **Marshall Co. OP & OR – Net income \$442,849**
- **Jackson Co. OP & OR – Net income \$73,404**
- **Geriatrics – Net income \$54,528**
- **Residential –**
 - Supervised Apartments – Net income \$20,744
 - EBP Supportive Housing – Net income \$8,239 (program designed to break even)
 - Dutton – Net income \$228,923
 - Jackson Place – Net income \$93,419
 - Marshall Place – Net income \$20,027
- **SU Services – Net income \$76,122**
- **Prevention Services – Net income \$3,321**

V. Reports & Program Updates:

- **Executive Director's Report – Myron Gargis**
 - The DMH site review for required CCBHC core services went well yesterday. DMH staff seemed impressed with our preparations for implementation. They continue to work on our CCBHC applications, with plans to submit to SAMHSA by 8/1/25.
 - Progress continues toward construction of a 16-bed CRU. An agreement with the architect was signed earlier this week.
 - Myron and Dana met last week with Genoa Pharmaceuticals to identify an appropriate space for a pharmacy at the JC MHC. A full-service pharmacy will be located at the Hwy 35 facility and a Pharmacy Tech will be placed at the MC MHC. All are hopeful to have the pharmacies operational by the end for the calendar year.
- **Clinical Director's Report – Dianne Simpson**
 - The Clinical Director's Group is sponsoring a Clinical Workshop on 8/1/25. Six MLBHC staff are planning to participate.
- **Administrative Services – Cammy Holland**

- No report for today.
- **HR Office – Lane Black**
 - Turnover has been extremely high for the past several weeks.
 - Lane distributed the listing of current vacancies throughout the organization. Please advise him of any corrections.
 - Lilly Strange recently received her bachelor’s degree. The hope is to promote her to the position of PC for JC RDP. LC members discussed the need to review the Admin Code to determine if Lilly qualifies for that position or if it is necessary to request a waiver from DMH.
 - Lane will internally repost CCBHC positions at the end of July/first of August. Current staff will have until 8/15/25 to express interest in these positions prior to external recruitment.
- **Jackson County OP & OR – Dana McCarley**
 - June was a challenging month with numerous staff on medical leave. Several are now back in the office.
 - Brooke Conner, former JC AIH CC, has received her master’s degree and been promoted to JC CAIH TH. Brooke and Hannah (JC CAIH CC) are already working well together.
 - Bri McDonald, JC CPS-Y, has resigned with her last day being 7/16/25.
 - Gerald Bell, JC CC, has resigned, effective 7/28/25.
 - Rachelle Hampton, JC IC, has resigned, effective 8/8/25.
 - Brenda Odom, JC TRANS SPEC, has resigned, effective 8/12/25.
 - Jessica Floyd, JCL, is on leave, with Margaret George temporarily covering for her.
 - The position of JC AIH CC has been posted, which will allow Savannah Miller to return to her position of CPS-A.
 - Tara Erwin, former intern, has been employed as a JC OP TH.
 - Stacy Rothe, JC CC, has completed her HICC training and is now approved as a Medicaid provider.
- **Marshall County OP & OR – Erica Player**
 - Effective 8/4/25, Vanessa Vandergriff, current SB TH, is being promoted to PD of the MC MHC.
 - Dianne distributed a report of missed appointments by provider.
- **Geriatrics – Gerald Privett**
 - Mona Moses, GS, has officially retired after having worked at MLBHC for 28+ years.
 - Gerald P. recently attended the Alabama Nursing Home Administrators Conference with Gerald Bell. Gerald B. is resigning his current position with MLBHC due to health issues.
- **Residential – Sherneria Rose**
 - Hiring continues to be a struggle, especially for DGH and JP.
- **SU Services – Dianne Simpson**
 - Susan is participating in an important training today and could not attend the LC meeting.
 - June’s census averaged 25.
 - Special thanks to Gerald for assisting at Cedar Lodge.
 - Brittany Cheek, current PC for JC RDP, is transferring to a Counselor position with SU Residential.
 - Billy Gilbert is interning at Cedar Lodge and is possibly interested in being hired on a PT basis.
 - Consumers in SU Residential celebrated July 4th with a cookout.

VI. Review of wait times

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

MC Intake	5 days	MC MD/CRNP	18 days
JC Intake	5 days	JC MD/CRNP	12 days
Average	5 days	Average	15 days

VII. Unfinished Business

- None noted

VIII. New Business

- **Revenue reports** – Dianne and Erica have been brainstorming ideas to assist staff in shifting their focus each month from productivity numbers to actual revenue generated. A report reflecting monthly revenue for each provider was created and distributed to LC members for review. Following discussion, a recommendation was made to group the report by position/function and to possibly add number of hours billed. For example, all SB TH for both counties would be grouped together, all OP TH for both counties would be another group and so forth. Dianne will revise the report to reflect these recommendations and forward to LC members for review at the August meeting. Once approved by LC, these revenue reports will be shared with staff members.
- **Miscellaneous items** – In discussion of revenues and billing, LC members noted the following items:
 - With the implementation of Care Navigators with CCBHC, a recommendation was made to change the title of our current Care Coordinators back to Case Managers.
 - As Case Managers can't bill for transportation, a recommendation was made that non-billable services not be included in any productivity calculations.
 - With the new billing system, staff need to be cautious of downcoding by ensuring that any billing without a T code is appropriate. In many cases, T code services are what should be billed.
 - Codes in the new billing system will be made as fool proof as possible. Summaries or cheat sheets will be developed for each type provider, with staff being educated and trained on appropriate billing codes.
- **Q3 review of FY25 Goals and Objectives** – LC members reviewed the FY25 Goals and Objectives provided the following updates:

To become certified by DMH as a Certified Community Behavioral Health Clinic (CCBHC) by achieving the DMH & SAMHSA Certification Criteria.

- A. Improve and format the Community Needs Assessment to meet the DMH implementation standards (1.a.1 & DY-1/Clinical - 24-3).
Q1 = Currently being finalized and will be submitted prior to 1/31/25.
Q2 = Submitted.
- B. Prepare to submit required data to DMH through the Netsmart CareManager solution and as required by the SAMHSA CCBHC Data Reporting Template (DY-1/Clinical - 24-1 & DY-1/ Clinical - 24-15).
Q1 = A quote has been obtained from Netsmart, but there is talk that a different program may be used.
Q2 = Determined that Netsmart will be used – Myron working to find out about access.
Q3 = Instructions for submission of required data are forthcoming.
- C. Train staff on and implement all required Evidence Based Practices (EBPs) (DY-1/Clinical - 24-2) & DY-1/Clinical - 24-14).
Q1 = Some training has been conducted.
Q2 = No update.
Q3 = Awaiting clarification from DMH on specific training requirements.
- D. Increase scope of service capacity as described in the Required Additional Capacity requirements (DY-1/Clinical - 24-2).
Q1 = A plan is in place, but awaiting funding.

- Q2 = Recruiting and interviewing.
- Q3 = Recruitment and interviews to resume the first of August.
- E. Revise and improve the continuity of operations/disaster plan per SAMHSA & DMH guidelines (2.a.8; DY-1/Clinical - 24-3).
- Q1 = A draft plan has been developed, but is not yet finalized.
- Q2 = Mobile Crisis Clinic is being added to plan; Special Touch Restoration is currently accessing all MLBHC facilities and developing a plan in case of fire/water/etc.
- Q3 = Plan finalized and submitted.
- F. Establish and implement primary care screening protocols (DY-1/Clinical - 24-4).
- Q1 = Not yet addressed.
- Q2 = Not yet addressed.
- Q3 = Identified screening requirements and developed processes for compliance. Next steps hiring staff and partnership with lab.
- G. Provide Targeted Case Management services during care or housing transitions for all required population groups (DY-1/Clinical - 24-5).
- Q1 = Pending funding and employment.
- Q2 = Recruiting and interviewing.
- Q3 = Recruitment and interviews to resume the first of August.
- H. Develop and implement a Supported Employment Program (DY-1/Clinical - 24-7).
- Q1 = Pending funding and employment.
- Q2 = Recruiting and interviewing; possibility of opening thrift store.
- Q3 = Reviewed Admin Code and plans to visit another program.
- I. Increase crisis services by directly providing or establishing a Designated Collaborating Organization (DCO) agreement for mobile crisis services and 24/7 Crisis Receiving/Stabilization services (DY-1/Clinical - 24-9 & DY-1/Clinical - 24-19).
- Q1 = It is uncertain if DCOs will be needed - the current thought is likely not.
- Q2 = DCOs are probably not needed.
- Q3 = A determination was made that DCOs are unnecessary.
- J. Train on and implement all required screening tools and collect all required initial evaluation information (DY-1/Clinical - 24-10).
- Q1 = Training has been started and some info has been collected.
- Q2 = Completed.
- K. Ensure that all state and federal guidelines regarding veteran care are followed and ensure that people with lived experience as veterans help guide CCBHC implementation and operations (DY-1/Clinical - 24-13).
- Q1 = Pending funding and employment.
- Q2 = Recruiting and interviewing.
- Q3 = Recruitment and interviews to resume the first of August.
- L. Actively track outcomes and any disparities for the populations of focus (POF), through our ~~Performance~~ Continuous Quality Improvement process (DY-1/Clinical - 24-17).
- Q1 = Started this month with baseline.
- Q2 = Actively tracking.
- Q3 = Actively tracking.
- M. Develop care coordination agreements with all required entities and any other entities that are identified through the Community Needs Assessment process (DY-1/Clinical - 24-18).

Q1 = Not yet addressed.

Q2 = Draft agreements developed, but not completed.

Q3 = Draft agreements completed, with execution following CCBHC certification.

N. Establish a Prospective Payment System (PPS) daily rate with the assistance of FTI Consulting (DY-1/Fiscal - 24-1).

Q1 = Final stages of development, with submission next week.

Q2 = Submitted.

O. Ensure that individuals with lived experience have meaningful input in the governance of MLBH, as described in the CCBHC Governance Criteria (DY-1/Governance - 24-1).

Q1 = Not yet addressed.

Q2 = Not yet addressed.

Q3 = Current Board members to self-report lived experience (discuss @ August meeting and poll @ September meeting).

IX. Adjournment

The Leadership Committee meeting was adjourned at 4:25 p.m.



New Directions

2025



Exceptional Employee Retires

Debbie Burnett began working as a secretary in the front office at the Marshall County Mental Health Center on May 10, 2005. Fast forward 20 years and she has proven to be so much more than a dedicated and hard-working employee, she is a special friend not only to her co-workers, but also to many MLBHC consumers.

Having recently received her 20-year Loyalty Bonus, Debbie retired on June 25, 2025.

She will certainly be missed but never forgotten!!



MLBHC Staff Member Receives Community Award

Lindsay Alford, RN for MLBHC's Marshall County ACT Team, was voted the winner of the Sanders Financial Healthcare Hero Award for the month of June, 2025. She is photographed at right with Michael Sanders, owner of Sanders Financial.



Congratulations !!!

What's Going On ???

August Birthdays

August 1	Stephanie Knott
August 6	Ali Early-Foster
August 12	Keily Esquivel
August 16	Julianna Davis
August 16	Jessica Floyd
August 20	Hannah Chandler
August 21	Brian Carroll
August 23	Jaslynn Wilkinson
August 25	Devin Oppenhuizen
August 27	Rebecca Cooper
August 31	Britany Brown

August Anniversaries

Hannah Bishop	1 year
Alec Holderfield	1 year
Andrew Olsen	1 year
Raven Willow	1 year
Tina Headrick	4 years
George Bartke	6 years
Krissy Wood	7 years
☺ Loyalty Bonus	\$300
Lane Black	15 years
☺ Loyalty Bonus	\$900
Kellye Lee	16 years
Denise Ritchie	21 years

~ August Meetings ~

Tuesday, August 19th

Board meeting 5:30 pm

Scottsboro MHC

(Confirm attendance with Shelly Pierce)

Thursday, August 21st

Leadership Committee meeting

(Time/format to be determined)

**say
what!**

A consumer in the Marshall County Rehab Day Program recently said, "The class has a family atmosphere to it now and it's more of a comfortable environment."

**say
what!**

A consumer on the Jackson County ACT Team recently left a voicemail for Dana McCarley, Program Director, saying:

"I want to thank you for whatever part you played on me being a part of the ACT Team. I have benefitted so much from being a part of this program. I am so grateful for the progress I have made with all of them being a part of my life. I want to recognize Rob, Dallas and Kylie for the positive impact they have made in my life. I am more grounded and managed that I have felt in a long time. Please pass this along to them."



The staff members photographed below joined MLBHC since the last newsletter.



The Dutton Residential Facility gained three new Life Skills Specialists (top row - left to right) Zachary Sherlin, Beth Gregory and Edna Huff-Hight.



(Left to right) Tara Erwin, MS, is an Outpatient Therapist at the JC MHC. New staff at the MC MHC include Margie Crabtree, MS, Outpatient Therapist; Tieraney Bullard, MS, Intake Coordinator; and Keily Esquivel, ALC, School-Based Therapist. Both Tara and Margie completed their internships with MLBHC and then came on board as employees.



(Left to right) Rebecca Fox and Jennifer Ormsby were welcomed as new Life Skills Specialists at Cedar Lodge.

PROMOTION

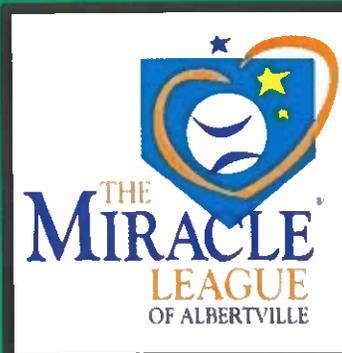


Congratulations to **Jennifer Brown** as she was recently promoted from Records Librarian/Contingency Management Specialist to Electronic Health Record (EHR) Specialist.

Another staff member being promoted is **Vanessa Vandergriff, LPC**. Vanessa most recently served as a School-Based Therapist and will now be the Program Director of the Marshall County MHC.



One more recent promotion belongs to **Lilly Strange**. Lilly served as the LSS of the JC Rehab Day Program since 7/2023. She recently earned her bachelor's degree (via MLBHC's Educational Reimbursement Program) and has been promoted to Program Coordinator of the JC RDP.



The Miracle League is currently recruiting volunteers or "buddies" to work with special needs individuals for the fall season of baseball. During September and October, weekly games are held on either Tuesday or Thursday evening at Sand Mountain Park in Albertville. Several MLBHC employees have volunteered during past seasons and had a great time working with the athletes and their families.

If you would like more information about volunteering as a buddy, please contact Lisa Hansford - Sand Mountain Park - 256-302-4847



Wall of Fame



(June 2025) (I=Incentive)

Marshall OP & OR

Lindsay Alford
 Julie Burks (I)
 Lisa Clonts
 Ali Early-Foster
 Ashlee Estes
 Jessica Floyd
 Tina Headrick (I)
 Belinda Herring
 Alec Holderfield
 Stephanie Knott
 Stephanie Martin
 Lindsey Quinn
 Jennifer Riggins (I)
 Denise Ritchie (I)
 Kimberly Romero
 Elizabeth Rucker
 Patrick Scyphers
 Elizebeth Traweek
 Vanessa Vandergriff

Multi Programs

Sarah Boxley (I)
 Lilly Strange (I)

Substance Abuse

Bob Crowell
 Jana Kirkland
 Susan Sweatman
 Cindy Woodham

Jackson County OP & OR

Rob Barrett
 Hannah Bishop
 Tom Brookshire (I)
 Brittany Burkhalter
 Brittany Cheek (I)
 Brooke Conner
 Sarah Dettweiler
 Miranda Holland (I)
 Paul Horn
 Dallas Johnson (I)
 Savannah Miller (I)
 Amanda Whitley

Residential

April Burns
 Teana Campbell
 Rebecca Cooper
 Joanna DeAtley
 Sarah Hanna
 Ryan Hixon
 Destiny Hughes
 Desiree Justice
 Zach Kilian
 April Kyle (I)
 Kimberly McMurrey (I)
 Nancy Paschal
 Felicia Tubbs
 Ross Wilson
 Justin Wilson

Geriatrics

Mitzi Holcombe
 Leah Moore
 Mona Moses
 Tyler Steed



First Crops Of The Season

Fruits and veggies are ready for harvesting in the garden at the Marshall County Mental Health Center.

Thanks to the planting by Jennifer Brown (MC Records Librarian) and Christy Keeper (MC Intake Coordinator), MLBHC consumers are now reaping the benefits of their hard work.

