



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: November Board meeting
DATE: November 11, 2025

The next meeting of the Board of Directors will be held on **Tuesday, November 18, 2025**, at the Administrative Office in Guntersville, Alabama. An evening meal will be provided, with the meeting starting at 5:30 pm.

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

- November Board Agenda
- Minutes from the October 21, 2025, Board meeting
- Financial Reports
- New Policy and Procedure: 12.28 – Mobile Crisis Team (MCT) Program Description
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- Recent local newspaper article
- Minutes from the October CQI Committee meeting
- Minutes from the October Leadership Committee meeting
- November 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

November 18, 2025

AGENDA

- I. Call the meeting to order – David Kennamer, President
- II. Approval of minutes of the October 21, 2025, meeting – David Kennamer, President
- III. Executive Director’s Report
- IV. Financial reports through October 31, 2025 – Cammy Holland, Business Manager
- V. Proposed approval of new Policy and Procedure
 - 12.28 – Mobile Crisis Team (MCT) Program Description
- VI. Written reports
 - Personnel – Lane Black, HR Coordinator
 - IT – Steve Collins, IT Director
 - Clinical – Dianne Simpson, Clinical Director
- VII. Decision on December, 2025, Board meeting
- VIII. Board requested items for future meeting

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

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

MINUTES

I. Call to Order

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

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

Absent: None

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

II. Approval of the minutes of the September 16, 2025, Board meeting – David Kennamer, President

MOTION: Hannah Nixon made a motion that the Board approve the minutes of the September 16, 2025, meeting, as presented. Andrea LeCroy seconded the motion, which was approved unanimously.

III. Executive Director's Report

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

Included in the Executive Director's Report was the first of several training sessions titled "What is a CCBHC and Why It Matters". This series is designed to help deepen the Board's understanding of the CCBHC model and how it strengthens MLBHC's mission, vision and long-term sustainability.

IV. Financial reports through September 30, 2025 – Cammy Holland, Business Manager

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

The FY25 Program Summary reflected a net income across all programs, with exception of EBP Supportive Housing and Substance Use Prevention.

The current Balance Sheet, including Board Investments, indicated Total Cash of \$547,180. This total is \$155,013 more than this same time period last year. Continued review reflected Total Accounts Receivable of \$3,551,366, which is \$465,576 more than in FY24.

The Income Statement, excluding Board Investments, reflected a YTD Net Income of \$970,946, which is \$460,903 more than in FY24.

V. 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.

For this month's Clinical Report, Board members were provided with the proposed CQI Plan for FY26. Dana Childs, CQI Coordinator/Clinical Administrative Assistant, shared a summary of the revisions to the plan for FY26, explaining that most were made for compliance with CCBHC.

MOTION: Hannah Nixon made a motion that the Board approve the CQI Plan for FY26, as presented. Victor Manning seconded the motion, which was approved unanimously.

VI. Board requested items for future meetings

There were no items requested.

VII. Executive Session

Mr. Kennamer announced that the Board needed to enter into Executive Session to discuss personnel matters related to the Executive Director.

MOTION: Bill Kirkpatrick made a motion that the Board enter into Executive Session at 6:55 p.m. to discuss personnel matters related to the Executive Director. Victor Manning seconded the motion, which was approved unanimously.

MOTION: Andrea LeCroy made a motion that the Board reconvene the regular meeting at 8:15 p.m. and adjourn. Jane Seltzer 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 – October 21, 2025

❖ Transportation Services Update

Our transportation program continues to be a critical component in ensuring client access to behavioral health services across both Marshall and Jackson Counties. In September, transportation activity remained strong and consistent with program goals:

- Jackson County: 80 total client transports (significant increase)
- Marshall County: 183 total client transports
 - Of these, 162 transports supported participation in our Day Program.

These numbers reflect the continued commitment of our transportation team to reduce barriers to care and support daily attendance and treatment adherence.

❖ Mental Health Statistics Improvement Program (MHSIP)

The MHSIP Annual Survey is conducted each year to measure client satisfaction with the treatment process, access to care, and perceived outcomes. The results of this year's survey are attached for your review and demonstrate positive trends in overall satisfaction and service quality. These findings will help guide quality improvement initiatives for the upcoming year.

❖ School-Based Mental Health (SBMH) Program

We are pleased to announce that the Alabama Department of Mental Health (ADMH) has approved \$50,000 in new annual funding to support an additional Therapist for the Jackson County Schools. The new therapist has been hired and is now fully operational.

With this addition, Mountain Lakes Behavioral Healthcare now provides:

- 3 SBMH Therapists in Jackson County
- 9 SBMH Therapists in Marshall County
- Total: 12 School-Based Therapists

Our focus moving forward is to expand and strengthen school-based services in Jackson County to reach more students and families in need of mental health support.

❖ Crisis Residential Unit (CRU) and Claysville Campus

Chapman & Sisson Architects continue to advance design work for the planned 16-bed Crisis Residential Unit (CRU). A meeting is scheduled for tomorrow to review preliminary concepts and discuss the master plan for the 30-acre Claysville property.

As a point of reference, I recently shared photos and updates from the CRU currently under construction in Decatur, which will serve as a helpful model for our own project as we move forward with design and planning.

❖ CCBHC Board Education Training Series

This is the first session in our Board Education Training Series, titled "What is a CCBHC and Why It Matters." This series is designed to help deepen your understanding of the Certified Community Behavioral Health Clinic (CCBHC) model and how it strengthens Mountain Lakes Behavioral Healthcare's mission, vision, and long-term sustainability.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

CCBHC PROGRAM SUMMARY

FOR THE MONTH ENDED OCTOBER 31, 2025

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Actual Revenues		Actual Expenses		ACTUAL OPERATING INCOME	BUDGETED OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- %	Comments
					Budget vs Actual	% Variance	Budget vs Actual	% Variance						
Administration	97,790	32,554	97,790	(6,092)	(65,236)	-200.39%	(90,834)	-1305.89%	38,646	(0)	13,047	25,599		
Marshall County MHC	696,788	571,888	611,654	319,522	(124,900)	-21.84%	(285,973)	-89.50%	252,367	85,134	6,160	246,207		
Jackson County MHC	411,718	359,852	381,074	259,452	(51,866)	(0)	(116,588)	-44.94%	100,399	30,644	5,034	95,365		
Grand Total	1,206,296	964,294	1,090,519	572,882	(242,002)		(493,395)		391,412	115,778	24,241	367,171		

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE

NonCCBHC PROGRAM SUMMARY
FOR THE MONTH ENDED OCTOBER 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	
	15,202	15,202	15,202	15,202	15,202	15,202	Actual	Actual	Budget vs Actual	%	Budget vs Actual	%						
Region 1 Project	15,202	15,202	15,202	15,202	15,202	15,202	(0)	0	0.00%	0	0.00%	0	0	(0)	0	0	0	
Geriatrics	0	43,236	0	25,491	43,236	25,491	100.00%	100.00%	100.00%	25,491	100.00%	0	0	17,745	0	17,745		
Behavioral Health Unit (BHU)	20,058	20,000	20,058	20,000	(58)	(58)	0.00%	0.00%	0.00%	(58)	0.00%	0	0	0	0	0	0	
Supervised Apartments	6,254	7,257	4,372	4,270	1,004	642	13.83%	15.04%	15.04%	642	15.04%	1,882	2,987	744	2,243	2,243		
EBP Supportive Housing	13,712	11,315	13,712	8,542	(2,397)	(5,169)	-21.18%	-60.51%	-60.51%	(5,169)	-60.51%	(0)	2,773	0	2,773			
Dutton Facilities	112,813	117,090	102,281	79,969	4,278	(17,513)	3.65%	-21.90%	-21.90%	(17,513)	-21.90%	10,532	37,122	4,799	32,322			
JC C/A InHome	19,443	9,858	12,573	4,037	(9,584)	(8,536)	-97.22%	-211.43%	-211.43%	(8,536)	-211.43%	6,869	5,821	0	5,821			
JC C/A Outreach	0	0	0	6,445	-	6,445	#DIV/0!	100.00%	100.00%	6,445	100.00%	0	(6,445)	0	(6,445)			
JC InHome	0	13,195	0	9,569	13,195	9,569	100.00%	100.00%	100.00%	9,569	100.00%	0	3,626	0	3,626			
JC ACT	29,757	24,858	18,215	16,271	(4,900)	(1,944)	-19.71%	-11.95%	-11.95%	(1,944)	-11.95%	11,543	8,587	0	8,587			
JC RDP	15,395	17,960	12,079	8,716	2,566	(3,363)	14.28%	-38.58%	-38.58%	(3,363)	-38.58%	3,315	9,244	0	9,244			
Jackson Place	39,377	41,531	32,534	29,322	2,155	(1,482)	5.19%	-5.05%	-5.05%	(1,482)	-5.05%	6,843	12,210	1,731	10,479			
Jail Based	0	0	0	7,954	-	7,954	#DIV/0!	100.00%	100.00%	7,954	100.00%	0	(7,954)	0	(7,954)			
MC C/A InHome	19,581	10,921	14,131	7,399	(8,659)	(6,733)	-79.29%	-90.99%	-90.99%	(6,733)	-90.99%	5,449	3,522	0	3,522			
MC C/A Outreach	0	0	0	1,309	-	1,309	#DIV/0!	100.00%	100.00%	1,309	100.00%	0	(1,309)	0	(1,309)			
MC InHome	0	10,126	0	15,183	10,126	15,183	100.00%	100.00%	100.00%	15,183	100.00%	0	(5,057)	0	(5,057)			
MC ACT	38,241	37,596	25,712	24,144	(645)	(1,568)	-1.72%	-6.49%	-6.49%	(1,568)	-6.49%	12,530	13,452	0	13,452			
MC RDP	13,869	20,802	9,480	10,885	6,913	1,406	33.23%	12.91%	12.91%	1,406	12.91%	4,409	9,916	0	9,916			
Marshall Place	22,465	24,478	26,366	23,534	2,012	(2,445)	8.22%	-10.39%	-10.39%	(2,445)	-10.39%	(3,900)	943	386	557			
Stepping Up	5,000	5,000	4,050	4,757	-	707	0.00%	14.86%	14.86%	707	14.86%	950	243	0	243			
Substance Use	111,712	141,676	108,360	85,612	29,964	(15,756)	21.15%	-18.40%	-18.40%	(15,756)	-18.40%	3,332	56,064	7,012	49,052			
Prevention	28,553	34,327	25,107	26,591	5,774	1,484	16.82%	5.58%	5.58%	1,484	5.58%	3,445	7,736	0	7,736			
	511,451	606,429	444,252	435,204	94,978	5,624				5,624		67,200	171,225	14,672	156,553			
Board Investments	26,889	48,787	2,137	1,428	21,898	220	44.86%	15.38%	15.38%	220	15.38%	24,752	47,359	928	46,431			
Grand Total	538,341	655,216	446,389	436,632	91,952	218,584				218,584		91,952	218,584	15,600	202,984			

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

PROGRAM	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)
CCBHC	115,778	391,412	24,241	367,171
NonCCBHC Outpatient	73,263	106,486	928	105,558
Residential MI/SU	18,689	112,098	14,672	97,426
Grand Total	<u>207,730</u>	<u>609,996</u>	<u>39,841</u>	<u>570,155</u>

2026 COMPARATIVE BALANCE SHEET

As of Accounting Period 1

	<u>FY 2025</u>	<u>FY 2026</u>	\$	%
			<u>VARIANCE</u>	
Current Assets				
Cash	\$2,090,318	\$539,273	\$ (1,551,045)	-287.62%
Total Receivables	\$2,209,855	\$4,338,814	\$ 2,128,959	49.07%
Total Other Current Assets	<u>\$2,574,335</u>	<u>\$3,547,108</u>	\$ 972,773	27.42%
Total Current Assets	<u>\$6,874,508</u>	<u>\$8,425,196</u>	<u>\$1,550,688</u>	<u>18.41%</u>
Long Term Assets				
Fixed Assets	\$2,344,746	\$5,906,717	\$ 3,561,971	60.30%
Other Long Term Assets	<u>\$6,569,662</u>	<u>\$4,931,532</u>	\$ (1,638,130)	-33.22%
Total Long Term Assets	<u>\$8,914,408</u>	<u>\$10,838,249</u>	<u>\$ 1,923,841</u>	<u>17.75%</u>
Total Assets	<u><u>\$15,788,917</u></u>	<u><u>\$19,263,444</u></u>	<u><u>\$ 3,474,527</u></u>	<u><u>18.04%</u></u>
Liabilities				
Current Liabilities	(\$598,422)	(\$504,549)	\$ 93,873	-18.61%
Long Term Liabilities	<u>\$0</u>	<u>(\$1,050,000)</u>	\$ (1,050,000)	
Total Liabilities	<u>(\$598,422)</u>	<u>(\$1,554,549)</u>	<u>\$ (956,127)</u>	<u>61.51%</u>
Net Assets				
Unrestricted Net Assets	(\$15,163,660)	(\$17,138,741)	\$ (1,975,081)	11.52%
Net (Income) Loss	<u>(\$26,835)</u>	<u>(\$570,155)</u>	\$ (543,320)	95.29%
Total Net Assets	<u>(\$15,190,495)</u>	<u>(\$17,708,896)</u>	<u>\$ (2,518,401)</u>	<u>14.22%</u>
Total Liabilities and Net Assets	<u><u>(\$15,788,917)</u></u>	<u><u>(\$19,263,444)</u></u>	<u><u>(\$3,474,527)</u></u>	<u><u>18.04%</u></u>

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

	<u>Self Pay</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	69,363.11	10,306.59	10,231.96	37,274.09	127,175.75
Adjustment %	93.50%	93.50%	93.50%	93.50%	
Estimated Net Self Pay A/R Balance	4,508.60	669.93	665.08	2,422.82	8,266.42
	<u>DHR and Probate</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	2,000.00	500.00	-	2,830.69	5,330.69
Adjustment %	0.00%	0.00%	0.00%	0.00%	
Estimated Net DHR/Probate A/R Balance	2,000.00	500.00	-	2,830.69	5,330.69
	<u>Medicare</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	3,658.20	195.46	85.07	-	3,938.73
Adjustment %	50.00%	50.00%	50.00%	50.00%	
Estimated Net Medicare A/R Balance	1,829.10	97.73	42.54	-	1,969.37
	<u>Medicaid</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	940,119.93	1,584.56	1,638.65	22,658.62	966,001.76
Adjustment %					
Estimated Net Medicaid A/R Balance	940,119.93	1,584.56	1,638.65	22,658.62	966,001.76
	<u>Insurance</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	82,431.83	4,492.34	3,412.79	4,217.96	94,554.92
Adjustment %	51.67%	51.67%	51.67%	51.67%	
Estimated Net Insurance A/R Balance	39,839.30	2,171.15	1,649.40	2,038.54	45,698.39
	<u>ASAIS</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	282,421.40	143,724.02	162,151.71	675,414.51	1,263,711.64
Adjustment %	33.00%	33.00%	33.00%	33.00%	
Estimated Net Insurance A/R Balance	189,222.34	96,295.09	108,641.65	452,527.72	846,686.80
	<u>Total</u>				
	30	60	90	>90	Total
A/R Balance as of 10/31/25	1,379,994.47	160,802.97	177,520.18	742,395.87	2,460,713.49
Average Adjustment %					
Estimated Net Total A/R Balance	1,177,519.27	101,318.46	112,637.31	482,478.39	1,873,953.43

MARSHALL-JACKSON MENTAL HEALTH BOARD, INC.

d.b.a.

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE POLICY & PROCEDURE

TITLE: Mobile Crisis Team (MCT) Program Description	NUMBER: 12.28
SUBJECT: Certified Community Behavioral Health Clinic (CCBHC) Standards	EFFECTIVE DATE: 10/01/25
DEVELOPED BY: Myron Gargis, Executive Director	PAGES: 3
APPROVED BY BOARD PRESIDENT: David Kenamer (PENDING)	REVISION DATES:

POLICY:

Mountain Lakes Behavioral Healthcare (MLBH) is committed to ensuring that individuals experiencing a behavioral health or substance use crisis have timely access to compassionate, person-centered, and recovery-oriented care in the least restrictive setting possible. The Mobile Crisis Team (MCT) operates as an essential component of MLBH’s Certified Community Behavioral Health Clinic (CCBHC) service array and provides 24-hour, seven-day-a-week community-based crisis intervention, stabilization, and linkage to ongoing services for adults, children, and adolescents.

It is the policy of MLBH that all Mobile Crisis Team activities are delivered in accordance with the standards established by the Alabama Department of Mental Health (ADMH), the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC certification criteria, and all applicable state and federal regulations. Services will be provided without discrimination and with full respect for the rights, safety, and dignity of each individual served.

PROCEDURE:

I. Purpose

The purpose of the Mobile Crisis Team (MCT) is to provide timely, community-based behavioral health and substance use crisis intervention and stabilization services to adults, children, and adolescents experiencing a crisis within Marshall and Jackson Counties. The MCT operates as part of Mountain Lakes Behavioral Healthcare’s Certified Community Behavioral Health Clinic (CCBHC) continuum of care and ensures 24-hour, seven-day-a-week availability for immediate, in-person crisis response and linkage to ongoing behavioral health and substance use services.

II. Program Overview

The Mobile Crisis Team is a two-person multidisciplinary unit trained in trauma-informed crisis intervention, de-escalation, and harm reduction strategies. The MCT responds to behavioral health and substance use crises occurring in the community—including homes, schools, workplaces, and other locations—to assess, stabilize, and coordinate ongoing care. The team provides both in-person

and telehealth-based crisis response and stabilization services to individuals of all ages and their families.

III. Target Population

The MCT serves adults, children, and adolescents within Marshall and Jackson Counties who are experiencing an acute behavioral health or substance use crisis, including but not limited to suicidal ideation, psychosis, severe emotional distress, substance use-related crises, or other urgent psychiatric or behavioral health needs. Services are available regardless of age, diagnosis, insurance status, or ability to pay.

IV. Program Objectives

- Provide immediate response to behavioral health or substance use crises in the least restrictive environment.
- Reduce unnecessary law enforcement involvement and emergency department utilization.
- Ensure timely access to crisis stabilization and linkage to appropriate ongoing services.
- Deliver developmentally and culturally appropriate crisis interventions for all age groups.
- Promote recovery, resilience, and community reintegration through effective crisis resolution and follow-up care.

V. Scope of Services

Mobile Crisis Team services include:

- Risk assessment and evaluation
- Crisis intervention and de-escalation
- Behavioral health placement assessment
- Brief individual, family, and psychoeducational counseling
- Care coordination and referral to community services
- Peer support services (Adult and Youth)

Telehealth and telephonic supports may be used when in-person response is delayed, with in-person response required when safety concerns exist. The team provides follow-up services for up to 72 hours following the initial response, including additional interventions and coordination as needed to ensure continuity of care.

VI. Staffing Requirements

Each MCT response includes a minimum of two qualified staff members, one of whom is a licensed or credentialed clinician authorized to conduct assessments within their scope of practice. The team composition may include:

- Rehabilitative Service Professional (Master's Level or above)
- Qualified Mental Health Provider (Bachelor's Level)
- Qualified Substance Abuse Professional (QSAP)
- Certified Peer Specialist – Adult (CPS-A)
- Certified Peer Specialist – Youth (CPS-Y)
- Certified Recovery Support Specialist (CRSS)

At least one team member is designated as the clinical lead. The MCT has access to supervision and consultation from licensed clinicians and psychiatrists as needed.

VII. Training Requirements

All MCT members receive initial and ongoing training in the following areas:

- Trauma-informed approaches to crisis intervention
- Verbal and physical de-escalation techniques
- Harm reduction and safety planning
- Substance-induced psychosis and co-occurring disorders
- Developmentally appropriate crisis response for children and adolescents
- Crisis intervention for individuals with intellectual and developmental disabilities

Peer specialists and recovery support staff complete state-approved certification programs within six months of hire in accordance with ADMH standards.

VIII. Hours and Availability

Mobile Crisis Team services are available 24 hours per day, seven days per week, 365 days per year. Teams respond to calls for service within one hour in urban settings and within two hours in rural areas, not to exceed three hours under any circumstance. Telehealth support may be provided during travel or when weather or safety conditions temporarily delay in-person arrival.

IX. Coordination and Follow-Up

The MCT coordinates with local emergency management, hospitals, schools, law enforcement, and community providers to ensure a comprehensive crisis response system. The team follows established protocols to minimize law enforcement involvement whenever possible while maintaining safety for the individual and community. Follow-up services are provided within 72 hours of initial contact to ensure linkage to ongoing treatment and supports.

X. Documentation and Billing

All MCT encounters are documented in the electronic health record consistent with CCBHC and ADMH documentation standards. Each episode of mobile crisis service within a 72-hour period is billed under procedure code S9485 (HE/HF) in accordance with ADMH billing guidance. Services cannot be billed in combination with other crisis or counseling codes during the same episode. Maximum of one episode per 72 hours and 96 per year per individual.

XI. Quality Assurance and Program Evaluation

MCT Performance is monitored through outcome measures including response times, client satisfaction, linkage rates to ongoing care, and reductions in emergency department or law enforcement involvement. Data are reviewed quarterly as part of CCBHC continuous quality improvement (CQI) processes to ensure effectiveness, safety, and compliance with SAMHSA and ADMH standards.

MLBH PERSONNEL REPORT

11/18/2025

NEW HIRES

FT	Lindsey Jones	Outpatient Therapist	10/21/2025	JCMHC
PRN	Meggie Russell	Life Skills Specialist	10/25/2025	Marshall Place
FT	Stacey Adams	Transportation Specialist	11/4/2025	MCMHC
FT	Kayla Carlton	Life Skills Specialist	11/12/2025	Dutton
FT	Kayla Bennett	Life Skills Specialist	11/12/2025	Substance Use
PRN	Detha Wooford	Life Skills Specialist	11/12/2025	Dutton
FT	Auston London	Therapist Non-Lic OP	11/18/2025	MCMHC

NEW POSITIONS ADDED

FT	Connor Durham	IT Specialist	10/21/2025	Administration
FT	Annie Houser	Care Navigator	11/4/2025	MCMHC
FT	Averi Mitchell	Substance Use-IOP	11/4/2025	MCMHC

TRANSFERS

NA

PROMOTIONS

FT	Jeremy Burrage	From Jail-Based Therapist to Program Coordinator II of Mobile Crisis Services	10/26/2025	MCMHC
PT	Billy Gilbert	From SU Counselor to Outpatient Therapist	10/27/2025	JCMHC

SEPARATIONS (VOLUNTARY)

FT	Hannah Bishop	Case Manager	10/15/2025	MCMHC
PRN	B Ross Wilson	Life Skills Specialist	11/10/2025	Marshall Place

SEPARATIONS (INVOLUNTARY)

NA

AIH = Adult In-Home

CAIH = Child/Adolescent In-Home

CRNP = Certified Registered Nurse Practitioner

CRSS = Certified Recovery Support Specialist (SA)

NL= Non-Licensed

IOP= Intensive Out Patient

QSAP = Qualified Substance Abuse Professional

SU = Substance Use

SLP=Sign Language Proficient

RDP = Rehabilitative Day Program

TPR= Treatment Plan Review

MLBH PERSONNEL REPORT

OPEN POSITIONS

CARVE OUT

JP LSS FT (1)

SU Counselor (1)

Therapeutic Mentor MC (1)

Case Manager Supportive Housing (1)

C/A In Home Therapist MC (1)

C/A In Home Case Manager MC (1)

Therapist Geriatric MC, JC EtowahC (1)

Peer Support Specialist/ Geriatric (1)

CCBHC

Therapist Mobile Crisis- Both Counties (1)

Peer Support Specialist Mobile Crisis- Both Counties (4)

Employment Specialist JC (1)

Care Navigator JC (1)

IT Specialist (1)

Peer Support Specialist/ Parent (1)

Secretary MC (1)

IT Board Report
NOV 2025

Items Completed from last reports:

- Farmers WAN / Internet Traffic study.
- New Cell Phones to deploy.
- Start new Video Camera wiring and install for Sboro ASAP.
- Talk about MLBHC website and Podcasts.
- Wes promotion to Assistant IT Director.
- Staff at Netsmart convention this month.
- More AWS offsite Storage testing.
- More VM tweaking on Proxmox.
- Wes working on quotes / options for HR In-boarding Recruitment system.

New Items / Continued:

- CCBHC Avatar changes / conferences Started.
- Pharmacy implementation has started.
- Sophos Secureworks new Agent version to install.
- Get additional IT Staff in place.
- New Board Tablets Order / Provision / Deploy.
- Network Core switch modification issues.
- Starting testing Windows Server 2022/2025 version and cost.
- Start testing Unifi IP phone system just in case.
- VZ Cell Phone Booster / Access point for Sboro Cell phones.
- Wes working on Crisis Team Tablets.
- Barracuda Web Filter Replacement Quote / Installation.
- Provision new Sboro Video Camera System.
- Dutton Wireless Access Point replacement / expansion.
- Wes working on Job Posting integration with MLBHC Payentry System.
- Secureworks / SOPHOS security monitoring Renewal.
- CCBHC Data Access / Sharing / Controls submitted to Netsmart.
- CCBHC Measures Data mapping logistics and modifications in process.
- CCBHC 837P successful EDI File format accepted for billing.

Clinical Services Report

November 2025

Field Experience Programs at Mountain Lakes Behavioral Health Care

Mountain Lakes Behavioral Health Care (MLBHC) actively participates in educational programs that incorporate field experience as a core component of their curriculum. These experiences may take the form of a practicum, internship, or preceptorship, each serving a distinct purpose in the professional development of students in counseling, social work, and psychiatric nursing.

Practicum

A practicum is typically an introductory experience designed to familiarize students with the field. It generally occurs early in an academic program and requires fewer hours than an internship. Practicum students primarily observe and interact with clients and staff but do not provide direct services.

Internship

An internship offers a more immersive, hands-on experience intended to prepare students for professional roles. Interns typically complete more hours than practicum students and are actively involved in providing direct services to clients under supervision.

Preceptorship

A preceptorship is a structured clinical experience in which a nursing student works under the supervision of an experienced nurse or advanced practice provider. Preceptees are expected to deliver direct services as part of their training.

These field experience programs are essential for bridging the gap between academic learning and real-world practice. They provide students and emerging professionals with meaningful, supervised exposure to the demands and responsibilities of clinical work.

Benefits to MLBHC

Hosting students offers significant benefits to MLBHC. It enhances service capacity by adding qualified individuals to support client care. Additionally, it allows MLBHC to evaluate potential future employees. Notably, nine current MLBHC staff members began their careers here as interns.

Requirements and Oversight

- Students participating in field experience at MLBHC must:
- Pass a background check.
- Complete all training required of MLBHC employees.
- Receive close supervision by a mental health professional.

Graduate students in psychology, counseling, social work, psychiatric nursing, or related human service fields may provide direct services under the following conditions:

- The student is enrolled in a clinical practicum or internship that is part of an officially sanctioned academic curriculum.
- The student receives a minimum of one (1) hour per week of direct clinical supervision (virtual or in-person) from a mental health professional with at least two (2) years of post-master's experience in a direct mental health service role.
- All clinical documentation by the student is cosigned by the supervising agency professional.

Mobile Crisis Teams

24-hour Mobile Crisis Teams (MCT) is a requirement for CCBHC. These teams will provide community-based behavioral health crisis intervention services twenty-four hours per day, seven days per week to adults, children, youth, and families anywhere within the service area including at home, work, jails, or anywhere else where the crisis is experienced. Mobile crisis teams are expected to arrive in-person within one hour (2 hours in rural settings) from the time that they are dispatched, with response time not to exceed 3 hours. Telehealth technology can be used to connect individuals in crisis with the MCT during the interim travel time or if the two-hour response time unachievable.

The MCT consists of a program coordinator, Jeremy Burrage, 3 additional master's level therapists, and 4 bachelor's level or peer providers. Response to a crisis will be in teams of two, one master's level clinician and one bachelor's level/peer. Services may include:

- Intake Evaluation
- Crisis Intervention
- Behavioral Health Placement Assessment
- Psychoeducational Services
- Individual Counseling
- Family Counseling
- Mental Health Care Coordination
- Adult Peer Support Services

MCT services also include follow-up interventions for a period of up to 72 hours after the initial response. This ensures that the individual receives the services and support needed to continue stabilization.

The MCT will work in collaboration with first responders who encounter an individual in a behavioral health crisis. MLBHC is in the process of implementing tablets to first responders to immediately connect them with the MCT. They also engage with probate court as appropriate when a hold order or petition for commitment becomes necessary. Should hospitalization be required, the team will initiate this process. The MCT program offers several benefits to the community.

- **Immediate Response to Crises-** These teams deliver rapid, on-site intervention during behavioral health emergencies, ensuring individuals receive timely care in a

compassionate and non-threatening environment. This reduces the risk of escalation and promotes safety for everyone involved.

- **Freeing Up Law Enforcement and First Responders-** By handling behavioral health situations, mobile crisis teams allow police, EMS, and fire departments to focus on public safety and medical emergencies. This reduces strain on emergency services and helps avoid criminalizing mental health issues.
- **Reducing Emergency Department (ED) Visits-** Many behavioral health crises do not require hospitalization. Mobile crisis teams can de-escalate situations and connect individuals to appropriate outpatient services, significantly lowering unnecessary ED utilization and healthcare costs.
- **Follow-Up Support to Prevent Recurring Crises-** After the initial crisis is resolved, teams provide follow-up care and referrals to community resources. This continuity of care helps individuals stabilize and reduces the likelihood of repeated crises, promoting long-term recovery and well-being.

MLBH selected to join CCBHC Demonstration

Mountain Lakes Behavioral Healthcare (MLBH) has been officially selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Alabama Department of Mental Health (ADMH) to participate in the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program.

This achievement marks a major milestone for mental health and substance abuse services in Marshall and Jackson Counties, placing Mountain Lakes among a select

group of behavioral health organizations in Alabama recognized for meeting the nation's highest standards of integrated, accessible, and accountable care.

The CCBHC model represents a national movement to expand access to comprehensive, person-centered behavioral health care. As a CCBHC, Mountain Lakes Behavioral Healthcare will ensure that any individual — regardless of diagnosis, ability to pay, or place of residence — can receive timely, high-quality mental health and substance

use treatment.

Key benefits of the CCBHC model include:

- 24/7 Crisis Response: Continuous access to crisis care, including mobile crisis teams, coordination with 988 call centers and crisis stabilization services.
- Integrated Care Coordination: Seamless collaboration between behavioral health, primary care, hospitals, schools, law enforcement and social service partners.
- Expanded Access to Treatment: No wait lists, no service restrictions and timely

appointments for adults, children, veterans and first responders.

- Focus on Outcomes and Accountability: Data-driven performance standards to ensure quality, effectiveness, and continuous improvement.
- Support for Rural Communities: Enhanced outreach through mobile clinics and telehealth to ensure that individuals in rural areas can access care close to home.

"This is a transformational step for our communities," said Myron Gargis, Executive Director of Mountain Lakes

Behavioral Healthcare. "Becoming a CCBHC means our system of care is more connected, more responsive and more accessible than ever before. It allows us to deliver high-quality treatment, crisis intervention and recovery support to every individual who needs it—when and where they need it most."

Gargis added, "We are deeply grateful to the Alabama Department of Mental Health

See **MLBH,**
page 2

and SAMHSA for recognizing our commitment to excellence. This designation will allow Mountain Lakes to expand services, attract new professionals, and strengthen the behavioral health safety net for North Alabama."

The CCBHC model thrives on partnership. Mountain Lakes Behav-

ioral Healthcare works closely with local hospitals, law enforcement agencies, courts, schools, veteran organizations and faith-based partners to build a comprehensive community network of care.

"Our success depends on collaboration," Gargis said. "We're working side by side with community leaders, first responders and healthcare partners to ensure that individuals in crisis are met with compassion, expertise and immediate help—not barriers."

Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age. This includes developmentally appropriate care for children and youth.

CCBHCs must meet standards for the range of services they provide and are required to get people into care quickly. The CCBHC model requires:

- Crisis services to be available 24 hours a day, 7 days a week
- Comprehensive behavioral health services to be available so people who

need care don't have to piece together the behavioral health support they need across multiple providers.

•Care coordination to be provided to help people navigate behavioral health care, physical health care, social services and the other systems they are involved in.

The Office of Certified Community Behavioral Health Clinics (CCBHC) is responsible for implementing a statewide transformation of Alabama's Behavioral Health System using the CCBHC Model of Care. The office is responsible for providing systems change processes for Alabama's current Community Mental Health Centers (CMHC).

Following the Substance Abuse and Mental Health Services Administration's (SAMHSA) CCBHC Criteria, this office provides training and technical assistance to certified CCBHCs in developing the readiness necessary for this transformation.

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. This includes any individual with a mental or sub-

stance use disorder who seeks care, including those with serious mental illness (SMI); substance use disorder (SUD) including opioid use disorder and severe SUD; children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis.

CCBHCs offer:

- Comprehensive, coordinated mental health and substance use services appropriate for individuals across the life span
- Increased access to high-quality community mental health and substance use care, including crisis care
- Integrated person- and family-centered services, driven by the needs and preferences of people receiving services and their families
- A range of evidence-based practices, services and supports to meet the needs of their communities.

These clinics must directly provide or contract with a Designated Collaborating Organization (DCO) to deliver nine required services:

- Crisis Services including 24/7 mobile crisis teams, emergency crisis intervention, and crisis stabilization

- Screening, Assessment, and Diagnosis
- Person-Centered and Family-Centered Treatment Planning
- Outpatient Mental Health and Substance Use Services
- Primary Care Screening and Monitoring
- Targeted Case Management Services
- Psychiatric Rehabilitation Services
- Peer Supports and Family/Caregiver Supports
- Community Care for Uniformed Service Members & Veterans

Veterans Day events to be held

November 11, 2025

The community of Jackson County is invited

CQI Minutes
October 16, 2025
Fourth Quarter FY 25

Attendees: Myron Gargis, Dianne Simpson, Erica Player, Cammy Holland, Vanessa Vandergriff, Sherneria Rose, Dana McCarley and Susan Sweatman.

Absent: Dana Childs, Gerald Privett, Hannah Chandler, JD Boatwright

- **Report from Clinical Director**

Note that the revised versions of the Alabama Administrative Code have been placed on the server under PolicyDocs.

- **Staff Error Report-**

- **Wall of Fame/Incentive Plan**

Incentive Plan-

- Conner, Brooke
- Floyd, Jessica
- Holland, Miranda
- Knapp, Ileana
- Miller, Savannah
- Riggins, Jennifer
- Robinson, Hannah

Wall of Fame-

Alford, Lindsay	Marshall	Martin, Stephanie	Marshall
Barrett, Rob	Jackson	McMurrey, Kimberly	Dutton/RDP
Bishop, Hannah	Marshall	Moore, Leah	Geriatrics
Boxley, Sarah	Multiple	Ritchie, Denise	Marshall
Brookshire, Tom	Jackson	Steed, Tyler	Geriatrics
Burks, Julie	Marshall	Strange, Lilly	JC RDP
Campbell, Teana	J. P.	Traweek, Elizebeth	Marshall
Cheek, Brittany	Cedar	Tubbs, Felicia	JP
Cooper, Rebecca	Dutton	Whitley, Amanda	Jackson
Dettweiler, Sarah	Jackson	Whitworth, Chris	JP
Hanna, Sarah	M.P.	Wilson, Justin	Dutton
Herring, Belinda	Marshall	Bartke, George	Cedar
Hixon, Ryan	Jackson	Crowell, Robert	Cedar
Holcombe, Mitzi	Geriatrics	Sweatman, Susan	Cedar
Holcomb, Keith	Marshall	Woodham, Cynthia	Cedar
Knott, Stephanie	Marshall		
Kyle, April	Dutton		

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

II. Administrative Review Summary/Error Reports September: (Aug MTD 0.8 %/ YTD 0.7%)

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	24	14732	80	97	Late notes; Late/no initial SRDE; ACT frequency of visits not met

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

There was a greater volume of reviews in preparation for DMH site review. With the addition of CCBHC documentation requirements, the team plans to revise the Administrative Review process beginning in January.

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

Total Errors	Predominant Error Trends
2	None

IV. Cedar Lodge Access report for CQI Monitoring Report for September 2025: The goal of this report is to utilize this data to help develop solutions to remove barriers to treatment. For the month of September, there were two individuals denied admission. One individual was denied on two occasions due to a positive drug screen for opioids. The individual was referred to detox and eventually admitted. Another individual was denied due to medical issues. This individual was referred to their PCP and scheduled for surgery.

V. Significant Events of People Receiving Services for Quarter July-Sept 2025:

Event	Total Number
Suicide Deaths	0
Suicide Attempts	3
Fatal and Non-fatal Overdoses	1
All-cause Mortality	7
30 Day hospital readmissions	3

Definitions

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

VI. Outcomes and disparities for populations of focus:

ADMH identified the following populations of focus (POF):

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

General Population Data

	Jackson	Marshall	Alabama
Total Population*	53,467	100,756	
African American*	3.5%	3.3%	
Hispanic*	3.7%	17.5%	

Homeless**	10.1%	12.1%	
Veterans**	4%	4.4%	
LGBTQ+***			3.1%

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

MLBHC Data for Individuals Receiving Services during Quarter

	Jackson	Marshall	Other Counties
Total Population	673	1263	327
African American	6.39%	5.54%	3.06%
Hispanic	2.23%	10.13%	2.75%
Homeless	0%	.16%	0%
SMI	32.84%	20.11%	40.98%
SED	21.99%	32.94%	11.93%
Veterans	.59%	.71%	1.83%
LGBTQ+	1.49%	.48%	1.22%
LGBTQ+ Youth	1.13%	.26%	1.27%
Co-occurring MI & SU (COD)	15.9%	10.29%	7.95%
Opioid Use Disorder (OUD)	.89%	.95%	.92%
African American w/OUD	0%	0%	0%
Pregnant and Parenting Women	15.6%	8.79%	20.80%
Rural Population	100%	100%	100%
Risk of Gun Violence	TBA	TBA	TBA

VII. CCBHC Clinic-Collected Quality Measures FY 25 Q 4

Measure	Measure Data	
Time to Services (I-SERV) The I-SERV measure calculates the average time for clients to access three different types of services: (1) initial evaluation, (2) initial clinical services, and (3) crisis services.	Initial Evaluation	
	By Age	
	Age 12-17	3.94
	Age 18 years and older	3.8
	By Payer	
	Medicaid	3.7
	Non-Medicaid	3.9
	By Ethnicity	
	Not Hispanic or Latino	3.72
	Hispanic or Latino	6.0
	Unknown	N/A
	By Race	
	White or Caucasian	3.83
	Black or African American	2.89
	American Indian or Alaska Native	0
	Asian	N/A
	Native Hawaiian or Other Pacific Islander	N/A
	More than one race	5.0
	Unknown	4.78
	Total Eligible	3.83
	Initial Clinical Services	
	By Age	
	Age 12-17	4.76
Age 18 years and older	5.70	
By Payer		
Medicaid	5.44	
Non-Medicaid	5.49	
By Ethnicity		
Not Hispanic or Latino	5.21	
Hispanic or Latino	11.71	

	Unknown	N/A
	By Race	
	White or Caucasian	5.17
	Black or African American	7.0
	American Indian or Alaska Native	11.0
	Asian	N/A
	Native Hawaiian or Other Pacific Islander	N/A
	More than one race	3.5
	Unknown	11.0
	Total Eligible	5.47
	Crisis Services	
	By Age	
	Age 12-17	N/A
	Age 18 years and older	.5
	By Payer	
	Medicaid	N/A
	Non-Medicaid	.5
	By Ethnicity	
	Not Hispanic or Latino	.5
	Hispanic or Latino	N/A
	Unknown	N/A
	By Race	
	White or Caucasian	1
	Black or African American	N/A
	American Indian or Alaska Native	N/A
	Asian	N/A
	Native Hawaiian or Other Pacific Islander	N/A
	More than one race	0
	Unknown	N/A
	Total Eligible	.5
Depression Remission at six months (DEP-REM-6)	All Clients Who Were Screened	
<p>Clients seen during the Measurement Year with a dx of Major Depression or Dysthymia and an initial (PHQ-9) or (PHQ-9M) greater than nine (Index Event). The DEP-REM-6 measure calculates the Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission (score < 5) Six Months (+/- 60 days) after an Index Event Date (score > 9)</p> <p>Total w/dx of depression 657 Assessed past year 470 Score >9 326 Number reassessed 27 Score decreased to < 5 2 *Insufficient data for reliable results</p>	By Payer	
	Medicaid	
	Non-Medicaid	
	By Ethnicity	
	Not Hispanic or Latino	
	Hispanic or Latino	
	Unknown	
	By Race	
	White or Caucasian	
	Black or African American	
	American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Other Pacific Islander	
	More than one race	
	Unknown	
Total Eligible	7.4%	
Preventive Care and Screening: Unhealthy Alcohol Use Screening and Brief Counseling (ASC)	All Clients Who Were Screened	
<p>Percentage of clients aged 18 years and older who were screened for unhealthy alcohol use at least once within the last 12 months AND who received brief</p>	By Payer	
	Medicaid	28.57%
	Non-Medicaid	18.12%
	By Ethnicity	
	Not Hispanic or Latino	20.12%
	Hispanic or Latino	10.53%
Unknown	N/A	

<p>counseling if identified as an unhealthy alcohol user.</p> <p>*Insufficient data as the counseling field was added 9/25/25</p>	By Race	
	White or Caucasian	19.96%
	Black or African American	14.89%
	American Indian or Alaska Native	22.22%
	Asian	50%
	Native Hawaiian or Other Pacific Islander	N/A
	More than one race	23.81%
	Unknown	13.79%
	Total Eligible	19.69%
	Identified as Unhealthy Alcohol User and Provided Counseling*	
	By Payer	No Data
	Medicaid	
	Non-Medicaid	
	By Ethnicity	
	Not Hispanic or Latino	
	Hispanic or Latino	
	Unknown	
	By Race	
	White or Caucasian	
	Black or African American	
American Indian or Alaska Native		
Asian		
Native Hawaiian or Other Pacific Islander		
More than one race		
Unknown		
Total Eligible Population:		
<p>Screening for Social Drivers of Health (SDOH)</p> <p>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</p>	By Payer	
	Medicaid	24.86%
	Non-Medicaid	16.66%
	By Ethnicity	
	Not Hispanic or Latino	18.32%
	Hispanic or Latino	9.09%
	Unknown	0%
	By Race	
	White or Caucasian	18.28%
	Black or African American	13.46%
	American Indian or Alaska Native	20%
	Asian	50%
	Native Hawaiian or Other Pacific Islander	n/a
More than one race	18.18%	
Unknown	11.43%	
Total Eligible Population:	17.91%	
<p>Screening for Clinical Depression and Follow-Up Plan (CDF-AD and CDF-CH)</p> <p>Adult-Percentage of clients age 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool (i.e. PHQ-9), and if positive, a follow-up plan is documented on the date of the eligible encounter.</p> <p>Child- Percentage of clients ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the</p>	*Data not available	

date of the encounter using an age-appropriate standardized depression screening tool (i.e. PHQ-A), and if positive, a follow-up plan is documented on the date of the eligible encounter.

- The committee reviewed several components of the outcome measures, focusing on the screening processes, data capture methods, and strategies for data utilization. While the screenings themselves are valuable tools, their greater significance lies in identifying areas requiring follow-up and treatment.
- The I-SERV measure enables the agency to monitor access to care. Enhanced access facilitates timely treatment, including psychopharmacological interventions, which can lead to faster symptom remission as reflected in the DEP-REM-6 measure.
- The PHQ-9 and PHQ9A are administered at intake and, for individuals scoring above 9, repeated at six months. A follow-up score below 5 indicates remission. In such cases, staff are expected to update the individual's diagnosis to reflect this clinical improvement.
- Administered at intake, the AUDIT-C identifies individuals with potentially unhealthy alcohol use. Providers are expected to offer brief counseling when indicated. The AUDIT-C form has been updated to include fields for documenting these interventions and capturing related data.
- The Social Determinants of Health (SDOH) measure is derived from the Health-Related Social Needs (HRSN) screening conducted at intake. Although the current measure tracks only the percentage of individuals screened, the committee emphasized the importance of follow-up when unmet needs are identified. Follow-up actions may include referrals to case management, transportation services, or other support resources. A new field will be added to the form to document these follow-up activities.
- The CDF-AD and CDF-CH measure tracks those who are newly diagnosed with depression as indicated by the PHQ-9 and ensures appropriate follow-up. A follow-up field was added to the form to document this follow-up.

VIII. Prevention Activities: 262 Prevention activity sheets were reviewed for September 2025:

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block- Community	0	0
Block-Environmental	20	16
Block- Information Dissemination	31	11
Block-Education	10	13
Block-Alternatives	0	0
Block-PIDR	16.5	N/A
SOR-Environmental	35	81.5
SOR-CBP	22	60
Total	134.5	181.5

IX. Hospital Discharge Follow-up Report for September:

Location	Local	State/CRU	Total
Marshall	8 (7 Active)	0	8
Jackson	3 Active	0	3
Geriatrics	0	0	0
Total	11	0	11

The committee discussed the implementation of care navigators as a strategy to enhance engagement with individuals discharged from psychiatric units. This approach is expected to reduce the likelihood of re-hospitalization by promoting continuity of care and timely follow-up.

X. **Incident Prevention and Management for Previous Month:** There were two reports of client aggression for September.

XI. **Medication Errors for September:** There were 0 medication errors reported for the month of September.

By Personnel

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

By Division

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

By Error Type

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

XII. **Consumer Feedback, Complaints, and Grievances for Sept:**

FY25-Consumer Feedback	Sept	Sept	Sept	Sept	Sept
	Compliments	Suggestions	Complaints	Comments	Total per location
Guntersville			6	2	8
Scottsboro					0
Outreach/Residential	1		2		3
Cedar Lodge	2		1		3
Total MTD	3	0	9	1	14
Total YTD	33	23	40	16	113

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

XIV. **Utilization Review Admission Criteria-Q4-FY25:** Reviews submitted by: Dianne Simpson, Erica Player, Dana McCarley, Katrina Ramsey, Sherneria Rose and Gerald Privett.

Charts from the list of Programs below were reviewed. In all the programs, except for one, the documentation supported how the established admission criteria were met and the services provided were adequate to address the needs of the clients. In SA Level I.0 Outpatient treatment, there was no documentation to support why the assessed severity of illness warranted that level of care (Avatar form had not been revised).

#	Program	#	Program
	ACT Team Jackson County		Child & Adolescent Case Management Jackson County
X	ACT Team Marshall County	X	Child & Adolescent In-Home Intervention Jackson County

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

XIV. Inpatient Commitments Quarterly

Location	Total	Discharged
Marshall	3	
Jackson	0	
Dutton	0	
Bryce/Harper	3	
Total	6	

The committee noted that the current number is lower than anticipated, largely due to challenges in placing individuals under commitment. In many cases, inpatient commitment orders are either rescinded or converted to outpatient commitments. It is expected that once MLBHC's 16-bed crisis unit becomes operational, these individuals will have improved access to the care they need.

XV. Outpatient Commitments Quarterly

Location - Marshall	Compliant	Noncompliant	Revocation Recommended	New Commitment	Completed Commitment	Total
Total	16*	1	1	9	5	19

*Two clients moved out of county.

Additionally, the implementation of care navigators is expected to enhance engagement and follow-up for individuals under outpatient commitment. This support will help promote better compliance with treatment plans and lead to improved clinical outcomes.

XVI. Residential Services Report for September

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	90	90	100
Marshall Place	3	90	90	100
Jackson Place Sup Apt.	2	60	60	100
Dogwood Apartments	8	240	180	75
Supportive Housing	12	360	240	67
MLBH Residential Care	10	300	240	80
MLBH Crisis Stabilization	2	60	60	100
Foster Homes	26	780	780	100
Totals		1980	1740	88

Sherneria Rose, Residential Program Director, reported that all residential beds are full with these exceptions: Supportive Housing due to funding has been capped at 8, there is one male opening at

Dogwood Apartments, and two individuals scheduled for discharge from state hospitals have been approved for admission to Jenny's Place.

XVII. Treatment Plan Reviews for September:

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	11	0	0	0	0	0	0	0
Jackson	115	0	25	0	2	0	0	27
Marshall	145	0	28	0	6	0	0	34
Substance Abuse	0	0	0	0	0	0	0	0
Residential	0	0	0	0	0	0	0	0
TOTALS	271	0	53	0	8	0	0	61

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.

XVIII. Form-Policy & Procedure Revisions/Approvals:

Forms-

- **Advance Directive Defined-New-Erica** created a handout for staff to give consumers when they have questions regarding advanced directives. The form has been placed on the MLBHC links server under the Forms Manual>Client Consents tab for staff access.
- **PHQ-9- Follow-up plan** was added to capture data for quality measures. The form has been placed on the MLBHC links server under the Forms Manual>Quality Measures tab for staff access.

P & P: Procedure revisions for CQI approval

- **P & P 6.5-Clients Rights, Responsibilities, Guarantee of Due Process and Financial Information-**The procedure was revised on page one to change the age that a minor may give legal consent for services from 14 to 16 years old with a few exceptions per changes in Alabama state law that went into effect 10/1/2025. The exceptions are when there is an imminent threat to the health of the student or others; suspected abuse, neglect, or exploitation; or when there is an immediate necessity for immediate grief counseling. The form was approved and placed on the MLBHC links server under Policy Docs>Policy and procedures.

P & P: Board Approved Policy Revisions-None

XIX. Miscellaneous Items: DMH Monitoring Visits: Marshall Place and Level III.5 Residential 10/2/25 by Michael Collins, DMH Advocate. Positive feedback was given about the facilities and there were no complaints made by the consumers.

XX. Corrective Action Plan- Interpreter Documentation-Identified by DMH during the Site visit as technical assistance need. Trainings will be conducted.

Action Items

Action	Responsible Person(s)	Time Frame	Follow-up if indicated
Staff education on revisions to Admin Code	Program Directors & Coordinators train existing staff, Training Coordinators train new hires	March 2026	
Revision of P & Ps reflecting Admin Code revisions	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	March 2026	Copies of revised program descriptions to DMH
Revise HRSN to include documentation of follow-up	Clinical Director, Assistant Clinical Director	November 1	
Education of intake coordinators and therapists on utilization of quality measures	MC Program Director, JC Program Director, C/A Program Coordinator train existing staff, Training Coordinators train new hires.	November 1	
Clarification of frequency of AUDIT-C	Clinical Director	November 1	Report to CQI Committee
Add no show tracking to CQI process per DMH recommendation	Clinical Director, Assistant Clinical Director, QA Coord/Clinical Admin Assistant	November 20	
Education of all staff on documentation of interpretation	Assistant Clinical Director, Program Directors & Coordinators train existing staff, Training Coordinators train new hires.	November 20	Report to CQI

Leadership Committee

October 16, 2025

MINUTES

Present: Lane Black, Myron Gargis, Cammy Holland, Dana McCarley, Shelly Pierce, Erica Player, Sherneria Rose, Dianne Simpson, Susan Sweatman and Vanessa Vandergriff

Absent: Gerald Privett

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

Minutes of the September 18, 2025, meeting were distributed to all staff via e-mail. Minutes were approved, as presented.

II. There were no committee reports for the month

III. Program Financial Reports: October, 2024 – September, 2025

- YTD net income of \$970,946 (not including Board investments).
- **Marshall Co. OP & OR – Net income \$556,791**
- **Jackson Co. OP & OR – Net income \$12,402**
- **Geriatrics – Net income \$31,406**
- **Residential –**
 - Supervised Apartments – Net income \$26,407
 - EBP Supportive Housing – Net loss \$5,859 (program designed to break even)
 - Dutton – Net income \$283,265
 - Jackson Place – Net income \$117,612
 - Marshall Place – Net income \$5,345
- **SU Services – Net income \$26,056**
- **Prevention Services – Net loss \$92,987**

IV. Reports & Program Updates:

- **Executive Director's Report – Myron Gargis**
 - As most know, MLBHC was approved as a CCBHC, effective 10/1/25. Notification came from Medicaid today that our costing rate is also set.
 - LC members discussed staff feedback on CCBHC approval, pay upgrades, etc. It was noted that although the wage increases went into effect on 10/11/25, staff will not actually receive the increase until the 10/31/25 pay date.
 - Progress on the 16 bed CRU is moving forward as the architect is currently working on the overall campus plan. Myron noted there are pros and cons of working with USDA on the financing. Since USDA is a federal agency, there are several extra steps that must be taken in the process.
- **Clinical Director's Report – Dianne Simpson**
 - Dianne, Erica, Devin and Jennifer will be attending a data conference on Tuesday of next week.
- **Administrative Services – Cammy Holland**
 - The implementation of CCBHC brought about many changes to the Org Chart, as well as to payroll.

- April Burns has transferred from MP LSS to Benefits Specialist and now has an office at Administrative Services.
- FY26 Budgets have been approved by the Board and due to CCBHC, are different than in any other prior year.
- **HR Office – Lane Black**
 - Several staff members met with Brent Hamer, CCBHC Project Manager, earlier this week to discuss training requirements. Brent reviewed training files on several current staff members and provided a few ideas on organizing and monitoring the new CCBHC training requirements.
 - Approximately 15 new staff members have been hired over the past month.
 - There have also been many transfers and promotions of current staff.
 - The new Org Charts (CCBHC and Non-CCBHC) are now accessible on the MLBHC links screen.
 - Lane shared the listing of current vacant positions. Any discrepancies should be reported to Lane.
- **Jackson County OP & OR – Dana McCarley**
 - Brittany Burkhalter has been promoted to the JC Program Director position and will assume that role when she returns from maternity leave. Until that time, several staff (Erica, Vanessa, Dianne, Kali, and Dana MC) will provide coverage at the JC MHC.
 - Several new JC staff members will be starting next week.
 - Several current staff are transferring to different positions. These include Joanna DeAtley to JC Care Navigator; Miranda Holland to MC Care Navigator; Stacy Rothe to SU IOP Counselor; Tara Erwin to Multi-County Family & Group Therapist; Julianna Davis to Vets & First Responders Therapist; Billy Gilbert to JC OP TH; Brooke Conner/Hannah Robinson to MC CAIH team (they are covering both counties until new JC team is formed).
 - Current staff needs include Employment Specialist, Additional Care Navigator and Case Managers / Adult Peers
- **Marshall County OP & OR – Vanessa Vandergriff**
 - Most staff comments related to CCBHC have been positive. There are some concerns related to the training and productivity aspects.
 - Elizabeth Traweek has transferred to the MC Community OR Specialist position and Jennifer Riggins to the MC Employment Specialist position.
 - Reviewing resumes and interviewing is in full swing.
 - MC has several openings including Transportation Specialist and Secretary.
 - Hannah Bishop is moving for grad school and has turned in her resignation.
 - There have been some issues with public transportation as they have limited availability and have implemented a waiting list.
- **Geriatrics – Gerald Privett**
 - A prospective Peer Support applicant has been approved and details are being finalized.
- **Residential – Sherneria Rose**
 - The driveway at the Dutton Residential Facility is in terrible shape. Sherneria asked about possible repairs as we await the bidding process on that project.
- **SU Services – Susan Sweatman**
 - Susan is back in the office following several medical issues.
 - Billy Gilbert is transferring to the position of JC OP TH and George Bartke may be transferring to SU IOP PS. With these changes, recruitment is underway for a Counselor and a CRSS.

- The possibility of employing a LSS/Transportation Specialist for Cedar Lodge was discussed. Myron recommended to review the Admin Code on staff patterns to determine if this is feasible.

V. Review of wait times

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

MC Intake	6 days	MC MD/CRNP	24 days
JC Intake	5 days	JC MD/CRNP	9 days
Average	5.5 days	Average	16.5 days

FY25 Averages

MC Intake	5.4 days	MC MD/CRNP	18.3 days
JC Intake	5.7 days	JC MD/CRNP	11 days
Average	5.5 days	Average	15 days

VI. Unfinished Business

- **Myron provided an update on the pharmacy at the Scottsboro Clinic** – An architect is currently working on the plan for construction of the new Genoa Pharmacy at the Scottsboro Clinic. Until this pharmacy is completed, prescriptions will be filled out of their pharmacy in Attalla.

VII. New Business

- **Quarterly (Q4) updates to FY 25 Goals and Objectives** – All Q4 updates to the FY25 Goals and Objectives are attached to the minutes from today’s meeting.

VIII. Adjournment

The Leadership Committee meeting was adjourned at 4:00 p.m.

Q4 updates to FY25 Goals and Objectives

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

- A. Improve and format the Community Needs Assessment to meet the DMH implementation standards (1.a.1 & DY-1/Clinical - 24-3).
Q1 = Currently being finalized and will be submitted prior to 1/31/25.
Q2 = Submitted.
- B. Prepare to submit required data to DMH through the Netsmart CareManager solution and as required by the SAMHSA CCBHC Data Reporting Template (DY-1/Clinical - 24-1 & DY-1/ Clinical - 24-15).
Q1 = A quote has been obtained from Netsmart, but there is talk that a different program may be used.
Q2 = Determined that Netsmart will be used – Myron working to find out about access.
Q3 = Instructions for submission of required data are forthcoming.
Q4 = Process is started, and submission is underway.
- C. Train staff on and implement all required Evidence Based Practices (EBPs) (DY-1/Clinical - 24-2) & DY-1/Clinical - 24-14).
Q1 = Some training has been conducted.
Q2 = No update.
Q3 = Awaiting clarification from DMH on specific training requirements.
Q4 = A training plan has been developed and is currently being implemented.
- D. Increase scope of service capacity as described in the Required Additional Capacity requirements (DY-1/Clinical - 24-2).
Q1 = A plan is in place, but awaiting funding.
Q2 = Recruiting and interviewing.
Q3 = Recruitment and interviews to resume the first of August.
Q4 = Interviewing and hiring staff for new positions.
- E. Revise and improve the continuity of operations/disaster plan per SAMHSA & DMH guidelines (2.a.8; DY-1/Clinical - 24-3).
Q1 = A draft plan has been developed, but is not yet finalized.
Q2 = Mobile Crisis Clinic is being added to plan; Special Touch Restoration is currently accessing all MLBHC facilities and developing a plan in case of fire/water/etc.
Q3 = Plan finalized and submitted.
- F. Establish and implement primary care screening protocols (DY-1/Clinical - 24-4).
Q1 = Not yet addressed.
Q2 = Not yet addressed.
Q3 = Identified screening requirements and developed processes for compliance. Next steps hiring staff and partnership with lab.
Q4 = Primary Care Screeners hired in both counties to partner with MMCs for lab work.
- G. Provide Targeted Case Management services during care or housing transitions for all required population groups (DY-1/Clinical - 24-5).
Q1 = Pending funding and employment.
Q2 = Recruiting and interviewing.

Q4 updates to FY25 Goals and Objectives

Q3 = Recruitment and interviews to resume the first of August.

Q4 = Interviewing and hiring staff for new positions.

H. Develop and implement a Supported Employment Program (DY-1/Clinical - 24-7).

Q1 = Pending funding and employment.

Q2 = Recruiting and interviewing; possibility of opening thrift store.

Q3 = Reviewed Admin Code and plans to visit another program.

Q4 = A current staff member has transferred to the position of MC Employment Specialist and is scheduling a visit to another center that has a Supported Employment Program. Recruitment continues for a JC Employment Specialist.

I. Increase crisis services by directly providing or establishing a Designated Collaborating Organization (DCO) agreement for mobile crisis services and 24/7 Crisis Receiving/Stabilization services (DY-1/Clinical - 24-9 & DY-1/Clinical - 24-19).

Q1 = It is uncertain if DCOs will be needed - the current thought is likely not.

Q2 = DCOs are probably not needed.

Q3 = A determination was made that DCOs are unnecessary.

J. Train on and implement all required screening tools and collect all required initial evaluation information (DY-1/Clinical - 24-10).

Q1 = Training has been started and some info has been collected.

Q2 = Completed.

K. Ensure that all state and federal guidelines regarding veteran care are followed and ensure that people with lived experience as veterans help guide CCBHC implementation and operations (DY-1/Clinical - 24-13).

Q1 = Pending funding and employment.

Q2 = Recruiting and interviewing.

Q3 = Recruitment and interviews to resume the first of August.

Q4 = A current staff member has transferred to the position of Veterans and First Responders Therapist and is reviewing all pertinent information for their care. Recruitment continues for a Veterans/First Responder Peer Support Specialist.

L. Actively track outcomes and any disparities for the populations of focus (POF), through our ~~Performance~~ Continuous Quality Improvement process (DY-1/Clinical - 24-17).

Q1 = Started this month with baseline.

Q2 = Actively tracking.

Q3 = Actively tracking.

Q4 = Actively tracking.

M. Develop care coordination agreements with all required entities and any other entities that are identified through the Community Needs Assessment process (DY-1/Clinical - 24-18).

Q1 = Not yet addressed.

Q2 = Draft agreements developed, but not completed.

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

Q4 = Agreements with all required entities are currently being signed.

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

Q4 updates to FY25 Goals and Objectives

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

Q2 = Submitted.

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

Q1 = Not yet addressed.

Q2 = Not yet addressed.

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

Q4 = Board member self-certification completed during September meeting. Above 51%.



Congratulations To Us !!!



On September 30, 2025, our Executive Director, Myron Gargis, received notification that MLBHC was officially approved by SAMHSA and the Alabama Department of Mental Health to enter the CCBHC Demonstration Program, effective October 1, 2025.

This is a major milestone that reflects our shared commitment to delivering high-quality, accessible, and comprehensive care to our communities. Becoming a Certified Community Behavioral Health Clinic (CCBHC) represents not only a recognition of the work we've already done—it opens the door to expanding services, improving outcomes, and transforming how we support those we serve across Jackson and Marshall Counties.

Key Points of CCBHCs

- CCBHCs were created by SAMHSA to ensure access to comprehensive, high-quality behavioral health services nationwide.
- The model guarantees 24/7 crisis response, outpatient treatment, and coordinated care for all populations.
- CCBHC certification establishes standardized quality and reporting expectations across service domains.
- Providers are reimbursed through sustainable, cost-based funding rather than volume-driven billing.
- Every individual—regardless of diagnosis, age, residence, or ability to pay—has equal access to care.
- The model encourages integration of mental health, substance use, and physical health care.
- CCBHCs emphasize measurement-based outcomes and community accountability.
- Certification positions MLBHC among the most advanced behavioral health providers in Alabama and in the nation.

CCBHC in Action at MLBHC

As we continue to build capacity and grow services, MLBHC anticipates improved access across all programs, crisis response that gets individuals to the right level of care and avoids jail stays and ER visits, greater consistency in care coordination, and measurable progress toward integrated behavioral, substance use and primary health services under the CCBHC model.



MLBHC Benefits for 2026

Open Enrollment - The month of **November** provides an opportunity for full-time staff members to make any benefit changes that may be necessary for the coming calendar year. Please contact the HR Office during November for assistance with benefit enrollment/changes. All benefit changes take effect on January 1, 2026.

The rates below are effective from January 1, 2026 through December 31, 2026

LOCAL GOV Medical (BCBS of Alabama)

Employee portion: Ind coverage \$204.16/month (\$102.08/pp)

Employee portion: Fam coverage \$496.96/month (\$248.48/pp)

Premiums for Delta Dental and VSP Vision will not change for the upcoming year.

Delta Dental Insurance

Employee portion: Ind coverage \$33.03/month (\$16.52/pp)

Employee portion: Fam coverage \$76.27/month (\$38.14/pp)

VSP Vision Insurance

Silver Employee portion: Ind coverage \$7.72/month (\$3.86/pp)
Employee portion: Fam coverage \$16.59/month (\$8.30/pp)

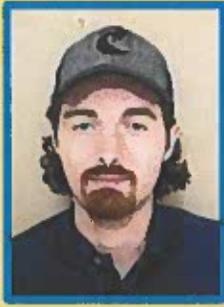
Gold Employee portion: Ind coverage \$10.05/month (\$5.03/pp)
Employee portion: Fam coverage \$21.60/month (\$10.80/pp)

Platinum Employee portion: Ind coverage \$13.99/month (\$7.00/pp)
Employee portion: Fam coverage \$30.08/month (\$15.04/pp)

Additional details about other MLBHC benefits can be found in the Personnel Policies Handbook. This document is accessible on the MLBHC links screen under "EHANDBOOK".



Since the last newsletter, the new staff members photographed below joined MLBHC.



Left to right: Connor Durham, IT Specialist; Crystal Baker, MA, Mobile Crisis Therapist; Melvin Cooper, Mobile Crisis Peer Support Specialist; and Katrina Fryer, CCMA, Marshall County Primary Care Screener.



Several new Life Skills Specialists were welcomed to the team. These include (left to right) Terry Thompson and Brad Smith, both at Cedar Lodge; Beth Roden and Laura Young at the Dutton Residential Facility; Maria Alvarez at Jackson Place and Meggie Russell at Marshall Place.



Jackson County Programs also gained new employees in (left to right) Holly Smith, CCMA, Primary Care Screener; Lineise Arnold, MSW, Community Outreach Specialist; Lindsey Jones, M.Ed., Outpatient Therapist; and Melisa Tomas-Jimenez, BSW, Adult In-Home Team Case Manager.

Staff Birthdays

Shaquitta Sabb	Nov 1
Justin Wilson	Nov 2
Shannon Kelley	Nov 5
Nancy Paschal	Nov 10
Belinda Herring	Nov 15
Kerri Smith	Nov 18
Stacey Adams	Nov 19
George Bartke	Nov 21
Dallas Johnson	Nov 26
Erica Player	Nov 29

MLBHC will observe Nov 27th & 28th as Thanksgiving Holidays for all full-time employees.



Staff Anniversaries

Nicolette Manns	1 year
Kimberly Romero	2 years
Jennifer Brown	3 years
LOYALTY BONUS	\$100
Lisa Clonts	3 years
LOYALTY BONUS	\$100
Ashlee Estes	3 years
LOYALTY BONUS	\$100
Danielle Wilbanks	3 years
LOYALTY BONUS	\$100
Dewayne George	4 years
Jeremy Burrage	7 years
LOYALTY BONUS	\$300

Monthly Meetings

Tuesday, November 18th

Board meeting 5:30 pm

Administrative Office

Confirm attendance with Shelly Pierce

Thursday, November 20th

Corporate Compliance Committee

Leadership Committee

Administrative Office - 1:00 pm

Mandatory CPI Class

Wednesday, November 26

1:30 pm - Administrative Office

All required to attend will be notified via email.



Beginning with the December edition, Shelby Granger, Secretary at the Jackson County Clinic, will be compiling information and publishing the monthly newsletter. If you have info/articles you would like to submit, please send those to Shelby at sgranger@mlbhc.com or give her a call at Ext. 306.



MLBHC Wall of Fame

(September 2025 I = Incentive)



Marshall OP & OR

Lindsay Alford
Hannah Bishop
Julie Burks
Tina Headrick
Belinda Herring
Ileana Knapp (I)
Stephanie Knott
Stephanie Martin
Jennifer Riggins (I)
Denise Ritchie
Elizebeth Traweek

Geriatrics

Mitzi Holcombe
Leah Moore
Tyler Steed

Jackson OP & OR

Rob Barrett
Tom Brookshire
Brooke Conner (I)
Sarah Dettweiler
Miranda Holland (I)
Savanah Miller (I)
Hannah Robinson (I)
Lilly Strange
Amanda Whitley

Multi Programs

Sarah Boxley
Jennifer Floyd (I)
Keith Holcombe
Kimberly McMurrey

Residential

Teana Campbell
Rebecca Cooper
Ryan Hixon
April Kyle
Felicia Tubbs
Christopher Whitworth
Justin Wilson

Substance Abuse

George Bartke
Brittany Cheek
Bob Crowell
Susan Sweatman
Cindy Woodham



Jackson Place residents recently spent time painting and decorating pumpkins for Halloween.

Looks like everyone did a great job!!!

