MOUNTAIN LAKES
Behavioral Healthcare

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

TO: Board of Directors
FROM: Shelly Pierce, HR Assistant
RE: June Board meeting
DATE: June 12, 2026

The next meeting of the Board of Directors will be conducted on **Tuesday, June 16, 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:

- June Board Agenda
- Minutes from the May 19, 2026, Board work session
- Minutes from the May 19, 2026, Board meeting
- Financial Reports through May 31, 2026
- Proposed revisions to P&Ps:
  - Section 2 – General Administration
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- Recent local newspaper article
- Minutes from the May Leadership Committee meeting
- June 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

June 16, 2026

WORK SESSION
5:30 p.m.

MONTHLY MEETING AGENDA
6:00 p.m.

I. Call the meeting to order – David Kennamer, President

II. Approval of minutes of the May 19, 2026, work session and meeting – David Kennamer, President

III. CEO Report – Myron Gargis, CEO

IV. Financial reports through May 31, 2026 – Cammy Holland, Business Manager

V. Proposed revisions to P&Ps:
- Section 2 – General Administration
  - Section 3 – Financial Administration (drafts to review for approval at July meeting)

VI. Recommendation of Officers for 2026-2027 – Victor Manning, Nominating Committee Chair

VII. Written reports
- Personnel – Lane Black, HR Coordinator
- IT – Steve Collins, IT Director
- Clinical – Dianne Simpson, Clinical Director

VIII. Miscellaneous and/or Board requested items for future meeting

Mountain Lakes Behavioral Healthcare

Board of Directors – Work Session Minutes
Date: May 19, 2026
Time: 5:30 P.M. – 5:55 P.M.
Location: In person at the Scottsboro Clinic, with a virtual attendance option

Attendance
David Kennamer
John David Jordan
Joe Huotari
Hannah Nixon
Lucien Reed
Bill Kirkpatrick

Absent:
Jo-Anne Hutton
Andrea LeCroy
Victor Manning
Jane Seltzer

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

Crisis Residential Unit (CRU) Project & Funding Opportunities:
An update was provided regarding the status of the CRU project, including current design progress and ongoing local, state, and federal funding efforts.

Jackson Place Program Updates & Future Use Considerations:
Discussion occurred regarding the current Jackson Place program and a proposal submitted to ADMH to transition the program into a Semi-Independent Living program serving hearing individuals.

Guntersville Clinic Lease Renewal Options:
The Board briefly discussed the Guntersville clinic lease arrangement and related long-term property considerations.

Former Jackson County Clinic Property:
Discussion occurred regarding appraisal and potential sale or lease options for the former Jackson County clinic property.

Additional Operational Updates:
Brief informational discussion occurred regarding transportation services, the Mobile Unit rollout, Administration Office roof replacement, Genoa Pharmacy opening, and ongoing policy revisions.

Adjournment
The work session adjourned at 6:05 P.M.

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

Board of Directors Meeting
May 19, 2026

MINUTES

I. Call to Order

Following a Board work session, David Kennamer, President, called the monthly meeting to order at 6:05 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
David Kennamer, President
Bill Kirkpatrick
Hannah Nixon, Vice-President
Lucien Reed, Treasurer

Absent: Andrea LeCroy
Victor Manning
Jane Seltzer, Secretary

Staff: Lane Black, HR Coordinator
Myron Gargis, Chief Executive Officer
Cammy Holland, Business Manager
Shelly Pierce, HR Assistant
Dianne Simpson, Clinical Director

II. Approval of minutes of the April 21, 2026, Board work session and meeting– David Kennamer, President

MOTION: Hannah Nixon made a motion that the Board approve the minutes of the April 21, 2026, work session and meeting, as presented. John David Jordan seconded the motion, which was approved unanimously.

III. Chief Executive Officer's Report

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

IV. Financial reports through April 30, 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 $1,527,072. This total is $809,460 more than this same time period last year. Continued review reflected Total Accounts Receivable of $2,142,304, which is $479,671 less than in FY25.

V. Proposed revisions to Policies and Procedures – Myron Gargis, Chief Executive Officer

As discussed several months ago, the 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 2 – General Administration, were distributed to Board members last month to provide time for review prior to proposed approval at tonight's meeting. Following brief discussion, a recommendation was made to postpone approval of P&P Section 2 until next month's meeting.

The proposed revisions to P&P Section 3 – Financial Administration, will be provided to Board members next month and proposed for approval at the July meeting.

VI. Appointment of Nominating Committee – David Kennamer, President

Prior to tonight's meeting, Mr. Kennamer appointed a Nominating Committee to make recommendations for Board Officers to serve 2026-2027. This committee included Victor Manning as Chairperson, with Hannah Nixon and John David Jordan serving as committee members. The committee was asked to present their recommendations at the June meeting, with those elected taking office on July 1, 2026.

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. Miscellaneous and/or Board requested items for future meetings

No items were noted.

MOTION: Hannah Nixon made a motion that the Board adjourn the meeting at 6:50 p.m. Bill Kirkpatrick 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

Chief Executive Officer's Report – May 19, 2026

❖ Transportation Services Update – April 2026

- **Jackson County:** 48 transports
- **Marshall County:** 182 transports
  - Of these, 154 transports supported participation in the Day Program.

❖ Crisis Residential Unit (CRU) & Campus Development

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

- The facility floor plan has been finalized (attached).
- Upcoming project activities include:
  - Door hardware review
  - Access control and security review
  - User group meetings
- We remain on target to complete the Design Development phase by late June, allowing the Construction Documents phase to begin immediately thereafter.

Billboards

I confirmed that no modifications to the existing billboards can occur under current regulations due to their grandfathered status. This includes changes such as additional advertising skins, structural modifications, or conversion to digital signage.

USDA Loan Update

Following a review of updated FY26 financial projections, the USDA determined that MLBH's projected income exceeds eligibility thresholds for the subsidized federal loan program. As a result, we no longer qualify for the loan.

At the appropriate time, we will pursue traditional commercial financing options for the project. While disappointing from a financing standpoint, it is certainly a positive reflection of the organization's financial performance and stability.

Funding Updates

Marshall County Opioid Committee

- The Committee approved MLBH's funding request of $950,000 for the CRU project.
- Funding is structured over a three-year allocation period.
- Final approval remains pending from:
  - The Marshall County Commission & participating municipal partners

Jackson County Opioid Committee

- The Committee met on April 30, 2026.
- Jackson County currently has approximately $80,000 available in opioid settlement funding.
- The Committee approved a recommendation to pledge $40,000 toward the MLBH CRU project.
- The Committee will also recommend that the City of Scottsboro consider contributing funds toward the project.

Federal Appropriations

- Funding requests submitted to Senators Katie Britt and Tommy Tuberville remain under consideration.
- We received notification that our proposal submitted through Congressman Robert Aderholt will not advance through this year's Community Project Funding process.

❖ Jackson Place Program

We have submitted a request to ADMH to repurpose the Jackson Place Program into a Semi-Independent Living program serving hearing individuals. We are currently awaiting a formal response.

❖ Guntersville Clinic Lease Update

- Legal consultation regarding ownership and long-term property considerations for the Guntersville Clinic has occurred.
- I have requested discussions with the Marshall County Healthcare Authority regarding the potential purchase of the property.

❖ Former Scottsboro Clinic Property

We are currently working with Rosenblum Realty (www.rosenblumrealty.com), a North Alabama residential and commercial real estate firm, regarding the former Scottsboro clinic property.

The process will begin with a formal appraisal, after which the property will be listed for either sale or lease.

❖ Community Outreach – Mobile Unit

Our Community Outreach Coordinator is currently developing deployment plans and schedules for the Mobile Unit. The primary objective will be to conduct on-site screenings and intake assessments to engage new individuals and families into services directly within the communities we serve. We anticipate beginning community deployment during the month of June.

❖ Administration Office Roof Replacement

The Administration Office metal roof developed leaks that resulted in water damage to underlying wood decking, ceilings, and related structural materials.

- Our insurance carrier inspected the damage; however, the claim was denied as non-covered.
- Three bids were obtained for replacement.
- The lowest bid totaled $26,500, plus the cost of replacing any damaged decking.

Once the existing roof was removed, the decking damage was found to be significantly more extensive than initially anticipated. A total of 111 sheets of decking required replacement.

- Final project cost: $37,600

❖ Genoa Pharmacy

Opened in the Scottsboro Clinic on 5/4. They are currently in process of obtaining their Medicaid certifications and once that is in place we plan to have a grand opening/ribbon cutting event.

❖ Policy & Procedure Updates

Section 3 – Financial Administration

Section 3 policies and procedures are currently undergoing review and revision to improve clarity, consistency, internal controls, and operational effectiveness. Draft revisions are expected to be distributed for Board review next month.

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

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
Administration	97,790	19,077	97,790	6,164	(78,713)	-412.60%	(78,713)	-412.60%	0	12,913	12,913	(0)	
Marshall County MHC	696,788	487,343	611,654	589,171	(209,445)	-42.98%	(16,401)	-2.78%	85,134	(101,828)	6,082	(107,911)	
Jackson County MHC	411,718	301,179	381,074	405,073	(110,539)	(0)	32,407	8.00%	30,644	(103,895)	8,408	(112,303)	
Grand Total	1,206,296	807,599	1,090,518	1,000,409	(398,697)		(62,706)		115,778	(192,810)	27,403	(220,213)	

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

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
CRU - 16 Bed Facility	0	148,507	9,494	0	148,507	100.00%	(9,494)		(9,494)	148,507	0	148,507	
Dutton Facilities	112,813	101,683	102,281	75,429	(11,130)	-10.95%	(23,437)	-31.07%	10,532	26,254	3,415	22,839	
EBP Supportive Housing	13,712	16,175	13,712	12,771	2,463	15.23%	(941)	-7.37%	(0)	3,404		3,404	
Geriatrics	-	58,179	-	29,600	58,179	100.00%	29,600	100.00%	0	28,579		28,579	
Jackson Place	39,677	1,123	32,534	1,672	(38,554)	-3434.47%	(29,741)	-1778.34%	7,143	(550)	1,120	(1,670)	
JC Non-CCBHC	64,595	83,750	52,897	51,309	19,155	22.87%	(1,588)	-3.09%	11,698	32,441		32,441	
Marshall Place	22,465	27,764	26,366	27,521	5,299	19.08%	1,542	5.60%	(3,900)	243	386	(144)	
MC Non-CCBHC	106,798	123,988	73,431	67,047	17,189	13.86%	(6,384)	-9.52%	33,367	56,940		56,940	
Prevention	28,553	37,485	25,107	29,172	8,932	23.83%	4,065	13.93%	3,445	8,312		8,312	
Substance Use	111,712	113,718	108,380	108,100	2,005	1.76%	6,339	5.86%	3,332	5,618	6,619	(1,002)	
Supervised Apartments	6,254	7,177	4,372	5,401	924	12.87%	1,655	30.64%	1,882	1,776	625	1,151	
	506,578	719,547	448,572	408,023	212,969		(28,383)		58,006	311,524	12,166	299,358	
Board Investments	26,889	150,189	2,137	1,842	123,300	82.10%	397	21.57%	24,752	148,347	692	147,655	
Grand Total	533,467	869,736	450,709	409,865					82,758	459,871	12,858	447,013	

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
SUMMARY YTD
FY 2026

PROGRAM	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)
CCBHC	810,443	638,387	221,393	416,994
NonCCBHC Outpatient	428,361	859,496	0	859,496
Residential MI/SU	157,040	945,220	114,868	830,352
Board Investments	173,267	428,719	7,192	421,528
Grand Total	1,569,111	2,871,823	343,453	2,528,370

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
CCBHC PROGRAM SUMMARY
FOR THE EIGHT MONTHS ENDED MAY 31, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
Administration	684,529	158,356	684,529	54,111	(526,173)	-332.27%	(526,173)	-332.27%	(0)	104,245	104,245	0	
Marshall County MHC	4,877,517	4,510,127	4,281,581	3,833,532	(367,389)	-8.15%	(398,848)	-10.40%	595,936	676,595	49,200	627,395	
Jackson County MHC	2,882,027	2,491,272	2,667,520	2,633,725	(390,755)	(0)	34,153	1.30%	214,507	(142,453)	67,949	(210,401)	
Grand Total	8,444,073	7,159,756	7,633,630	6,521,368	(1,284,317)		(890,868)		810,443	638,387	221,393	416,994	

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
NonCCBHC PROGRAM SUMMARY
FOR THE EIGHT MONTHS ENDED MAY 31, 2026

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues $ Variance	Budget vs Actual Revenues % Variance	Budget vs Actual Expenses $ Variance	Budget vs Actual Expenses % Variance	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance -/+ 5% Comments
CRU 16 Bed Facility	0	148,507	0	0	148,507	100.00%	0	#DIV/0!	0	148,507	0	148,507	
Dutton Facilities	789,689	927,969	715,966	611,709	138,280	14.90%	(67,247)	-10.99%	73,723	316,260	37,011	279,250	
EBP Supportive Housing	95,981	100,973	95,981	83,618	4,992	4.94%	(12,363)	-14.78%	(0)	17,355		17,355	
Geriatrics	-	413,951	-	220,535	413,951	100.00%	220,535	100.00%	0	193,416		193,416	
Jackson Place	277,738	293,884	227,738	189,671	16,146	5.49%	(24,832)	-13.09%	50,000	104,213	13,235	90,978	
JC Non-CCBHC	452,162	663,844	215,517	335,616	211,682	31.89%	120,098	35.78%	236,645	328,229		328,229	
Marshall Place	157,258	249,085	184,559	196,053	91,827	36.87%	14,584	7.44%	(27,300)	53,032	3,089	49,942	
MC Non-CCBHC	783,801	1,220,457	592,085	689,189	436,656	35.78%	97,105	14.09%	191,716	531,268		531,268	
Prevention	199,869	225,370	175,751	199,874	25,501	11.32%	24,123	12.07%	24,118	25,496		25,496	
Substance Use	781,987	830,972	758,660	766,932	48,985	5.89%	63,973	8.34%	23,327	64,040	55,701	8,339	
Supervised Apartments	43,775	50,795	30,603	27,893	7,020	13.82%	3,123	11.20%	13,172	22,901	5,833	17,069	
	3,582,260	5,125,807	2,996,859	3,321,090	1,543,547		439,099		585,401	1,804,717	114,868	1,689,849	
Board Investments	188,224	441,231	14,957	12,511	253,006	57.34%	4,746	37.93%	173,267	428,719	7,192	421,528	
Grand Total	3,770,485	5,567,038	3,011,817	3,333,602					758,668	2,233,436	122,060	2,111,376	

2026 COMPARATIVE BALANCE SHEET

As of Accounting Period 8

	FY 2025	FY 2026	$ VARIANCE	%
Current Assets				
Cash	$720,712	$2,142,017	$ 1,421,304	66.35%
Total Receivables	$2,606,722	$1,733,183	$ (873,539)	-50.40%
Total Other Current Assets	$3,402,061	$3,486,603	$ 84,542	2.42%
Total Current Assets	**$6,729,495**	**$7,361,803**	**$632,307**	**8.59%**
Long Term Assets				
Fixed Assets	$6,072,977	$6,065,952	$ (7,024)	-0.12%
Other Long Term Assets	$4,553,235	$5,320,108	$ 766,874	14.41%
Total Long Term Assets	**$10,626,211**	**$11,386,061**	**$ 759,850**	**6.67%**
Total Assets	**$17,355,707**	**$18,747,863**	**$ 1,392,157**	**7.43%**
Liabilities				
Current Liabilities	($599,028)	($962,763)	$ (363,736)	37.78%
Long Term Liabilities	$0	$0	$ -	
Total Liabilities	**($599,028)**	**($962,763)**	**$ (363,736)**	**37.78%**
Net Assets				
Unrestricted Net Assets	($15,610,386)	($15,256,730)	$ 353,656	-2.32%
Net (Income) Loss	($1,146,293)	($2,528,370)	$ (1,382,077)	54.66%
Total Net Assets	**($16,756,679)**	**($17,785,100)**	**$ (1,028,421)**	**5.78%**
Total Liabilities and Net Assets	**($17,355,707)**	**($18,747,863)**	**($1,392,157)**	**7.43%**

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

Self Pay

	30	60	90	>90	Total
A/R Balance as of 5/31/26	107,477.21	48,570.71	42,824.83	88,990.35	287,863.10
Adjustment %	93.50%	93.50%	93.50%	93.50%	
Estimated Net Self Pay A/R Balance	**6,986.02**	**3,157.10**	**2,783.61**	**5,784.37**	**18,711.10**

DHR and Probate

	30	60	90	>90	Total
A/R Balance as of 5/31/26	3,079.85	1,902.65	1,540.00	5,500.00	12,022.50
Adjustment %	0.00%	0.00%	0.00%	0.00%	
Estimated Net DHR/Probate A/R Balance	**3,079.85**	**1,902.65**	**1,540.00**	**5,500.00**	**12,022.50**

Medicare

	30	60	90	>90	Total
A/R Balance as of 5/31/26	2,496.19	-	-	-	2,496.19
Adjustment %	50.00%	50.00%	50.00%	50.00%	
Estimated Net Medicare A/R Balance	**1,248.10**	-	-	-	**1,248.10**

Medicaid

	30	60	90	>90	Total
A/R Balance as of 5/31/26	710,981.52	20,135.80	16,145.10	34,204.74	781,467.16
Adjustment %					
Estimated Net Medicaid A/R Balance	**710,981.52**	**20,135.80**	**16,145.10**	**34,204.74**	**781,467.16**

Insurance

	30	60	90	>90	Total
A/R Balance as of 5/31/26	81,233.88	7,727.45	1,821.87	2,462.34	93,245.54
Adjustment %	51.67%	51.67%	51.67%	51.67%	
Estimated Net Insurance A/R Balance	**39,260.33**	**3,734.68**	**880.51**	**1,190.05**	**45,065.57**

ASAIS

	30	60	90	>90	Total
A/R Balance	238,100.05	8,471.67	9,075.89	7,583.45	263,231.06
Adjustment %	33.00%	33.00%	33.00%	33.00%	
Estimated Net Insurance A/R Balance	**159,527.03**	**5,676.02**	**6,080.85**	**5,080.91**	**176,364.81**

Total

	30	60	90	>90	Total
A/R Balance as of 5/31/26	1,143,368.70	86,808.28	71,407.69	138,740.88	1,440,325.55
Average Adjustment %					
Estimated Net Total A/R Balance	**921,082.85**	**34,606.24**	**27,430.07**	**51,760.07**	**1,034,879.24**

Other Information

May 2026

Transportation	Marshall County	Jackson County
Miles driven in month	1,563.00	1,605.00
Number of riders	135	46
Fuel Purchased	497.57	338.37
Average Price/gallon	3.96	4.03
Maintenance	-	
Depreciation	869.78	842.00
Salary	2,961.92	2,906.40
Cost/rider	32.07	88.84

Client Medical Expense	Dutton	Jackson Place	Marshall Place	Cedar Lodge	
Pharmacy	3,802.07	121.70	235.12	771.24	
Physician Charges	646.46	-		1,839.00	
Co-Pays/Deductibles	99.37		23.40		
	4,547.90	121.70	258.52	2,610.24	**7,538.36**

Consumer Housing	Duplex-Board Inv
# of Available Units	-
# of Units Rented	1.00
Rental Revenue	400.00

General Administration

2.1 Table of Organization

2.2 Conflict of Interest

2.3 Gratuities

2.4 Allocation of Staff Time and Operating Expenses

2.5 ~~Schedule of Operation~~ **(eliminated 4-26-11)**

2.5.1 ~~Closing Operations Due to Inclement Weather~~ **(eliminated 4-26-11)**

2.6 ~~Management Information System~~ **(eliminated 4-19-16)**

2.7 Consultants

2.8 Non-Discrimination/Affirmative Action

2.9 ~~Cleaning and Maintenance of Buildings~~ **(eliminated 3-21-17)**

2.10 Fire, Severe Weather and Medical Emergency

2.10.1 Usage of Safety Codes

2.11 Energy Conservation

2.12 Security Procedures

2.12.1 ~~Health Information Physical Security Policy~~ **(eliminated 4-19-16)**

2.13 ~~Securing Private Health Information~~ **(eliminated 4-19-16)**

2.13.1 ~~Reporting and Responding to a Confidentiality Breach~~ **(eliminated 4-19-16)**

2.14 ~~Sanction Policy~~ **(eliminated 4-19-16)**

2.15 Goals and Objectives

2.15.1 Philosophy of Substance Abuse Services

2.16 Infection Control

2.16.1 Tuberculosis Risk Screening Questionnaire (SA)

2.17 Infectious and Sexually Transmitted Disease: Education and Testing

2.18 ~~No Smoking~~ **(eliminated 4-26-11)**

2.19 ~~E-mail Policy~~ **(new P&P 11.39 – 4-19-16)**

2.20 ~~Fax Policy~~ **(new P&P 11.38 – 4-19-16)**

2.21 ~~Workstation Use Policy~~ **(eliminated 4-19-16)**

2.22 ~~Data Audit Policy~~ **(appended to P&P 11.20 – 4-19-16)**

2.23 ~~Policy for Responding to Gov't Search Warrants, Subpoenas, and Requests for Documents~~ **(new P&P 11.37 – 4-19-16)**

2.24 ~~Training Policy on Privacy and Security Regulations~~ **(appended to P&P 11.7 – 4-19-16)**

2.25 ~~Transcription Policy~~ **(eliminated 4-19-16)**

2.26 ~~Securing Work Area of Terminated Employee Policy~~ **(eliminated 4-19-16)**

2.27 Vendor/Visitor Policy

2.28 ~~Portable Computer Policy~~ **(appended to P&P 11.14 – 4-19-16)**

2.29 ~~Data Backup~~ **(eliminated 4-19-16)**

2.30 ~~Internet Security~~ **(appended to P&P 11.17 – 4-19-16)**

2.31 ~~Emergency Mode Operations Policy, Procedure and Plan~~ **(appended to P&P 11.11 – 4-19-16)**

2.32 ~~Corporate Compliance~~ **(eliminated 4-26-11)**

2.33 ~~Corporate Compliance Retaliation~~ **(eliminated 4-26-11)**

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Organizational Structure and Chart
NUMBER:	2.1
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 maintain an accurate and current organizational chart that clearly defines lines of authority, responsibility, and communication within the organization. The chart ensures that the structure supports effective governance, leadership accountability, and compliance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards.

The organizational chart shall reflect the relationship between the Board of Directors, Chief Executive Officer (CEO), management staff, and operational departments, illustrating reporting relationships and functional areas of responsibility throughout the organization.

PROCEDURES:

1. The Chief Executive Officer (CEO) shall ensure that the organizational chart accurately represents the structure of the agency, including administrative, clinical, fiscal, and operational divisions.

2. The organizational chart shall identify all key leadership and management positions, including the CEO and department directors responsible for program areas defined under the CCBHC model.

3. The chart shall be reviewed and updated at least annually, or more frequently as structural changes occur. Updates may be made by the CEO as needed to meet operational or programmatic requirements.

4. A current copy of the organizational chart shall be maintained electronically on the agency's shared network drive.

5. The organizational chart shall be made available for review by regulatory agencies, auditors, and accrediting bodies upon request.

6. The structure shall ensure that all CCBHC & Non-CCBHC service/program domains are represented within the organization and that clear accountability exists between the Board, CEO, and designated program leaders.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Conflict of Interest and Ethical Conduct
NUMBER:	2.2
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of Mountain Lakes Behavioral Healthcare (MLBH) that all Board members, officers, employees, contractors, and agents act in a manner that upholds the highest standards of ethical conduct and avoids actual or perceived conflicts of interest. This policy ensures decisions are made solely in the best interest of the organization and individuals receiving care, consistent with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) requirements.

A conflict of interest exists when personal, financial, or other considerations may compromise, or appear to compromise, an individual's objectivity, judgment, or ability to perform their duties impartially. All individuals covered by this policy must conduct business in a transparent, fair, and accountable manner, ensuring that personal interests do not interfere with the mission or integrity of MLBH.

PROCEDURES:

1. Individuals must promptly disclose to the Chief Executive Officer (CEO) and/or Board President any personal, professional, or financial interest that could potentially conflict with the interests of MLBH.

2. The CEO and/or Board President shall review disclosures and determine whether a conflict exists and, if so, the appropriate corrective action, which may include recusal, divestment, or discontinuation of the conflicting activity.

3. Conflicts involving Board members or officers shall be reviewed by the full Board of Directors. All discussions and decisions related to conflicts of interest shall be documented in the Board meeting minutes.

4. Examples of conflicts of interest include, but are not limited to:
- Personal financial gain through transactions with MLBH.
- Business or employment relationships that may influence decision-making.
- Use of confidential or proprietary information for personal benefit.
- Acceptance of gifts or favors that could appear to influence decisions.

5. Any employee or Board member found to have engaged in conduct that violates this policy or fails to disclose a conflict of interest may be subject to disciplinary action, up to and including termination or removal from the Board.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Gratuities, Gifts, and Ethical Conduct
NUMBER:	2.3
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of Mountain Lakes Behavioral Healthcare (MLBH) that all Board members, officers, employees, contractors, and volunteers conduct business in a manner that upholds the highest standards of ethical conduct, impartiality, and public trust. Individuals shall not solicit, accept, or offer any gift, favor, entertainment, or item of value that could influence, or appear to influence, the performance of their duties or decisions made on behalf of the organization.

This policy ensures that the organization's financial and professional relationships remain free from conflicts of interest and undue influence, in accordance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, federal procurement laws, and ethical business practices.

PROCEDURES:

1. This policy applies to all Board members, officers, employees, interns, contractors, and volunteers representing Mountain Lakes Behavioral Healthcare.

2. No individual acting on behalf of MLBH may accept or offer any gratuity, gift, favor, entertainment, or item of monetary value from or to any individual, organization, vendor, or entity engaged in business with MLBH.

3. This prohibition includes the acceptance or offering of gifts to or from government officials, funding agency representatives, or regulatory personnel.

4. The following are examples of prohibited conduct:
   - Receiving or providing tickets, travel, or other entertainment of value from or to vendors or partners.
   - Accepting personal discounts, goods, or services not available to the general public.
   - Offering any form of gift intended to influence business decisions or contract outcomes.

5. Limited exceptions may be made for items of nominal value (e.g., promotional pens or calendars) that are customary and not intended to influence judgment.

6. Any offer or acceptance of a gift, gratuity, or favor must be immediately reported to the Chief Executive Officer (CEO). The CEO shall determine whether the item is acceptable or whether corrective action is necessary.

7. Violations of this policy may result in disciplinary action, up to and including termination.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Allocation of Staff Time and Operating Expenses
NUMBER:	2.4
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 allocate staff time, fringe benefits, and operating expenses across programs and cost centers in a consistent, equitable, and transparent manner. The allocation process shall be supported by verifiable documentation and conducted in accordance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, Generally Accepted Accounting Principles (GAAP), and the federal cost principles outlined in 2 CFR Part 200 (Uniform Guidance).

This approach ensures that costs are distributed fairly based on actual usage or benefit received and that financial accountability and compliance are maintained for all funding sources.

PROCEDURES:

1. Each program shall be assigned a cost allocation percentage based on the proportion of total full-time equivalent (FTE) staff time or other approved allocation drivers such as service volume, square footage, or direct labor hours.

2. Administrative and general operating costs, including salaries, fringe benefits, and overhead expenses, shall be accumulated in the Administration cost center.

3. The total administrative costs shall be allocated to each program cost center based on the applicable percentage derived from the approved allocation methodology.

4. Supporting documentation, including time studies, payroll summaries, and cost allocation spreadsheets, shall be maintained for audit and reporting purposes.

5. Allocations pertaining to state or federally funded programs shall adhere to the most restrictive applicable regulation, contract, or funding condition.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Use of Consultants and Contracted Professional Services
NUMBER:	2.7
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 engage consultants and contracted professionals only when specialized expertise, skills, or services are required that cannot be effectively provided by existing staff. Consultant engagements must align with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, federal cost principles (2 CFR Part 200), and applicable state and organizational policies.

All consultant relationships must be supported by written agreements that clearly define deliverables, timelines, and accountability to ensure transparency, cost-effectiveness, and compliance with applicable laws and ethical business practices.

PROCEDURES:

1. Consultants may be engaged under one or more of the following conditions:
   - Specialized professional services are needed that are not available from current staff due to time limitations, expertise, or licensure requirements.
   - The required service is temporary or limited in scope and does not justify a permanent staff position.
   - The consultant possesses qualifications, experience, or credentials that are essential for the service provided.
   - No Board member or immediate family member of a Board member may be compensated as a consultant to avoid conflicts of interest.
   - The engagement is financially reasonable and consistent with federal cost principles.

2. All consultant arrangements shall be formalized through a written Contract or Letter of Agreement that includes the following elements:
   - Scope of work and expected deliverables.
   - Duration of engagement and termination terms.
   - Compensation method, rate, and payment schedule.
   - Identification of the internal staff member responsible for oversight.
   - Confidentiality, data protection, and HIPAA/42 CFR Part 2 compliance provisions.
   - Conflict of interest and non-discrimination clauses.
   - Proof of professional licensure and insurance coverage, when applicable.

3. All consultant contracts must be reviewed and approved by the Chief Executive Officer (CEO) prior to execution and maintained by the Business Office for recordkeeping and audit purposes.

4. The CEO shall review consultant performance and cost-effectiveness annually or upon completion of the engagement.

5. The engagement of consultants shall be consistent with the organization's mission and shall support the delivery of high-quality, evidence-based behavioral health and substance use services.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Non-Discrimination, Equal Opportunity, and Affirmative Action
NUMBER:	2.8
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

Mountain Lakes Behavioral Healthcare (MLBH) is committed to providing equal employment opportunity and maintaining a workplace free from discrimination and harassment. MLBH prohibits discrimination in all employment practices on the basis of race, color, religion, national origin, ethnicity, sex, sexual orientation, gender identity or expression, age, genetic information, veteran status, disability, or any other protected characteristic.

MLBH complies with all applicable federal and state employment laws, including Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and Equal Employment Opportunity (EEO) regulations.

PROCEDURES:

1. This policy applies to all aspects of employment, including recruitment, hiring, compensation, benefits, training, promotion, discipline, and termination.

2. MLBH shall operate as an Equal Opportunity Employer (EOE) and will include appropriate EEO statements in job postings and recruitment materials.

3. MLBH shall provide reasonable accommodations to qualified applicants and employees with disabilities, unless doing so would create an undue hardship. Requests for accommodations may be made to a supervisor or Human Resources.

4. Harassment based on any protected characteristic is strictly prohibited. This includes verbal, physical, and visual conduct that creates an intimidating, hostile, or offensive work environment.

5. Employees may report concerns or complaints of discrimination or harassment to any supervisor, or the Human Resources office. Complaints may be made verbally or in writing.

6. MLBH shall promptly review and investigate all complaints. Retaliation against any individual who reports a concern or participates in an investigation is strictly prohibited.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Fire, Severe Weather, and Medical Emergency Procedures
NUMBER:	2.10
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of Mountain Lakes Behavioral Healthcare (MLBH) that all facilities maintain clear, well-documented procedures for responding to fire, severe weather, and medical emergencies. These procedures shall be designed to protect individuals receiving care, employees, and visitors, and shall comply with all applicable regulations including SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards and Alabama Department of Mental Health (ADMH) guidelines.

Emergency preparedness and response measures are incorporated into the organization's Continuity of Operations Plan (COOP) and reviewed annually to ensure readiness.

PROCEDURES:

A. Fire Evacuation Procedures:

1. Each facility shall maintain and display fire exit plans showing primary and alternate routes.
2. All staff and individuals receiving care shall be oriented to fire exit procedures and fire extinguisher use during onboarding or site orientation.
3. Upon detection or alarm of fire, the nearest staff member shall:
   - Notify emergency services (911).
   - Activate the fire alarm system.
   - Notify supervisory staff or the Program Director.
4. The Program Director or designee shall ensure all rooms are checked and all individuals have exited safely.
5. After evacuation, all persons shall gather at the pre-designated assembly area away from the building.
6. Fire drills shall be conducted at least annually.

B. Tornado / Severe Weather Procedures:

1. When a tornado watch or severe weather alert is issued, the Program Director or Office Manager shall monitor updates from official weather sources.
2. When a tornado warning is announced, all staff and individuals shall move immediately to the designated safe area, avoiding windows and exterior walls.
3. The Program Director or designee shall ensure everyone remains in the safe area until an all-clear is issued by authorities.
4. Facilities shall conduct at least one severe weather drill annually.

C. Medical Emergency Procedures:

1. In the event of a medical emergency, the Program Director, Nurse, or designee shall be notified immediately.
2. The Nurse or trained staff shall assess the situation to determine if emergency medical services are needed.
3. If required, call 911 immediately and begin CPR or First Aid as trained.
4. The Program Director or designee shall complete an Incident Report and submit it to the Quality and Performance Improvement (QPI) Committee within 24 hours.
5. Following any emergency event, a debriefing shall be held to identify corrective actions or training needs.

D. Training and Review:

- All staff shall complete annual emergency preparedness training covering fire, weather, and medical emergencies.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Behavioral and Safety Code Response Procedures
NUMBER:	2.10.1
SUBJECT:	General Administration
EFFECTIVE DATE:	03/15/89
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 maintain established safety code response procedures to manage perceived or actual threats to safety within agency facilities. Staff shall respond in a trauma-informed, coordinated, and professional manner to ensure the safety of individuals receiving care, employees, and visitors. These procedures align with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, OSHA workplace violence prevention guidelines, and Alabama Department of Mental Health (ADMH) requirements. Safety codes will be announced via the building intercom or phone system, if applicable.

PROCEDURES:

1. CODE "DR. STRONG" – Aggressive or Disruptive Behavior:

- Initiate Code Dr. Strong when an individual exhibits physically or verbally aggressive behavior that poses potential harm to self or others.
- Available staff will respond immediately to assist with de-escalation using trauma-informed, person-centered techniques.
- If the situation escalates, staff should withdraw to a safe distance and contact law enforcement if necessary.
- The Program Director, Clinical Director, or designee assumes lead responsibility for coordinating the response and communication.
- Physical restraint is prohibited unless conducted by trained staff in accordance with ADMH and CCBHC standards.
- All incidents shall be documented using an Adverse Incident Report and submitted to the Quality and Performance Improvement (QPI) Committee.

2. CODE "DR. STEEL" – Weapon or Threat with a Weapon:

- Initiate Code Dr. Steel when a weapon or suspected weapon is present or used to threaten harm.
- Immediately seek shelter behind locked doors or proceed to designated safe zones.
- The first available staff member shall contact law enforcement (911) and notify supervisory staff.
- The Program Director, Clinical Director, or designee shall verify that all individuals are secure and coordinate with law enforcement.
- The facility All-Clear shall be announced only upon confirmation by law enforcement.
- All events must be documented using an Adverse Incident Report and reviewed by the QPI Committee within 24 hours.

3. Post-Incident Review:

- A debriefing session shall be held within 72 hours following any Dr. Strong or Dr. Steel event.
- The session will evaluate adherence to de-escalation protocols, identify contributing factors, and recommend system improvements.

4. Training:
- All staff shall complete annual training in crisis de-escalation, emergency code procedures, and workplace violence prevention.
- Refresher or remedial training will be required following any incident that identifies a need for additional competency.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Energy Conservation and Environmental Sustainability
NUMBER:	2.11
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 promote energy conservation and environmental stewardship through efficient management of electricity, heating and cooling systems, water use, and facility operations. All employees share responsibility for conserving resources and reducing environmental impact while maintaining a safe and comfortable environment for individuals receiving care, staff, and visitors. These practices support SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards and Alabama Department of Mental Health (ADMH) environmental safety requirements.

PROCEDURES:

A. Energy Efficiency and Temperature Control:

- Thermostats shall be maintained at 68–72 °F in winter and 72–75 °F in summer unless otherwise approved by the Chief Executive Officer (CEO).
- HVAC systems shall be set to energy-saving modes at the close of business and re-activated prior to opening.
- Preventive maintenance of HVAC systems shall be performed semi-annually to ensure energy efficiency.

B. Lighting and Electrical Conservation:

- Lights will be turned off in unoccupied rooms and after business hours.
- LED lighting shall be installed where practical to reduce energy consumption.
- Motion sensors or timers will be used in common areas as feasible.

C. Water Conservation:

- All employees must ensure water fixtures are turned off after use.
- Facilities will inspect for leaks regularly and install low-flow fixtures when replaced.
- During freezing conditions, minimal dripping may be permitted to prevent pipe damage.

D. Environmental and Sustainability Practices:

- The CEO shall seek energy-efficiency partnerships and grant opportunities supporting operational sustainability.
- Recycling and waste-reduction programs shall be maintained at all sites.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Security and Facility Access Procedures
NUMBER:	2.12
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 maintain comprehensive security and facility access procedures that safeguard individuals receiving care, employees, property, and confidential information. Security measures are designed to prevent unauthorized access, theft, and damage while ensuring compliance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, HIPAA Security Rules, and Alabama Department of Mental Health (ADMH) regulations.

PROCEDURES:

1. Facility Lock-Up:
   - The last on-duty staff member shall verify that all exterior doors and windows are secured and that the alarm system is armed before leaving the facility.
   - Each location must maintain a log confirming daily lock-up procedures.

2. After-Hours Access:
   - Staff working after normal business hours must ensure all exterior doors remain locked and report any unusual activity immediately to law enforcement and the CEO or designee.
   - Alarms must be reset prior to leaving the building.

3. Key and Access Control:
   - Keys, key cards, and access codes shall be issued only upon written authorization by the HR Department.
   - The IT Department shall maintain a master list of all active access credentials.
   - Lost or stolen keys/cards must be reported immediately to a supervisor and the IT Department.
   - Upon employee separation, HR will notify IT to deactivate all electronic access privileges and recover physical keys.

4. Medication and Records Security:
   - All medications shall be stored in locked cabinets or secured rooms in compliance with ADMH and DEA regulations.
   - Confidential records and electronic equipment must be stored securely after hours.

5. Electronic Security Systems:
   - Security cameras, alarm systems, and door access controls shall be maintained by IT and tested regularly to

ensure operational reliability.

6. Incident Reporting:

- Any theft, vandalism, or security breach must be documented on an Incident Report Form within 24 hours and submitted to the CEO.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Development, Review, and Evaluation of Annual Goals and Objectives
NUMBER:	2.15
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

Mountain Lakes Behavioral Healthcare (MLBH) ensures that all agency and program goals and objectives are developed annually through an inclusive and data-driven planning process. Goals are informed by performance metrics, staff input, and community needs assessments, and are reviewed by the Leadership Committee and approved by the Board of Directors prior to the start of each fiscal year. This process ensures alignment with the organization's mission, Certified Community Behavioral Health Clinic (CCBHC) objectives, and Alabama Department of Mental Health (ADMH) expectations.

PROCEDURES:

1. Program-Level Planning:
   - Each Program Director will conduct annual planning sessions with program staff to identify needs, priorities, and measurable objectives.
   - Proposed goals and objectives shall incorporate outcome measures, service access trends, and quality-improvement data.

2. Leadership Committee Review:
   - The Leadership Committee shall review proposed goals and objectives, evaluate progress from the previous year, and integrate organizational priorities.
   - Recommendations shall be made to the Chief Executive Officer (CEO) for final Board consideration.

3. Board Review and Approval:
   - The Board of Directors shall review and approve annual organizational goals and objectives prior to the beginning of the fiscal year.
   - Approved goals will guide agency operations, budget development, and Continuous Quality Improvement (CQI) initiatives.

4. Evaluation and Reporting:
   - Progress toward goals shall be reviewed quarterly by the Leadership Committee.
   - Results will be incorporated into annual reports and CQI performance summaries for Board review.
   - Adjustments to goals may be made as necessary based on performance data or environmental changes.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Philosophy of Substance Use Treatment and Recovery Services
NUMBER:	2.15.1
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 maintain a written, evidence-based philosophy guiding the design, delivery, and continuous improvement of all substance use treatment and recovery services. This philosophy reflects scientific understanding, compassion, and collaboration, supporting individuals in achieving lasting recovery. All services are aligned with ADMH & SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards and the principles of trauma-informed, person-centered, and recovery-oriented care.

PROCEDURE:

MLBH's philosophy of substance use treatment and recovery services is grounded in the American Society of Addiction Medicine (ASAM) criteria and the Substance Abuse and Mental Health Services Administration (SAMHSA) principles of recovery. MLBH recognizes substance use disorders as complex, chronic, and treatable conditions. Recovery is possible and sustainable through individualized, holistic, and evidence-based care.

The following core beliefs and principles guide MLBH's approach:

A. Person-Centered and Recovery-Oriented Care:

- Each individual has the capacity for growth, healing, and recovery.
- Recovery is self-directed and based on empowerment, choice, and hope.
- Services are designed around the goals, strengths, and needs of each individual receiving care.

B. Trauma-Informed and Culturally Responsive Practice:

- Staff deliver care with compassion, recognizing that trauma and adverse experiences often contribute to substance use disorders.
- Treatment environments foster physical, emotional, and psychological safety.
- Services honor diversity, equity, inclusion, and cultural responsiveness.

C. Integrated, Evidence-Based Services:

- MLBH utilizes evidence-based interventions that align with ASAM criteria.
- Substance use and mental health disorders are treated concurrently using whole-person approaches.
- Relapse is viewed as an opportunity for treatment adjustment rather than failure.

D. Collaborative and Community-Based Care:

- Effective recovery involves coordination across behavioral health, primary care, and social service systems.
- Families and natural supports are encouraged to participate when appropriate.

E. Continuous Assessment and Improvement:

- Treatment plans are regularly reviewed and updated to reflect progress and best-practice standards.
- Continuous Quality Improvement (CQI) activities monitor outcomes and promote service excellence.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Infection Control and Exposure Prevention
NUMBER:	2.16
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

Mountain Lakes Behavioral Healthcare (MLBH) implements a comprehensive Infection Control Program that incorporates Centers for Disease Control and Prevention (CDC) Standard Precautions, Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen standards, and Alabama Department of Mental Health (ADMH) requirements. All individuals,whether known or suspected to have an infectious disease, will be treated using standard precautions.

PROCEDURES:

A. Standard Precautions:

- All staff shall use appropriate barriers (gloves, masks, gowns, or eye protection) when contact with blood or body fluids is anticipated.
- Hands must be washed with soap and water—or sanitized with alcohol-based rub—immediately after glove removal or any contact with potentially infectious materials.
- Disposable sharps shall be discarded in puncture-resistant containers located at the point of use; needles shall never be recapped or bent.
- Mouthpieces or resuscitation devices shall be available in all clinical and residential areas to eliminate mouth-to-mouth resuscitation.

B. Work Restrictions and Employee Health:

- Employees with open lesions or communicable illnesses shall refrain from direct service contact until cleared by a medical professional.
- TB screening, hepatitis B vaccination, and post-exposure protocols shall follow CDC and ADMH guidelines.
- All exposure incidents shall be reported immediately, with documentation and follow-up per OSHA standards.

C. Training and Education:

- All staff shall complete infection-control training prior to assignment and annually thereafter.
- Training shall include bloodborne pathogen prevention, hand hygiene, PPE use, and exposure-incident response.
- Records of trainings shall be maintained by Human Resources.

D. Environmental and Facility Standards:

- Cleaning, disinfection, and waste disposal shall comply with CDC and EPA guidelines.
- Biohazard waste shall be handled and disposed of through licensed medical-waste vendors.
- Each facility shall maintain accessible hand-washing stations and infection-control signage.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Tuberculosis (TB) Screening and Prevention
NUMBER:	2.16.1
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
REVISED BY:	Myron Gargis
APPROVED BY BOARD PRESIDENT:	David Kennamer

REVISION DATE: ??/??/26

POLICY:

It is the policy of Mountain Lakes Behavioral Healthcare (MLBH) that all employees and individuals who are receiving care in residential programs, shall receive tuberculosis (TB) screening in accordance with Centers for Disease Control and Prevention (CDC) and Alabama Department of Mental Health (ADMH) guidelines. Screening ensures early detection, protects the health of all individuals, and prevents transmission of infectious disease within MLBH facilities. MLBH maintains documentation of TB screening, results, and related staff training as part of its Infection Control and Workforce Health Program, consistent with ADMH & SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards.

PROCEDURES:

A. Employee Screening:

- All new employees shall receive TB screening prior to beginning job duties.
- Annual screening shall occur when there has been known exposure, evidence of transmission, or as required by public health authorities.
- Employees shall receive annual education on TB risk factors, symptoms, prevention, and agency protocols.
- Documentation of TB screening and training shall be maintained in the employee's personnel file.

B. Individual (Program Admission) Screening:

- All individuals receiving care in a MLBH residential program, shall be screened for TB at admission using the Tuberculosis Risk Screening Questionnaire (TRSQ) or equivalent.
- Completed screening forms shall be retained in the individual's medical record.
- Positive screens shall prompt referral for further medical evaluation.

C. Qualified Staff and Oversight:

- Only trained and qualified staff may administer TB screenings.
- Non-medical personnel administering the TRSQ shall have immediate consultation access to a nurse or medical provider.

D. Reporting and Compliance:

- MLBH shall comply with all state and federal reporting requirements for communicable diseases.
- Positive or suspected TB cases shall be reported immediately to the Alabama Department of Public Health (ADPH) and the Chief Executive Officer (CEO).
- Program staff shall ensure documentation, monitoring, and follow-up are completed.

E. Education and Prevention:

- Annual staff training shall include TB symptoms, prevention, and reporting procedures.
- Educational materials regarding TB prevention shall be available for both staff and individuals receiving care.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Infectious and Sexually Transmitted Disease (STD/STI) Education, Testing, and Prevention
NUMBER:	2.17
SUBJECT:	General Administration
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 to prevent the spread of infectious diseases among all clients, staff and volunteers. MLBH provides, either directly or through coordinated referral, screening, education, counseling, testing, and case-management services related to HIV/AIDS, Hepatitis, and other communicable diseases. No individual shall be denied services or experience discrimination based on infectious-disease status or refusal of testing. These activities are conducted in compliance with SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, Alabama Department of Mental Health (ADMH) regulations, and Centers for Disease Control and Prevention (CDC) guidelines.

PROCEDURES:

It is the policy of the Board to provide risk assessment and screening of clients reporting high risk behaviors and symptoms of communicable disease. MLBHC shall provide, either directly or by referral, HIV/AIDS, Hepatitis, STD, and TB education for all substance abuse residential program admissions. MLBHC shall offer directly or by referral to all clients who voluntarily accept the offer for HIV/AIDS early intervention services to include, HIV pre-test and post-test counseling and case management and referral services, as needed, for medical care.

1. An individual's refusal of HIV testing shall not pre-empt residential treatment.
2. A seropositive test result shall not pre-empt residential treatment.
3. HIV seropositive test results will be released only on a "need to know" basis.

Each client shall have training in infection control at program admission and annually thereafter.

Substance Abuse Block Grant HIV Early Intervention Services

Additional Substance Abuse Block Grant funding may be available for HIV Early Intervention Services (EIS). In the event that this funding is available and utilized, the following guidelines will also apply. All patients will be formally notified of the availability of HIV EIS, including testing, and the terms and conditions for participation. Documentation of the process of formal notification shall be maintained for each patient.

MLBHC will provide one or more of the following HIV EIS services for each patient enrolled in the substance abuse treatment program who desires such.

a. HIV/AIDS and EIS education and information to improve the knowledge, ability, and motivation of high risk individuals to reduce the transmission of HIV. This is to be provided by a qualified staff person in a group or individual setting. HIV/AIDS and EIS education will be offered at a frequency to ensure availability to all clients enrolled in the residential program.
b. Appropriate pretest counseling for HIV and AIDS- Includes administration of an approved staff assisted risk assessment instrument provided by a qualified staff person, typically administered at admission, to determine a patient's risk of being HIV positive and processing of the results with the patient.
c. Rapid HIV on site testing to detect HIV infection to be provided directly or by referral at a frequency to ensure availability to all clients enrolled in the residential program.
d. The provision of or referral for laboratory testing to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system; and services to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
e. Appropriate post-test counseling- Face-to-face contact with a patient by a qualified counselor relative to concerns about HIV risks, HIV testing, HIV test results, transmission, family/partner concerns, etc.
f. Case management to support delivery of appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
g. Peer support to facilitate patient engagement in and adherence to recommended HIV/AIDS prevention and treatment regimens.

1. Case management and peer services shall begin while the patient is enrolled in the residential program and continue until the patient is successfully integrated into a system of care for HIV or AIDS.
2. MLBHC will establish Memoranda of Understanding (MOU)s with other organizations as need to assure access to needed services.
3. All service delivery shall be documented and documentation shall be maintained in accordance with agency medical records documentation and records storage policies and procedures, and in accordance with federal and state regulations.
4. Each patient's privacy and confidentiality will be protected at all times in accordance with agency policies and procedures.
5. All appropriate releases of information necessary for the provision of referrals to HIV/AIDS related service providers will be secured.
6. The quality assurance program will comply with the Substance Abuse Block Grant HIV Early Intervention Services guidelines.
7. Submit reports for service delivery and data elements to ADMH as required and specified.
8. All personnel will satisfy the qualification and training requirements specified by the Substance Abuse Block Grant HIV Early Intervention Services guidelines.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
POLICY & PROCEDURE

TITLE:	Vendor and Visitor Access and Confidentiality Policy
NUMBER:	2.27
SUBJECT:	General Administration
EFFECTIVE DATE:	05/23/85
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 ensure that all visitors and vendors entering any facility do so under controlled and monitored conditions that maintain the confidentiality, integrity, and security of protected health information (PHI) and ensure the safety of individuals receiving care and employees. All vendors and visitors must sign in at reception, complete a Confidentiality Statement, and display a visitor identification badge while on the premises. This policy aligns with ADMH & SAMHSA Certified Community Behavioral Health Clinic (CCBHC) standards, and HIPAA regulations.

PROCEDURES:

A. Sign-In and Identification:

- All visitors and vendors shall sign in at the main reception desk upon entry.
- The receptionist or designated staff member shall ensure completion of a Confidentiality Statement prior to granting access.
- Visitors and vendors will be issued a visible identification badge to be worn at all times while on-site.
- Upon departure, badges shall be returned and the visitor shall sign out.

B. Escort and Access Restrictions:

- Visitors and vendors must be escorted by an authorized staff member unless otherwise approved by the Chief Executive Officer (CEO) or designee.
- Access is limited to areas relevant to the purpose of the visit.
- Vendors performing maintenance, IT, or delivery services must comply with all security and infection-control protocols.

C. Confidentiality and HIPAA Compliance:

- All visitors and vendors must comply with HIPAA and agency privacy standards.
- Confidential or protected information observed or encountered during visits shall not be discussed or disclosed.
- Violation of confidentiality requirements may result in removal from premises and restriction from future access.

D. Staff Responsibilities:

- Staff members are responsible for ensuring compliance with this policy.
- Staff who observe unbadged or unauthorized individuals must courteously direct them to reception for sign-in and verification.

- Repeated violations must be documented and reported to the CEO.

E. Enforcement and Sanctions:

- Employees who knowingly fail to enforce this policy are subject to disciplinary action up to termination.
- Vendors or visitors who violate confidentiality or access rules may be barred from future entry.

MLBH PERSONNEL REPORT

6/16/2026

NEW HIRES

FT	Jacquelyn Dixon	School-Based Therapist MC	5/27/2026	C/A Outreach	CCBHC
FT	Wendy Farley	Life Skills Specialist	5/27/2026	Dutton	Carve Out
FT	Mackenzie Osborne	Primary Care Screener	5/27/2026	JCMHC	CCBHC
FT	Jar'Nae Dobson	School-Based Therapist JC	5/27/2026	C/A Outreach	CCBHC
FT	Cala Wilson	School-Based Therapist MC	5/27/2026	C/A Outreach	CCBHC
FT	Bianca Ray	School-Based Therapist JC	6/9/2026	C/A Outreach	CCBHC
FT	Hunter Allen	Life Skills Specialist	6/9/2026	Substance Use	Carve Out
FT	Cris'Deona Beasley	Therapist School-Based MC	6/9/2026	C/A Outreach	CCBHC
FT	Bianca Bullock	Therapist School-Based JC	6/9/2026	C/A Outreach	CCBHC
FT	Jeffrey Wilson	Life Skills Specialist	6/9/2026	Dutton	Carve Out

NEW POSITIONS ADDED

FT	Christy Keeper (Existing Employee)	Intake Coordinator for Outreach	6/7/2026	Both Counties	CCBHC
FT	Regan Ellison	Adult Peer Support Spec (Employment Focus)	5/27/2026	Both Counties	CCBHC
PT	Gabby Hampton	School-Based Learning (High School) Student	6/9/2026	MCMHC	CCBHC

TRANSFERS

FT	Kayla Bennett	From SU LSS to SU Secretary	5/11/2026	Substance Use	Carve Out
FT	Stacey Adams	From Transport Specialist to LSS RDP	6/1/2026	MCMHC	Carve Out
FT	J D Boatwright	From Training Specialist to Intake Coordinator	6/7/2026	MCMHC	CCCBHC

PROMOTIONS

N/A

SEPARATIONS (VOLUNTARY)

FT	Keily Esquivel	SB Therapist	5/11/2026	C/A Outreach	CCBHC
FT	Elizabeth Roden	Life Skills Specialist	5/14/2026	Dutton	Carve Out
FT	Kimberly McMurrey	Life Skills Specialist Rehab Day Program	5/11/2026	JCMHC	Carve Out
FT	Hannah Cranford	SB Therapist MC	5/21/2026	C/A Outreach	CCBHC
FT	Annie Houser	Care Navigator	5/29/2026	MCMHC	CCBHC

SEPARATIONS (INVOLUNTARY)

FT	Ileanna Knapp	Life Skills Specialist Rehab Day Program	5/19/2026	MCMHC	Carve Out
FT	Averi Mitchell	SA IOP Program Coord.	6/3/2026	MCMHC	CCBHC

MLBH PERSONNEL REPORT

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
IOP= Intensive Out Patient
QSAP = Qualified Substance Abuse Professional
SU = Substance Use
SLP=Sign Language Proficient
RDP = Rehabilitative Day Program
TPR= Treatment Plan Review

POSITIONS TO BE FILLED

CARVE-OUT

Program Coordinator Dutton Group Homes (1)

Life Skills Specialist Dutton WE days(3), Overnight (1), PRN (3), Transportation LSS 2nd shift

Therapist Geriatric MC, JC Etowah C (1)

ACT Case Manager MC (1)

ACT Case Manager JC (1)

Life Skills Specialist RDP MC (1) JC (1)

Therapeutic Mentor MC (PT) (1)

Life Skills Specialist Rehab Day JC (1)

CCBHC

School-Based Boaz (1) Asbury (1)

Psychologist (1)

Peer Support Specialist/ Adult (1) MC

Case Manager (LICC) MC (1)

Maintenance Supervisor (1)

Training Specialist (1)

Outpatient Therapist JC (1)

SU IOP Program Coordinator (1)

Training Specialist Master's (1)

Training Specialist Bachelor's (1)

Transportation Specialist MC (1)

Care Navigator MC (1)

IT Board Report
JUN 2026

Items Completed from last reports:

-Ordered some addl Laptops.
-IT Intern to Full time at Sboro.
-Farmers Tel increased Internet Speed 2.5G now.
-Backup Generator Issues main center fixed.
-Admin conference System installation finished.

New Items / Continued:

-Network Infrastructure equipment to upgrade 3 left Main Center.
-Netsmart Orderconnect Lab module Software.
-Netsmart Care Manager & CC Inbox Project? Have we got to pay for this?
-Start domain controller prep for OS upgrade Srv 2022 -Hold-?
-Two sites left to do for video cameras, wait till after July 2026.
-Testing new phone system at Admin office.
-Order / Start O'brig office fiber and ethernet cables, phones, cams, etc.
-Increase Farmers WAN speed link at Main Center to 10G.
-Test farmers VoIP Dialtone at Admin Office.
-Wes moving Barracuda email archives to Msoft Azure Cloud.
-Wes implementing Purview Data Retention policies / labelling.
-Wes rolling out Msoft Autopilot imaging solution across all laptops.
-Wes continuing to optimize Msoft Cloud products and addl improvements.
-Wes and Connor working on Purview Encryption instructional video.
-Wes working on more security telemetry ingestion / analysis tools to Msoft.
-Get big IT capx $$ to Myron before July 2026.
-Get typical IT expenses increase % to Myron before July 2026.
-Bring back Jennifer P. Is it possible?
-Darik working on Cyber Degree.
-Reminder about 508 Gregory site phone service again.
-Cedar Fiber outage for 3 days due to storms and down trees.
-Modify IT policy concerning Email retention time frame.
-Start thinking about Barracuda Email cloud filter migration to Msoft too.
-Dell Laptops / Desktops EOL for hardware support.
-We are thinking about when to purchase new computers / servers.
-MLBHC Webpage, not sure when this thing is going into production.
-Alabama One web page project to start.
-Massive continuous amounts of Linux / Unifi updates this month.
-Grandstream PBX build procedure find easy way to do if possible.

Clinical Services Report

June 2026
Mental Health Care for Members of the Armed Forces and Veterans

MLBHC, as a Certified Community Behavioral Health Clinic (CCBHC), provides comprehensive, community-based mental health and substance use services to service members and veterans who may not have easy access to military or VA facilities. Services provided to veterans follow established VA standards to ensure high-quality, consistent care.
Access to Care for Current Military Members
How active service members receive care depends on their military status:

- Active-Duty Members (Full-Time Military):
  Typically receive care through military hospitals or clinics. If care is needed outside of the military system, their military doctor must review and coordinate those services.

- Active-Duty or Activated Guard/Reserve Living Far from a Military Facility:
  Those who live more than 50 miles (or about an hour's drive) from a military treatment facility may receive care from civilian providers through TRICARE. A designated primary care provider manages their care and coordinates any needed referrals.

- Reserve Members Not on Active Duty:
  These individuals may use TRICARE Reserve Select and can schedule appointments directly with any TRICARE-authorized provider.

- Veterans
  MLBHC assists veterans in connecting with VA (VHA) services when eligible. If a veteran is not eligible for VA care, or prefers to receive services locally, MLBHC can provide care directly.

In addition to general CCBHC requirements, services for veterans must meet specific standards:

- VA-Aligned Care:
  Services must follow the clinical guidelines outlined in the VA's Uniform Mental Health Services Handbook.

- Recovery-Oriented Approach:
  Care focuses on helping individuals improve their health and well-being, live independently, and work toward their personal goals.

- Culturally Competent Staff:
  Staff who have not served in the military receive training to understand military and veteran culture and the unique experiences of those who have served.

- Care Coordination for Active-Duty Members:
  Services for active-duty individuals are coordinated with their military or primary care providers to ensure continuity and compliance with military requirements.

Mental Health -

A new model for Mountain Lakes

(Mountain Lakes Behavioral Healthcare, the mental help facility based in Guntersville, shared this press release about a change to their operating model that should open their services to more people.)

The Alabama Department of Mental Health (ADMH) is proud to announce two additional community mental health centers have been approved to transition to the Certified Community Behavioral Health Clinic (CCBHC) model, an integrated approach to behavioral healthcare designed to expand access to mental health and substance use treatment services.

Mountain Lakes Behavioral Healthcare, which serves Jackson and Marshall counties, and Highland Health Systems, serving Cleburne and Calhoun counties, received approval from the Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2025 and April 2026, respectively. The two organizations join AltaPointe and Wellstone in adopting the CCBHC model.

"Our department has set a bold vision for the future with CCBHCs, which offer a 'no wrong door' approach to behavioral healthcare," said ADMH Commissioner Kimberly Boswell. "The transition to and expansion of the CCBHC model moves us closer to a system where every Alabamian has access to high-quality, coordinated and more efficient mental health and substance use treatment services."

CCBHCs are specially designated clinics that must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age. They reduce wait times and strengthen coordination among behavioral health, physical healthcare and social services. The model offers significant advantages for Alabama's community mental health system.

"The move to the CCBHC model is a major step and allows us to expand access to mental health and substance use treatment services, strengthen our Mobile Crisis response system, and introduce enhanced primary care screening and monitoring services. Our CCBHC will help to ensure timely, comprehensive care and to better address whole-person health needs," said Myron Gargis, Chief Executive Officer, Mountain Lakes Behavioral Healthcare.

Mickey Turner, Chief Executive Officer, Highland Health Systems, said, "Becoming a Certified Community Behavioral Health Clinic (CCBHC) significantly strengthens the quality and accessibility of behavioral health services in our community. We will be able to further reduce barriers to care, improve outcomes, and ensure that individuals receive the support they need. It will strengthen community partnerships and, most importantly, help us better serve those in need by creating a more responsive system of care that promotes recovery, stability, and overall well-being."

CCBHCs are required to provide nine core services:

- Crisis Services
- Outpatient Mental Health and Substance Use Services
- Person- and Family-Centered Treatment Planning
- Community-Based Mental Health Care for Veterans
- Peer, Family Support, and Counselor Services
- Targeted Care Management
- Outpatient Primary Care Screening and Monitoring
- Psychiatric Rehabilitation Services
- Screening, Diagnosis, and Risk Assessment

By integrating these core services into a comprehensive model of care, providers can better address the whole-person needs of individuals and families. The process to become a CCBHC can take anywhere from six to eighteen months depending on staffing levels, infrastructure, and the services currently offered by each community mental health center.

Expanded community-based services help reduce barriers to treatment, including transportation and access challenges in underserved areas. The Alabama Crisis System of Care is a key part of the CCBHC model, providing Crisis Center access and mobile crisis services 24/7, 365 days a year.

Altapointe, which serves southwest and east Alabama, and WellStone in northeast Alabama both moved to the CCBHC model in 2024. "Transitioning to the CCBHC model has transformed our service to the community. We now reach historically underserved populations, remove barriers to care, and provide expanded crisis and evidence-based services," Tuerk Schlesinger, AltaPointe Health CEO. "CCBHC has been a gamechanger in north Alabama. Moving forward, we hope this model continues to grow so everyone can access the mental health care they need when they need it," said Jeremy Blair of WellStone.

To learn more about CCBHCs, please visit mh.alabama.gov/certified-community-behavioral-health-clinics/ or contact the Office of Public Information at publicinformation.dmh@mh.alabama.gov, 334-242-3417.

Leadership Committee
May 21, 2026

MINUTES

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

Absent: Erica Player

I. Approve minutes of the April 16, 2026, meeting

Minutes were approved, as presented.

II. Committee Reports

EEG from 4/7/26

Attendees

- Christy Keeper, Jaslynn Wilkinson, Hannah Lowery, Savannah Miller, Jimmie Boatwright (JD), Margie Crabtree, Miranda Holland

Key decisions

- **Monthly meetup email correction:** Hannah to correct location name (Gino's) and fix the RSVP date detail; Christy will resend the updated email.
- **Monthly meetup time adjustment:** Move start time later to accommodate schedules (discussion landed on moving it to **6:00 PM**).
- **Family event planning direction (June 13):** Proceed with planning at Sand Mountain Amphitheater concept; plan to send RSVP by end of May (or sooner) to confirm headcount.
- **Kids activity at family event:** Do **face painting** (no additional crafts) alongside other activities (e.g., bounce houses, Kona Ice).
- **Kickball structure:** Target **8–10** members per team; teams submit a team name; award for most creative uniform.
- **EEG meetings cadence:** Set recurring meeting for **first Tuesday of each month, 12:30–1:30 PM.**

Discussion highlights

- **T-shirts:** Shirt shipment confirmation received; distribution plan to be coordinated once they arrive.
- **"I Saw It" award:** Christy to email staff soon so people can begin watching/looking for nominations, aligning with Mental Health Awareness Month (May).
- **Family event budget assumptions:** Early estimate near the $3,000 range based on ~150 attendees; need RSVP count to validate; discuss adding small "swag" items (e.g., lanyards) with Mountain Lakes branding.
- **Food/pricing concepts (family event):** Buffet quote discussed (approx. $8/person) and day passes (approx. $10/person) pending confirmation and headcount.
- **Volunteer roles:** Consider recruiting referees/cheerleaders for kickball for those not playing.
- **Monthly meetup locations:** Brainstormed options for Marshall County and Jackson County; noted at least one venue was not workable for a group outing based on phone conversations.
- **Engagement idea:** Proposed a digital scavenger hunt (photos with locations/teams) to encourage cross-site connection and participation.
- **Future planning:** Begin early thinking for next year's Christmas party; approval mentioned to bring back karaoke.

Action items

- **Hannah:** Correct and resend the monthly meetup email content to Christy (fix venue name and RSVP/date details).
- **Christy:** Resend the corrected monthly meetup email; communicate updated start time.
- **Christy:** Send staff email about the "I Saw it" award within the next 1–2 weeks.

- **Christy:** Draft and send RSVP communication for June 13 family event by end of May (or earlier) to confirm headcount.
- **Jaslynn:** Obtain a quote for Kona Ice for the family event (connection noted).
- **Jaslynn:** Provide estimated cost for face painting supplies.
- **Christy:** Coordinate T-shirt distribution plan once shipment arrives.
- **Christy/Myron (discussion item):** Explore small branded "swag" options (e.g., sunglasses) for the family event.

Next meeting

Recurring: First Tuesday of each month, 12:30–1:30 PM (per decision in this meeting).

EEG from 5/5/26

Attendees (per transcript): Christy Keeper, Hannah Lowery, Margie Crabtree, April Burns, Lineise Arnold, Jaslynn Wilkinson, Miranda Holland, Jimmie Boatwright. Guest – Misty

Key Updates

- **"I Saw It" awards:** Program has started; nominations and sent awards are being tracked in the EEG email group. Blank award form is available in the group files; a folder will store copies of issued awards.
- **Family/Fun Day event planning:** Sand Mountain Park is handling wristbands and food. Box lunches are **$8/person** with meal choice needed for RSVP (chicken sandwich, hamburger, hot dog); drinks include water/lemonade, and tea pricing is still being confirmed.
- **RSVP guidance:** RSVP wording updated to allow members of the attendee's household (including non-traditional household situations). Targeting "up to 4" additional household members; Christy will review questionable RSVPs.
- **Participation so far:** ~24 people signed up so far (including families) at the time of the meeting. Two kickball teams mentioned: *De-escalators* and *"Ballin Marauders"* .
- **Swag/promo items:** Waiting on quote for sunglasses (Myron-approved). Promo items on-hand include a large quantity of fans and some chapstick (Lineise to confirm counts). Plan to distribute items in a controlled way (e.g., at check-in) and return leftovers to Marketing for future events.

Decisions

- **Food tracking:** Use tickets (possibly color-coded by meal type) to manage meal distribution and reduce waste.
- **Promo distribution:** Avoid an unattended "grab table." Distribute swag in a controlled manner (one per person) and monitor quantities.
- **Awards/trophies for games:** Provide a trophy or plaque as a prize for kickball/costume-related categories.
- **Future meeting cadence:** EEG meetings set for the **first Tuesday of each month, 12:30–1:30**, scheduled on the calendar through year-end.

Action Items

- **Christy** – Confirm remaining food details with Sand Mountain Park (sandwich fixings/condiments, tea cost) and finalize RSVP meal-choice instructions. *Due:* ASAP.
- **Christy** – Obtain quotes for inflatables (Tent Tech and first-responder vendor) and select best option. *Due:* Before event purchasing deadline.
- **Christy** – Finalize sunglasses quote with Mosley's Monogramming; confirm if existing promo items (fans/chapstick) cover needs. *Due:* Before next meeting.
- **Jaslynn** – Follow up with Kona Ice contacts (Scottsboro + Arab coverage) and provide required attendance estimate and time window. *Due:* Mid–late May (per vendor request).
- **April** – Research and source trophies/plaques for kickball/costume prizes (e.g., Amazon, "Bible Place" in Boaz). Provide options + pricing to Christy. *Due:* Before ordering deadline.
- **April** – Request quote for on-site massage services (for a future engagement activity across 3 locations: Scottsboro, Cedar Lodge, Guntersville). *Due:* Before Q4 planning is finalized.
- **Lineise** – Confirm available promo inventory (fans, chapstick, etc.) and advise how many can be allocated to the employee event; support controlled distribution plan. *Due:* Before event.
- **Christy** – Provide Kona Ice an updated attendance estimate as RSVPs come in and confirm minimum spend assumptions for budgeting. *Due:* Ongoing.

Open Questions / Risks

- Final details for box lunches (condiments/fixings) and whether tea adds cost.
- Inflatables vendor selection and total cost (Park vendor vs. outside vendor).
- Minimum requirement/cost structure for Kona Ice and timing/coverage across service areas.
- How to best prevent "grab and go" overuse of promotional items while keeping the experience positive.
- Confirm whether a button maker is available for future events (or use April's machine).

Next Meeting

When: First Tuesday of the month, 12:30–1:30 (calendar invite sent through end of year).
Proposed focus: Final headcount estimate, vendor selections (Kona Ice/inflatables), food ticketing plan, swag counts, and trophy/award selections.

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

• CCBHC Programs	$ 637,207
• Non-CCBHC Outpatient and Residential Programs	$1,390,491
• Board Investments	$ 273,873
o Grand Total	$2,301,570

IV. Reports and Program Updates:

- **CEO – Myron Gargis**
  - The CRU floorplan has been finalized. All are hopeful to complete the design phase by the end of June. The bid process will then begin.
  - A proposal has been submitted to DMH to use the current JP as a semi-independent living facility for hearing consumers. If approved, a dedicated CM would be employed for this facility. If not approved, the current JP facility would be listed for sell.
  - Any personal items left at the old JC Clinic need to be removed ASAP. Once an appraisal is completed on this facility, it will be listed for sell/lease.
- **Clinical Director – Dianne Simpson**
  - Prior to the meeting, Erica shared two documents with LC members. These included a Missed Appointment Analysis Report and an Intake and Engagement Performance Report.
  - Dianne and Erica attended the Clinical Directors' meeting this month. A presentation was given on AI, with Dianne noting that a lot was learned. She recommended that an AI training be provided for MLBHC clinical staff.
  - The CD group will be sponsoring a clinical workshop in August with one of the topics being "Professionalism".
  - The fall conference will be held November 4-5 at the Sheraton in Bham.
- **Administrative Services – Cammy Holland**
  - There is currently one vacancy at the Seibring Duplex. Cammy reminded LC members of the referral form that staff must complete when they have a consumer in mind for placement there.
- **HR Office – Lane Black**
  - All were reminded to please use the most current PA (Request for Personnel Action) form. This form contains spaces for both the availability date and the hire date.
  - All staff members are up to date on Relias training.
  - Six new staff began orientation last week and six more are scheduled for next week.
  - Lane shared the list of currently vacant positions. Please advise him of any revisions.
- **Jackson County OP & OR – Kali Brand**
  - A new C/A TH starts in June.
  - Tabitha Mount has been promoted from JC SB TH to JC IC.
  - Shaquitta Sabb is transferring from JC IC to JCL.
  - The JC ACT CM position needs to be posted internally.
  - The Genoa Pharmacy located inside the JC Clinic is doing well.

- A JC Primary Care Screener and JC/MC CPS-A focused on employment will begin next week.
- Lilly Strange is doing well as the PC for JC RDP. She brings lots of new ideas to RDP and the consumers are enjoying it. She is currently working on curriculum development and consumer engagement. Funding for RDP materials/projects was briefly discussed with monies being available, as needed.
- Roman Peppers, JC ACT TH, is doing great and has made several referrals to RDP.

- **Marshall County OP & OR – Vanessa Vandergriff**
  - Vanessa is currently waiting to hear back from two prospective CM applicants.
  - An LSS is needed for MC RDP.
  - At some point in the near future, JD Boatwright will be transferring to MC IC and Christy Keeper transferring to Outreach IC.
- **Child/Adolescent – Jessica Floyd**
  - Three new staff will be starting next week.
  - Interviews are being conducted for additional SB THs and a PT MC TM.
- **Geriatrics – Gerald Privett**
  - Nursing homes are reporting numerous cases of COVID.
  - The CPS-A that was planning to begin employment this month may not work out. She has a terminal illness in her immediate family and now may not be the time for her to change jobs.
- **Residential – Sherneria Rose**
  - Sherneria continues to work on appropriate placements for former JP consumers.
  - Justin Wilson, DGH PC, has resigned his position as of mid-June.
  - Recruitment continues for LSS positions at DGH.
  - The staffing schedule at the Dutton Foster Home has been adjusted, with two new staff hired.
  - Sherneria mentioned the use of current staff that have been decertified as MAC workers. She suggested possible use of those staff as floaters or transporters. Myron noted that continued use of those staff members would likely depend on the reason they were decertified.
  - The driveway at Dutton still needs attention. Myron noted having that on his radar for repair.
- **SU Services – Susan Sweatman**
  - Everything is going well at Cedar Lodge.
  - Current census is 23, with numerous admissions scheduled for next week.
  - Consumer Appreciation Day will be held tomorrow, with a dunking booth that the consumers are very excited about.
- **Mobile Crisis – Jeremy Burrage**
  - All MCS Teams are doing well and met productivity last month. To date, May productivity is not looking good.
  - During down time, MCS Teams are providing community education.
  - Jeremy will soon have the paperwork to HR for a Stepping Up CM.

V. Review of wait times

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

MC Intake	20 days	MC MD/CRNP	26 days
JC Intake	10 days	JC MD/CRNP	11 days
Average	15 days	Average	18.5 days

VI. Unfinished Business

- **Revisions to Performance Appraisals** – as recommended at last month's meeting, supervisors have used the revised PA forms on a trial run to see how they could possibly work in the future. LC members noted that they liked the proposed PA forms but felt that tweaking and defining of certain criteria was needed. Dianne agreed to consider the feedback and revise the draft form. She will share the updates with LC members prior to the next meeting.

VII. New Business

- **Revisions to Personnel Policy 4.1.8 – Attendance, Punctuality and Dependability** – Prior to the meeting, Myron shared a revised draft of P&P 4.1.8 with all LC members.

During the meeting, Myron explained that potential updates to Policy 4.1.8 are being considered due to excessive requests for Leave Without Pay (LWOP) that do not meet the defined criteria outlined in Policy 4.3.5 - LWOP. He noted two current issues that fall outside the scope of the existing policy:

- New staff members, who do not have access to Paid Time Off (PTO) during their first 90 days, are requesting LWOP for personal events such as vacations, weddings, and similar occasions.
- Longer-term staff members are requesting LWOP after exhausting or mismanaging their available PTO.

The LC then began reviewing the draft revisions to Policy 4.1.8, which included the potential implementation of a structured point system to track absences, tardiness, early departures, and no-call/no-show occurrences.

LC members discussed that if current policies—specifically 4.1.6 (Standard Working Hours), 4.1.8 (Attendance, Punctuality, and Dependability), and 4.3.5 (LWOP)—were consistently followed as written, a point system might not be necessary. While this is a valid observation, consistent compliance with these policies is currently lacking across the organization.

Due to time restrictions for today's meeting, a recommendation was made for LC members to review all current policies related to this topic and be prepared for future discussion.

VIII. Adjournment

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

JUNE 2026 MOUNTAIN LAKES BEHAVIORAL HEALTHCARE NEWSLETTER

Soaking up the season!

A NEW MONTH ARRIVES LIKE WARM JUNE SUNSHINE BREAKING THROUGH AFTER RAIN, OFFERING A FRESH CHANCE TO CARE FOR YOUR MIND AND HEART. AS WE OBSERVE PTSD AWARENESS MONTH, LET'S MOVE FORWARD LIKE A STEADY SUMMER BREEZE... SHOWING UP FOR OURSELVES AND EACH OTHER WITH PATIENCE, KINDNESS, AND GENTLE UNDERSTANDING.

MLBHC Guiding Values

- TO TREAT OUR CONSUMERS HOW WE WOULD WANT TO BE TREATED
- TO BE HONEST, FORTHRIGHT, AND RESPECTFUL WITH EVERYONE.
- TO BE 100 PERCENT COMMITTED TO EXCELLENCE IN ALL THAT WE DO.
- TO CONTINUOUSLY IMPROVE OUR WORK PERFORMANCE AND THE EFFECTIVENESS OF THE SERVICES PROVIDED.
- TO ACTIVELY SEEK OPPORTUNITIES AND INITIATE IDEAS TO EXPAND AND SECURE THE ORGANIZATION'S GROWTH AND DEVELOPMENT.
- TO WORK DILIGENTLY AND ACCURATELY SO AS TO ASSURE QUALITY OUTCOME AND COST EFFECTIVENESS.
- TO CREATE A WORK ENVIRONMENT THAT ENCOURAGES COMMUNICATION, PARTICIPATION, AND CREATIVE THINGING BY ALL EMPLOYEES.
- TO RECOGNIZE THE PURPOSE OF THE ORGANIZATION AS A WHOLE AS BEING MORE IMPORTANT THAN ANY GIVEN PART OF SPECIFIC PROGRAM.

Consumer Appreciation Day

CONSUMER APPRECIATION DAY IS A TIME FOR US TO CELEBRATE AND GIVE BACK TO THE AMAZING CLIENTS WE SERVE EACH DAY. FROM LUNCH AND MUSIC TO LAUGHTER AND CONNECTION, OUR EMPLOYEES LOVE SHOWING APPRECIATION AND SPREADING POSITIVITY TO THE INDIVIDUALS WHO MAKE OUR WORK SO MEANINGFUL.

Training is heating up!

EXCITING THINGS ARE HAPPENING IN THE TRAINING DEPARTMENT!

PLEASE JOIN US IN CONGRATULATING JD ON THEIR TRANSITION FROM TRAINING SPECIALIST TO MC INTAKE COORDINATOR. WE APPRECIATE ALL THEY HAVE CONTRIBUTED TO TRAINING AND WISH THEM SUCCESS IN THEIR NEW ROLE.

WE ARE ALSO REVIEWING AND REFRESHING OUR INITIAL TRAINING CURRICULUM TO BETTER SUPPORT BOTH STAFF AND AGENCY NEEDS. THANK YOU FOR YOUR FLEXIBILITY AND FEEDBACK AS WE CONTINUE STRENGTHENING OUR TRAINING PROGRAM. TRAINING RESOURCES NOW AVAILABLE IN ONE LOCATION TO MAKE TRAINING MATERIALS EASIER TO ACCESS, A CENTRALIZED TRAINING LIBRARY HAS BEEN CREATED ON THE SERVER.

HOW TO ACCESS:

- CLICK THE BUTTERFLY ICON ON YOUR DESKTOP
- OPEN THE FOLDER TITLED "AVATAR TRAINING VIDEOS"

ADDITIONAL RESOURCES WILL CONTINUE TO BE ADDED THROUGHOUT THE YEAR. IF YOU HAVE TRAINING MATERIALS TO SHARE, PLEASE SEND THEM TO DANA MCCARLEY FOR REVIEW BY THE CLINICAL TEAM

WHAT'S AVAILABLE:

- POWERPOINT PRESENTATIONS
- TRAINING SCRIPTS (STEP-BY-STEP GUIDES)
- TRAINING VIDEOS, INCLUDING:
  - ADMINISTRATIVE CONTENT
  - CLINICAL TAB CONTENT
  - CONSENTS
  - INTRODUCTION TO AVATAR
  - MLBHC TREATMENT PLAN SERIES

REMINDER: PLEASE DISCARD OUTDATED MATERIALS AND AVOID DISTRIBUTING OLDER VERSIONS. USING RESOURCES PROVIDED THROUGH THE TRAINING DEPARTMENT HELPS ENSURE CONSISTENCY, ACCURACY, AND THE BEST POSSIBLE SUPPORT FOR ALL STAFF.

Birthdays & Anniversaries

BIRTHDAYS

CAMMY HOLLAND	JUNE 2
DIANNE SIMPSON	JUNE 2
BRIAN BONIFAY	JUNE 6
JD BOATWRIGHT	JUNE 10
RACHEAL RAMSEY	JUNE 17
MITZI HOLCOMBE	JUNE 24
STEVE COLLINS	JUNE 27
SAVANNAH MILLER	JUNE 27
BETH KUHN	JUNE 28
TINA HEADRICK	JUNE 29
RAVEN WILLOW	JUNE 30

ANNIVERSARIES

STACY ROTHE	1 YEAR
DALLAS JOHNSON	2 YEARS
BETH KUHN	2 YEARS
CHRIS WHITWORTH	2 YEARS
CRYSTAL MALONE	3 YEARS
LOYALTY BONUS | $100	
JUSTIN WILSON	3 YEARS
LOYALTY BONUS | $100	
HANNAH CHANDLER	4 YEARS
SARAH HANNA	7 YEARS
LOYALTY BONUS | $300	
LINDSAY ALFORD	8 YEARS
ELIZABETH RUCKER	8 YEARS
SARAH BOXLEY	18 YEARS
JOYCE JENKINS	39 YEARS

WALL OF FAME & INCENTIVE

MARSHALL CO. OP | OR

LINDSAY ALFORD
MARGIE CRABTREE
HANNAH CRANFORD
ALI EARLY FOSTER
BELINDA HERRING (I)
CHRISTY KEEPER
STEPHANIE KNOTT
STEPHANIE MARTIN
MONTANA MCWHORTER (I)
LINDSEY QUINN (I)
DENISE RITCHIE (I)
HANNAH ROBINSON
SARAH SIMS (I)
ELIZABETH TRAWEEK (I)

RESIDENTIAL

TINA HEADRICK
ISHEMIKA RAMSEY
MEGGIE RUSSELL
CHRIS WHITWORTH

GERIATRICS

MITZI HOLCOMBE
LEAH MOORE
RACHEAL RAMSEY (I)
TYLER STEED

SUBSTANCE USE

BRITTANY CHEEK
BOB CROWELL
AMANDA EDDINGS
HAYDEN RICE
SUSAN SWEATMAN
CINDY WOODHAM

MOBILE CRISIS SERVICES

LANDON CLARK
JENNIFER RIGGINS
ELIZABETH RUCKER
DEANNE SMITH

JACKSON CO. OP | OR

ROB BARRETT
ANNA BENTON
TOM BROOKSHIRE (I)
RYAN HIXON
DALLAS JOHNSON
LILLY STRANGE
MELISA TOMAS-JIMENEZ (I)
JASLYNN WILKINSON

Milestones & Momentum

CONGRATULATIONS TO OUR EMPLOYEES WHO RECENTLY EARNED PROMOTIONS AND/OR GRADUATED FROM COLLEGE!! WE'RE PROUD OF YOUR HARD WORK, DEDICATION, AND ACCOMPLISHMENTS.

(LEFT)
TABITHA MOUNT, ALC PROMOTED FROM SCHOOL BASED THERAPIST TO JC INTAKE COORDINATOR

(RIGHT)
GABRIELLE CATCHINGS RECIEVED HER MASTER'S DEGREE IN HUMAN DEVELOPMENT AND FAMILY SERVICES

(LEFT)
HAYDEN RICE, COUNSELOR AT CEDAR LODGE, RECENTLY RECEIVED HIS MASTERS DEGREE IN SOCIAL WORK

(RIGHT)
AMANDA WHITLEY, MSW, PROMOTED FROM SCHOOL BASED THERAPIST TO JC INTAKE COORDINATOR

(LEFT)
SHAQUITTA SABB, MSW, PROMOTED FROM JC INTAKE COORDINATOR TO JUVENILE COURT LIASON

(RIGHT)
RAVEN WILLOW, SECRETARY AT CEDAR LODGE, PROMOTED TO RECORDS LIBRARIAN

I saw that!

A SPECIAL CONGRATULATIONS TO CRYSTAL MALONE AND SARAH DETTWEILER FOR BEING RECOGNIZED WITH THE "I SAW THAT" AWARD! 🎉 THEIR KINDNESS, COMPASSION, TEAMWORK, AND WILLINGNESS TO GO ABOVE AND BEYOND FOR BOTH COWORKERS AND THE INDIVIDUALS WE SERVE DO NOT GO UNNOTICED. THANK YOU BOTH FOR MAKING A POSITIVE DIFFERENCE EVERY DAY!

(LEFT)
SARAH DETTWEILER
MSN | PMHNP
JACKSON COUNTY
NURSE PRACTITIONER

(RIGHT)
CRYSTAL MALONE, LSS
MARSHALL COUNTY
SECRETARY

Monthly Meetings

TUESDAY, JUNE 16TH

BOARD MEETING | 5:30
ADMINISTRATIVE OFFICE
(PLEASE CONFIRM ATTENDANCE W/ SHELLY PIERCE!)

THURSDAY, JUNE 18TH

LEADERSHIP COMMITEE MEETING
(TIME/FORMAT TBA)

hidden emoji hunt

THINK YOU'VE GOT A SHARP EYE? SOMEWHERE IN THIS MONTH'S NEWSLETTER, A SNEAKY LITTLE EMOJI IS HIDING IN PLAIN SIGHT! 👀 (HINT: GRILLIN' SEASON)
THE FIRST PERSON TO CORRECTLY TELL ME:

- WHAT THE EMOJI IS
- AND WHERE YOU FOUND IT

WILL WIN A $10 WALMART GIFT CARD! 🎉
HAPPY HUNTING... AND DON'T FORGET TO CHECK THE SMALL DETAILS! 😉
EMAIL: SGRANGER@MLBHC.COM

Warmest Welcome!

MLBHC'S NEWEST EMPLOYEES

AREYONNA JAMES, MSW

SCHOOL BASED THERAPIST (DAR AND JACKSON COUNTY)

SHAWN FAHY, LMSW

CHILD/ADOLESCENT IN HOME THERAPIST (MC & JC)

MICHELLE BORJAS, MSW

SCHOOL BASED THERAPIST (DOUGLAS)

JAMES CROWE

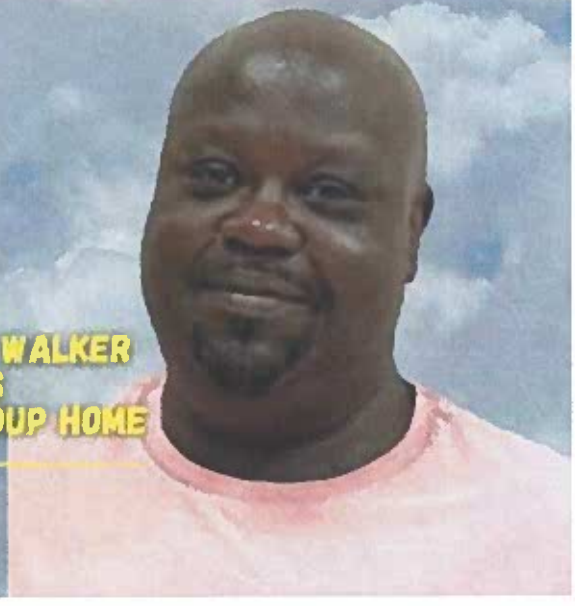
COOK

CEDAR LODGE

CRYSTAL GROVES

LSS

DUTTON GROUP HOME



CLARENCE WALKER

LSS

DUTTON GROUP HOME

MLBHC'S NEWEST EMPLOYEES (CONTINUED)

GLORIA BROWN
LSS
DUTTON GROUP HOME

JACK DIXON | LMSW
MARSHALL CO.
SCHOOL BASED
THERAPIST

JAR'NAE DOBSON | MS
JACKSON CO. SCHOOL
BASED THERAPIST

REGAN ELLISON
CPS-A
JC & MC EMPLOYMENT

WENDY PARLEY
LSS
DUTTON GROUP HOME

MACKENZIE OSBORNE | CNA
JACKSON CO.
PRIMARY CARE SCREENER

CALA WILSON | MS
MARSHALL CO. SCHOOL
BASED THERAPIST

☀️ Summer Fun for Kids

Turn an ordinary evening into a "backyard campout night!" Set up a tent, make snacks, tell silly stories, and let the kids stargaze with flashlights and blankets. No campground needed. Just imagination and a little summer magic.

💡 Energy Efficiency Tip

Keep blinds and curtains closed during the hottest part of the day to help keep your home cooler naturally. It can reduce heat indoors and help lower energy costs during those extra hot summer afternoons.

🍉 Random Summer Tip

Freeze grapes or watermelon chunks for a quick cold snack on hot days. They're refreshing, easy to grab, and perfect for surviving Alabama heat!

🌿 Mental Health Reminder

Summer schedules can get busy fast. Make time for a "slow moment" each day, whether it's sitting outside with coffee, taking a short walk, or listening to your favorite music. Small pauses can help recharge your mind.