



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, Executive Coordinator
RE: February Board meeting
DATE: February 13, 2025

The next meeting of the Board of Directors will be conducted on **Tuesday, February 18, 2025**, at the MLBHC facility located at 16003 AL Hwy 35, Scottsboro. An evening meal will be provided, with the meeting starting at 5:30 pm.

If you prefer to participate via teleconference, the connection information is listed below.

February Board Meeting

Feb 18, 2025, 5:30 – 6:30 PM (America/Chicago)

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/396244053>

You can also dial in using your phone.

Access Code: 396-244-053

United States: [+1 \(872\) 240-3311](tel:+18722403311)

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

- February Board Agenda
- Minutes from the January 21, 2025, Board meeting
- Financial Reports through January 31, 2025
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- Minutes from the January CQI Committee meeting
- Minutes from the January Leadership Committee meeting
- February newsletter

Any items needing clarification or requiring Board approval will be discussed at that time. We will make the most efficient use of your time by considering only items of major importance and requiring formal action. Unless noted, all other items will be considered correct.

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.
MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

February 18, 2025

AGENDA

- I. Call the meeting to order – David Kennamer, President
- II. Approval of minutes of the January 21, 2025, meeting – David Kennamer, President
- III. Executive Director’s Report
- IV. Financial reports through January 31, 2025 – Cammy Holland, Business Manager
- V. Written Reports
 - Personnel – Lane Black, HR Coordinator
 - IT – Steve Collins, IT Director
 - Clinical – Dianne Simpson, Clinical Director
- VI. Board requested items for future meeting
- VII. Executive Session

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

**Board of Directors Meeting
January 21, 2025**

MINUTES

I. Call to Order

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

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

Absent: Joe Huotari

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

II. Introduction and welcome of newest Board member – Myron Gargis

Mr. Gargis introduced Andrea LeCroy, a new Board member representing Marshall County. Ms. LeCroy, currently the Probate Judge for Marshall County, expressed her enthusiasm for serving the community in this new role and noted her long-standing working relationship with MLBHC staff.

Mr. Kirkpatrick, Chairman of the Personnel and Compensation Committee, suggested that Ms. LeCroy would be an excellent addition to that committee. Mr. Kennamer agreed and appointed Ms. LeCroy to the Personnel and Compensation Committee.

III. Approval of the minutes of the November 19, 2024, Board meeting and December 9, 2024, Board work session – David Kennamer, President

MOTION: Hannah Nixon made a motion that the Board approve the minutes of the November 19, 2024, meeting, and the December 9, 2024, work session, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

IV. Executive Director's Report

The Executive Director's Report for January (Appendix A) was submitted in written format and made available to all Board members for review prior to the meeting. Discussion of the report included the following highlights:

- On the 2024 Consumer Survey Results, Board members inquired if a more detailed breakdown of the result data was available. Mr. Gargis explained survey data is submitted to DMH by location and program codes. DMH then compiles the data and shares the final results with MLBHC. Mr. Gargis agreed to contact DMH to request a more detailed breakdown of the results.
- The Board discussed the following key recommendations for the transition to becoming a Certified Community Behavioral Health Clinic (CCBHC):
 - Mr. Gargis to share with the Board the listing of new services/staff positions that are included on the Costing Report. As noted by Mr. Gargis, approximately 30 new positions are currently proposed. Board members discussed the possible timing for employment of any new staff positions, noting that some positions may need to be filled prior to the July 1, 2025, transition.

MOTION: Hannah Nixon made a motion that the Board authorize Mr. Gargis to employ new staff members, as needed, prior to the July 1, 2025, transition to CCBHC. Victor Manning seconded the motion, which was approved unanimously.

- Mr. Gargis to allocate time at each monthly meeting to provide additional education to Board members on the transition.
- Mr. Gargis, Mr. Kirkpatrick and Mr. Kennamer to review the current Board Bylaws to identify any potential revisions necessary in preparation for becoming a CCBHC.
- Mr. Gargis explained a unique opportunity to purchase a mobile clinic vehicle. This 2021 vehicle has very few miles and was recently acquired by Five Horizons Health in Tuscaloosa. With no use for the vehicle, that organization has made it available to purchase for \$375K. Mr. Gargis noted its potential use as transporting the mobile crisis teams, offering primary health clinics in outlying areas, conducting intake services within the community, etc. He also noted that if ordering a new vehicle of this type, it would likely take six months plus build time and cost approximately \$50K more.

MOTION: Victor Manning made a motion that the Board authorize Mr. Gargis to purchase the mobile clinic vehicle from Five Horizons Health for \$375K. Hannah Nixon seconded the motion, which was approved unanimously.

- With the Board's approval of employing additional staff and purchasing the mobile crisis vehicle prior to receiving funding as a CCBHC, Mr. Gargis noted the possible need to secure a loan or line of credit to prevent depleting the organization's cash reserves.

MOTION: Jane Seltzer made a motion that the Board authorize Mr. Gargis to explore loan or line of credit options to cover approved expenses. Bill Kirkpatrick seconded the motion, which was approved unanimously.

- Mr. Gargis to lead a detailed financial discussion on the CCBHC project at the February Board meeting.
- Along with the monthly report, Mr. Gargis also shared MLBHC's "State of the Organization" review of calendar year 2024, noting it as a year of exceptional progress and achievements.

V. Financial reports through December 31, 2024 – Myron Gargis, Executive Director

Mr. Gargis noted that all regular financial reports, as well as the Quarterly Investment Statement, were included in the monthly packet and asked if there were any questions in regard to these items.

The FY25 Program Summary reflected a net income for all programs, with the exception of Jackson County MHC, Substance Use and Substance Use Prevention.

The current Balance Sheet, which included Board Investments, indicated Total Cash of \$979,535. This total is \$1,200,190 less than this same time period last year. Continued review reflected Total Accounts Receivable of \$1,729,420, which is \$287,993 less than in FY24.

The Income Statement, which does not include Board Investments, reflected a YTD Net Income of \$114,991, which is \$76,644 more than in FY24.

VI. Acceptance of the FY24 Financial Audit – Myron Gargis, Executive Director

Mr. Gargis reminded all that the FY24 Financial Audit was presented by Joella Bogle, CPA with MDA Professional Group, PC, at the Board's December 9, 2024, virtual work session. As reported during that work session, the FY24 Financial Audit indicated an unmodified opinion and full compliance with all state and federal requirements. Mr. Gargis noted that the auditor did make one adjustment to Operating Revenue, as the Accounts Receivable Report reflected a sum of bad debt that was not collectible. As stated during the work session, hard copies of the finalized audit were available for Board members at tonight's meeting. With no questions in regard to the FY24 Financial Audit, the following motion was made:

MOTION: Bill Kirkpatrick made a motion that the Board accept the FY24 Financial Audit, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

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

As required by the Administrative Code, the Board of Directors is to review and approve all of the organization's Policies and Procedures on, at least, an annual basis. In early December, 2024, Board members were mailed a flash drive containing all current MLBHC P&Ps. This practice allows ample time for review of the P&Ps prior to discussion during tonight's meeting.

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

VIII. 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.

During discussion of the IT Report, Mr. Collins noted several IT items related to the CCBHC project. With this in mind, a recommendation was made for Mr. Collins and Mr. Gargis to develop a detailed timeline of IT related projects/expenses for CCBHC. This information is to be presented to the Board at a future meeting.

IX. Board requested items for future meetings

Mr. Kirkpatrick, Chair of the Personnel and Compensation Committee, encouraged all Board members to submit the completed Executive Evaluation Form to him by the designated deadline of February 12, 2025. The results of this evaluation will be shared with Mr. Gargis during Executive Session at the February 18, 2025, Board meeting.

Brief discussion was held in regard to possible leasing or selling the Gregory Street property in Scottsboro. There has been no further contact from Highlands Medical Center in regard to purchasing the property. The last communication received was that the hospital did not have the capital to purchase the building. Board members recommended making contact with the Highlands Foundation to gauge any interest in the property.

MOTION: Hannah Nixon made a motion that the Board adjourn the meeting at 7:15 pm. Victor Manning seconded the motion, which was approved unanimously.

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

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

APPENDIX A

Executive Director's Report – January 21, 2025

Transportation Service Updates: In November and December, Jackson County completed 46 and 64 transports, respectively, while Marshall County had 98 and 198 transports. Our new 15-passenger van is now used for transporting a portion of the day program participants in Marshall County, replacing Guntersville Public Transportation. This change is expected to save approximately \$3,000 per month in transportation costs.

Opioid Settlement Grant Program: We are pleased to announce that both of our grant proposals were approved by the Alabama Department of Mental Health (DMH). We will continue the second year of our treatment program with \$350,000 in funding, and we will provide new Prevention Services through our First Responders/Veterans Program with \$75,000 in funding.

2024 Consumer Survey Results: The results from our 2024 DMH consumer surveys for Adults and Youth/Families have been received. Our results were highly favorable and met or exceeded statewide and national positive baselines. The survey results are attached for your review.

Albertville City Schools Mental Health Grant: Albertville City Schools were recently awarded \$3.5M over five years to expand School-Based Mental Health Services. We have initiated discussions with the schools and will continue collaborating to explore opportunities for partnerships, including potential service delivery contracts under this grant.

Certified Community Behavioral Health Clinic (CCHBC): Significant progress is being made on the CCBHC project. Our application was submitted last week, and we are working to complete additional requirements due by the end of this month, including the Needs Assessment, Cost Report, and Agency Self-Assessment. A recent training provided an infographic comparing the current Community Mental Health Center (CMHC) model with the new CCBHC model. This infographic is attached for your review and serves as a helpful visual comparison of the two models.

2024 "State of the Organization" Report: 2024 was an exceptional year, marked by progress in all areas of operations. The report highlights the achievement we made, and we are proud of the collective efforts of our outstanding team in accomplishing these goals.

Discussion on the potential purchase of a mobile clinic vehicle.

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

PROGRAM	BUDGETED		ACTUAL		BUDGETED		ACTUAL		Budget vs Actual		Budget vs Actual		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- % Comments
	REVENUE	REVENUE	EXPENSES	EXPENSES	Revenues	Revenues	Expenses	Expenses	\$	%	\$	%					
1000 Administration	45,665	12,198	45,665	(1,717)	(33,467)	-274.36%	(33,467)	-274.36%					0	13,915	13,915	0	
1500 Region 1 Project	15,202	15,202	15,202		(0)	0.00%	0	0.00%					0	(0)	0	0	
2110 Marshall County MHC	290,083	303,302	283,134	310,986	13,220	4.36%	30,172	9.70%	6,948	6,948	(7,683)	2,320	(7,683)	2,320	(10,004)		
2210 Jackson County MHC	216,409	201,611	217,899	230,676	(14,798)	(0)	15,666	6.79%	(1,490)	(1,490)	(29,065)	2,890	(29,065)	2,890	(31,954)		
2300 Geriatrics	32,950	33,087	31,039	35,507	137	0.41%	4,467	12.58%	1,911	1,911	(2,419)	0	(2,419)	0	(2,419)		
2400 Behavioral Health Unit (BHU)	20,058	20,000	20,058	20,000	(58)	0.00%	(58)	0.00%	0	0	0.00%	0	0	0	0	0	
2610 Dogwood Apartments	5,679	6,635	4,395	3,278	956	14.40%	(329)	-10.04%	1,284	1,284	3,357	788	3,357	788	2,569		
2620 EBP Supportive Housing	13,726	14,099	13,724	13,348	373	2.65%	(376)	-2.82%	2	2	751	0	751	0	751		
2640 Dutton Facilities	83,014	125,711	89,611	107,174	42,686	33.96%	22,595	21.08%	(6,597)	(6,597)	18,536	5,031	13,505	18,536	5,031	13,505	
2650 Jackson Place	36,767	39,523	34,406	35,196	2,756	6.97%	2,479	7.04%	2,361	2,361	4,327	1,690	2,637	4,327	1,690	2,637	
2651 Marshall Place	20,945	32,119	27,051	27,837	11,174	34.79%	1,173	4.21%	(6,105)	(6,105)	4,282	386	3,896	4,282	386	3,896	
3030 Substance Use	110,317	107,469	110,840	117,649	(2,848)	-2.65%	14,015	11.91%	(523)	(523)	(10,180)	7,206	(17,386)	(10,180)	7,206	(17,386)	
3060 Prevention	30,908	35,201	30,002	28,717	4,293	12.20%	(1,285)	-4.47%	906	906	6,484	0	6,484	0	6,484		
	<u>921,724</u>	<u>946,157</u>	<u>923,027</u>	<u>943,853</u>	<u>24,433</u>		<u>55,052</u>		<u>(1,303)</u>	<u>(1,303)</u>	<u>2,304</u>	<u>34,226</u>	<u>(31,922)</u>	<u>2,304</u>	<u>34,226</u>	<u>(31,922)</u>	

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

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

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PROGRAM SUMMARY**

FOR THE FOUR MONTHS ENDED JANUARY 31, 2025

PROGRAM	BUDGETED REVENUE		ACTUAL REVENUE		BUDGETED EXPENSES		ACTUAL EXPENSES		Budget vs Actual Revenues		Budget vs Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- % Comments
									\$	%	\$	%					
1000 Administration	182,661	48,659	182,661	(6,999)	(134,001)	-275.39%	(133,998)	-275.36%	0	0.00%	0	0.00%	0	55,658	55,661	(3)	
1500 Region 1 Project	60,809	60,809	60,809	(0)	(0)	0.00%	0	0.00%	0	0.00%	0	0.00%	0	(0)	0	0	
2110 Marshall County MHC	1,160,331	1,238,974	1,132,538	1,153,735	78,644	6.35%	30,478	2.64%	27,793	2.64%	85,239	8.25%	27,793	85,239	9,280	75,959	
2210 Jackson County MHC	865,636	827,568	871,595	860,860	(38,067)	(0)	823	0.10%	(5,959)	(0)	(33,291)	11.558	(44,849)				
2300 Genetics	131,800	143,655	124,158	131,179	11,855	8.25%	7,021	5.35%	7,643	12.476	12,476	0	12,476	0	0	12,476	
2400 Behavioral Health Unit (BHU)	80,232	118,275	80,232	118,275	38,043	0.00%	38,043	0.00%	0	0.00%	0	0.00%	0	0	0	0	
2610 Dogwood Apartments	22,717	25,565	17,581	12,977	2,848	11.14%	(1,452)	-11.19%	5,135	12.588	12,588	3,152	9,436	3,152	3,152	9,436	
2620 EBP Supportive Housing	54,905	60,881	54,896	56,009	5,977	9.82%	1,112	1.99%	8	4.872	4,872	0	4,872	0	0	4,872	
2640 Dutton Facilities	332,057	471,043	358,443	398,204	138,986	29.51%	59,886	15.04%	(25,386)	72,839	20,125	52,714					
2650 Jackson Place	147,068	160,917	137,626	129,819	13,848	8.61%	(1,048)	-0.81%	9,443	31,098	6,758	24,339					
2651 Marshall Place	83,781	115,900	108,203	106,740	32,119	27.71%	81	0.08%	(24,422)	9,161	1,545	7,616					
3030 Substance Use	441,267	441,223	443,358	454,288	(44)	-0.01%	39,752	8.75%	(2,091)	(13,065)	28,822	(41,888)					
3060 Prevention	123,631	97,776	120,007	115,379	(25,855)	-26.44%	(4,628)	-4.01%	3,624	(17,603)	0	(17,603)					
	<u>3,686,895</u>	<u>3,811,246</u>	<u>3,692,108</u>	<u>3,591,275</u>	<u>124,352</u>		<u>36,069</u>		<u>(5,213)</u>	<u>219,971</u>	<u>136,902</u>	<u>83,069</u>					

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

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

**REVENUE & EXPENSE REPORT FOR THE
FOUR MONTHS ENDED JANUARY 31, 2025**

	PROGRAM	BUDGET	ACTUAL
Revenue	1500 REGION 1 PROJECT	<u>60,809</u>	<u>60,809</u>
Expense		<u>60,809</u>	<u>60,809</u>
Revenue	2110 MARSHALL COUNTY MHC	<u>1,160,331</u>	<u>1,238,974</u>
Expense		<u>1,132,538</u>	<u>1,153,735</u>
Revenue	2210 JACKSON COUNTY MHC	<u>865,636</u>	<u>827,568</u>
Expense		<u>871,595</u>	<u>860,860</u>
Revenue	2300 GERIATRICS	<u>131,800</u>	<u>143,655</u>
Expense		<u>124,158</u>	<u>131,179</u>
Revenue	2400 BEHAVIORAL HEALTH UNIT	<u>80,232</u>	<u>118,275</u>
Expense		<u>80,232</u>	<u>118,275</u>
Revenue	2610 DOGWOOD APARTMENTS	<u>22,717</u>	<u>25,565</u>
Expense		<u>17,581</u>	<u>12,977</u>
Revenue	2620 EBP SUPPORTIVE HOUSING	<u>54,905</u>	<u>60,881</u>
Expense		<u>54,896</u>	<u>56,009</u>
Revenue	2640 DUTTON FACILITIES	<u>332,057</u>	<u>471,043</u>
Expense		<u>358,443</u>	<u>398,204</u>
Revenue	2650 JACKSON PLACE	<u>147,068</u>	<u>160,917</u>
Expense		<u>137,626</u>	<u>129,819</u>
Revenue	2651 MARSHALL PLACE	<u>83,781</u>	<u>115,900</u>
Expense		<u>108,203</u>	<u>106,740</u>
Revenue	3030 SUBSTANCE USE	<u>441,267</u>	<u>441,223</u>
Expense		<u>443,358</u>	<u>454,288</u>
Revenue	STR/CURES/SOR (Part of the Substance Use Program)		<u>11,869</u>
Expense			<u>6,504</u>
Revenue	3060 PREVENTION	<u>123,631</u>	<u>97,776</u>
Expense		<u>120,007</u>	<u>115,379</u>

2025 COMPARATIVE INCOME STATEMENT

As of Accounting Period 4

	33.33%	<u>FY 2024</u>	<u>FY 2025</u>	<u>\$</u>	<u>%</u>
				<u>VARIANCE/YEAR</u>	
Medicaid		\$1,061,042	\$1,403,355	\$342,313	24.39%
% of Budget		29.19%	39.14%		
DMH		\$ 1,792,662	\$ 1,884,499	\$ 91,837	4.87%
		31.80%	31.81%		
Medicare		\$ 9,694	\$ 9,849	\$ 155	1.57%
		30.37%	33.39%		
Self Pay		\$ 38,317	\$ 60,812	\$ 22,495	36.99%
		26.76%	56.82%		
Insurance		\$ 208,013	\$ 180,229	\$ (27,784)	-15.42%
		40.85%	29.66%		
Total Operating Revenue		\$3,396,448	\$3,811,246	\$ 414,798	10.88%
		31.79%	34.40%		
Salary		\$ 1,914,918	\$ 2,192,075	\$ 277,157	12.64%
		35.43%	34.92%		
Fringe		\$ 398,257	\$ 432,571	\$ 34,314	7.93%
		34.54%	35.83%		
Misc Exp-BHU		\$ 99,900	\$ 118,275	\$ 18,375	15.54%
		41.50%	49.14%		
Fees Contract Staff		\$ 15,525	\$ 31,629	\$ 16,104	50.92%
		22.85%	20.65%		
Travel		\$ 78,739	\$ 87,288	\$ 8,549	9.79%
		33.46%	35.90%		
Total Operating Expenses		\$741,907	\$3,587,528	\$2,845,621	79.32%
		8.03%	33.88%		
Operating Income		\$66,101	\$223,719	\$157,618	70.45%
Depreciation		(\$27,754)	(\$140,649)	(\$112,895)	80.27%
Net Income/(Loss)		<u>\$38,347</u>	<u>\$83,069</u>	<u>\$44,722</u>	

***Does not include Board Investments

2025 COMPARATIVE BALANCE SHEET

As of Accounting Period 4

	<u>FY 2024</u>	<u>FY 2025</u>	<u>\$</u>	<u>%</u>
			<u>VARIANCE</u>	
Current Assets				
Cash	\$1,685,668	\$724,299	\$ (961,369)	-132.73%
Total Receivables	\$2,400,185	\$1,967,543	\$ (432,642)	-21.99%
Total Other Current Assets	\$2,664,047	\$3,457,240	\$ 793,193	22.94%
Total Current Assets	\$6,749,900	\$6,149,082	-\$600,818	-9.77%
Long Term Assets				
Fixed Assets	\$2,315,811	\$3,314,471	\$ 998,660	30.13%
Other Long Term Assets	\$7,164,962	\$6,982,294	\$ (182,668)	-2.62%
Total Long Term Assets	\$9,480,773	\$10,296,765	\$ 815,992	7.92%
Total Assets	\$16,230,673	\$16,445,847	\$ 215,174	1.31%
Liabilities				
Current Liabilities	(\$572,127)	(\$602,377)	\$ (30,250)	5.02%
Long Term Liabilities	\$0	\$0	\$ -	
Total Liabilities	(\$572,127)	(\$602,377)	\$ (30,250)	5.02%
Net Assets				
Unrestricted Net Assets	(\$15,012,055)	(\$15,610,386)	\$ (598,331)	3.83%
Net (Income) Loss	(\$646,490)	(\$233,084)	\$ 413,406	-177.36%
Total Net Assets	(\$15,658,545)	(\$15,843,470)	\$ (184,925)	1.17%
Total Liabilities and Net Assets	(\$16,230,672)	(\$16,445,847)	(\$215,175)	1.31%

Other Information

January 2025

Transportation	<u>Marshall County</u>	<u>Jackson County</u>
Miles driven in month	1,520.50	931.00
Number of riders	221	37
Fuel Purchased	292.58	83.67
Average Price/gallon	2.66	2.70
Maintenance	-	82.35 Oil change
Depreciation	869.78	842.00
Salary	2,306.06	2,390.08
 Cost/rider	 15.69	 91.84

Client Medical Expense	<u>Dutton</u>	<u>Jackson Place</u>	<u>Marshall Place</u>	<u>Cedar Lodge</u>	
Pharmacy	2,564.58	70.54	127.50	28.06	
Physician Charges	123.05			400.50	
Co-Pays/Deductibles	28.40				
	<hr/> 2,716.03	<hr/> 70.54	<hr/> 127.50	<hr/> 428.56	<hr/> 3,342.63

Consumer Housing	<u>Duplex-Board Inv</u>
# of Available Units	-
# of Units Rented	2.00
Rental Revenue	800.00

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

	<u>Self Pay</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	113,985.29	29,398.91	35,236.39	76,451.72	255,072.31
Adjustment %	93.50%	93.50%	93.50%	93.50%	
Estimated Net Self Pay A/R Balance	7,409.04	1,910.93	2,290.37	4,969.36	16,579.70
	<u>DHR and Probate</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	3,388.14	808.53	500.00	1,169.86	5,866.53
Adjustment %	0.00%	0.00%	0.00%	0.00%	
Estimated Net DHR/Probate A/R Balance	3,388.14	808.53	500.00	1,169.86	5,866.53
	<u>Medicare</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	2,109.40	390.92	195.46	85.07	2,780.85
Adjustment %	70.00%	70.00%	70.00%	70.00%	
Estimated Net Medicare A/R Balance	632.82	117.28	58.64	25.52	834.26
	<u>Medicaid</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	343,655.32	22,155.35	17,898.80	32,772.16	416,481.63
Adjustment %	31.88%	31.88%	31.88%	31.88%	
Estimated Net Medicaid A/R Balance	234,098.00	15,092.22	12,192.66	22,324.40	283,707.29
	<u>Insurance</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	68,554.45	12,961.75	4,074.42	8,416.00	94,006.62
Adjustment %	51.67%	51.67%	51.67%	51.67%	
Estimated Net Insurance A/R Balance	33,132.37	6,264.41	1,969.17	4,067.45	45,433.40
	<u>ASAIS</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	219,113.79	87,463.27	999.58	-	307,576.64
Adjustment %	33.00%	33.00%	33.00%	33.00%	
Estimated Net Insurance A/R Balance	146,806.24	58,600.39	669.72	-	206,076.35
	<u>Total</u>				
	30	60	90	>90	Total
A/R Balance as of 1/31/25	750,806.39	153,178.73	58,904.65	118,894.81	1,081,784.58
Average Adjustment %					
Estimated Net Total A/R Balance	425,466.61	82,793.76	17,680.55	32,556.59	558,497.52

MLBH PERSONNEL REPORT

2/18/2025

NEW HIRES

PRN	Kimberly Garmon	Life Skills Specialist	1/28/2025	Marshall Place
FT	Rachelle Hampton	Intake Coordinator	1/31/2025	JCMHC (rehire)
FT	Amanda Eddings	Life Skills Specialist	2/4/2025	Substance Use

SEPARATIONS (VOLUNTARY)

DOH	PRN	Wanda Castleberry	Life Skills Specialist	1/20/2025	Dutton Group Homes
1/15/2025			<i>Resignation Reason</i>		<i>Personal Health Related</i>
DOH	FT	Ariana Leite	Transportation Specialist	2/7/2025	MCMHC
5/16/2024			<i>Resignation Reason</i>		<i>moving out of area</i>

SEPARATIONS (INVOLUNTARY)

DOH	FT	Justin Cook	Life Skills Specialist	1/15/2025	Substance Use
2/1/2024					violation of company policy

NEW POSITIONS ADDED

TRANSFERS

PROMOTIONS

AIH = Adult In-Home

CAIH = Child/Adolescent In-Home

CRNP = Certified Registered Nurse Practitioner

CRSS = Certified Recovery Support Specialist (SA)

NL = Non-Licensed

QSAP = Qualified Substance Abuse Professional

SU = Substance Use

SLP = Sign Language Proficient

RDP = Rehabilitative Day Program

TPR = Treatment Plan Review

MLBH PERSONNEL REPORT

CURRENT OPEN POSITIONS

JP LSS FT (1) PRN (2)

MC Therapeutic Mentor PT (1)

JC Therapeutic Mentor PT (1)

LSS PRN DGH (1)

Intake Coord. FT JC & MC (1)

MP LSS PRN (1)

SU LSS FT (1) PT (1)

Crisis Coordinator FT (1)

IT Board Report
FEB 2025

Items Completed from last reports:

- Bunch of other CCBHC Prep / Cost forecasting.
- Connect new fax cards in copiers.
- Bunch of prep work for Phone system processor upgrades.
- Bunch of prep work for Sboro IP Phone installation.
- Cedar Auto Attendant finalize config change the correct way.
- Servers cleanup / optimize / remove / reduce resources.
- Upgrade Phone system Processors and firmware.

New Items / Continued:

- Install IP Phones at New Sboro location. Waiting on move in.
- ATT phone service renewal waiting on countersigned contract.
- Bunch of CCBHC changes / additions in Avatar.
- Start prep work / conversations for Msoft 365 / Azure Cloud services.
- Trying to implement Non Profit version of 365.
- Implement Azure AD Connect.
- Lots of Avatar patches to install.
- SSL Certificates for year 2025.
- Renewals for support services on several products forthcoming.
- Secureworks acquired by SOPHOS. What changes will ensue?
- Exchange prereq updates for 365 Hybrid deployment?
- Find a contractor to assist with 365 Hybrid setup.

Clinical Services Report

February 2025

Dutton Group Homes

On the Dutton campus, we operate three residential group homes designated for adults with a primary diagnosis of mental illness.

Jenny's Place (Residential Care Home) was constructed in 1997: This facility provides 24/7 on-site awake staff support. It serves individuals requiring intensive treatment to prevent placement in a more restrictive setting, such as a hospital. Jenny's Place has a capacity of 12 residents, with an estimated length of stay between 6 to 12 months.

Sue Bolt and Veronica House (Foster Homes): The Sue Bolt House home was purchased in 1991 by the Alabama Mental Health Finance Authority and leased to MLBHC for 20 years. At the end of that term, AMHFA conveyed the title to MLBHC. This home has a capacity to serve 12 residents. Veronica House was constructed in 2002 and accommodates up to 14 residents. Both homes provide 24-hour staff coverage, with staff members sleeping on-site but available during the night in case of emergencies. Unlike Jenny's Place, there are no length-of-stay requirements for these homes.

Residents of the group homes are provided with basic living skills to teach them skills to remain in the community and increase capacity for independent living. They also receive nursing services, medication monitoring and administration. Transportation is provided for the residents to go to medical appointments, shopping, banking or other financial business, and outings. The staff coordinate with other agencies as needed to ensure continuity of care.

There are currently a total of 14 full time and part time staff who work at the three homes. There is the group home manager, a full time RN, two full time case managers, and 10 life skills specialists.

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Present: Cammy Holland, Dana Childs, Dana McCarley, Dianne Simpson, Erica Player, Gerald Privett, Katrina Ramsey, Mitch Davis, Myron Gargis, Sherneria Rose

Absent: Hannah Chandler

I. Report from Clinical Director, Dianne Simpson:

- **Staff Error Report-** The December report was distributed to the Program Directors/Coordinators. Dianne reported that the implementation of the new FEI system has been pushed to April 2025 for SU programs. Jocelyn, the clinical director at Wellstone already had their 6 month audit as a CCBHC. She reported that the auditors follow up when they make suggestions for changes. Myron mentioned that the state DMH audits may become virtual at some point.
- **Wall of Fame/Incentive Plan for December 2024:** The following staff achieved the incentive for the month of December. They all exceeded their productivity standard and produced excellent and error free documentation.

Congratulations:

Incentive Plan-

Boxley, Sarah
Brookshire, Tom
Burks, Julie
Ritchie, Denise

Wall of Fame-

Alford, Lindsay	Marshall	Miller, Savannah	Jackson
Barrett, Rob	Jackson	Moore, Leah	Geriatrics
Brand, Kali	Marshall	Moses, Mona	Geriatrics
Cheek, Brittany	Jackson	Quinn, Lindsey	Marshall
Clonts, Lisa	Marshall	Riggins, Jennifer	Marshall
Cooper, Rebecca	Dutton	Roberts, Chelsea	Marshall
DeAtley, Joanna	Residential	Robinson, Hannah	Jackson
Dettweiler, Sarah	Jackson	Rucker, Elizabeth	Marshall
Early-Foster, Alison	Marshall	Sabb, Shaquitta	Jackson
Estes, Ashlee	Marshall	Scyphers, Patrick	Marshall
Floyd, Jessica	Jackson	Steed, Tyler	Geriatrics
George, Margaret	Marshall	Stephens, Marie	Marshall
Hanna, Sarah	M. P.	Strange, Lilly	JCRDP/Dutton
Headrick, Tina	Marshall	Travis, Samantha	Dutton
Herring, Belinda	Marshall	Traweek, Elizebeth	Marshall
Hixon, Ryan	Dutton	Tubbs, Felicia	J. P.
Holcombe, Mitzi	Geriatrics	Amanda Whitley	Jackson
Johnson, Stacey	Marshall	Whitten, Brooke	Jackson
Justice, Desiree	Dutton	Wilson, Justin	Dutton
Keeper, Christy	Marshall	Bartke, George	Cedar
Kilian, Zachary	Dutton	Crowell, Robert	Cedar
Knott, Stephanie	Marshall	Kirkland, Jana	Cedar
Malone, Crystal	MC RDP/MP	Ramsey, Katrina	Cedar
McMurrey, Kimberly	Dutton	Sweatman, Susan	Cedar
		Woodham, Cynthia	Cedar

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II. Review and approve of December 19, 2024 summary report: December minutes were approved as sent out with no changes noted. The January 2024, April 2024 and October 2024 minutes were appended to correct which programs were reviewed during the Utilization Review of programs.

III. Administrative Review Summary/Error Reports for Dec. 2024: (Dec MTD 0.3 % YTD 0.3):

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	21	2256	30	40	Late notes

MONTHLY ADMIN REVIEW ERROR RATE: 1.8 % YTD ERROR RATE: 0.7 %

A summary report was sent out to the committee for each program containing details of the errors for review. The breakdown of reviews done for 6 month reviews and other/transfers were submitted for each program. The predominant error was late notes. The monthly and year to date error rate were slightly higher than last month.

IV. State Reporting Data Elements (SRDE) Report for Nov 2024-These errors are reported one month later as they are not received in time to research and compile prior to the CQI review. Will be moving more towards AI documentation. Myron mentioned that we will be demo on ELEOS platform next week again to see if this is a viable option. It can be integrated with Avatar.

Total Errors	Predominant Error Trends
2	None

V. CCBHC Behavioral Health Clinic Quality Measures for Oct-Dec 2024: This data was collected and reported as defined in the FY 24 Strategic Action Plan. The I-SERV data was taken from the Behavioral Health Screening (BHS). To accurately report the Depression Remission at 6 months, the primary therapists will need to re-administer the PHQ-9 6 months after the Index Event. The Unhealthy Alcohol Use screening and the AHC HRSN tools were implemented later in the quarter, therefore there are less data to report.

Measure Name and Designated Abbreviation	Description	Measure Data	Other Information
Time to Services (I-SERV)	Average time for clients to access three different types of services: (1) initial evaluation, (2) initial clinical services, and (3) crisis services.	Average time to access initial evaluation: 6 days Crisis Services: 1 day	Total Screenings: 167 Intakes Scheduled: 146 (Ages 12+) Missed initial apt: 44%
Depression Remission at six months (DEP-REM-6)	Clients seen during the Measurement Year with a dx of Major Depression or Dysthymia and an initial (PHQ-9) or (PHQ-9M) greater than nine (Index Event). The	Remission at 6 mo: 13%	Consumers 18 years and older who were seen for a billable service:

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	DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission (score < 5) Six Months (+/- 60 days) after an Index Event Date (score > 9).		145 had dx of Major Depression or Dysthymia 105 were administered a PHQ-9 89 had an initial score greater than 9 30% were readministered the PHQ-9 during the Measurement Year
Preventive Care and Screening: Unhealthy Alcohol Use Screening and Brief Counseling (ASC)	Alcohol use screening occurred in the past 12 months.	Percentage of intakes screened with ASC: 76%	Total Intakes (all ages): 350 AUDIT C Screenings: 112 CRAFFT Screenings: 80
Screening for Social Drivers of Health (SDOH)	Percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. *Accountable Health Communities Health Related Social Needs (AHC HRSN) Screening	Percentage screened: 79%	Total Intakes (18+): 146 AHC HRSN Screenings: 116

VI. Significant Events of People Receiving Services for Oct-Dec 2024: The suicide attempts and overdose data are captured via the progress note. By tracking these data, the CCBHC seeks to keep individuals engaged in treatment therefore reducing hospital utilization. New roles will be added with the implementation of CCBHC later this year. There will be two additional Care Coordination roles added for each county and will be called care navigators. Their job will be to follow up on missed appointments for high risk consumers as other needed follow up.

Event	Total Number
Suicide Deaths	0
Suicide Attempts	6
Fatal and Non-fatal Overdoses	1
All-cause Mortality	5
30 Day hospital readmissions	7

VII. Outcomes and disparities for populations of focus

ADMH identified the following populations of focus (POF):

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

The tracking of data for individuals served is an ongoing project. Dianne is in the process of developing reports to retrieve the data from Avatar. She experienced some technical problems, and will report the data as soon as they are resolved.

General Population Data

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

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

MLBHC Data for Individuals Receiving Services during Q1

	Jackson	Marshall	Other Counties
Total Population	632	1235	304
African American	7%	4.2%	3%
Hispanic	2.5%	8.9%	5.2%
Homeless	.2%	.2%	0%
SMI	37.3%	22.5%	48.3%
SED	34.7%	47.7%	19%
Veterans	.5%	.3%	2.6%
LGBTQ+	1.1%	.2%	1%
LGBTQ+ Youth	1.1%	0%	0%
Co-occurring MI & SU (COD)	18.2%	11.9%	6.9%
Opioid Use Disorder (OUD)	1.7%	.8%	1.3%
African American w/OUD	0%	Less than 1%	0%
Pregnant and Parenting Women	8.4%	4.9%	12.2%

*PPW data very rough estimate, still work in progress

VIII. Prevention Activities: 132 Prevention activity sheets were reviewed for December 2024

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Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	N/A	N/A
Block-Environmental	25	0
Block- Information Dissemination	14	20
Block-Education	18	13
Block-Alternatives	0	8
Block-PIDR	9	N/A
SOR-Environmental	21	24
SOR-Community Based Process	7	40
Total	94	105

In

December, the Prevention Team successfully organized Remove the Risk tables at the Jackson County Library Resource Center, located within the Jackson County Courthouse, in collaboration with Sheriff Rocky. During this event, a total of 31 Deterra packets were distributed. Additionally, the team set up at Grant Pharmacy in Marshall County, distributing 32 Deterra packets to customers. The team also continued preparations for an upcoming prevention workshop at the Life Resource Center, focusing on medication storage safety and recognizing signs of an overdose.

Throughout the month, the team raised awareness by posting flyers at various locations, including Family First Pharmacy, Big C Drugs, Jackson County Courthouse, and the Life Resource Center. As part of their community engagement efforts, the Prevention Team contributed to the Consumer Christmas Party by providing Santa Claus photos. They also scheduled outreach days during Christmas break to visit the Scottsboro Library, where they distributed “Talk. They hear you” information.

The team continued to implement the *Too Good for Drugs* curriculum with fifth-grade students at Woodville Elementary and Boaz Intermediate School. Each lesson was designed to teach life skills and promote positive decision-making. Furthermore, staff conducted three comprehensive classes for students in Marshall County who were caught vaping on campus, educating them about the dangers of vaping and offering strategies for making healthier choices.

IX. Hospital Discharge Follow-up Report for December: Missed visit notes are not always being entered into Avatar.

Location	Local	State/CRU	Total
Marshall	9 (7 Active)	4	13
Jackson	3 Active	1	4
Geriatrics	2	0	2
Total	14	5	19

Tracking reports of hospital discharges and 72 hour follow-ups for clients in Marshall and Jackson County were sent out to the committee. All appointments were kept in both counties. Children/adolescents still continue to make up a large percentage of these appointment.

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X. Incident Prevention and Management for December: There were five incidents of client aggression, one 24 hr SU Hospitalization and one 24 hr MI Allegation of Consensual Sexual Contact for December.

XI. Medication Errors for December: There were 37 medication errors reported for the month of December. Two wrong times, 20 documentation errors, 14 missed doses and one other (missing pill). All but one error was made by the same staff member. Staff was de-delegated and is no longer employed.

By Personnel

	MAC	RN	LPN	Pharmacist	Other (explain)
Level 1	37				
Level 2					
Level 3					
TOTAL	37	0	0	0	0

By Division

	MI	SA	TOTAL
Level 1	37	0	37
Level 2			
Level 3			
TOTAL	37	0	37

By Error Type

	Wrong Person	Wrong Med	Wrong Dose	Wrong Route	Wrong Time	Wrong Reason	Wrong Documentation	Missed Dose	Other (explain)
Level 1					2		20	14	1 missing pill
Level 2									
Level 3									
TOTAL	0	0	0	0	0	0	0	3	0

XII. Consumer Feedback, Complaints, and Grievances: There were 2 complaints reported for December.

FY25-Consumer Feedback	Dec	Dec	Dec	Dec	Dec
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville	0	0	0	1	1
Scottsboro	0	1	0	0	1
Outreach/Residential	1	2	4	1	8
Cedar Lodge	1	0	0	0	1
Total MTD	2	3	4	2	11
Total YTD	8	10	10	5	33

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XIII. Utilization Review Admission Criteria-Q1-FY25- Charts from the list of Programs below were reviewed. In all the programs, the documentation supported how the established admission criteria was met and how the services provided were adequate to address the needs of the consumers.

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

XIV. Inpatient Commitments Q1-FY25 (Oct-Dec 2024):

Location	Total	Discharged
Marshall	4	2
Jackson	0	0
Dutton	0	0
Bryce/Harper	2	0
Total	6	2

Ross Warner, crisis specialist, submitted this report. All consumers from MLBHC's catchment area who are committed to any DMH facility are tracked until discharge.

- There were three consumers from Marshall County residing in a CSU during the first quarter of FY25 and one awaiting admission. Two were discharged and the remaining consumers will be tracked until discharge from commitment.
- There were no consumers from Jackson County residing in a CSU during the first quarter of FY25
- There were no inpatient consumers in the Dutton Residential Care Home facility in Jackson County during the first quarter of FY25.
- There were 2 consumers residing in Bryce during the first quarter of FY25.

XV. Outpatient Commitments Q1-FY25 (Oct-Dec 2024):

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Location	Compliant	Noncompliant	Totals	Revocation Recommended	New Commitment	Completed Commitment
Marshall	2	1	3	0	3	0
Jackson	0	0	0	0	0	0
Total	2	1	3	0	3	0

Ross Warner, crisis specialist, submitted this report. All consumers who are outpatient committed to MLBHC are tracked for compliance. A report tracking Outpatient Commitments for clients in Marshall and Jackson Counties was sent out to the committee.

- There were 3 consumers who were on outpatient commitment in Marshall County the first quarter of FY25. All but one was compliant with treatment recommendations. The consumer who was non-compliant is in jail awaiting another hearing due to violent behavior while at the hospital. There were three new commitments.
- There were no consumers on Outpatient Commitment in Jackson County for December.

XVI. Residential Services Report for December 2024: A monthly report was ran for December. Summary of current openings from Sherneria was one female opening at Jenny’s Place and two male openings at Jenny’s Place. Supportive housing is purposely not full due to inflation costs and lack of DMH funding.

Cammy and Sherneria discussed that CSU capacity is changing in MICRS every month. Currently it is at 1 client. Myron stated that DMH is actually paying for less than one bed per day at CSU with the current contract so it will show one opening.

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	93	93	100
Marshall Place	3	93	93	100
Jackson Place Sup Apt.	2	62	31	50
Dogwood Apartments	8	248	248	100
Supportive Housing	12	372	248	67
MLBH Residential Care	10	310	279	90
MLBH Crisis Stabilization	2	62	62	100
Foster Homes	26	806	786	98
Totals		2046	1840	90

XVII. Treatment Plan Reviews for December 2024:

Programs	Total Charts	Admission Criteria not met	Not Timely	Not Individualized	Documentation Does Not Relate To TP And/or Address Progress	No Attempts of Active Engagement Documented	No Modification for Accommodations	Total Errors
Geriatrics	18	0	0	0	0	0	0	0
Jackson	72	0	6	0	2	0	0	8
Marshall	130	0	3	0	6	0	0	9

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Substance Abuse	0	0	0	0	0	0	0	0
Residential	0	0	0	0	0	0	0	0
TOTALS	220	0	9	0	8	0	0	17

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

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

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

XVIII. Form-Policy & Procedure Revisions/Approvals:

Forms-

- **Drug Screen Results-Rev-** Cedar Lodge requested that a comment box be added to this form. The hard copy and the Avatar forms were revised and the hard copy was sent out to the committee with no changes noted. The approved form was placed on the server under MLBHC forms> for staff access.
- **Referral Form to Wellstone Emergency Services-(Revised form, new to CQI) -** This form was created to complete when MLBHC staff refer a consumer to Wellstone Emergency Services (WES). The form was two pages, was no longer available electronically and had not been approved in PI. The form has been created electronically and revised to be one page. The form was shared with Wellstone for approval and they asked that our liaison to Wellstone, Beth Kuhn’s name and contact number be added to the form for their staff access. The form was sent out to the committee with no changes noted. The approved form was placed on the server under MLBHC forms> Referrals-Extensions tab for staff access.
- **Travel Reimbursement form-Rev 1/1/25-** This form was revised due to an email sent by the executive director to all staff on Friday, December 27,2024 that stated:
The IRS has announced an increase in the mileage rate for business use of vehicles, raising it by 3 cents to 70 cents per mile for the calendar year 2025. Starting January 1, 2025, MLBHC will align with this updated rate for mileage reimbursement.
We will update the reimbursement form to reflect this change, and the new form will be made available to you soon. Please continue to use the current form and mileage rate for any travel in December 2024. Beginning in January, be sure to transition to the updated form and rate.
Wishing everyone a Happy New Year and a wonderful 2025!
****Please note that there are tabs at the bottom of the form for you to select the version that fits your needs.**
 - The first tab “With formulas productivity time” has the two page form for outreach staff who do a lot of travel and also who record time in the “minutes” column.

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- The second and third tabs are one page documents that don't include the "minutes" column. This is for staff who do not do much travel and don't see consumers out in the field.

The revised Travel Reimbursement form was emailed out to all staff on 1/6/25 and has been placed on the server under the forms manual>administrative section tab.

P & P: Procedure revisions for CQI approval-None

P & P: Board Approved Policy Revisions-None

XIX. Miscellaneous Items: None

Leadership Committee

January 16, 2025

MINUTES

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

Absent: None

I. Approve minutes of the December 19, 2024, meeting

Minutes of the December 19, 2024 meeting were distributed to all staff via e-mail. Minutes were approved, as presented.

II. No committee reports for the month

III. Program Financial Reports: October - December, 2024

- YTD net income of \$114,991 (not including Board investments).
- **Marshall Co. OP & OR – Net income \$85,962**
- **Jackson Co. OP & OR – Net loss \$12,895**
- **Geriatrics – Net income \$14,896**
- **Residential –**
 - **Supervised Apartments – Net income \$6,867**
 - **EBP Supportive Housing – Net income \$4,122 (program designed to break even)**
 - **Dutton – Net income \$39,209**
 - **Jackson Place – Net income \$21,702**
 - **Marshall Place – Net income \$3,721**
- **SU Services – Net loss \$24,502**
- **Prevention Services – Net loss \$24,087**

IV. Reports & Program Updates:

- **Executive Director’s Report – Myron Gargis**
 - Albertville City Schools has received a SBMH Grant for \$3.5M. Myron, Erica and Kali recently met with the Kristi Rains, Mental Health Coordinator for ACS, to discuss the possibility of contracting for MLBHC staff to provide additional MH services.
 - MLBHC recently received a \$75K grant which will provide new Prevention services through our First Responders/Veterans Programs.
 - The “State of the Organization” Report is being finalized and will be shared with the Board at next week’s meeting. It will also be shared with MLBHC staff via an all users email.
 - The CCBHC Application was sent in last week and we are in the home stretch on the Costing Report. It is due by January 31, but will be finalized and submitted next week. If LC members have any additional ideas that could possibly be included on the Costing Report, those need to be shared right away. Discussion during today’s LC meeting, prompted the possibility of including the employment of a Benefits Specialist (to assist consumers with applying/maintaining benefits) and Transportation Vouchers (dedicated money to pay for ride shares, etc.) on the Costing Report.
- **Clinical Director’s Report – Dianne Simpson**
 - Julianna Davis, Community Outreach Specialist, recently applied for and was awarded a grant that provides air purifiers to MLBHC Residential Facilities.
- **Administrative Services – Cammy Holland**

- Upcoming payrolls will be much simpler now that the holidays are over.
- **HR Report – Lane Black**
 - The listing of vacant positions was shared with LC members. Please advise Lane of any discrepancies.
 - Information was provided to Local Gov this week as requested for an audit.
 - LC discussed that recruitment for the new positions under CCBHC will likely start in April/May.
- **Jackson County – Dana McCarley**
 - Two new JC TH started this week. Kylie Evans will be JC OP TH and Kim Smith will work PT as JC SB TH.
 - A rehire is in the pipeline for one of the JC IC positions.
 - Miranda Holland is doing well in her role as JC LICC.
 - Savannah Miller is also progressing in her new role as CPS-A. She is filling in on the JC AIH Team while Brooke Whitten pursues her master's degree.
 - Several consumers have recently lost their MCD/MCR benefits and all are working together to get those reinstated. It was noted that consumers must reenroll every year and many are preyed upon by companies that promise additional/better benefits (such as groceries, phone cards, etc.), but the overall benefits are not actually better in the long run.
- **Marshall County OP & OR – Erica Player**
 - Erica noted that wait times for Intakes will likely get worse before getting better due to the current lack of ICs.
 - She and Dana have recruited help from several areas (therapists in other programs, front desk staff, etc.) to keep Intakes flowing as best possible at the present time.
 - The new JC IC in the pipeline (Rachelle Hampton) is a rehire and all are hopeful for her to start by the end of the month. Following that, Erica and Dana mentioned the idea of possibly MC and JC sharing the next IC that is employed.
 - Erica questioned the possible use of a DocuSign process that, if available, could prove very beneficial for Intakes.
- **Geriatrics – Gerald Privett**
 - All is going well in the Geriatric Program.
 - A couple of staff members have volunteered to help with Intakes.
- **Residential – Sherneria Rose**
 - All residential programs are scheduling interviews for vacant positions, but several have resulted in no-shows.
 - Teana Campbell, JP PC, is following-up on a makeup day for Mark Slade and Chris Whitworth to participate in Peer Support Training.
- **SA Services – Katrina Ramsey**
 - Census is currently 18-20.
 - Interviews are being scheduled for open positions at Cedar, but they are also experiencing several no-shows.
 - Judge Floyd with Marshall County Drug Court has made contact with Katrina in regard to the possibility of prescribing Vivitrol to incarcerated individuals in preparation for discharge. Katrina is talking with Dr. Cerimele about this issue.

V. Review of wait times

For December, 2024, the following wait times were reported:

MC Intake	7 days	MC MD/CRNP	22 days
JC Intake	8 days	JC MD/CRNP	9 days
Average	7.5 days	Average	15.5 days

VI. Unfinished Business

- None noted

VII. New Business

- **Q1 review of FY25 Goals and Objectives – Myron Gargis**

LC members reviewed the FY25 Goals and Objectives provided the following updates:

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

- A. Improve and format the Community Needs Assessment to meet the DMH implementation standards (1.a.1 & DY-1/Clinical - 24-3). **Currently being finalized and will be submitted prior to 1/31/25.**
- B. Prepare to submit required data to DMH through the Netsmart CareManager solution and as required by the SAMHSA CCBHC Data Reporting Template (DY-1/Clinical - 24-1 & DY-1/ Clinical - 24-15). **A quote has been obtained from Netsmart, but there is talk that a different program may be used.**
- C. Train staff on and implement all required Evidence Based Practices (EBPs) (DY-1/Clinical - 24-2) & DY-1/Clinical - 24-14). **Some training has been conducted.**
- D. Increase scope of service capacity as described in the Required Additional Capacity requirements (DY-1/Clinical - 24-2). **A plan is in place, but awaiting funding.**
- E. Revise and improve the continuity of operations/disaster plan per SAMHSA & DMH guidelines (2.a.8; DY-1/Clinical - 24-3). **A draft plan has been developed, but is not yet finalized.**
- F. Establish and implement primary care screening protocols (DY-1/Clinical - 24-4). **Not yet addressed.**
- G. Provide Targeted Case Management services during care or housing transitions for all required population groups (DY-1/Clinical - 24-5). **Pending funding and employment.**
- H. Develop and implement a Supported Employment Program (DY-1/Clinical - 24-7). **Pending funding and employment.**
- I. Increase crisis services by directly providing or establishing a Designated Collaborating Organization (DCO) agreement for mobile crisis services and 24/7 Crisis Receiving/Stabilization services (DY-1/Clinical - 24-9 & DY-1/Clinical - 24-19). **It is uncertain if DCOs will be needed - the current thought is likely not.**
- J. Train on and implement all required screening tools and collect all required initial evaluation information (DY-1/Clinical - 24-10). **Training has been started and some info has been collected.**
- K. Ensure that all state and federal guidelines regarding veteran care are followed and ensure that people with lived experience as veterans help guide CCBHC implementation and operations (DY-1/Clinical - 24-13). **Pending funding and employment.**
- L. Actively track outcomes and any disparities for the populations of focus (POF), through our ~~Performance~~ **Continuous Quality** Improvement process (DY-1/Clinical - 24-17). **Started this month with baseline.**
- M. Develop care coordination agreements with all required entities and any other entities that are identified through the Community Needs Assessment process (DY-1/Clinical - 24-18). **Not yet addressed.**
- N. Establish a Prospective Payment System (PPS) daily rate with the assistance of FTI Consulting (DY-1/Fiscal - 24-1). **Final stages of development, with submission next week.**
- O. Ensure that individuals with lived experience have meaningful input in the governance of MLBH, as described in the CCBHC Governance Criteria (DY-1/Governance - 24-1). **Not yet addressed.**

VIII. Adjournment

The Leadership Committee meeting was adjourned at 4:15 p.m.



New Directions

February 2025



Stacey Johnson	1 year
Anna York	1 year
Desiree Justice	1 year
Kimberly McMurrey	1 year
Lisa Burgess	2 years
Savannah Miller	2 years
Wes Morgan	2 years
Dana McCarley	10 years
☺ Loyalty Bonus	\$400
Stephanie Knott	15 years
☺ Loyalty Bonus	\$900
Erica Player	15 years
☺ Loyalty Bonus	\$900
Myron Gargis	28 years

Birthdays

Kathy Anne Chapman	Feb 1
Elizebeth Traweek	Feb 3
Joanna DeAtley	Feb 4
Jana Kirkland	Feb 7
Kim Romero	Feb 9
Rob Barrett	Feb 10
Alec Holderfield	Feb 12
Ivan Taylor	Feb 13
Margaret George	Feb 14
Lisa Burgess	Feb 22
Ariana Leite	Feb 22
Leah Moore	Feb 26



Upcoming Career Fair



Lane Black, HR Coordinator, and Sherneria Rose, Residential Program Director, will participate in Spring Career Week at Alabama A&M University on February 6.

During their visit, they will be recruiting for spring graduates and talking to graduate/undergraduate students about employment opportunities with MLBHC.

RESOURCE ROOM



Introduction

The Scottsboro MLBHC Resource Room opened Summer 24', where we had a successful Back-to-school drive, and have since helped provide many clients with food, clothing, hygiene products, house items, and more!



The resource room is always accepting donations of physical items, or monetary donations that can be used to replenish items. Our most requested items are XL+ men and women's clothing, hygiene items, and children's clothing.

Toy Drive

As the holidays approached, it was brought to our attention that many clients were still in need of gifts for their children. Although Jackson County has Christmas Charities, not all clients that are low-income qualify to receive assistance, leaving many to struggle with getting gifts still.

Therapists and Care Coordinators got the information of clients in need to Savannah and Bri, who set to work compiling gifts that suited the age groups.

Clients who requested gifts were able to pick a time slot to come in and "shop" for gifts for their children. Clients were allowed to pick 2-3 big gifts, as well as 2 smaller gifts and stocking stuffers. We also supplied them with gift bags and wrapping supplies so that they could elevate the magic by preparing the gifts at home. In total, we were able to spread holiday cheer to 36 children.

Special thanks to Paul Horn, the family of Savannah Miller, Sarah Dettweiler, Dana McCarley and Shaquitta Sabb.

The new staff members photographed below
joined the MLBHC Team since the last newsletter

(Left to right) JD Boatwright, MS, MC Outpatient Therapist; Kylie Evans, MSW, JC Outpatient Therapist; Kim Smith, Ed.S., JC School Based Therapist; Daniel Phillips, Life Skills Specialists at the Dutton Residential Facility; and Kim Garmon, LSS at Marshall Place.



~ Monthly Meetings ~

Tuesday, February 18th

Board meeting 5:30 pm
Hwy 35 Facility - Scottsboro
(Confirm attendance with Shelly Pierce)

Thursday, February 20th

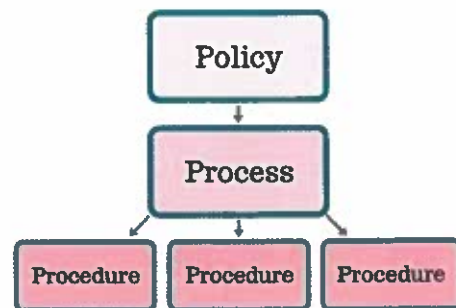
Leadership Committee meeting
Time and Format TBA



Staff suggestions or input
can be provided to the EEG
at any time via the
Employee Feedback Link
on the MLBHC Links Screen

Annual Review of P&Ps

In compliance with the Administrative Code, Board members are to review and approve all of the MLBHC Policies and Procedures on, at least, an annual basis. This process was recently addressed by providing each Board member with a flash drive containing all current P&Ps. Board members were given advanced notice that this action was necessary and were allowed several weeks to review the information, at their convenience, prior to the January Board meeting.



Following discussion of this DMH requirement and an opportunity to ask questions/provide suggestions in regard to any of these items, Board members elected to approve all current MLBHC Policies and Procedures.

The Board's annual review and approval of the P&Ps was documented in the January 21, 2025, Board minutes and will be available for DMH review at the next site visit.

What's Going On ????



Personnel Policy Spotlight 4.4.2 Travel Expense/Reimbursement

When an employee is required to use his/her own private vehicle for work purposes, the employee will be reimbursed at the rate established by the Board of Directors. Due to the limited nature of travel funds, all employees are requested to be as frugal as possible in making travel arrangements, and all out-of-area travel requires prior approval by the employee's Supervisor. Out-of-state travel requires approval of the Executive Director.

For out-of-area travel, food, lodging and parking expenses must be documented with receipts. Expenses for tolls, taxis and tips do not require a receipt. Employees will not be reimbursed for purchase of alcoholic beverages. Employees will be required to certify that reimbursement requests are only for accurate and actual expenses incurred as a necessary part of conducting agency business.

Employees must submit their request for reimbursement of travel expenses on a Travel Reimbursement Form to their Supervisor within 30 days of the date the expenses were incurred. The Supervisor's signature on the form indicates his/her approval of the travel and the appropriateness of the expenses incurred. Supervisors will submit the approved Travel Reimbursement Forms to the Business Office to be processed for payment. Payment of Travel Reimbursement Forms will be made through direct deposit on the 2nd pay date of each month. Travel expenses may be capped at Management's discretion.



Change In MLBHC Mileage Reimbursement Rate

Several years ago, the Board of Directors agreed to set the MLBHC mileage reimbursement rate at the same rate approved by the IRS. For 2025, the IRS set the business mileage rate at 70¢ per mile, which will be the same for MLBHC. This mileage reimbursement change was effective on January 1, 2025.

Updated Travel Reimbursement Forms are accessible via the MLBHC links page. Select MLBHC Forms and they are located in the Administrative Section.



The IRS standard mileage rate for business is based on an annual study of the fixed and variable costs of operating an automobile including depreciation, insurance, repairs, tires, maintenance, gas and oil. All of these items are also taken into consideration as the Board evaluates mileage reimbursement rates for MLBHC employees. Please remember that your MLBHC mileage reimbursement for business related travel not only covers gas, but also all of the other items noted above.



Wall of Fame

December 2024 I = Incentive



MC OP & OR

Lindsay Alford
Kali Brand
Julie Burks (I)
Lisa Clonts
Ashlee Estes
Tina Headrick
Belinda Herring
Christy Keeper
Stephanie Knott
Lindsey Quinn
Jennifer Riggins
Denise Ritchie (I)
Chelsea Roberts
Elizabeth Rucker
Patrick Scyphers
Marie Stephens
Elizebeth Traweek

Multi Programs

Sarah Boxley (I)
Margaret George
Crystal Malone (I)
Lilly Strange

JC OP & OR

Rob Barrett
Tom Brookshire (I)
Brittany Cheek
Sarah Dettweiler
Ali Early-Foster
Jennifer Floyd
Savannah Miller
Hannah Robinson
Shaquitta Sabb
Amanda Whitley
Brooke Whitten

Geriatrics

Mitzi Holcombe
Leah Moore
Mona Moses
Tyler Steed

Residential

Rebecca Cooper
Joanna DeAtley
Sarah Hanna
Ryan Hixon
Desiree Justice
Zach Kilian
Kimberly McMurrey
Samantha Travis
Felicia Tubbs
Justin Wilson

Substance Use

George Bartke
Bob Crowell
Jana Kirkland
Katrina Ramsey
Susan Sweatman
Cindy Woodham



Jackson Place resident, William Ferguson, jumped into action during the recent snow event by clearing a pathway on the deck so that the other residents and staff wouldn't fall.

Thanks for taking care of everyone William!!



The Marshall County Commission recently took action to appoint Mrs. Andrea LeCroy to the Marshall-Jackson Mental Health Board, Inc.

In her role as Marshall County Probate Judge, many MLBHC staff members already work closely with Mrs. LeCroy and we are pleased to now have her serving as a Board member.

We are confident that she will be an excellent addition to our Board of Directors!



Employee Spotlight

Felicia Tubbs

About Me

Hello! I am proud to serve as a Life Skills Specialist at Jackson Place. I initially joined the team in 2017 and worked here until 2021, returning in 2023. By May, I will have dedicated six years to this position, and I truly consider Jackson Place my second home.

Hobbies

I have a passion for international travel, embracing beach vibes and adventurous experiences. I enjoy the charm of farm living, diving into books as a true bookworm, and indulging in movies and K-dramas. I'm also a devoted animal lover!

Favorite Quote

"Keep your face to the sunshine and you cannot see the shadows. It's what the sunflowers do." - Helen Keller

If you would like to have an article/photo/etc published in New Directions, please e-mail it to Shelly Pierce by the 20th of each month for the next month's publication. Make certain that your submission does not refer to a consumer by name or include any other type of identifying information. If so, you must submit an "Informed Consent" form specific to each item.